|  |
| --- |
| *AGREEMENT TO CONDUCT PRODUCTION AND/OR FINANCIAL MANAGEMENT TRAINING FOR FARM SERVICE AGENCY BORROWERS* |
| **INSTRUCTIONS FOR PREPARATION** |
| **Purpose:**The form is an agreement between the vendor and FSA for the vendor to become an approved provider for borrower training. The agreement enables the vendor to provide training in production and/or financial management to FSA borrowers.      |
| **Handbook Reference:**3-FLP | **Number of Copies:**Original and 1 copy |
| **Signatures Required:**FSA State Executive Director and Vendor’s Representative. |
| **Distribution of Copies:**Original in State Office Operational file. Copy to the Vendor. |
| **ADPS/DLS/FBP/GLS Related Transactions** **(complete this field only when needed and provide only the information required, i.e. ADPS Transaction 3K):** N/A |

#### Part A, Items 1- 4 completed by FSA.

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1Agreement | Read agreement between FSA and vendor. |
| 2A-2FGoals for Training | Read the statements and enter a check in the applicable checkbox to indicate what the borrower is expected to learn. |
| 3A-3LVendor’s Responsibilities | Read statements and enter the dollar amount to be collected from each borrower for training fees in Item B. |
| 4 Agreement  | Read agreement between FSA and vendor. |

***Part B, Items 1A through 1D completed by FSA.***

|  |  |
| --- | --- |
| Fld Name /Item No. | Instruction |
| 1AName  | Print name of the State Executive Director. |
| 1BSignature | Enter signature of the State Executive Director. |
| 1CDate | Enter date agreement signed. |
| 1DOffice Name and Address | Enter State Office name and address. |

#### Part C, Items 1A through 1D completed by Vendor or Representative.

| Fld Name /Item No. | Instruction |
| --- | --- |
| 1AVendor’s Name  | Print name of Vendor or Representative. |
| 1BSignature | Enter signature of Vendor or Representative. |
| 1C Date | Enter date agreement signed. |
| 1DVendor’s Address  | Enter address of vendor. |