

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Washington, DC 20250

**Notice FLP-497**

1-FLP, 2-FLP, 3-FLP  
4-FLP, 5-FLP

**For:** FSA National Office and State and County Offices

**American Indian Credit Outreach Initiative**

**Approved by:** Deputy Administrator, Farm Loan Programs



**1 Overview**

**A Background**

FSA and the National Tribal Development Association (NTDA) entered into a cooperative agreement to assist American Indian farmers and ranchers with the technical assistance needed to better understand FSA loanmaking and servicing programs. In addition to providing farm management and financial planning, NTDA is assisting American Indian farmers and ranchers with completing loan applications, other program forms, preparing farm narratives, and any other aspect of FLP program requirements.

**B Purpose**

This notice:

- establishes a tracking system to identify farmers assisted through the cooperative agreement
- provides responsibilities for NTDA, County Offices, and the National Office.

**C Contact**

If there are questions about this notice, State Offices shall contact Anne Steppe, LMD at 202-690-4017.

<b>Disposal Date</b>	<b>Distribution</b>
October 1, 2008	State Offices; State Offices relay to County Offices

## Notice FLP-497

### 2 Responsibilities

#### A NTDA Responsibilities

NTDA has developed and uses the NTDA American Indian Credit Outreach Initiative Outreach Liaison Contract Notification form (Exhibit 1) that:

- notifies FSA that an American Indian farmer or rancher is working with NTDA
- authorizes FSA to discuss the American Indian farmer's or rancher's request for assistance with NTDA.

Exhibit 1, Part A, is completed by NTDA and American Indian farmer or rancher, and then provided to the County Office where the request for assistance is being processed.

#### B County Office Responsibilities

When Exhibit 1 is received, County Offices shall:

- complete Part B
- FAX Exhibit 1 to LMD at 202-690-1117 or 202-720-6797.

When the National Office returns Exhibit 1 with the tracking number, County Offices shall:

- enter the tracking number in the appropriate box in Part C on the original copy of Exhibit 1
- file the original and faxed copy of Exhibit 1 received from LMD in position 3 of the applicant's case file and provide a copy to the NTDA Outreach Liaison.

#### C National Office Responsibilities

The National Office will:

- assign tracking number, sign, and date Exhibit 1 in Part C
- input name, type of assistance requested, etc., in tracking system
- return Exhibit 1 completed with NTDA tracking number by FAX to County Office
- notify NTDA of the tracking number by e-mail
- establish and maintain an operational file of all NTDA transmissions.

**NRDA American Indian Credit Outreach Initiative Outreach Liaison Contract Notification**



**NTDA AMERICAN INDIAN CREDIT OUTREACH INITIATIVE  
OUTREACH LIAISON CONTACT NOTIFICATION**

**PART A TO BE COMPLETED BY NTDA OUTREACH LIAISON AND APPLICANT**

Applicant Legal Name (Please Print)	
Name of NTDA Outreach Liaison (Please Print)	
NTDA Liaison Contact Information	

I certify that I am working with, and am receiving technical assistance from, NTDA for the following purpose(s):

Check appropriate box(es):

<input type="checkbox"/> Direct Loan	<input type="checkbox"/> Direct Loan Servicing
<input type="checkbox"/> Guaranteed Loan	<input type="checkbox"/> Guaranteed Loan Servicing

I hereby authorize FSA to discuss my loan application and/or loan servicing application with my assigned NTDA Outreach Liaison, as necessary.

Applicant Signature

Date Signed

**PART B TO BE COMPLETED BY COUNTY FARM SERVICE AGENCY OFFICE**

Date Notification Received

Name of County Office & State Abbreviation

I certify that FSA has received an NTDA Outreach Liaison Contact Notification for the above-named applicant for the following purpose(s):

Check appropriate box(es):

<input type="checkbox"/> Direct Loan	<input type="checkbox"/> Direct Loan Servicing
<input type="checkbox"/> Guaranteed Loan	<input type="checkbox"/> Guaranteed Loan Servicing

Signature of FSA Official

Printed Name of FSA Official

Date Submitted to LMD

**PART C TO BE COMPLETED BY NATIONAL OFFICE LMD**

NTDA Tracking Nbr.  Date Nbr. Assigned

Signature of LMD Official

Printed Name of LMD Official