

**Reports, Forms, Abbreviations, and Delegations of Authority**

**Reports** None

**Forms** This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026A	Highly Erodible Land Conservation (HELIC) and Wetland Conservation (WC) Certification		82, 83, Ex. 6
AD-2006	State and County Consultation Request	Ex. 17	121, 124, 132
AD-2006A	Consultation Request Log for AD-2006	Ex. 15	121
AD-2007	FSA/RMA Compliance Referral Form	Ex. 6	6, 21, 23, 70-75, 181, 183, 212 Ex. 10
AD-2007A	FCIC Program Integrity Log for AD-2007 and AD-2027	Ex. 10	72, 73
AD-2027	RCO Spot Check List/Growing Season Inspection Form	Ex. 7	6, 70-73, 75, Ex. 10
CCC-502	Farm Operating Plan for Payment Eligibility Review		82, 83
CCC-666	Farm Stored Loan Quantity Certification		83
CCC-677	Farm Storage Note and Security Agreement		83
CCC-678	Warehouse Storage Note and Security Agreement		83
CCC-709	Direct Loan Deficiency Payment Agreement		83
CCC-Cotton A	Cotton Producer's Note and Security Agreement		83
CCC-Cotton AA	Upland Cotton Producer's Loan Deficiency Payment Application and Certification		83
FSA-426-A	MPCI/FCIC Information Request	83	75, 82
FSA-578	Report of Acreage		Text, Ex. 6

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**Reports, Forms, Abbreviations, and Delegations of Authority (Continued)**

**Abbreviations Not Listed in 1-CM**            The following abbreviations are not listed in 1-CM.

Approved Abbreviation	Term	Reference
ALG	Appeals and Litigation Group	8
GPS	Global Positioning System	167
MPCI	Multiple Peril Crop Insurance	122, 123, 130, 131, Ex. 6
POC	point of contact	Text, Ex. 6, 7, 11, 17

**Redelegations of Authority**            None

## Definitions of Terms Used in This Handbook

### Abuse

Abuse is the improper or excessive use of authority. Abuse refers to administrative violations of Departmental, agency, or program regulations that impair the effective and efficient execution of programs. These violations may result in Federal losses or they may result in denial or reduction in lawfully authorized Federal benefits to participants.

### Determined Acreage

Determined acreage is acreage determined by an authorized FSA representative.

### Fraud

Fraud is the intentional, wrongful obtaining or attempt of obtaining either money or some other advantage or benefit from governmental programs. Fraud includes but is not limited to, theft, embezzlement, false statements, illegal commissions, kickbacks, conspiracies, and obtaining contracts through collusive arrangements.

### \*--Insurance Provider

Insurance providers are company employees and persons contracted to perform loss adjustment and compliance obligations that includes loss adjusters, field supervisors, quality control reviewers, etc. This does not include insurance sales agents or employees thereof.--\*

### Program Deficiency

A program deficiency is defined as a defect in a policy or county actuarial document that result in excessive indemnities being paid to producers outside the authority of the Federal Crop Insurance Act as determined by RMA's Administrator.

### Tolerance

Tolerance is the number of acres that the reported acreage or allotment may differ from the determined acreage without either of the following:

- the total loss of benefits
- the overall accuracy of the acreage report being questioned.

### Waste

Waste is incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.



## Menu and Screen Index

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The following menus and screens are displayed in this handbook.

<b>Menu or Screen</b>	<b>Title</b>	<b>Reference</b>
MHCA00	2001 Data Reconciliation Menu	183
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MHFA0201	Data Reconciliation Input Screen	221
MHFA0202	Exit/Update Screen	222
MHFA0203	Denied Referral Screen	223

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**Example Letter to Notify Producer of Spot Check**

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Terrance Hill

Date:

1400 Cloverleaf Road  
Lucky, TX 12345

Dear Producer,

In June 2000, Congress passed the Agricultural Risk Protection Act. It requires the Risk Management Agency (RMA) with the assistance of the Farm Service Agency (FSA) to improve program compliance and integrity of the Federal crop insurance program. RMA has also been given the authority to request assistance from FSA in conducting reviews of insured crops during the growing season.

One of your policy crops has been chosen for a spot check. RMA has requested FSA to perform a minimum of two-documented field inspections; one within 30 calendar days of the final planting date and one before harvest becomes general in the area for those producers on the list. These inspections will be documented. This documented information will be reported to the appropriate RMA Regional Compliance Office and made available at the FSA County Office for your insurance company's use if loss adjustment activities occur.

A policy crop that has been chosen does not mean that it is a crop insurance compliance issue.

Sincerely,

Doug Johnson  
County Executive Director



**List of RCO's and States Served**

The following is a list of RCO's and the States they serve.

<b>Mailing Address of RCO's</b>	<b>States Served</b>	
<p><b>*--Southern Regional Compliance Office--*</b>            1111 W. Mockingbird Lane            Suite 280            Dallas, TX 75247            214-767-7700 (7:30 - 4:30 C)            FAX: 214-767-7721</p>	<p>Arkansas            Kentucky            Louisiana            Mississippi</p>	<p>New Mexico            Oklahoma            Tennessee            Texas</p>
<p><b>*--Eastern Regional Compliance Office--*</b>            4407 Bland Road            Suite 280            Raleigh, NC 27609            919-875-4930 (7:00 - 4:30 E)            FAX: 919-875-4928</p>	<p>Alabama            Connecticut            Delaware            Florida            Georgia            Maine            Maryland            Massachusetts            New Hampshire            New Jersey</p>	<p>New York            North Carolina            Pennsylvania            Puerto Rico            Rhode Island            South Carolina            Vermont            Virginia            West Virginia</p>
<p><b>*--Western Regional Compliance Office--*</b>            430 G Street            Suite 4167            Davis, CA 95616-4167            530-792-5850 (7:00 - 4:00 P)            FAX: 530-792-5865</p>	<p>Alaska            Arizona            California            Hawaii            Idaho</p>	<p>Nevada            Oregon            Utah            Washington</p>
<p><b>*--Northern Regional Compliance Office--*</b>            3440 Federal Drive            Suite 200            Eagan, MN 55122-1301            612-725-3730 (7:00 - 4:30 C)            FAX: 612-725-3735</p>	<p>Iowa            Minnesota            Montana            North Dakota</p>	<p>South Dakota            Wisconsin            Wyoming</p>
<p><b>*--Central Regional Compliance Office--*</b>            6501 Beacon Drive            Kansas City, MO 64133            816-926-7963 (7:30 - 4:00 C)            FAX: 816-926-5186</p>	<p>Colorado            Kansas            Missouri            Nebraska</p>	
<p><b>*--Mid-Western Regional Compliance Office--*</b>            Corporate Center North            6905 Corporate Circle            Indianapolis, IN 46278            317-290-3050 (7:30 - 4:00 E)            FAX: 317-290-3065</p>	<p>Illinois            Indiana            Michigan            Ohio</p>	



**AD-2007, FSA/RMA Compliance Referral Form**

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**A**

**Completing  
AD-2007**

Complete one AD-2007 for each complaint or referral on file with the County Office. County Offices shall complete AD-2007 according to the instructions in the following table.

Item	Instructions
1	*--Enter tracking number. Assign according to subparagraph 72 C.--*  * * *
<b>Part A - Complainant/Source Information (Optional)</b>	
2A	Enter name and address of the complainant. (Optional)
2B	Enter telephone number of the complainant. (Optional)
<b>Part B - Details of the Complaint</b>	
3	Indicate how the complaint was received.  <b>Note:</b> If located on RMA compliance spot check list, go to Part C.
4	Enter name and address of the person or entity the complaint was filed against.
5	Record all crops stated in the complaint.
6	Record the crop year(s) in which the complaint occurred.
7	Record the State and county in which the complaint occurred. Record the exact location of the field(s) in the complaint by road, intersection, or landmark and farm serial number, if available.
8	This is the narrative of the complaint. It is necessary to include all details provided by the complainant including the current crop and field conditions. Be as specific as possible. Try to address who, what, where, when, and how.
9	Indicate how the complainant is aware of the situation.

Continued on the next page

**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

**A  
Completing  
AD-2007  
(Continued)**

<b>Item</b>	<b>Instructions</b>
10	Include any information the complainant has other than what is detailed in item 8. This could include photos, receipts, or other hard copy documentation. Include any other person or source of information.
11A	The FSA employee recording the information shall print and sign their name.
11B	Record the date the complaint is received.
<b>Part C - Insurance Verification</b>	
12	Before calling RCO for insurance verification, determine all entities and associated social security or tax identification numbers involved in the complaint.
13A	Print the name of the RCO POC that gave the insurance verification.
13B	Enter the date on which verification was given.
14	Indicate MPCCI status as reported by RCO. If "No", no further action is required.
<b>Part D - FSA Fact Finding</b>	
15	Print the name of the FSA employee(s) involved in the fact finding.
16	Record the date the complaint was assigned for fact finding.
17A	Enter the farm number(s) associated with the farm(s).
17B	Enter the tract number(s) associated with the farm(s).
18	Indicate if FSA personnel visited the farm or area of complaint. If "No", briefly describe the results of the fact finding in item 22.
19	Indicate if FSA personnel took pictures of the farm or area of complaint.
20	Determine whether the condition described in the complaint are comparable to other like conditions in the area. If "No", explain in item 22.

Continued on the next page

**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

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**A**  
**Completing**  
**AD-2007**  
**(Continued)**

Item	Instructions
21	List all FSA documentation that is attached to the form. This will include but is not limited to FSA-578, AD-1026A, photocopies, and crop specific FSA forms when required. Also, any CCC forms that were used as part of the FSA fact finding.
22	Comment on FSA findings (include explanation for items 18 and 20 if answered "No").
23	Enter the name, address, and telephone number of FSA County Office.
24	The FSA County Office reviewing official shall print and sign their name.
25	Enter the date the completed report was transmitted to the FSA State Office POC.
<b>Part E - State Office POC Action</b>	
26	Enter the name, address, and telephone number of FSA State Office.
27	Enter the date the referral was returned to the County Office by the State Office POC, if applicable.
28	Enter the date the referral was transmitted to RCO.
<b>Part F - RCO Action</b>	
29A	Enter RO's name and address.
29B	Enter RO's telephone number.
30	Indicate the action taken by RCO and the date RCO took action.

Continued on the next page

**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

**B**  
**Example of**  
**AD-2007**

Following is an example of AD-2007.

<small>REPRODUCE LOCALLY. Include form number and date on all reproductions.</small> <b>AD-2007</b> U.S. DEPARTMENT OF AGRICULTURE <small>(04-02-01)</small> Farm Service Agency <p align="center"><b>FSA/RMA COMPLIANCE REFERRAL FORM</b></p>		<b>1. FSA TRACKING NUMBER (13 Digit Number)*</b>  48-487-2001-0001
<b>PART A - COMPLAINANT/SOURCE INFORMATION</b>		
<b>2A. NAME AND ADDRESS OF PERSON MAKING THE COMPLAINT</b> Joe Farmer 123 Farmer Road Anytown, TX 23456		<b>2B. TELEPHONE NUMBER OF THE PERSON MAKING THE COMPLAINT</b>  856-555-1234
<b>PART B - DETAILS OF THE COMPLAINT</b>		
<b>3. FORM OF COMPLAINT:</b> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> In-Person <input checked="" type="checkbox"/> OTHER: <i>(Explain in Item 10)</i> <input type="checkbox"/>		
<b>4. NAME AND ADDRESS OF THE SUBJECT OF THE COMPLAINT</b> Jerry Neighbors 260 Neighbors Road Anytown, TX 12345		<b>5. CROP(S) STATED IN COMPLAINT</b>  Cotton
		<b>6. CROP YEAR(S) IN WHICH THE COMPLAINT OCCURRED:</b>  2001
<b>7. STATE &amp; COUNTY WHERE COMPLAINT OCCURRED</b> <i>(State exact location of the field(s) in the complaint by road, intersection, or landmark and farm serial number if available):</i> Wilbarger County, TX FSN 1234  Field on north side of Farmer Road at intersection with Neighbors Road		
<b>8. NARRATIVE OF THE COMPLAINT</b> <i>(Include all details including current crop and field conditions. Address who, what, where, when, and how):</i>  Jerry Neighbors planted the cotton on June 28 and has not taken care of it since planting. The cotton did not emerge, and the weeds have grown waist high.		
<b>9. HOW DOES COMPLAINANT KNOW THE SITUATION?</b> Hearsay <input type="checkbox"/> Visual <input checked="" type="checkbox"/> Knowledge of Records <input type="checkbox"/>		
<b>10. OTHER INFORMATION NOT EXPLAINED IN ITEM 8</b> <i>(include photos, receipts, or other hard copy documentation, or other sources of information):</i> Seed may have been purchased from Big Seed Dealer, Anytown, TX. Joe Farmer tends the farm on the south side of Farmer Road at the intersection with Neighbors Road.		
<b>11A. NAME OF FSA OFFICIAL RECORDING INFORMATION</b>  /s/ I. M. Employee		<b>11B. DATE COMPLAINT RECEIVED</b>  08-10-2001
<small>*TRACKING NUMBER (13 Digits alpha numeric):                  Digits 1 &amp; 2 identify State Location Code (i.e., Texas = 48).                  Digits 3 through 5 identify County Location Code (i.e., Wilbarger = 487).                  Digits 6 through 9 identify calendar year the request is made (i.e., 2001 = 2001).                  Digits 10 through 13 identify the request number in chronological order (i.e., request number 1 = 0001).</small>		
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2500 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>		

Continued on the next page

**AD-2007, FSA/RMA Compliance Referral Form (Continued)**

**B**  
**Example of**  
**AD-2007**  
**(Continued)**

AD-2007 (04-02-01) REVERSE			
PART C - INSURANCE VERIFICATION			
12. ALL ENTITIES INCLUDED IN THE COMPLAINT KNOWN BY FSA AND THEIR ASSOCIATED SSNs AND/OR TAX IDENTIFICATION NUMBERS:			
ENTITY NAME	SSN NO. OR TAX ID NO.	ENTITY NAME	SSN NO. OR TAX ID NO.
A. Neighbors Farms, Inc.	12-345-6789	B.	
C.		D.	
13A. NAME OF REGIONAL COMPLIANCE OFFICE CONTACT Sally Investigator			13B. DATE CONTACTED 08-11-01
14. MPC1? (Check one of the boxes below. If "No" is checked, no further action is required.) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
PART D - FSA FACT FINDING			
15. NAME OF FSA OFFICIAL INVOLVED IN FACT FINDING Henry Fieldman		16. DATE THE COMPLAINT WAS ASSIGNED TO FSA OFFICIAL 08-12-01	
17A. FARM FSN NUMBER 1234	17B. FARM TRACT NUMBER 1610	18. DID FSA PERSONNEL VISIT THE FARM OR AREA OF COMPLAINT? (If "No," explain in item 22.) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19. DID FSA PERSONNEL TAKE PHOTOS OF THE FARM OR AREA OF COMPLAINT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. WAS THE CONDITION OF THE COMPLAINT COMPARABLE TO OTHER LIKE CONDITIONS IN THE AREA? (If "No," explain in item 22.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. FSA SUPPORTING DOCUMENTATION ATTACHED: FSA-578 Photos of field Aerial Map Field notes describing observation of Henry Fieldman AD-1026A			
22. FSA COMMENTS (If additional space is needed, attach and sign a separate sheet.) Photos 1, 2, and 3 are Jerry Neighbors' cotton. Photos 4, 5, and 6 were taken in Joe Farmer's field. Neighbors' cotton has weeds waist high and has a poor stand. Surrounding farms have cotton planted and the crops have good stands and have been well taken care of.			
23. FSA COUNTY OFFICE NAME & ADDRESS (Include Zip Code) Wilbarger County FSA 5015 College Drive, Room 1 Vernon, TX 76384 TELEPHONE NUMBER: 940-553-4394		24. NAME OF FSA COF REVIEWING OFFICIAL Sam Runner	
		25. DATE TO STO 08-18-01	
PART E - STATE POC'S ACTIONS			
26. FSA STATE OFFICE NAME & ADDRESS (Include ZIP Code.) Texas State FSA Office 2405 Texas Avenue College Station, TX 77840 TELEPHONE NUMBER: 979-680-5150		27. DATE TO COF	
		28. DATE TO RCO 08-22-01	
PART F - RCO'S ACTIONS			
29A. REGIONAL OFFICE NAME & ADDRESS (Include ZIP Code) Southern Regional Compliance Office 1111 West Mockingbird Lane, Suite 280 Dallas, TX 75247-5016		29B. REGIONAL OFFICE TELEPHONE NUMBER 214-767-7700	
30. ACTION TAKEN BY RCO: (Check one of the following and insert date when RCO took action below.) REFERRED TO: POC <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> OIG <input type="checkbox"/> INTERNAL TO RCO <input type="checkbox"/> DATE RCO TOOK ACTION 08-26-01			



**\*--AD-2027, RCO Spot Check List/Growing Season Inspection Form**

**A Completing AD-2027**

Complete one AD-2027 for each selected producer's crop listed on the RCO Spot Check List. County Offices shall complete AD-2027 according to the instructions in the following table.

Item	Instructions
1	Enter tracking number. Assign according to subparagraph 72 C.
2A	Enter name of producer.
2B	Enter producer Social Security or tax ID number.
2C	Enter address of producer.
3A	Enter the State name.
3B	Enter the county name.
3C	Enter the applicable corp. Only one crop per AD-2027.
3D	Enter the applicable crop year.
3E	Enter the farm number(s) selected for spot check.
3F	Enter the farm tract number(s) selected for spot check.
4A	Check if no spot check necessary. Submit immediately if this block is checked.  <b>Note:</b> County Office shall verify insurance from RCO before checking Not Applicable.
4B	Check if spot check performed and no concerns were identified. Submit after second inspection if this block is checked.
4C	Check if spot check performed and concerns were identified; however, crop conditions were similar to other farms in the area. Submit after second inspection if this block is checked.
4D	Check if spot check performed, concerns were identified, and crop conditions were <b>not</b> similar to other farms in the area. Provide a brief summary of the concerns identified. Submit immediately if this block is checked.
5	Enter the date the County Office forwarded AD-2027 to the State Office POC.
6	Enter the date the State Office POC forwarded AD-2027 to RCO.

--\*

**\*--AD-2027, RCO Spot Check List/Growing Season Inspection Form (Continued)**

**A Completing AD-2027 (Continued)**

<b>Item</b>	<b>Instructions</b>
7A	Enter the name and address of FSA County Office.
7B	Enter the telephone number of FSA County Office.
8A	Enter the tillage methods used before first inspection and after first inspection. Enter NA if not applicable.
8B	Enter the weed/pest control practices used by the producer before the first inspection and after the first inspection. Enter NA if not applicable.
8C	Enter the date of the last soil test.
8D	Determine whether the crop conditions are comparable to other farms in the area during first and second inspections. If no, explain.
8E	Enter the fertilization program before the first inspection and after the first inspection. Enter NA if not applicable.
8F	Describe the weather conditions at the time of planting.
8G	Describe the weather conditions after planting, before the first inspection, and after first inspection.
8H	Indicate if FSA personnel took pictures of the crop on the farm during first inspection and during second inspection.
9A	Print the name of the FSA reviewing official conducting first inspection.
9B	Enter the date of the first inspection.
10A	Print the name of the FSA reviewing official conducting second inspection.
10B	Enter the date of the second inspection.
11	Check the applicable items for which supporting documentation is attached to AD-2027.

--\*

\*--AD-2027, RCO Spot Check List/Growing Season Inspection Form (Continued)

B Example of AD-2027

Following is an example of AD-2027.

This form is available electronically.

<b>AD-2027</b> (04-07-03)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. FSA Tracking Number (13 Digit Number)  48-487-2002-00C1	
<b>RCO SPOT CHECKLIST                  GROWING SEASON INSPECTION FORM</b>					
<b>2. Producer Information:</b>					
2A. Producer Name (Last, First, Middle Initial) Joe Farmer			2B. Producer Tax ID Number 836-555-1234		
2C. Producer Address (Street, City, State, Zip Code) 123 Farmer Road Anytown, TX 23456					
<b>3. General Information:</b>					
3A. State Texas		3B. County FSA Office where Farm Records are Maintained Wilbarger		3C. Crop Cotton	3D. Crop Year 2002
3E. Farm Serial Number(s) 1234			3F. Farm Tract Number(s) 1610		
<b>4. Inspection Results (County FSA Office shall complete and submit immediately if item 4A or 4D is checked):</b>					
<input type="checkbox"/> 4A. Not Applicable - No Inspection Performed (Producer deceased, quit farming, not farming in county, did not plant the crop, crop not insured, etc.)					
<input checked="" type="checkbox"/> 4B. Inspection Performed, No Concerns Identified. <b>Note:</b> If Item 4B is applicable, check and submit after the second inspection is completed.					
<input type="checkbox"/> 4C. Inspection Performed, Reduced Yields Expected, (Crop conditions <i>similar</i> to other farms in the area.) <b>Note:</b> If Item 4C is applicable, check and submit after the second inspection is completed.					
<input type="checkbox"/> 4D. Inspection Performed, Concerns Identified, (Crop conditions <b>NOT similar</b> to other farms in the area). <b>Summarize concerns:</b>					
5. Date County FSA Office Forward to State POC (MM-DD-YYYY) 11-18-2002			6. Date State FSA Office Forward to RCO (MM-DD-YYYY) 11-21-2002		
7A. County FSA Office Name and Address (Include Zip Code) Wilbarger County FSA 5015 College Drive, Room 1 Vernon, TX 76384			7B. County FSA Office Telephone Number (Include Area Code)  940-555-4394		
<small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.</small>					

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\*--AD-2027, RCO Spot Check List/Growing Season Inspection Form (Continued)

B Example of AD-2027 (Continued)

AD-2027 (04-07-03)		Page 2
8. Explain each of the following:		
<b>A. Tillage Method Used:</b>		
(1) First Inspection Chisel once, sweeps twice, bedded	(2) Second Inspection (Enter N/A if not applicable) Cultivated once	
<b>B. Weed/Pest Control Practices:</b>		
(1) First Inspection Creflan in April	(2) Second Inspection (Enter N/A if not applicable) Roundup BWEP sprayed twice for boll weevils.	
<b>C. Date of Last Soil Test (MM-DD-YYYY):</b>		
First Inspection 12-01-2001		
<b>D. Describe Crop Conditions (Comparable to other farms in the area):</b>		
(1) First Inspection Other cotton in the area looked similar.	(2) Second Inspection Other cotton in the area looked similar.	
<b>E. Type of Fertilization Program:</b>		
(1) First Inspection 100# 20-20-10 per acre	(2) Second Inspection (Enter N/A if not applicable) None	
<b>F. Weather Conditions at Time of Planting:</b>		
First Inspection Adequate moisture at planting time.		
<b>G. Current Weather Conditions:</b>		
(1) First Inspection County has had above normal moisture.	(2) Second Inspection County has not had a killing frost. Waiting on frost to harvest. Moisture has been normal.	
<b>H. Photographs Taken:</b>		
(1) First Inspection <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(2) Second Inspection <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
9A. Name of First FSA Reviewing Official (print): Sam Runner	10A. Name of Second FSA Reviewing Official (print): Sam Runner	
9B. Date of First Inspection (MM-DD-YYYY) 7-01-2002	10B. Date of Second Inspection (MM-DD-YYYY) 11-17-02	
11. County FSA Office shall enter a check mark indicating what documentations are attached:		
<input checked="" type="checkbox"/> FSA-578	<input checked="" type="checkbox"/> AD-1026A	<input checked="" type="checkbox"/> Photographs
<input checked="" type="checkbox"/> Map Photocopies	<input checked="" type="checkbox"/> Field Notes	<input type="checkbox"/> Other

--\*

**\*--AD-2007A, FCIC Program Integrity Log for AD-2007 and AD-2027--\***

**A Completing AD-2007A**

Complete one AD-2007A for each crop year. County Offices shall complete AD-2007A according to the instructions in the following table.

Item	Instructions
1	Enter crop year.
2	Enter sequential page number for the calendar year.
3	Enter State code.
4	Enter county code.
5	Enter the tracking number.  <b>Example:</b> SS-CCC-YYYY-XXXX  <b>Note:</b> For the first complaint filed in crop year 2001 in Wilbarger County, Texas, the tracking number assigned by the County Office would be 48-487-2001-0001.
6	Enter the producer name for which there is a concern.
7-10	Check the applicable column for the type of review. 7 = complaint received by the County Office (this could be in person, telephone, etc.) 8 = concern discovered by FSA through normal FSA activity 9 = request by RCO 10 = review of producer on the RMA spot check list
11	If entry in item 7, 8, or 9, enter the date County Office became aware of the concern. If entry in item 10, enter the date the review is conducted.
12	Enter the date a referral was submitted if applicable.
13	Enter total of each column to reflect the number entered on the log in each category, total number received of all categories, and total of actual referrals submitted.



**State Office POC's**

<b>State</b>	<b>Point of Contact</b>	<b>Alternate</b>
<b>Alabama</b> 4121 Carmichael Rd. Suite 600 Montgomery, AL 36106	Jeff Knotts Phone: 334-279-3534 FAX: 334-279-3550 *--E-mail: <a href="mailto:jeff.knotts@al.usda.gov">jeff.knotts@al.usda.gov</a> --*	*--Walda Messer Phone: 334-279-3520 FAX: 334-279-3550 <a href="mailto:walda.messer@al.usda.gov">walda.messer@al.usda.gov</a> --*
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Example Letter for RMA Field Visit Request



United States Department of Agriculture  
Farm and Foreign Agricultural Services  
Risk Management Agency

SUBMISSION DATE \_\_\_\_\_

TO: \_\_\_\_\_, COUNTY EXECUTIVE DIRECTOR  
COUNTY

THRU: \_\_\_\_\_, STATE OFFICE POINT OF CONTACT

FROM: \_\_\_\_\_, DIRECTOR  
REGIONAL COMPLIANCE OFFICE

SUBJECT: **REQUEST FOR FIELD VISIT TO VERIFY CROP INSURANCE DATA**

This regional RMA compliance office is currently conducting its Manual 14 program review. Discrepancies have been identified with the insurance company's claim audit listed below. The following assistance regarding the claim is being requested for:

INSURED NAME: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

INSURED ID: \_\_\_\_\_

REQUESTED ACTION:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

COUNTY OFFICE CONTACT PERSON

NAME: \_\_\_\_\_ TELEPHONE: ( ) - \_\_\_\_\_  
FAX: ( ) - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Please forward all documentation along with a copy of this form, by \_\_\_\_\_, to the individual listed below.

RMA POINT OF CONTACT

NAME: \_\_\_\_\_ TELEPHONE: ( ) - \_\_\_\_\_  
FAX: ( ) - \_\_\_\_\_ E-MAIL: \_\_\_\_\_



The Risk Management Agency Administers and Oversees  
All Programs Authorized Under the Federal Crop Insurance Corporation

An Equal Opportunity Employer



**Example Letter to Producers Requesting Verification of Data**

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The following is an example of the letter that County Offices shall use to notify producers of discrepancies between RMA and FSA data.

**Note:** State and County Offices are **not** authorized to amend the language in this letter.

Dear Producer:

The Agricultural Risk Protection Act of 2000 requires that the Farm Service Agency (FSA) and the Risk Management Agency (RMA) compare crop information submitted by producers to ensure that both agencies' records are correct. On October XX, 200X, the [crop year] crop records from the 2 agencies were compared, and your data was determined to have 1 or more differences.

The following is the data as provided by both agencies.

RMA data -	Crop Year	Crop	Crop Share	Acreage	Verified Correct
	_____	_____	_____	_____	_____
					Producer's Initials
FSA data -	Crop Year	Crop	Crop Share	Acreage	Verified Correct
	_____	_____	_____	_____	_____
					Producer's Initials

Other - Your ID number does not match - Please provide correct ID number - \_\_\_\_\_

Please initial by the correct information and return this letter to the FSA County Office within 30 calendar days of receipt. Failure to return this letter within 30 calendar days may result in FSA assigning the most restrictive data as correct or RMA referring your policy to your insurance provider for further review. This may result in an overpayment of FSA benefits, which you will be required to refund.

We appreciate your time and concern in this matter.

Sincerely,

John Smith  
CED, Minnehaha County



**AD-2006A, Consultation Request Log for AD-2006**

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**A**

**Completing  
AD-2006A**

Complete AD-2006A according to this table.

<b>Item</b>	<b>Instructions</b>
1	Enter the crop year the issue is referred to RO for action.
2	Enter page number of the log.
3	Enter the State Office or RO name.
4	Enter the next consecutive tracking number.
5	Identify the issue. Ensure to include enough information to accurately identify the issue.
6	Enter date referred for RO action.
7	Enter date of RO action.

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Continued on the next page



**List of RO's and States Served**

The following is a list of all RO's and the States they serve.

Mailing Address of RO	States Served
Suite 106 2110 Overland Avenue Billings, MT 59102-6440 406-657-6447 (8:00 - 4:30 MST) FAX: 406-657-6573	Montana North Dakota South Dakota Wyoming
430 G Street, # 4168 Davis, CA 95616-4168 530-792-5870 (7:30 - 4:00 P) FAX: 530-792-5893	Arizona            Nevada California        Utah Hawaii
Suite 160 4407 Bland Road Raleigh, NC 27609 919-875-4880 (8:00 - 4:30 E) FAX: 919-875-4915	Connecticut        New York Delaware            North Carolina Maine                Pennsylvania Maryland            Rhode Island Massachusetts      Vermont New Hampshire      Virginia New Jersey           West Virginia
8 River Bend Place Jackson, MS 39208 601-965-4771 (7:30 - 4:00 C) FAX: 601-965-4517	Arkansas            Mississippi Kentucky            Tennessee Louisiana
Suite 170 205 NW 63rd. Street Oklahoma City, OK 73116-8209 405-879-2700 (7:30 - 4:00 C) FAX: 405-879-2741	New Mexico Oklahoma Texas

Continued on the next page

List of RO's and States Served (Continued)

Mailing Address of RO	States Served
30 E. 7th Street 910 Minn. World Trade Center St. Paul, MN 55101 651-290-3304 (7:30 - 4:00 C) FAX: 651-290-4139	Iowa Minnesota Wisconsin
3500 West Wabash Avenue Springfield, IL 62707 217-241-6600 (7:30 - 4:00 C) FAX: 217-241-6618	Illinois Indiana Michigan Ohio
112 N. University Road Suite 205 Spokane, WA 99206-5295 509-353-2147 (7:00 - 4:00 P) FAX: 509-353-3149	Alaska Idaho Oregon Washington
3401 SW Van Buren Street Topeka, KS 66611-2227 785-266-0248 (7:30 - 4:00 C) FAX: 785-266-2487	Colorado Kansas Missouri Nebraska
106 South Patterson Street Suite 250 Valdosta, GA 31601 229-219-2200 (8:00 - 4:30 E) FAX: 229-244-6103	Alabama Florida Georgia Puerto Rico South Carolina

**AD-2006, State and County Consultation Request**

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**A**

**Completing  
AD-2006**

STC, RO POC, State Office POC, COC, and County Offices shall complete AD-2006 according to the instruction in the following table. Attach additional sheets and supporting documentation, as necessary, to thoroughly explain the issue, provide background, justify recommendations, or explain the action.

Item	Instruction
1	Tracking Number: Depending on the origin of the request the State Office POC or RO POC will assign a 9-digit alpha numeric tracking number (for example, 200106F0001). The first 4 digits will be the calendar year the request is made (for example, 2001 = 2001), the third and fourth digit identifies the State location (for example, California = 06), the fifth digit identifies the origin of the request (for example, F for FSA or R for RMA), the next 4 digits are used for the request number in chronological order (for example, request number 1 = 0001).
2	Date originated.
3	Issue: The originator (RO POC, State Office POC, STC, COC) of the request states the subject and the task to be completed.
4	Background: The originator describes the subject and/or process and any other pertinent information in assisting the recipient in making their determination. Other information may include but not limited to why the task needs to be completed or what specific information needs to be reviewed.
5	STC Recommendation: The appropriate action recommended.
6	Justification: Supporting documentation provided for the action recommended (Part 5, Section 3).
7A	STC Signature: An STC member or their appointed designee will sign the request.
7B	Date Sent: The date the State Office POC sent the request to RO POC.
8	RO Explanation/Action: Describe the appropriate action taken by RO and the reason for the action. If the request is accepted, explain when the action will occur.
9A	RO POC signature.
9B	Check whether action is concurred or non-concurred.
9C	Enter date signed.
10	RO name.
11	State Office name and address.

Continued on the next page

AD-2006, State and County Consultation Request (Continued)

**B**  
**Example of**  
**AD-2006**

Following is an example of AD-2006.

<b>REPRODUCE LOCALLY.</b> Include form number and date on all reproductions.		
<b>AD-2006</b> (04-05-01)  <b>STATE AND COUNTY CONSULTATION REQUEST</b>	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency	<b>1. TRACKING NUMBER (11 Digit Number)*</b> 200148F0001
		<b>2. DATE ORIGINATED</b> 04-03-2001
<b>3. ISSUE (State the issue as briefly as possible):</b> Valid final planting dates of April 15 for corn in the following counties: Dallas, Ellis, Navarro, Freestone, Leon, Limestone, Hill, Johnson, Tarrant, Denton, Wise, Parker, Hood, McLennan.		
<b>4. BACKGROUND (State who does the issue impact; how does the issue impact you or your constituency?)</b> Final planting dates must adhere to the following criteria: 1) the latest date the crop can be planted with the expectation of producing a normal yield, and 2) the date at which time at least 90% of the crop is normally planted in the county.		
<b>5. STATE COMMITTEE RECOMMENDATION (State the committee's recommendation as briefly as possible):</b> Final planting dates for Dallas, Ellis, Johnson, and Tarrant should be changed from April 15 to May 31.		
<b>6. JUSTIFICATION (Fully explain your recommendation):</b> The current final planting date of April 15 subjects any acreage planted that late to excessive heat in July that will adversely affect the ability of the plant to pollinate properly and ultimately reduce the yield. See attached recommendation from Extension.		
<b>7A. STATE COMMITTEE MEMBER'S OR DESIGNEE'S SIGNATURE</b>  /s/ James Jones		<b>7B. DATE SENT TO RMA REGIONAL OFFICE'S POC</b>  04-03-01
<b>8. REGIONAL OFFICE EXPLANATION:</b> We accept your recommendation in part. We plan to change the final planting date to April 7 by the next filing date. Our concern for moving the date to March 31 is that in years when the crop can and should be replanted no attempt will be made to do so which would adversely affect the program.		
<b>9A. REGIONAL OFFICE POC'S SIGNATURE</b>  /s/ Franklin Harrison	<b>9B. REGIONAL OFFICE:</b> <input checked="" type="checkbox"/> Concurred <input type="checkbox"/> Non-concurred	<b>9C. DATE SIGNED</b>  05-22-01
<b>10. RMA REGIONAL OFFICE NAME &amp; ADDRESS (Include ZIP Code)</b> USDA Risk Management Agency Regional Office 205 NW 63rd Street, Suite 170 Oklahoma City, OK 73116  TELEPHONE NUMBER:		<b>11. FSA STATE OFFICE NAME &amp; ADDRESS (Include ZIP Code)</b> Texas State FSA 2405 Texas Avenue College Station, TX 77840  TELEPHONE NUMBER:
<b>*TRACKING NUMBER (11 Digits alpha numeric):</b> Digits 1 through 4 identify the calendar year the request is made (i.e., 2001 = 2001). Digits 5 & 6 identify the State Location Code (i.e., California = 06). Digit 7 identifies the origin of the request (F for FSA or R for RMA). Digits 8 through 11 identify the request number in chronological order (i.e., request number 1 = 0001).		
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