

For: State and County Offices

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

Approved by: Deputy Administrator, Farm Programs



1 Allowable Power of Attorney (POA) Documents

A Background

Notice CM-627 included revised policy on accepting non-FSA POA's. Because of concerns expressed about determining the validity of non-FSA POA and durable POA's such as living wills, policy about acceptance of these POA's is being revised to the former policy in effect before issuing Notice CM-627.

The Food, Conservation, and Energy Act of 2008 (2008 Act) Pub. L. 110-246:

- was enacted into law on June 18, 2008
- authorizes FSA to administer several new programs.

New versions of FSA-211 and FSA-211A are being provided to accommodate the changes as a result of the 2008 Act. In addition, NRCS programs have also been added to the new versions of FSA-211 and FSA-211A.

B Purpose

This notice:

- **obsoletes Notice CM-627**
- provides the procedure for accepting FSA-211/FSA-211A's as of the date of this notice
- clarifies the validity of previously executed FSA-211's currently on file in County Offices.

Notes: 1-CM is currently being updated to include information for the new FSA-211 and FSA-211A.

NRCS has concurred with the contents of this notice.

Disposal Date	Distribution
January 1, 2010	State Offices; State Offices relay to County Offices
1-14-09	Page 1

Notice CM-628

1 Allowable Power of Attorney (POA) Documents (Continued)

C Policy for POA

As provided in 1-CM, paragraph 728, FSA shall not accept POA forms other than FSA-211 except in:

- unique cases when a producer could not complete FSA-211, such as incapacitation
- cases involving members of the United States Armed Forces under active military duty.

2 Validity of FSA-211's Executed Before June 18, 2008

A FSA-211's Executed With "All Current Programs"

FSA-211's on which the grantor has checked the box in Section A, item 1, "All current programs", are **not** valid for programs authorized by the 2008 Act.

B FSA-211's Executed With "All Current and All Future Programs"

FSA-211's on which the grantor has checked the box in Section A, item 2, "All current and all future programs", are valid for programs authorized by the 2008 Act and for the transactions indicated in section B.

Notes: If "All actions" was checked, FSA-211 shall also be considered valid for executing CCC-526.

If FSA-211 currently on file is marked, "All current and all future programs", and the grantor now wants to provide authority for the attorney in fact to sign on their behalf for NRCS Conservation Programs, the grantor **must** complete a new FSA-211 (dated 12-17-08).

3 Changes to FSA-211

A Programs

FSA-211 has been modified to include programs related to FSA, NRCS, and CCC. The following program options are now available on FSA-211:

- All current programs
- All current and all future programs
- Direct and Counter-Cyclical Program
- Average Crop Revenue Election Program
- Supplemental Revenue Assistance Payments Program (SURE)
- Tree Assistance Program (TAP)
- Livestock Indemnity Program (LIP)
- Livestock Forage Disaster Program (LFP)
- Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP)
- Noninsured Crop Disaster Assistance Program
- Marketing Assistance Loans and Loan Deficiency Payments
- Milk Income Loss Contract Program
- Farm Storage Facility Loan Program
- FSA Conservation Programs
- NRCS Conservation Programs
- Tobacco Programs
- Other (Specify).

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

“All current programs”, as well as “All current and future programs”, include programs authorized by the 2008 Act, but **not** yet implemented; such as biomass crop assistance and forest restoration.

B Transactions

FSA-211 has been modified to include transactions related to FSA, NRCS, and CCC. The following transaction options are now available on FSA-211:

- All actions
- Signing applications agreements, and contracts
- Making reports
- Conducting all marketing assistance loan and LDP transactions
- AGI Certification
- Routing Banking Accounts
- Other (producer **must** specify transaction).

Notes: “AGI Certification” and “Routing Banking Accounts” have been added as specific transactions and no longer need to be written in as “Other”.

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

4 Action

A County Office Employee Action

County Office employees:

- shall immediately discontinue using previous versions of FSA-211
- shall immediately begin using the new FSA-211 (dated 12-17-08)
- **must** accept FSA-211's for NRCS customers; NRCS employees may also accept FSA-211's on behalf of FSA customers

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

- shall continue to follow 1-CM for basic POA rules

Note: 1-CM is currently being amended to reflect changes on the new FSA-211.

- shall **not** accept POA forms other than FSA-211 except as authorized by 1-CM, paragraph 728
- shall ensure that NRCS is provided a copy of this notice.

B State Office Employee Action

State Offices shall:

- ensure that County Office employees are immediately informed of the contents of this notice
- ensure that NRCS is provided a copy of this notice.

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 the name of the individual to whom power of attorney is being granted (attorney-in-fact).
2	Enter the address of the individual to whom power of attorney is being granted (attorney-in-fact).
3	Enter the county of the individual to whom power of attorney is being granted (attorney-in-fact).
4	Enter the 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 the 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 13, "Other".</p> <p>Note: Grantor must select both applicable programs in this section and related transactions in Section B.</p>
B	<p>Check the 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 the 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 the 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>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>

**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 1 FSA 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>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 1 FSA employee must witness the signature in item 6 or 7, as applicable. The FSA 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 FSA employee. See item 8. When the grantor is a corporation, the corporate seal of the grantor may be accepted in place of FSA employee witness or notarization.</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 is 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 shall 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 shall sign and date.
3, 4, 5, 6, 7 C through E	<p>At least 1 FSA employee must witness the grantor’s signature.</p> <p>FSA 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 FSA employee.</p>
3, 4, 5, 6, 7 F	<p>If the grantor’s signature is not witnessed by at least 1 FSA 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.

This form is available electronically. FSA-211 (12-17-08)		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 <i>(Check applicable programs)</i> <input type="checkbox"/> 1. All current programs. <input type="checkbox"/> 2. All current and all future programs. <input type="checkbox"/> 3. Direct and Counter-Cyclical Program. <input type="checkbox"/> 4. Average Crop Revenue Election Program. <input type="checkbox"/> 5. Supplemental Revenue Assistance Payments Program (SURE). <input type="checkbox"/> 6. Tree Assistance Program (TAP). <input type="checkbox"/> 7. Livestock Indemnity Program (LIP). <input type="checkbox"/> 8. Livestock Forage Disaster Program (LFP). <input type="checkbox"/> 9. Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP).		B. TRANSACTIONS for FSA, NRCS and CCC PROGRAMS <i>(Check applicable actions)</i> <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 <i>(Enter "All" or specify each crop, state, county and year(s))</i> 1. _____ 2. _____ 3. _____ 4. _____		D. CROP INSURANCE TRANSACTIONS <i>(Check applicable actions)</i> <input type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Making application for insurance. <input type="checkbox"/> 3. Reporting crop acreage and production reports. <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) _____	
7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) (By) _____		7B. Title/Relationship of Individual Signing in the Representative Capacity _____	
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) _____		6C. For Grantor's Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/> 7C. Signature Date (MM-DD-YYYY) _____	
FOR FSA USE ONLY			
9A. Witness Signature (FSA Employee Only) _____		9B. Signature Date _____	
10. This power of attorney was served to (a) _____ of _____ and became effective this (c) _____ day of (d) _____, (e) _____		USDA Service Center, (b) State _____	
NOTE: The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246 and any amendments to such act as may follow). The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned grantor. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. The information collection is exempted from the Paperwork Reduction Act, 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 and Title II, Subtitle J - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.			
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.			

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.

This form is available electronically. FSA-211A (12-17-08)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency - Natural Resources Conservation Service - Federal Crop Insurance Corporation - Commodity Credit Corporation - Risk Management Agency POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET		Attachment Pages ____ of ____	
Attach to Form FSA-211					
NOTE: The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub L. 110-246 and any amendments to such act as may follow). The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned grantor. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. The information collection is exempted from the Paperwork Reduction Act, 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 and Title II, Subtitle J - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. 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 in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.					