OMB Approved No: 0560-0190
OMB Expiration Date: XX/XX/XXXX

FSA-211
(Proposal 2)

U. S. DEPARTMENT OF AGRICULTURE
FARM PRODUCTION AND CONSERVATION (FPAC)
Farm Service Agency (FSA) – Natural Resources Conservation Service (NRCS) -
Federal Crop Insurance Corporation (FCIC) – Risk Management Agency (RMA)

POWER OF ATTORNEY

Please see the FSA-211 separate instructions document for detailed directions on how to complete this form.

(1) **THE UNDERSIGNED (Grantor)** does hereby appoint the following Grantee*:*

(2) of the following address:

(3) in the county of: *(4)* in the State of*:*

(5) As the attorney-in-fact for (insert Grantor's name):

in connection with the FSA, NRCS, or FCIC programs, actions, and transactions as specified on this FSA-211, Power of Attorney.

☐ **If this box is checked this FSA-211, Power of Attorney will expire on [Grantor enter desired expiration date] _____**
If this box is <u>not</u> checked and a date is not entered this form will remain valid until one of the actions listed in section 3H below occurs.

1. FSA and NRCS

A. FSA and NRCS PROGRAMS

(Check all that apply)

NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.

☐ 1. All current FSA programs.	☐ 2. All current and future FSA programs.
☐ 3. All current NRCS conservation programs.	☐ 4. All current and future NRCS conservation programs.
☐ 5. All current and future NRCS conservation easement programs. *If this box is checked, all Grantor signatures must be notarized.* ***Note: this form is not valid for the execution of Easement Deeds.***	
☐ 6. Specific FSA programs written below. _____	☐ 7. Specific NRCS programs written below. _____

B. ACTIONS for FSA and NRCS PROGRAMS

(Check applicable actions)

☐ 1. Fill out all paperwork needed to apply to programs selected in section A.
This action does not allow the Grantee to sign program forms on the Grantor's behalf. *This action allows the Grantee to fill out all program forms (including all associated forms), and submit/provide information needed to apply to, enroll in, participate in, and accept payment under the programs selected in section A. This action also gives the Grantee the ability to make any reports (e.g., for losses or acreage).* ***Unless item B2 (below) is also selected, the Grantor must sign any forms before FSA or NRCS takes any action.***
Notes: *This does not include form SF-3881, ACH Vendor/Miscellaneous Payment Enrollment Form.*

☐ 2. Signing applications, agreements, and contracts for programs selected in section A.
This action allows the Grantee to sign program forms that are related to the programs selected in section A. ***Unless item B1 (above) is also selected, this action does not allow the Grantee to enter information onto the program forms on the Grantor's behalf.***

☐ 3. Routing banking accounts for programs selected in section A.
This action allows the Grantee to set up or change the bank account information of the Grantor stored by FSA and NRCS that will be used for the purpose of issuing payments associated with the programs selected in section A.

☐ 4. Complete or update non-program information.
This action allows the Grantee to update information regarding the Grantor that is not program related. This includes, but is not limited to address, email, and phone number.
Note: *This does not include changing banking account information.*

☐ 5. Obtain all records and information regarding programs selected in section A.
This action allows the Grantee to request and obtain any record associated with the programs selected in section A. These may include FSA or NRCS records as applicable.
Note*: This does not allow the Grantee to fill out or sign applications.*

☐ 6. Conducting all Marketing Assistance Loans (MAL) and Loan Deficiency Payments (LDP) transactions (FSA only).
This allows the Grantee to enter into a loan agreement, LDP, move collateral, and redeem and/or forfeit loan commodities on behalf of the Grantor.

C. LIMITED APPLICABILITY TO IDENTIFIED FARMS

☐ *The Grantee may only take the actions selected in section B for the specific farms associated with the Grantor. List the farm numbers and their associated county and state directly below.*

Note: *This section should only be completed if the Grantor wants to limit the Grantee to act on their behalf for specific farms. Leave this section blank if the Grantor intends for the Grantee to act on all farms.*

D. OBTAIN ALL RECORDS

☐ *This action allows the Grantee to request and obtain any FSA or NRCS programs records on behalf of the Grantor regardless of the selections in section A and B.*

Note: *This section can be completed independently of the other sections.*

2. FCIC under RMA

This form may also be used to grant authority to an attorney-in-fact to act on the Grantor's behalf with respect to FCIC crop insurance policies. Checking any of the crop insurance transactions does not have any impact as to the FSA or NRCS programs or actions checked above.

E. INSURED CROPS/STATE/COUNTY

(Enter "All" or specify each crop, state, county, and year(s))

1.
2.
3.
4.

F. CROP INSURANCE TRANSACTIONS

(*Check applicable actions)*

☐ 1. All actions.	☐ 2. Making applications for insurance.
☐ 3. Reporting crop acreage and production.	☐ 4. Reporting a notice of damage or loss and making claim for indemnity.
☐ 5. Making transfers and cancellations.	☐ 6. Making contract changes.
☐ 7. Other *(Specify):*	

3. Agreement

G. GRANTOR'S AGREEMENT

By signing this form, I, the Grantor, understand the following:

1. I may still transact, sign, and complete program forms for participation in FSA or NRCS programs, or FCIC under RMA.
2. That the Grantee may make any of the actions checked in sections B, D, and F without my knowledge. I am responsible for working with the Grantee to know what actions have been taken on my behalf. I understand that I may request information from FSA and NRCS about the actions made on my behalf, and I acknowledge that the information provided by FSA and NRCS may not be comprehensive.
3. That depending on the items selected in sections B or F, the Grantee is authorized to enter into binding agreements that may create liabilities on my behalf.
4. I must contact the FSA office if I want to change my FSA-211, Power of Attorney.
5. I must provide written notice to FSA if I want to cancel or revoke my FSA-211, Power of Attorney.

H. VALIDITY

1. This Power of Attorney is valid in all counties in the United States unless otherwise noted.
2. This Power of Attorney shall not be effective until properly executed and served to a USDA Service Center.
3. This Power of Attorney shall remain in full force and effect until the sooner of:
    a. the expiration date identified at the top of this form;
    b. written notice of its cancellation or revocation has been duly served upon FSA for FSA or NRCS programs, or to the applicable Approved Insurance Provider(s) for FCIC transactions;
    c. death of the undersigned Grantor; or
    d. incompetence or incapacitation of the undersigned Grantor.

AUTHORIZED SIGNATURES

6A. Signature of Grantor *(Individual)*	6B. Signature Date *(MM-DD-YYYY)*	6C. For Grantor's Signature Continuation, check here if FSA-211A is attached. ☐
7A. Signature of Grantor *(Partnership, Corporation, Trust, etc.)* (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date *(MM-DD-YYYY)*

8. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by an FPAC employee or a corporate seal of grantor is affixed. **The Notary Public must affix their official seal or stamp to this form .)***

Signature *(a)* the state of *(b)* the County of *(c)*

8D. Commission Expiration Date *(MM-DD-YYYY)*	8E. Signature Date *(MM-DD-YYYY)*

FOR FPAC USE ONLY

9A. Witness Signature *(FPAC Employee Only)*	9B. Signature Date *(MM-DD-YYYY)*	9C. Official Position

10. This power of attorney was served to *(a)* USDA Service Center,

State of *(b)* and became effective this *(c)* day of *(d)* , *(e)*

Privacy Act Statement*: The following statement 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 718, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Crop Insurance Act (7 U.S.C. 1501 et seq.), the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to enable a producer (grantor) to appoint an individual/organization to serve as an attorney-in-fact (grantee) that is authorized to on behalf of the producer, conduct business with USDA concerning Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/FCIC-10, Policyholder. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under Farm Service Agency, Natural Resources Conservation Service, Commodity Credit Corporation, Federal Crop Insurance Corporation, and Risk Management Agency programs.*

Public Burden Statement (Paperwork Reduction Act): *This information collection for FSA commodity and conservation programs in Titles I and II of the Agricultural Act of 2014 (Pub. L. 113-79) are exempt from the Paperwork Reduction Act (PRA) as specified in the Agricultural Act of 2014, Title I, Subtitle F, Administration, and Title II, Subtitle G, Funding Administration. For the EFRP, this information collection is exempted from the PRA, as specified in the Fiscal Year 2010 Supplemental Appropriations Act (Public L. 111-212). For the FSFL, this information collection is exempted from the PRA as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F-Administration). 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 THE APPLICABLE USDA SERVICE CENTER.*

For those FSA, CCC, and NRCS programs that are not exempt from PRA, FSA may not conduct or sponsor, and a person is not required to respond to a collection of information unless this collection of information has a valid OMB control number, which is 0560-0190 for this information collection. 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.

Non-Discrimination Statement: *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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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FSA-211A
(Proposal 2)

U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency – Natural Resources Conservation Service -
Commodity Credit Corporation - Federal Crop Insurance Corporation – Risk Management Agency

POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET

Attach to Form FSA-211

Attachment Pages _____ of _____

1. Name of Attorney-In-Fact *(Item (1) from FSA-211)*

2. Name of Grantor *(Item (5) from FSA-211)*

AUTHORIZED SIGNATURES

3A. Signature of Grantor (By)	3B. Title/Relationship of Individual Signing in the Representative Capacity	3C. Signature Date
3D. Witness Signature *(FPAC Employee Only)*	3E. Signature Date	3F. Official Position

3G. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by a FPAC employee or a corporate seal of grantor is affixed).*
Signature: _____ the State of _____ the County of _____

4A. Signature of Grantor (By)	4B. Title/Relationship of Individual Signing in the Representative Capacity	4C. Signature Date
4D. Witness Signature *(FPAC Employee Only)*	4E. Signature Date	4F. Official Position

4G. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by a FPAC employee or a corporate seal of grantor is affixed).*
Signature: _____ the State of _____ the County of _____

5A. Signature of Grantor (By)	5B. Title/Relationship of Individual Signing in the Representative Capacity	5C. Signature Date
5D. Witness Signature *(FPAC Employee Only)*	5E. Signature Date	5F. Official Position

5G. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by a FPAC employee or a corporate seal of grantor is affixed).*
Signature: _____ the State of _____ the County of _____

6A. Signature of Grantor (By)	6B. Title/Relationship of Individual Signing in the Representative Capacity	6C. Signature Date
6D. Witness Signature *(FPAC Employee Only)*	6E. Signature Date	6F. Official Position

6G. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by a FPAC employee or a corporate seal of grantor is affixed).*
Signature: _____ the State of _____ the County of _____

7A. Signature of Grantor (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date
7D. Witness Signature *(FPAC Employee Only)*	7E. Signature Date	7F. Official Position

7G. Notary Public *(this form **shall** be acknowledged by a Notary Public unless witnessed by a FPAC employee or a corporate seal of grantor is affixed).*
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