

**FSA-2314**

(proposal 1)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

Position 3

**STREAMLINED REQUEST FOR DIRECT OL ASSISTANCE**

**INSTRUCTIONS:** FSA suggests applicants use the available corresponding instructions for the proper completion of this form. Assistance is available to you from your local FSA office for any part of the application process. FSA can help you complete the requested forms, explain what information is necessary, and answer any questions you may have.

Farm Loan Teams located at USDA Service Centers or FSA County Offices are responsible for all direct loan applications. You can find the address and telephone number of the nearest Farm Loan Team serving the County where you plan to farm from the Internet at <http://tinyurl.com/7syle36>.

The Federal Government requests race, ethnicity and gender information to monitor FSA's compliance with Federal laws prohibiting discrimination against applicants. This information is not used to evaluate an application. Applicants are encouraged to furnish this information yet are not required to so. Targeted funding may not be received if an applicant is eligible for targeted funding and does not voluntarily provide this information. FSA is required to note race, ethnicity, and gender based on observer identification if it is not furnished.

**IMPORTANT NOTICE**

**Within 10 calendars days of the date FSA receives your application, FSA will send you a letter that will tell you if your application is complete, or additional information is needed to complete your loan application. If you do not receive this letter within 10 days of the submission of your application, please contact your local FSA office.**

**APPLICANT REQUIREMENTS**

Loan applicants must meet all requirements listed below. If one or more of the items listed does not apply to you, the loan applicant, please use the form FSA 2001, "Request for Direct Loan Assistance."

To be eligible for a streamlined direct operating loan (OL) request, the loan applicant:

- must be current on all payments to all creditors, including the Farm Service Agency
- must want to use the loan funds to pay annual operating expenses and/or permissible term operating expenditures
- must have received and successfully repaid one (1) annual OL or has sufficient inventory to pay the loan in full
- has not experienced any significant changes to the operation since the prior year's loan application

Note: If the operation consists of the same type of commodities and/or livestock and will not require additional labor or equipment resources, the change is not considered significant. However, if the basic operation has changed or have added commodities or altered business practices, or changes require additional labor or equipment resources, the change is considered significant, and use of the streamlined application is not appropriate.

- presents a positive updated cash flow for the new loan reflecting the ability for repayment to FSA and all creditors
- did not receive primary loan servicing in the previous year
- meets all other requirements and eligibility criteria for any standard OL.

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**



**FSA-2314**  
(proposal 1)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 3

**STREAMLINED REQUEST FOR DIRECT OL ASSISTANCE**

**Instructions:** This application is to be used only by those applicants who are requesting an annual operational loan and qualify for Streamlined OL Assistance, as outlined in Direct Loan Making Handbook 3-FLP.

**PART A - APPLICANT**

|                          |  |                    |           |
|--------------------------|--|--------------------|-----------|
| 1. Exact Full Legal Name |  | 2. Mailing Address |           |
| 3A. Home Phone           |  | 3B. Mobile Phone   | 3C. Email |

**PART B – GENERAL INFORMATION**

|  |  |
|--|--|
| 1. Loan Purpose<br><input type="checkbox"/> Annual OL <input type="checkbox"/> Term OL | 2. Loan Amount<br>Annual \$ _____      Term \$ _____ |
|--|--|

**PART C – NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGMENT**

|  | YES | NO |
|--|-----|----|
| 1. Has there been any change to your operation since your last application dated: _____? If "YES", please describe in Item 7.  |     |    |
| 2. Are you, or in the case of an entity any member of the entity, delinquent on any Federal debt or have any outstanding Federal judgments? If "YES," provide details in Item 7.                                   |     |    |
| 3. Are you, or in the case of an entity any member of the entity, involved in any pending litigation? If "YES," provide details in Item 7.   |     |    |
| 4. Have you, or in the case of an entity any member of the entity, ever been in receivership, discharged in bankruptcy, or filed a petition for reorganization in bankruptcy? If "YES," provide details in Item 7. |     |    |
| 5. Are you, or in the case of an entity any member of the entity, an FSA employee or related to or closely associated with an FSA employee? If "YES," provide details in Item 7.                                   |     |    |
| 6. Have you, or in the case of an entity any entity member, had a change in annual income?   |     |    |
| 7. Additional answers. Write the Item number to which each answer applies. If you need additional space, use sheets of paper the same size as this page and write the applicant's name on each additional sheet.   |     |    |

8. **A. RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (Public Law 95-630):** FSA has a right of access to financial records held by financial institutions in connection with providing assistance to you as well as collecting on loans made to you or guaranteed by the Government. Financial records involving your transaction will be available to FSA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required by law.

**B. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT:** Prohibits creditors from discriminating against applicants on the basis of race, color, religion, sex, national origin, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or a part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

**NOTE:** *The following 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 761, 7 CFR Part 764, and the Consolidated Farm and Rural Development Act (Pub. L. 87–128). The information will be used to determine applicant or entity eligibility for streamlined operating loan assistance. The information collected on this form may be disclosed to other Federal, State, and 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 the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a determination of applicant or entity ineligibility for streamlined operating loan assistance.*

**Public Burden Statement (Paperwork Reduction Act):** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0237. The time required to complete this information collection is estimated to average 33 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

*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/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 bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.*

*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.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and 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 (866) 632-9992. 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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.*

**PART C – NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGMENT (Continued)**

- C. **FEDERAL COLLECTION POLICIES:** Delinquencies, defaults, foreclosures and abuses of mortgage loans involving programs of the Federal Government can be costly and detrimental to your credit, now and in the future. The mortgage lender in this transaction, its agents and assigns as well as the Federal Government, its agencies, agents and assigns, are authorized to take any and all of the following actions in the event loan payments become delinquent on the mortgaged loan described in the attached application: (1) Report your name and account information to a credit bureau; (2) Assess additional interest and penalty charges for the period of time that payment is not made; (3) Assess charges to cover additional administrative costs incurred by the Government to service your account; (4) Offset amounts owed to you under other Federal programs; (5) Refer your account to a private attorney, collection agency or mortgage servicing agency to collect the amount due, foreclose the mortgage, sell the property and seek judgment against you for any deficiency; (6) Refer your account to the Department of Justice for litigation; (7) If you are a current or retired Federal employee, take action to offset your salary, or civil service retirement benefits; (8) Refer your debt to the Department of the Treasury for cross-servicing and offset against any amount owed to you by any Federal Agency such as an income tax refund; and (9) Report any resulting written-off debt to the Internal Revenue Service as taxable income. All of these actions can and will be used to recover debts owed to the Federal Government when in its best interests.
9. **RESTRICTIONS AND DISCLOSURE OF LOBBYING ACTIVITIES:**
- A. The applicant:
- (1) Certifies that if any funds, by or on behalf of the applicant, have been or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, or loan, the applicant shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
  - (2) Shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including contracts, subcontracts, and subgrants, under grants and loans) and that all subrecipients shall certify and disclose accordingly.
- B. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this statement is a prerequisite for making or entering into this transaction. Any person who fails to file the required statement shall be subject to a civil penalty imposed by 31 U.S.C. 1352.
10. **CONTROLLED SUBSTANCES:** The applicant certifies that as an individual, or any member of an entity applicant, has not been convicted under Federal or State law of planting, cultivating, growing, producing, harvesting, or storing a controlled substance within the previous 5 crop years. See the Food Security Act of 1985 (Public Law 99-198). The applicant also certifies that as an individual, or any member of an entity applicant, is not ineligible for Federal benefits based on a conviction for the distribution of controlled substances or any offense involving the possession of a controlled substance under 21 U.S.C. § 862.
11. **DISQUALIFICATION DUE TO FEDERAL CROP INSURANCE FRAUD:** The applicant certifies that as an individual or any member of the entity, has not been disqualified for Federal benefits as provided in Section 515(h) of the Federal Crop Insurance Act (FCIA). Applicants who willfully and intentionally provide false or inaccurate information to the Federal Crop Insurance Corporation (FCIC) or to an approved insurance provider with respect to a policy or plan of FCIC insurance, after notice and an opportunity for a hearing on the record, will be subject to one or more of the sanctions described in section 515(h) (3) of FCIA.
12. **TEST FOR CREDIT:** The applicant certifies that the needed credit, with or without a loan guarantee, cannot be obtained by (1) the individual applicant; (2) in the case of an entity, considering all assets owned by the entity and all of the individual members. FSA may, after reviews of this application, require written evidence to support your inability to obtain credit elsewhere.
13. **PERMISSION TO FILE FINANCING STATEMENT, ORDER A CREDIT REPORT, AND VERIFY CREDIT INFORMATION:** Under the Uniform Commercial Code, you do not have to sign the financing statement which allows FSA to obtain a security interest in your property. If the loan is approved and funded, FSA will file a financing statement at the earliest possible date, before you enter into a SECURITY AGREEMENT. BY SIGNING BELOW, I GIVE FSA PERMISSION TO FILE A FINANCING STATEMENT PRIOR TO THE EXECUTION OF THE SECURITY AGREEMENT AS WELL AS TO FILE AMENDMENTS AND CONTINUATIONS OF THE FINANCING STATEMENT THEREAFTER. I FURTHER AUTHORIZE FSA TO ORDER A CREDIT REPORT AND VERIFY ANY OTHER CREDIT INFORMATION.

Initials \_\_\_\_\_ Date \_\_\_\_\_

**PART C – NOTIFICATIONS, CERTIFICATIONS AND ACKNOWLEDGMENT (Continued)**

- 14. Individual liability of all members will be required regardless of entity type. In addition, all members will be required to sign as individuals in Item 16 through Item 19.
- 15. **CERTIFICATION: I certify that the information provided is true, complete, and correct to the best of my knowledge and is provided in good faith to obtain a loan. (WARNING: Section 1001 of Title 18, United States Code, provides for criminal penalties to those who provide false statements to the Government. If any information is found to be false or incomplete, such finding may be grounds for denial of the requested action).**

Additional signatures may be added to a copy of the signature page as needed. By signing below in Item 16A through 19A, you certify that you have read the statements and certifications on Pages 1 through 3. If additional signatures are needed add another page.

|                     |   |           |
|---------------------|---|-----------|
| 16A. Signature (By) | 16B. Title/Relationship of the Individual if Signing in a Representative Capacity | 16C. Date |
| 17A. Signature (By) | 17B. Title/Relationship of the Individual if Signing in a Representative Capacity | 17C. Date |
| 18A. Signature (By) | 18B. Title/Relationship of the Individual if Signing in a Representative Capacity | 18C. Date |
| 19A. Signature (By) | 19B. Title/Relationship of the Individual if Signing in a Representative Capacity | 19C. Date |

**PART D – FSA USE ONLY**

|                                |                  |                              |  |
|--------------------------------|------------------|------------------------------|--|
| 1. Date Form FSA-2314 Received |                  | 2. Date Application Complete |  |
| 3. Credit Report Fee<br>\$     | 4. Date Received | 5. Name of Agency Official   |  |