

UNITED STATES DEPARTMENT OF AGRICULTURE  
Farm Service Agency  
OMB Number 0560-0190  
Power of Attorney

**Purpose:**

This is a request on the extension of the currently approved information collection; Power of Attorney and Power of Attorney Signature Extension Sheet. This information is used to support the Farm Service Agency (FSA), Natural Resources Conservation Service (NRCS), Commodity Credit Corporation (CCC), Federal Crop Insurance Corporation (FCIC) and Risk Management Agency (RMA) in conducting business and accepting signatures from individuals acting on behalf of others. Information collected on this form is to grant authority for an individual to act on behalf of another or entity, such as a corporation, with respect to certain FSA, NRCS, CCC, FCIC, and RMA programs and actions. The form provides a service and option to producers who are not always able or available to sign documents on their own behalf.

**1. Explain the circumstances making collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

Customer signatures are required in order for participants to obtain most USDA benefits. USDA requires customer signatures to ensure that the purpose of the applicable program is to achieve, and verify the validity of information provided by the customer, and provide a necessary basis for pursuing legal remedies in the event of error or fraud. Collecting and maintaining a valid power of attorney allows USDA to accept an individual's signature on behalf of another producer, thereby, reducing the number of producers that may otherwise be required to sign applicable documents and travel to the USDA Service Center.

There is no public law requiring the use or collection of information for power of attorney authority. The option to allow producers to appoint an attorney-in-fact is provided for certain FSA, NRCS, CCC, FCIC, and RMA programs and actions to lessen the burden on the producers, provide USDA a method of verifying the validity of the information, and also provide a necessary basis for pursuing legal remedies when needed.

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

Customer signatures are used primarily to formalize agreements and contracts that render the signatory legally liable for the terms and conditions of the agreement or contract. The FSA-211/FSA-211A is used to appoint an individual or entity, such as a farm management company, to act on behalf of another individual or entity. Providing the information to USDA is voluntary and a one-time occurrence. The FSA-211/FSA-211A is maintained on file in USDA Service Centers. The FSA-211/FSA-211A is used for certain FSA, NRCS, CCC, FCIC and RMA programs and actions. Producers may obtain the FSA-211/FSA-211A from the USDA eforms website ([www.forms.sc.egov.usda.gov/formsearch.asp](http://www.forms.sc.egov.usda.gov/formsearch.asp)) or directly from a USDA Service Center. The form(s) may be completed on-line through the e-forms website and mailed to the USDA

Service Center or completed at the service center while there conducting other business. See response to question 12 below. The original form(s) is maintained at the USDA Service Center; however, producers are provided a copy of the completed form(s) for their records.

The information collected on the FSA-211/FSA-211A is limited to:

- Name and address of the person being appointed attorney-in-fact
- Name and Signature of grantor
- Indication of applicable FSA, NRCS, CCC, FCIC, and/or RMA programs and actions

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.**

An original signature is needed to provide a source to authenticate the validity of the information and pursue legal remedies, when necessary. However, the forms and the instructions are available on-line through USDA e-Forms website.

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purpose described in Item 2 above.**

The form is used by FSA, NRCS, CCC, FCIC, and RMA. USDA did review the use of the form with other agencies, such as Rural Development (RD) to identify opportunities for consolidated use. USDA determined that the use of the form by RD was not appropriate because RD accepts power of attorney signatures on a case-by-case basis only and only in limited circumstances.

**5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize burden.**

The collection does not impact on small businesses or other small entities. There are 4750 small businesses or entities in this request.

**6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The information is collected only when Individuals or entities want to appoint another person to act as an attorney-in-fact in connection with certain FSA, CCC, NRCS, FCIC and RMA programs. There are no consequences to Federal program or policies activities if the information were collected less frequently.

**7. Explain any special circumstances that would cause an information collection to be conducted in a manner inconsistent with guidelines in 5 CFR 1320.6:**

There were no special circumstances that require the collection to be conducted in a manner inconsistent with guidelines in 5 CFR 1320.6.

**8. Describe efforts to consult with persons outside the Agency to obtain their view on the availability of data, frequency of collection, the clarity of instructions and record keeping, disclosure, or reporting format (if any), and on data elements to be recorded, disclosed, or reported.**

The 60-day Federal Register was published on February 1, 2017 at 82 FR 8909. No comments were received.

The forms and instructions are regularly reviewed by agency personnel, including agency's Office of Counsel for a legal requirement and customers for accuracy of estimated burden required, and if the collection is excessive or intrusive. Therefore, no information collection has been identified as requiring a change or correction based on a failure in any of these customers.

Three persons were consulted in the following:

Mrs. C.Z. Thompson, CED  
(620) 855-3515  
Gray County FSA Office  
909 East Avenue A  
Cimarron, KS 67835

Mrs. Rita Wallman  
(308) 352-4724  
Perkins County Nebraska  
7131 A St.  
Lincoln, NE 68510

Sarah Heidzy-Kraeger  
(402) 437-5587  
Nebraska State FSA Office  
7131 A. St.  
Lincoln, NE 68510

**9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.**

There are no payments or gifts provided to respondents.

**10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.**

There are no confidentiality issues related to the collection of this information.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior**

or attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

No questions of a sensitive or personal nature are included in the FSA-211/FSA-211A.

**12. Provide estimates of the hour burden of the collection of information. Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated.**

The estimated cost incurred by the respondents is \$1,445,760 based on 64,256 hours X 22.50 average hourly minimum wage).

**13. Provide estimates of the total annual cost burden to respondents or record keepers resulting from the collection of information (do not include the cost of any hour burden shown in items 12 and 14). The cost estimates should be split into two components: (a) a total capital and start up cost component annualized of its expected useful life; and (b) a total operation and maintenance and purchase of services component.**

There are no capitals and startup or ongoing operation/maintenance costs associated with this information collection.

**14. Provide estimates of annualized cost to the Federal government. Provide a description of the method used to estimate cost and any other expense that would not have been incurred without this collection of information.**

The estimated annualized cost to the Federal government is \$514,048. Costs to the Federal Government to support this collection are limited to labor. The cost for retrieving the form and gathering and maintaining the data is based on 15 minutes per respondent at the average wage of a FSA service center employee of \$32 an hour ( $64,256 \times .2500 \times \$32 = \$514,048$ ).

**15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-1.**

There are no changes to the number since the last OMB approval.

**16. For collections of information whose results are planned to be published, outline plans tabulation and publication.**

The information collected is not intended for publication.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reason that display would be inappropriate.**

FSA is not including the OMB expiration date on the FSA-211 due to PRA Statement exemption for some of the programs.

**18. Explain each exception to the certification statement identified in Item 19 “Certification for Paperwork Reduction Act.”**

FSA is able to certify compliance with all provisions under Item 19 of OMB Form 83-1.