

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

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

Amendment 81

Approved by: Acting Deputy Administrator, Farm Programs



Amendment Transmittal

A Reasons for Amendment

Subparagraph 728 E has been amended to replace FSA employee with FPAC employee, where applicable.

Subparagraph 728 I has been amended to refer to item 5, "Routing Bank Accounts".

Exhibit 60:

- subparagraphs A and B have been amended to replace FSA employee with FPAC employee, where applicable
- subparagraph C has been amended to provide the revised FSA-211
- subparagraph D has been amended to provide the revised FSA-211A.

Page Control Chart		
TC	Text	Exhibit
	25-107 through 25-110	60, pages 1-6

728 Policy for Powers of Attorney (Continued)

E FSA-211 (Continued)

FSA-211 authority does **not** provide the appointed attorney-in-fact the authority to sign or act on behalf of the grantor for any of the following:

- COC elections
- FSA-211
- requesting electronic access
- any program that is **not** a FSA, CCC, and NRCS program, such as TAA program
- FLP loan purposes.

Notes: See subparagraph I for procedure about routing payments to financial institution accounts.

See subparagraph J for procedure about executing CCC-605 using FSA-211.

FSA will:

- process and record properly executed FSA-211's
- accept FSA-211's for NRCS customers; NRCS employees may accept FSA-211's for FSA customers

***--Note:** FPAC County Office employees are the **only** employees authorized to witness FSA-211 signatures. If an FPAC employee does **not** witness FSA-211--* signatures, FSA-211 **must** be notarized by a Notary Public.

- **not** process nor record FSA-211 that is:
 - incomplete
 - inaccurate
 - **not** properly witnessed by an FSA employee or acknowledged by a valid Notary Public.

Note: When the grantor is a corporation, the corporate seal of the grantor may be *--accepted in place of an FPAC employee witness or notarization.--*

See Exhibit 60 for:

- instructions for completing FSA-211
- instructions for completing FSA-211A
- an example of FSA-211
- an example of FSA-211A.

728 Policy for Powers of Attorney (Continued)

F Duration

FSA-211 shall remain in full force and effect from the date FSA-211 is correctly executed until 1 of the following occurs:

- grantor cancels FSA-211 in writing by either of the following:
 - providing written notification of FSA-211 cancellation to the applicable Service Center Agency

Important: The Service Center Agency shall attach written notification to the applicable FSA-211.

- writing “CANCELED” on original FSA-211, and initialing and dating
 - either grantor or appointed attorney-in-fact:
 - dies
 - becomes incompetent or incapacitated
 - is a legal entity, and the entity becomes dissolved
- Note:** If the grantor is an entity, such as a corporation, partnership, trust, joint venture, or other similar entity granting authority to act for the entity and bind all members, the death of the member or officer who executed FSA-211 does **not** invalidate FSA-211 on file unless the entity is dissolved.
- if FSA-211 is for specific FSN’s only and applicable FSN’s no longer exist.

G Changes

Changes made to an accepted power of attorney require the authority to be reissued on a new FSA-211.

Note: Transferring a farming operation to a different County Office does not invalidate a power of attorney.

728 Policy for Powers of Attorney (Continued)**H Designating Power of Attorney by FSN**

A grantor may appoint an attorney-in-fact to act on their behalf on specific FSN's. In FSA-211, Section B, Transactions for FSA, NRCS and CCC Programs, item 7, enter FSN's for which the attorney-in-fact is responsible.

Example: Sandy owns the following farms: FSN 22, FSN 35, FSN 43, and FSN 49. Sandy would like Tracey to be her attorney-in-fact on FSN 22 **only**. In FSA-211, Section B, Transactions for FSA, NRCS and CCC Programs, item 7, ENTER **"ON FSN 22 ONLY"**.

I Routing Payments to Financial Institution Accounts

An individual may route payments to financial institution accounts, such as completing SF-1199A or SF-3881, on behalf of another when FSA-211 signed by the grantor provides either of the following under Section B:

- grantor selects item 1, "All actions"
- *--grantor selects item 5, "Routing Bank Accounts".--*

728 Policy for Powers of Attorney (Continued)

J Executing CCC-605 to Redeem Cotton Pledged as Collateral

An individual may execute CCC-605 on behalf of another **only** when FSA-211 signed by the grantor provides **both** of the following:

- grantor selected 1 of the following, under Section A, FSA, NRCS and CCC Programs:
 - item 1, “All current programs”
 - item 2, “All current and all future programs”
 - item 11, “Marketing Assistance Loans and Loan Deficiency Payments”
- grantor selected, under Section B, Transactions for FSA, NRCS and CCC Programs, item 7, “Other”, and ENTERed “**Executing CCC-605**”.

Important: If FSA-211 does **not** meet both of the requirements, the appointed attorney-in-fact shall **not** be authorized to execute CCC-605 on behalf of the grantor.

Producers **must** be fully aware that appointing an attorney-in-fact to execute CCC-605’s grants that agent the authority to further delegate authority to another agent.

An agent appointed attorney-in-fact on FSA-211 shall **not** execute FSA-211 to further delegate this authority.

K Executing CCC-526 to Certify Adjusted Gross Income

An individual may execute CCC-526 on behalf of another when either of the following is provided by the grantor on FSA-211:

- grantor selected, under Section B, Transactions for FSA, NRCS and CCC Programs, item 1, “All actions”
- grantor selected, under Section B, Transactions for FSA, NRCS and CCC Programs, item 5, “AGI Certification”.

Note: CCC-526’s executed before March 18, 2003, which used a valid FSA-211 on file at that time, are considered valid.

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)

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>Notes: Check the box in item 6C only when FSA-211A will be attached to FSA-211.</p> <p>Some programs, such as NRCS Conservation Easement, require acknowledgement by a valid Notary Public according to item 8. Refer to applicable program policy to determine if acknowledgement by a valid Notary Public is required.</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 FPAC 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 FPAC 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> <p>Note: Some programs, such as NRCS Conservation Easement, require acknowledgement by a valid Notary Public according to item 8. Refer to applicable program policy to determine if acknowledgement by a valid Notary Public is required.</p>

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

A Completing FSA-211 (Continued)

Item Number/ Section	Instructions
8 (a)-(c)	<p>*--If the signatures in item 6 or 7, as applicable, are not witnessed by at least one FPAC--* employee, FSA-211 must be acknowledged by a valid notary public in item 9. The notary public's signature, State, and county of commission, and certification are required.</p> <p>Notes: In general, a notary public's certification must include:</p> <ul style="list-style-type: none"> • acknowledgement ("acknowledged or subscribed before me") • State and county of commission • signature • date • the notary's embossing seal or stamp • the notary's commission expiration date. <p>Some programs, such as NRCS Conservation Easement, require acknowledgement by a valid Notary Public according to item 8. Refer to applicable program policy to determine if acknowledgement by a valid Notary Public is required.</p> <p>Questions specific to State law requirements about notary publics should be directed to the Regional Attorney's office or applicable Secretary of State's office.</p>
9 A-C	<p>*--At least one FPAC employee must witness the signature in item 6 or 7, as applicable. The FPAC employee must verify the grantor's identity by either personal--* knowledge or by reviewing the grantor's government-issued picture identification, such as a valid driver's license. The employee must sign, date, and enter his or her official position in items 9 A, B, and C, respectively.</p> <p>*--Notarized FSA-211's may be accepted instead of forms witnessed by an FPAC employee (item 8). When the grantor is a corporation, the corporate seal of the grantor may be accepted in place of FPAC employee witness or notarization.</p> <p>Notes: COC members cannot witness signatures on FSA-211. COC members are considered FSA officials and not FPAC employees.--*</p> <p>Some programs, such as NRCS Conservation Easement, require acknowledgement by a valid Notary Public according to item 8. Refer to applicable program policy to determine if acknowledgement by a valid Notary Public is required.</p>
10 (a)-(e)	<p>Enter the county and State of the County Office the FSA-211 is served in items 10 (a) and (b), respectively. Enter the day, month, and year the properly completed FSA-211 was served to the County Office in items 10 (c), (d), and (e), respectively.</p> <p>Note: FSA-211 is effective only when all the following are met:</p> <ul style="list-style-type: none"> • all required items are completed • a valid signature and date are obtained, and witnessed or notarized • FSA-211 is served to the County Office.

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

B Completing FSA-211A

Use the following instructions to complete FSA-211A.

Item Number/ Section	Instructions
	<p>FSA-211A will be used only when all of the following are met:</p> <ul style="list-style-type: none"> • grantor is an entity, such as a general partnership, joint venture, corporation, limited liability company, limited liability partnership, or other similar entity • there is no 1 individual already authorized to act for the entity • more than 2 member signatures are required. <p>Number each continuation sheet consecutively.</p> <p>Example: If there are a total of 3 continuation sheets, they would be numbered “1 of 3”, “2 of 3”, and “3 of 3”, respectively.</p> <p>Important: All continuation sheets must be attached to applicable FSA-211.</p>
1	Enter the name of the attorney-in-fact from FSA-211, item 1.
2	Enter the name of the entity from FSA-211, item 5.
3, 4, 5, 6, 7 A and B	Individual members will sign and date.
3, 4, 5, 6, 7 C through E	<p>*--At least one FPAC employee must witness the grantor’s signature.</p> <p>The FPAC employee must verify the grantor’s identity by either personal knowledge or by reviewing the grantor’s government issued picture identification, like a valid driver license.</p> <p>Grantor’s signature may be notarized instead of witnessed by an FPAC employee.</p>
3, 4, 5, 6, 7 F	<p>If the grantor’s signature is not witnessed by at least one FPAC employee, the--* form must be acknowledged by a valid Notary Public. The Notary Public’s signature, State and county of commission, and certification are required.</p> <p>Important: One notary public signature may be accepted for multiple grantors only when the notary public clearly identifies each name of the grantor to which the notary applies.</p> <p>Example: Jane Smith, Joe Brown, and Bill Black each sign FSA-211A at the same time in the presence of the same notary public. The notary public signs FSA-211A only once and indicates the notary signature applies to all 3 grantor signatures by identifying each name of the individuals appearing before the notary public.</p>

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.

*--

FSA-211 (06-30-23)		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)		B. TRANSACTIONS for FSA, NRCS, and CCC PROGRAMS (Check applicable actions)	
<input type="checkbox"/> 1. All current programs.		<input type="checkbox"/> 1. All actions.	
<input type="checkbox"/> 2. All current and all future programs.		<input type="checkbox"/> 2. Signing applications, agreements, and contracts.	
<input type="checkbox"/> 3. Agricultural Risk Coverage/Price Loss Coverage (ARC/PLC).		<input type="checkbox"/> 3. Making reports.	
<input type="checkbox"/> 4. Biomass Crop Assistance Program (BCAP).		<input type="checkbox"/> 4. Conducting all marketing assistance loan and LDP transactions.	
<input type="checkbox"/> 5. Tree Assistance Program (TAP).		<input type="checkbox"/> 5. Routing Banking Accounts.	
<input type="checkbox"/> 6. Livestock Indemnity Program (LIP).		<input type="checkbox"/> 6. Other (Specify): _____	
<input type="checkbox"/> 7. Livestock Forage Disaster Program (LFP).			
<input type="checkbox"/> 8. Emergency Assistance for Livestock Honey Bees, and Farm-Raised Fish (ELAP).			
<input type="checkbox"/> 9. Noninsured Crop Disaster Assistance Program (NAP).			
<input type="checkbox"/> 10. Marketing Assistance Loans and Loan Deficiency Payments.			
<input type="checkbox"/> 11. Margin Protection Program for Dairy Producers (MPP/Dairy).			
<input type="checkbox"/> 12. Farm Storage Facility Loan Program.			
<input type="checkbox"/> 13. Conservation Reserve Program (CRP).			
<input type="checkbox"/> 14. NRCS Conservation Programs.			
<input type="checkbox"/> 15. Emergency Conservation Program (ECP).			
<input type="checkbox"/> 16. Emergency Forest Restoration Program (EFRP).			
<input type="checkbox"/> 17. 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))		D. CROP INSURANCE TRANSACTIONS (Check applicable actions)	
1. _____		<input type="checkbox"/> 1. All actions.	
2. _____		<input type="checkbox"/> 2. Making applications for insurance.	
3. _____		<input type="checkbox"/> 3. Reporting crop acreage and production reports.	
4. _____		<input type="checkbox"/> 4. Reporting a notice of damage or loss and making claim for indemnity.	
		<input type="checkbox"/> 5. Making transfers and cancellations.	
		<input type="checkbox"/> 6. Making contract changes.	
		<input type="checkbox"/> 7. Other (Specify): _____	
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 incapacitation 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 FPAC 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 (FPAC Employee Only)		9B. Signature Date (MM-DD-YYYY)	9C. Official Position
10. This power of attorney was served to (a) _____ State of (b) _____ and became effective this (c) _____ day of (d) _____, (e) _____.		USDA Service Center,	
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) as amended: The authority for requesting the information identified on this form is 7 CFR Part 118, 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 act 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 non-governmental 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-1, 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 exempted from the PRA, as specified in the Fiscal Year 2010 Supplemental Appropriations Act (Public L. 111-212). For the FSP, 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). 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. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family or marital status, ancestry or ethnicity, or any other basis prohibited by or under the law. If you believe you have been discriminated against in any program, activity, or transaction, please contact the USDA Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.			

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.

*--

FSA-211A (06-30-23)		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			
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 (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.			
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 EPRR, 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).			
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			
1. Name of Attorney-In-Fact (Item (1) from FSA-211)		2. Name of Grantor (Item (3) 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 (FPAC Employee Only)		3E. Signature Date	3F. Official Position
3G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FPAC 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 (FPAC Employee Only)		4E. Signature Date	4F. Official Position
4G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FPAC 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 (FPAC Employee Only)		5E. Signature Date	5F. Official Position
5G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FPAC 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 (FPAC Employee Only)		6E. Signature Date	6F. Official Position
6G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FPAC 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 (FPAC Employee Only)		7E. Signature Date	7F. Official Position
7G. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FPAC employee or a corporate seal of grantor is affixed). Signature: _____ the State of _____ the County of _____			
<small>In accordance with Federal copyright law and U.S. Department of Agriculture (USDA) copyright regulations and policies, the USDA, its Agencies, offices, and employees, and individuals participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA. (not all laws apply to all programs). Remedies and complaint filing deadlines vary by program or incident.</small>			
<small>Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.asc.usda.gov/complatt/3027, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 633-9895. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.</small>			

--*