

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

Common Management and Operating Provisions 1-CM (Revision 3)	Amendment 64
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Approved by: Deputy Administrator, Farm Programs



Amendment Transmittal

A Reason for Amendment

Paragraph 198 has been amended to update the:

- instructions for selecting the “E-Mail” communication method in BP
- example of AD-2047.

Exhibit 11.5 has been amended to provide updated instructions for BP State Security Officers.

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197 SCIMS to Name and Address Update Report (Continued)

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Message	Reason for Message	Action
Farm Loan Programs	Customer filed an application for FLP loan.	*--Leave "Y" flag in place if customer ever filed an application for FLP loan, regardless of whether the customer is still participating or ever participated in FLP.--*
Loans	Customer had a price support loan within the last 6 months.	None. Price Support runs a monthly edit to reset customers who have had no loan activity for 6 months and their outstanding balance is zero. Note: LDP's keep the IND-DEL-LOAN flag active for 1 year and 9 months.
CRP	This flag is currently not being checked when flagging a producer for deletion.	Ensure that producer has no active CRP participation when flagging for deletion.
Accounting	Customer's flag is set to "Y" in 1 of the following: <ul style="list-style-type: none"> • direct deposit • claims • receivables. 	If the flag is no longer applicable, reset the flag to "N". ITSD-ADC periodically runs edits to correct these.

Note: If a SCIMS to Name and Address Update Report prints with any of these messages, then the customer is placed in a "Pending Delete" status.

198 Documenting Customer Data Changes in BP

A Customer Data Changes

All *** customer data changes made shall be documented by the Service Center employee making the change according to the following.

IF the request for changes is made...	THEN Service Center employee shall complete AD-2047 according to subparagraph C and...
in person	request that customer verify changes and sign and date items 8A and 8 B.
by telephone	complete blocks necessary to document the changes and enter requester’s name in item 8A (requester’s signature is not required).
by mail or FAX	complete blocks necessary to document the changes, enter requester’s name in item 8A (requester’s signature is not required), and attach hard copy of mailed or FAXed request to AD-2047.
by trusted data source including: <ul style="list-style-type: none"> • change of address notification from customer or USPS • “911” county-wide address changes 	attach copy of data source to AD-2047. Only Part A, items 1A and Part B shall be completed (requester’s signature is not required).

***--Notes:** If item 4 C is checked “Yes”, the customer is agreeing to receive sensitive e-mails from FSA. Update BP to indicate the customer has agreed by checking the “Receive Sensitive Emails” check box in the BP Record, Emails tab.

See applicable FLP directives for information about limitations on using e-mails to communicate with FLP customers.--*

B Maintenance

All AD-2047’s and related documentation shall be filed according to 25-AS, Exhibit 22 in file ADP-5 SCIMS and maintained for a period of 10 years.

198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047

The following is an example of AD-2047.

*--

This form is available electronically.		Form Approved – OMB No. 0560-0265	
AD-2047 (12-10-14)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Rural Development Natural Resources Conservation Service	
CUSTOMER DATA WORKSHEET REQUEST FOR BUSINESS PARTNER RECORD CHANGE (FOR INTERNAL USE ONLY)			
<i>(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)</i>			
PART A – CUSTOMER INFORMATION			
1A. Customer's Full Legal Name or Business Name		1B. Customer or Business Address (Including Zip Code)	
1C. Home Telephone Number (Area Code)	1D. Business Telephone Number (Area Code)	1E. Other Telephone Number (Area Code)	
2. SSN or Tax ID Number (9 Digits)	3. E-Mail Address		
4A. Does the customer want to receive mail by USPS? <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. Does the customer want to receive e-mails via GovDelivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	4C. Does the customer want to receive sensitive (but non-PII) Producer or Farm Specific related emails? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below): <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Not Participating			
6. Is the Customer a Multi-County Producer? <input type="checkbox"/> YES (If "YES," list States and/or Counties below:) <input type="checkbox"/> NO			
7. Reason for Request (Check appropriate box(es) below): <input type="checkbox"/> New Producer <input type="checkbox"/> Address Change <input type="checkbox"/> Telephone Change <input type="checkbox"/> Sale/Purchase <input type="checkbox"/> Life Event <input type="checkbox"/> Other (Specify):			
8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. (The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with applicable information.)			
8A. Name of Customer Requesting Change		8B. Signature	8C. Date of Record Change (MM-DD-YYYY)
PART B – SERVICE CENTER ACTION			
9A. Agency Who Received Request: (Check one below) <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD		9B. Initials of Employee Receiving Request (If Different than Item 12A)	9C. Date Service Center Employee Received the Request (MM-DD-YYYY)
10. How the Request for Change was Received: <input type="checkbox"/> Office Visit <input type="checkbox"/> Telephone <input type="checkbox"/> FAX <input type="checkbox"/> USPS <input type="checkbox"/> Other (Specify):			
11. Remarks if Applicable:			
12A. Signature of Employee Updating Business Partner if not initialed in Item 9B.		12B. Date Service Center Employee Updating Business Partner (MM-DD-YYYY)	
FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE ONLY. (OPTIONAL)			
13A. I concur/do not concur the above items have been properly updated. <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur			
13B. Name of District Director/Area Conservationist for Spot Check		13C. Signature of District Director/Area Conservationist for Spot Check	
13D. Title		13E. Date (MM-DD-YYYY)	

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198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

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AD-2047 (12-10-14)

Page 2 of 3

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Computer Security Act of 1987 (Pub. L. 100-235), OMB Circular A-123, Federal Managers' Financial Integrity Act of 1982, and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for changes to the business partner record. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notices for USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within the business partner record.*

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0265. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

*The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

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198 Documenting Customer Data Changes in SCIMS (Continued)

C Example of AD-2047 (Continued)

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AD-2047 (12-10-14)		Page 3 of 3
INSTRUCTIONS FOR AD-2047 (FOR INTERNAL USE ONLY)		
PART A	Note: Items 1-6 are required only as applicable to requested change. Items not applicable to requested record change may be left blank.	
1A	Enter customer's full legal name or business name.	
1B	Enter customer or business mailing address including Zip Code.	
1C	Enter customer's home telephone number including area code.	
1D	Enter customer's business telephone number including area code.	
1E	Enter customer's other telephone number including area code.	
2	Enter customer's 9-Digit SSN or TIN as applicable.	
3	Enter customer's e-mail address.	
4A, 4B or 4C	Enter "YES or NO" to indicate whether or not the customer wishes to receive mail and/or e-mail. NOTE: Fmails received under 4C contain sensitive data.	
5	Check the appropriate boxes indicating the agency(ies) where the producer is customer.	
6	Check "YES or NO" to indicate whether or not the customer is a multi-county producer. If "YES," specify states and county offices.	
7	Check appropriate box(es) to indicate the reason for the requested record change(s). If "OTHER," specify.	
8A	Enter the name of the Customer requesting the record change(s). Customer requesting change shall sign. Note: - If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. (Requestor's signature is not required.) - If the request was received by telephone, complete applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. (Requestor's signature is not required.)	
8B	The customer is only required to sign Item 8B when they are physically at a Service Center Site providing FSA with applicable information.	
8C	Enter date (MM-DD-YYYY) the record change is requested.	
PART B	Note: - Items 9A - 12B must be completed. - Items 13A - 13C must be completed only if selected for spot-check.	
9A	Check the appropriate box indicating agency who received the request.	
9B	Enter initials of Service Center employee receiving the request.	
9C	Enter date (MM-DD-YYYY) Service Center employee received the request.	
10	Check the box to indicate method by which the Service Center received the request. If other, specify.	
11	Enter remarks regarding the records change.	
12A	Enter the signature of Service Center employee updating Business Partner.	
12B	Enter the date (MM-DD-YYYY) the Service Center employee updated Business Partner.	
OPTIONAL FOR DISTRICT DIRECTOR/AREA CONSERVATIONIST USE DURING SPOT CHECKS.		
13A	Check the box to indicate that the Agency Official did Concur or did not Concur.	
13B	Enter the name of the District Director/Area Conservationist for Spot Check.	
13C	Enter the signature of the District Director/Area Conservationist for Spot Check.	
13D	Enter the Agency Official's Title.	
13E	Enter the Date (MM-DD-YYYY).	

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***--199 Documenting Customer Declared Race, Ethnicity, and Gender Data**

A OMB-Approved Forms

OMB has approved the following forms to collect race, ethnicity and gender data:

- AD-2035
- AD-2106
- FSA-2001
- FSA-2211
- FSA-2212
- FSA-2301
- FSA-2683.

No other forms may be used to collect race, ethnicity, or gender data.

B Collecting Race, Ethnicity, or Gender Data

This table provides procedure for handling race, ethnicity, or gender data.

IF the race, ethnicity, or gender data is provided...	THEN Service Center employee will...
verbally	complete AD-2047 by recording the name, address, and race, ethnicity, or gender data in block 11. Update the race, ethnicity, or gender data in SCIMS as “Customer Declared” and file according to subparagraph 198 B.
on AD-2035	update the race, ethnicity, or gender data in SCIMS as “Customer Declared”, file a copy of AD-2035 in the participants “PE-2, Producer Eligibility” folder, and submit the original AD-2035 according to Minority Farm Register procedure.
on AD-2106	update the race, ethnicity, or gender data in SCIMS as “Customer Declared” and file the completed AD-2106 in the participants “PE-2, Producer Eligibility” folder.
on FSA-2001, FSA-2211, FSA-2212, FSA-2301, or FSA-2683	update the race, ethnicity, or gender data in SCIMS as “Customer Declared” and file according to FLP procedure.

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Reports, Forms, Abbreviations, and Redelegations of Authority (Continued)

Abbreviations Not Listed in Exhibit 102

The following abbreviations are not listed in Exhibit 102.

Approved Abbreviation	Term	Reference
AC	area conservationists	141, 177
APO	Army Post Office	179, 932
BP	Business Partner	198, EX. 11.5
CY	current year	208, 212
DBA	doing business as	177
DMF	Death Master File	Part 34, Ex. 125
e-FC	electronic funds control	20
EIN	employer ID number	121, 122, 178.5, 178.6, 178.7, 178.8, Ex. 10, 11
FRS	Farm Records Management System	752
HC	highway content	179
IE	Internet Explorer	141
LLC	Limited Liability Company	121, 122, 177, 178, 178.6
MQ	Marketing Quota	208, 209
NSCP	Naval Stores Conservation Program	779, 918
OT	other producer	197
PYBC	Prior Year Business Code	141, Ex. 11.4
RR	rural route	179, 208
SMR	SCIMS merge role	141, Ex. 11.4

Redelegations of Authority

This table lists redelegations of authority in this handbook.

Redelegation	Reference
Authority to act for entities may be redelegated by the representative by filing FSA-211 for an agent to perform for the trust or estate.	730

***--BP Security Officers**

A BP National Security Officers

Agency	Name
FSA	Lisa Berry
NRCS	Leroy Hall
RD	Vacant

B BP State Security Officers

State Security Officers are listed on the Information Security Office, State Security Officers and Backups share point web site. The web site may be accessed at <https://sharepoint.apps.fsa.usda.net/iso/public/Lists/State%20SCIMS%20Security%20Officers%20%20FSA%20Backups/AllItems.aspx>.

Note: If the web site cannot be accessed by clicking the link, copy and paste the link into a web browser.--*

