

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

**Common Management and
Operating Provisions
1-CM (Revision 3)**

Amendment 66

Approved by: Deputy Administrator, Farm Programs



Amendment Transmittal

A Reason for Amendment

Subparagraph 707 A has been amended to clarify that signature policy applies to CCC and FSA programs.

Subparagraph 707 D has been amended to clarify when employees and committee members can sign in representative capacities.

Subparagraph 728 C has been amended to add policy for FSA-211's executed **before** the Agricultural Act of 2014.

Exhibit 60 has been amended to provide updated FSA-211 and FSA-211-A examples.

Page Control Chart		
TC	Text	Exhibit
	25-59, 25-60 25-65, 25-66 25-106.5, 25-106.6	60, pages 1, 2 pages 5, 6

Section 3 General Rules of Authority

707 Policy on Evidence of Authority and Signature Limitations

A General Rule for Signature Authority

Nothing in this handbook, or 7 CFR Part 707, gives persons additional time in which to file program applications, contracts, or other documents. Rather, this handbook discusses what evidence is required before FSA will act on properly filed program instruments.

These provisions discuss persons who are signing in a representative capacity. Unless the *--specific CCC or FSA program otherwise requires evidence of authority of persons signing--* in a representative capacity, other than FSA-211, evidence of authority **must** be on file **before** FSA will process any benefit or payment application for the person or legal entity involving the representative signature. In this context, **benefit** or **payment** can include, but is **not** limited to, NAP Application for Coverage, ARCPLC contract enrollment for a share greater than zero in either the contract or FSA-578, payment applications, loan applications, MPP applications, LDP applications, CRP contracts, etc. Evidence of authority is **not** required **unless**:

- a benefit or payment is being requested for the person or legal entity for which the representative is entering a signature on the form
- FSA questions the representative's authority to sign for whatever reason.

None of these provisions apply to persons signing under FSA-211. Follow paragraph 730.

County Offices must verify signature authority for all entities and joint operations requesting benefits by reviewing checked box or boxes on forms:

- CCC-902E, Part C, Column F
- CCC-901, Part A, Column 5, as applicable.

Notes: Evidence of signature authority for individuals including spouses and minors has **not** been revised. Procedure about evidence of authority of persons seeking payments on behalf of deceased, disappeared, or persons declared incompetent appears in paragraph 779.

The policy at paragraph 779 does **not** apply to:

- representatives of cotton, rice, or peanut buyers (1-CM, paragraph 731)
- FSFL Program
- TTPP
- MILC (**producers participating in MILC only**)
- FLP's.

Note: County Office employees must follow signature authority requirements in applicable handbooks for these programs.

707 Policy on Evidence of Authority and Signature Limitations (Continued)

A General Rule for Signature Authority (Continued)

If the legitimacy of documents provided as evidence of authority to sign is questioned, FSA will seek review from OGC. County Offices will:

- forward copies of the documents to the State Office for review
- refrain from issuing payments or further actions pending response from either the State Office or, if the State Office deems it necessary, the Regional Attorney.

The following are examples of properly signed CCC-902E's for entities and joint operations.

- **Limited Liability Company (J&J LLC)**

PART C - MEMBER INFORMATION (Use CCC-902E Continuation if additional space is needed for any information in Part C)					
1. Members - List all members/shareholders of the entity identified in Part A of this form:					
A. Name	B. Tax ID Number (Last 4 digits if already on file)	C. % Share	D. Position and Salary (if applicable)	E. Family Member Relationship (if applicable)	F. Does this member have signature authority for the legal entity? (Yes or No)
John A. Member	1111	50	\$	Brother	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Jane A. Member	2222	50	\$	Sister	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

PART L - CERTIFICATION - (FOR JOINT VENTURES AND GENERAL PARTNERSHIP, A SIGNATURE IS REQUIRED FOR EACH MEMBER)		
<p>I certify that all the information entered on this document and any supporting documentation is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in this farming operation. By signing this form I acknowledge that:</p> <ul style="list-style-type: none"> • all supporting documentation has been submitted as required • I have reviewed and understand all definitions and requirements on Page 6 of this form. • all information will be considered in effect continuously unless changes or revisions are submitted. • it is my responsibility to timely notify FSA in writing of any changes that may affect these representations, including, but not limited to: the composition of the entity identified in Part A; the farming, ranching or forestry operation of the entity identified in Part A; financial status of the entity identified in Part A. • evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and I will take all necessary actions to provide such materials to the applicable State or county committee if requested by FSA. • it is my responsibility to timely notify FSA in writing of any successors who acquire an interest in this farming operation as the result of the death of a member or shareholder. 		
1. Signature (By)	2. Title/Relationship of Individual Signing in the Representative Capacity	3. Date (MM-DD-YYYY)
John A. Member	Member, J&J LLC	04-02-2009

707 Policy on Evidence of Authority and Signature Limitations (Continued)

C Signature Authority for Spouses

Spouses:

- may sign documents on behalf of each other for FSA and CCC programs in which either has an interest, effective August 1, 1992, unless written notification denying a spouse this authority has been provided to the County Office
- shall not sign FSA-211 on behalf of the other
- shall not sign on behalf of the other as an authorized signatory for partnerships, joint ventures, corporations, or other similar entities

Exception: Spouses may sign on behalf of each other for a husband/wife joint venture with a permanent tax ID number and sole proprietorship, unless written notification denying a spouse authority has been provided to the County Office (subparagraph 710 F or 712 A, as applicable).

Notes: See paragraphs 709 through 711.

See applicable directives for acceptable spouse signatures for FLP loans.

- must have a power of attorney on file or sign personally for claim settlements, such as promissory notes.

Important: A spouse's authority to sign documents on behalf of the other spouse does **not**:

- override the FOIA/PA requirements of 5 U.S.C. 552 and 552A
- entitle a spouse to review or receive Agency records of the other spouse.

Note: See 2-INFO for more information about FOIA/PA requirements and Agency records.

County Office shall not provide Agency records of a producer to that producer's spouse unless written authority to provide such records has been provided to the County Office.

Example: Joe and Jane Black, husband and wife, may sign documents on behalf of each other because no written notification denying such authority has been provided to the County Office. Jane Black has requested a copy of Joe Black's Agency records. County Office shall not provide the records to Jane Black unless Joe Black provides the County Office written authority to release the records to Jane Black.

707 Policy on Evidence of Authority and Signature Limitations (Continued)

***--D State and County Office Employees, and COC and STC Members**

County Office and Federal employees and in certain cases, COC and STC members:

- must **not** act as a power of attorney in the County Office where employed on behalf of any person, including family members

Note: If COC or STC members act as attorneys for persons or legal entity, the member must recuse themselves from acting on any document they signed.--*

- must **not** sign on behalf of a spouse in the County Office where employed
- may in unusual situations such as a hardship case, make a written request to SED for waiver

Note: If there is not a written waiver on file, employees **cannot** act on behalf of participants.

* * *

- are not limited from acting in a fiduciary capacity, such as:
 - guardian
 - administrator
 - conservator
 - executor
 - trustee
 - receiver.

* * *

E Limited Waiver of Signature Authority

Limited waiver of signature authority requirements may be granted to immediate family members (paragraph 729.5).

728 Policy for Powers of Attorney (Continued)

***--C FSA-211’s Executed Before the Agricultural Act of 2014**

The Agricultural Act of 2014 (Pub. L. 113-79):

- was enacted into law on February 7, 2014
- authorizes FSA to administer several new programs.

FSA-211 and FSA-211A, dated 11-2-14:

- reflect the changes because of the Agricultural Act of 2014
- include NRCS programs.

IF on FSA-211 executed before February 7, 2014, grantor checked...	THEN FSA-211...
Section A, item 1, “All current programs”	is not valid for programs authorized by the Agricultural Act of 2014.
Section A, item 2, “All current and all future programs”	is valid for programs authorized by the Agricultural Act of 2014.
Section B: <ul style="list-style-type: none"> • item 1, “All actions” • item 7, “Other” specifies CCC-526 	Note: If “All actions” was checked, FSA-211 shall also be considered valid for executing CCC-926.

Notes: FSA-211 is **not** valid for FLP loan purposes.

“All current programs” and “All current and future programs”, include programs authorized by Agricultural Act of 2014, but **not** yet implemented; such as biomass crop assistance and forest restoration.

See subparagraph B for FSA-211’s executed before June 18, 2008, for NRCS purposes.--*

728 Policy for Powers of Attorney (Continued)

D FSA-211

A separate FSA-211 shall be completed for each grantor and each attorney-in-fact. The County Office shall not process FSA-211 providing more than 1 grantor or more than 1 attorney-in-fact.

A grantor wanting to appoint more than 1 attorney-in-fact shall complete and submit a separate FSA-211 for each attorney-in-fact. Two or more grantors wanting to appoint the same attorney-in-fact to act on their behalf shall each complete and submit separate FSA-211's.

Example 1: Mike Jones wants to appoint both Jane Smith and Bob Brown as attorney-in-fact to act on his behalf. Mike Jones must complete one FSA-211 appointing Jane Smith and a separate FSA-211 appointing Bob Brown.

Example 2: Mary White and John Green both want to appoint Joe Black as their attorney-in-fact. Mary White must complete and submit FSA-211 appointing Joe Black to act on her behalf, and John Green must complete and submit a separate FSA-211 appointing Joe Black to act on his behalf.

FSA-211 shall be used to appoint 1 attorney-in-fact to act on behalf of the grantor for FSA and CCC programs. The authority granted using FSA-211 may be for any of the following:

- all current and all future FSA, CCC, and NRCS programs
- all current FSA, CCC, and NRCS programs
- specific FSA, CCC, and NRCS programs.

FSA-211 may be used to appoint an attorney-in-fact to act on behalf of the grantor for FCIC-insured crops.

Note: It is the producer's responsibility to provide a copy of FSA-211 to the applicable crop insurance agent.

FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet

A Completing FSA-211

Use the following instructions to complete FSA-211.

Note: It is the producer’s responsibility to provide a copy of FSA-211 to the applicable crop insurance agent.

Item Number/ Section	Instructions
1	Enter name of the individual to whom power of attorney is being granted (attorney-in-fact).
2	Enter address of the individual to whom power of attorney is being granted (attorney-in-fact).
3	Enter county of the individual to whom power of attorney is being granted (attorney-in-fact).
4	Enter State of the individual to whom power of attorney is being granted (attorney-in-fact).
5	<p>If an:</p> <ul style="list-style-type: none"> • individual is granting authority to act on their behalf, enter the name of the individual granting the power of attorney authority (Grantor) • entity, such as corporation, partnership, trust, joint venture, or other similar entity is granting authority to act for the entity and bind all members, enter the name of the entity granting the power of attorney authority (Grantor).
A	<p>Check applicable FSA, NRCS, and CCC programs for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act on specific FSA, NRCS, and CCC programs not *--listed, enter the specific FSA, NRCS or CCC programs in item A 17, “Other”.--*</p> <p>Note: Grantor must select both applicable programs in this section and related transactions in Section B.</p>
B	<p>Check applicable FSA, NRCS and CCC transactions for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act for specific transactions not listed, only specific farms, or only in specific counties, enter the specific FSA, NRCS and CCC transactions, farm numbers, and/or counties, as applicable, in item B 7, “Other”.</p> <p>Note: Grantor must select both applicable transactions in this section and related programs in Section A.</p>
C	<p>Enter specific insured crops, applicable State, county, and years for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act for all insured crops, enter “ALL”.</p>
D	<p>Check applicable crop insurance transactions for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act on specific crop insurance transactions not listed, enter the specific transactions in item D 7, “Other”.</p>

FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

A Completing FSA-211 (Continued)

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Item Number/Section	Instructions
6 A-B	<p>If the grantor is an individual, the individual granting the authority must sign, and enter effective date, in items 6 A and B, respectively.</p> <p>If the grantor is an entity, such as a general partnership, trust, joint venture, or other similar entity, and there is no individual already authorized to act for the entity, all members of the entity must sign FSA-211.</p> <p>If the grantor is a corporation and the corporate documents do not provide for redelegation of authority, all officers of the corporation or members of the entity must sign FSA-211. If there are more than 2 member/officer signatures required:</p> <ul style="list-style-type: none"> • check box in item 6C • attach completed FSA-211A to FSA-211. <p>Note: Check the box in item 6C only when FSA-211A will be attached to FSA-211.</p> <p>Important: See item 7 if the grantor is an entity and there is an individual already authorized to act for the entity.</p> <p>Signature must be witnessed by an FSA employee who verifies the identity of the grantor according to item 9. Alternatively, FSA-211 may be acknowledged by a valid Notary Public according to item 8.</p>
7 A-C	<p>If the grantor is an entity, such as a corporation, partnership, trust, or joint venture, the individual or individuals granting the authority must sign, enter their official title, and date, in items 7 A, B, and C, respectively. See item 6 for grantors who are individuals.</p> <p>Important: Signatures must be witnessed by an FSA employee who verifies the identity of the grantor according to item 9. Alternatively, FSA-211 may be acknowledged by a valid Notary Public according to item 8.</p>

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FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

C Example of FSA-211

The following is an example of FSA-211.

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This form is available electronically.

FSA-211
(11-25-14)

U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency – Natural Resources Conservation Service -
Commodity Credit Corporation - Federal Crop Insurance Corporation – Risk Management Agency

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint the following grantee:
(1) _____ of the following address: (2) _____
_____ in the county of: (3) _____ in the State of: _____
(4) _____ the attorney-in-fact for (5) _____
(insert grantor's name) in connection with the Farm Service Agency, Natural Resources Conservation Service Agency, or Commodity Credit Corporation programs checked below. **NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.**

A. FSA, NRCS and CCC PROGRAMS
(Check applicable programs)

<input type="checkbox"/> 1. All current programs.	<input type="checkbox"/> 10. Marketing Assistance Loans and Loan Deficiency Payments
<input type="checkbox"/> 2. All current and all future programs.	<input type="checkbox"/> 11. Margin Protection Program for Dairy Producers (MPP/Dairy).
<input type="checkbox"/> 3. Agricultural Risk Coverage/Price Loss Coverage (ARC/PLC).	<input type="checkbox"/> 12. Farm Storage Facility Loan Program.
<input type="checkbox"/> 4. Biomass Crop Assistance Program (BCAP).	<input type="checkbox"/> 13. Conservation Reserve Program (CRP).
<input type="checkbox"/> 5. Tree Assistance Program (TAP).	<input type="checkbox"/> 14. NRCS Conservation Programs.
<input type="checkbox"/> 6. Livestock Indemnity Program (LIP).	<input type="checkbox"/> 15. Emergency Conservation Program (ECP).
<input type="checkbox"/> 7. Livestock Forage Disaster Program (LFP).	<input type="checkbox"/> 16. Emergency Forest Restoration Program (EFRP).
<input type="checkbox"/> 8. Emergency Assistance for Livestock Honey Bees, and Farm-Raised Fish (ELAP).	<input type="checkbox"/> 17. Other (Specify): _____
<input type="checkbox"/> 9. Noninsured Crop Disaster Assistance Program (NAP).	

B. TRANSACTIONS FOR FSA, NRCS, and CCC PROGRAMS
(Check applicable actions)

<input type="checkbox"/> 1. All actions.
<input type="checkbox"/> 2. Signing applications, agreements, and contracts.
<input type="checkbox"/> 3. Making reports.
<input type="checkbox"/> 4. Conducting all marketing assistance loan and LDP transactions.
<input type="checkbox"/> 5. AGI Certification.
<input type="checkbox"/> 6. Routing Banking Accounts.
<input type="checkbox"/> 7. Other (Specify): _____

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to FCIC crop insurance policies. Checking any of the FCIC transactions does not have any impact as to the FSA, NRCS or CCC transactions checked above:

C. INSURED CROPS/STATE/COUNTY
(Enter "All" or specify each crop, state, county and year(s))

1. _____	<input type="checkbox"/> 1. All actions.	<input type="checkbox"/> 5. Making transfers and cancellations.
2. _____	<input type="checkbox"/> 2. Making applications for insurance.	<input type="checkbox"/> 6. Making contract changes.
3. _____	<input type="checkbox"/> 3. Reporting crop acreage and production reports.	<input type="checkbox"/> 7. Other (Specify): _____
4. _____	<input type="checkbox"/> 4. Reporting a notice of damage or loss and making claim for indemnity.	

D. CROP INSURANCE TRANSACTIONS
(Check applicable actions)

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; (2) death of the undersigned grantor; or (3) incompetence or incapacity of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a USDA Service Center.

AUTHORIZED SIGNATURES

6A. Signature of Grantor (Individual)	6B. Signature Date (MM-DD-YYYY)	6C. For Grantor's Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/>
7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date (MM-DD-YYYY)

8. Notary Public (this form shall be acknowledged by a notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
Signature (a) _____ the state of (b) _____ the County of (c) _____

FOR FSA USE ONLY

9A. Witness Signature (FSA Employee Only)	9B. Signature Date (MM-DD-YYYY)	9C. Official Position
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10. This power of attorney was served to (a) _____ USDA Service Center,
State of (b) _____ and became effective this (c) _____ day of (d) _____, (e) _____.

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 7 CFR Part 118, the Commodity Credit Corporation Charter Act (16 U.S.C. 714 et seq.), the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.), the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to enable a producer (grantor) to appoint an individual/organization to serve as an attorney-in-fact (grantee) that is authorized to on behalf of the producer, conduct business with USDA concerning Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs. 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/Notice for USDA FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, and Participant Files, and USDA/FCIC-10, Policyholder. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs.

This information collection for FSA commodity and conservation programs in Titles I and II of the Agricultural Act of 2014 (Pub. L. 113-79) are exempt from the Paperwork Reduction Act (PRA) as specified in the Agricultural Act of 2014, Title I, Subtitle F, Administration, and Title II, Subtitle G, Funding Administration. For the EFRP, this information collection is exempt from the PRA, as specified in the Fiscal Year 2010 Supplemental Appropriations Act (Public L. 111-212). For the FSPFL, this information collection is exempt from the PRA as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F-Administration).

For those FSA, CCC, and NRCS programs that are not exempt from PRA, FSA may not conduct or sponsor, and a person is not required to respond to a collection of information unless this collection of information has a valid OMB control number, which is 0560-0190 for this information collection, and the average time required to complete this information collection is 15 minutes per response. **RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.**

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 if part of an individual's income is derived from any public assistance program, or protected genetic information in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or service providers.) Persons with disabilities who wish to file a program complaint, write to the address below or by any means available to you 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 program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6116 (in Spanish).

If you wish to file a Civil Rights program complaint or grievance, 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. 20260-9410, by fax to (202) 896-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

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FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

D Example of FSA-211A

The following is an example of FSA-211A.

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This form is available electronically.

FSA-211A (11-25-14)	U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency – Natural Resources Conservation Service - Commodity Credit Corporation - Federal Crop Insurance Corporation – Risk Management Agency POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET	Attachment Pages of
Attach to Form FSA-211		
<small>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 7 CFR Part 718, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.), the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to enable a producer (grantor) to appoint an individual/organization to serve as an attorney-in-fact (grantee) that is authorized to on behalf of the producer, conduct business with USDA concerning Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs. 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 Notice for USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/FCIC-10, Policyholder. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs.</small> <small>This information collection for FSA commodity and conservation programs in Titles I and II of the Agricultural Act of 2014 (Pub. L. 113-79) are exempt from the Paperwork Reduction Act (PRA) as specified in the Agricultural Act of 2014, Title I, Subtitle F, Administration, and Title II, Subtitle G, Funding Administration. For the EFRP, this information collection is exempted from the PRA, as specified in the Fiscal Year 2010 Supplemental Appropriations Act (Public L. 111-212). For the FSFL, this information collection is exempted from the PRA as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F-Administration).</small> <small>For those FSA, CCC, and NRCS programs that are not exempt from PRA, FSA may not conduct or sponsor, and a person is not required to respond to a collection of information unless this collection of information has a valid OMB control number, which is 0560-0190 for this information collection, and the average time required to complete this information collection is 15 minutes per response.</small> RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER		
1. Name of Attorney-In-Fact (Item 1) from FSA-211)	2. Name of Grantor (Item 5) from FSA-211)	
AUTHORIZED SIGNATURES		
3A. Signature of Grantor (By)	3B. Title/Relationship of Individual Signing in the Representative Capacity	3C. Signature Date
3D. Witness Signature (FSA Employee Only)	3E. Signature Date	3F. Official Position
3G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature: _____ the State of _____ the County of _____		
4A. Signature of Grantor (By)	4B. Title/Relationship of Individual Signing in the Representative Capacity	4C. Signature Date
4D. Witness Signature (FSA Employee Only)	4E. Signature Date	4F. Official Position
4G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature: _____ the State of _____ the County of _____		
5A. Signature of Grantor (By)	5B. Title/Relationship of Individual Signing in the Representative Capacity	5C. Signature Date
5D. Witness Signature (FSA Employee Only)	5E. Signature Date	5F. Official Position
5G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature: _____ the State of _____ the County of _____		
6A. Signature of Grantor (By)	6B. Title/Relationship of Individual Signing in the Representative Capacity	6C. Signature Date
6D. Witness Signature (FSA Employee Only)	6E. Signature Date	6F. Official Position
6G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature: _____ the State of _____ the County of _____		
7A. Signature of Grantor (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date
7D. Witness Signature (FSA Employee Only)	7E. Signature Date	7F. Official Position
7G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature: _____ the State of _____ the County of _____		

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 if 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 may apply to all programs and/or employees and 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 program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

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