

FSA-2371
(XX-XX-XX)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

Position 3

AGREEMENT TO COMPLETE TRAINING

INSTRUCTIONS: Return this completed form to your County FSA Office.

PART A - AGREEMENT

1. In consideration for receiving a direct loan, I agree to complete the following approved course(s) in financial management:

2. I understand payment for the required course(s) is my responsibility.

3. I must complete training as follows:

- A. ☐ within 2 years of the date this agreement is signed, unless I am granted an extension by the Farm Service Agency;
- B. ☐ within one year of the date a one-time 2-year Operating Loan term limit extension is signed.

4. I understand that if I fail to complete this training as agreed, I will be ineligible for future direct loans.

5A. Name	5B. Signature	5C. Date (MM/DD/YYYY)

PART B – FSA USE ONLY

1. The borrower completed the training course(s) on (a) _____ as per attached documentation.

The borrower (b) ☐ has (c) ☐ has not met the borrower training requirements.

2. Name of Agency Official	3. Title of Agency Official

4. Signature of Agency Official	5. Date (MM/DD/YYYY)
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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 applicant/borrower ability to participate in and receive benefits under an FSA Loan Program. 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 that the applicant/borrower is unable to participate in and receive benefits under an FSA Loan Program.

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 15 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. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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