

FSA-2376

U.S. DEPARTMENT OF AGRICULTURE
 Farm Service Agency

BORROWER TRAINING COURSE EVALUATION

INSTRUCTIONS: Vendor shall return this completed form to the FSA Office.

PART A – VENDOR INFORMATION

1. Vendor's Name		2. Course Title	
3A. Address Line 1		4A. Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3B. Address Line 2		4B. Alternate Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell	
3C. City	3D.	3E. Zip	5. Instructor's Name
6. Dates of Training Course		7. Location	

PART B - TO BE COMPLETED BY BORROWER

1. The topics covered in class were helpful to me in my business.....	Yes	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>	11. Comments on the strong points of the course:
2. The coverage of the subject matter was.....	Excellent	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Poor	<input type="checkbox"/>	
3. The suitability of the instruction material was.....	Excellent	<input type="checkbox"/>	Sufficient	<input type="checkbox"/>	Poor	<input type="checkbox"/>	
4. The level of the course was.....	Too Advanced	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	Too Easy	<input type="checkbox"/>	
5. The length of the course was	Too Long	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	Too Short	<input type="checkbox"/>	
6. The amount of outside work was.....	Too Much	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	Too Little	<input type="checkbox"/>	12. Comments on the weak points of the course:
7. The instructor was.....	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	
8. The facilities were.....	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Poor	<input type="checkbox"/>	
9. Will you continue to take training courses in financial management if not required?	Yes	<input type="checkbox"/>	Maybe	<input type="checkbox"/>	No	<input type="checkbox"/>	
10. Would you recommend this course to other individuals?	Yes	<input type="checkbox"/>	No Comment	<input type="checkbox"/>	No	<input type="checkbox"/>	

13A. Applicant's Signature	13B. Date (MM/DD/YYYY)

After you have completed this evaluation, please return it to the Vendor.

Privacy Act Statement: *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 the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et. seq.). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. 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 denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.*

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 and is voluntary. The time required to complete this information collection is estimated to average 23 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askUSDA@usda.gov (OMB NO. 0560-0237).*

Non-Discrimination Statement: *In accordance with Federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, and employees 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 [How to File a Program Discrimination Complaint | USDA](#) 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.

USDA is an equal opportunity provider, employer, and lender.