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**FSA-338**  
(10-04-17)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

**CERTIFIED STATE MEDIATION PROGRAM**  
**Request for Obligation of Funds**

See Page 2 for Privacy Act and Paperwork Reduction Act Statements.

**PART A – GENERAL GRANTEE INFORMATION (AGENCY USE ONLY)**

1A. CASE NUMBER:

1B. STATE CODE

49

1C. COUNTY CODE

044

1D. EMPLOYER IDENTIFICATION OR TAX IDENTIFICATION NUMBER

0756001056

2. LOAN (GRANT) NUMBER:

3. FISCAL YEAR: 2025

4. GRANTEE NAME

Texas Rural Mediation Services  
Office of Dispute Resolution

5. TYPE OF APPLICANT (Check):

Public Body

6. SEX CODE (Check):

Public Body

**PART B – OBLIGATION OF FUNDS INFORMATION (AGENCY USE ONLY)**

7. TYPE OF ASSISTANCE

**090 – Agricultural Loan Mediation Program Grants**

8. TYPE OF SUBMISSION (Check one below):

A. Initial (Continuing Resolution 1)

B. Subsequent (Continuing Resolution 2 or beyond): \_\_\_\_\_

9. TYPE OF ACTION (Check one below):

A. Obligation

B. Administrative Reserve

C. Correction of Obligation

10. AMOUNT OF GRANT

\$ 10,851.10

11. DATE OF BUDGET APPROVAL (MM-DD-YYYY)

12. COMMENTS AND REQUIREMENT OF APPROVAL OFFICIAL

CR 1 FY 2025 – October 1, 2024 – December 20, 2024.

ORIGINAL - GRANTEE CASE FOLDER

COPY 1 - APPLICANT

**PART C – GRANTEE CERTIFICATION (GRANTEE MUST COMPLETE)**

*The Grantee agrees to comply with Section 502 of the Agricultural Credit Act of 1987 (Pub. L. 100-233, January 6, 1988, as amended), 7 CFR part 785, circulars and statutes referenced therein, and the matching mediation grant agreement attached.*

*The FSA Administrator has determined that 15 percent cap/limitation on indirect/administrative overhead costs are necessary to sustain the mediation program. This cap/limitation was effective on October 1, 2008.*

**WARNING:** *Whoever, in any matter with the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or devise material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under 18 U.S.C. 1001 et. seq. or imprisoned not more than five years, or both.*

13A. NAME OF GRANTEE APPROVAL OFFICIAL	13B. SIGNATURE OF GRANTEE APPROVAL OFFICIAL	13C. DATE (MM-DD-YYYY)
14A. NAME OF CO-GRANTEE APPROVAL OFFICIAL	14B. SIGNATURE OF CO-GRANTEE APPROVAL OFFICIAL	14C. DATE (MM-DD-YYYY)

**PART D – FSA CERTIFICATION (AGENCY USE ONLY)**

**I HEREBY CERTIFY** that all of the administrative determinations and certifications required by regulations prerequisite to providing assistance of the type indicated above, except for any noted under Item 12, have been made and that evidence thereof is in the docket, and that all requirements of pertinent regulations have been complied with. I hereby approve the above-described assistance in the amount set forth above, and by this document, subject to the availability of funds, and any requirements listed under Item 13, the Government agrees to advance such amount to the grantee for the purpose of and subject to the availability prescribed by regulations applicable to this type of assistance.

15A. NAME OF APPROVAL OFFICIAL  Ryan Lukassen	15B. TITLE OF APPROVAL OFFICIAL  Director for POAD
15C. SIGNATURE OF APPROVAL OFFICIAL	15D. DATE OF APPROVAL (MM-DD-YYYY)

**NOTE:** 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 785, the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), the Agricultural Credit Act of 1987 (Pub. L. 100-233), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine grantee ability to participate in and receive benefits under the USDA Certified State Mediation Program. 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-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that the grantee is unable to participate in and receive benefits under the USDA Certified State Mediation Program.

As specified in the Paperwork Reduction Act (5 CFR 1329.3 (c) (4)), the information collection does not require OMB approval because FSA estimates fewer than 10 respondents will be furnishing this form to FSA. **RETURN THIS COMPLETED FORM TO, USDA Farm Service Agency, Program Development and Economic Enhancement Division (PDEED), 1400 Independence Avenue, SW, Stop 0521, Washington, DC 20250.**

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, audiotope, 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.

 ORIGINAL - GRANTEE CASE FOLDER

 COPY 1 – APPLICANT

## Instructions For Completing FSA-338 Request for Obligation of Funds

1A Case Number	Enter the case number.
1B and 1C State and County Code	For organizations and individual business applicants, enter the State and County code numbers
1D Employer/Taxpayer Identification Number	Enter the Employer Identification Number (EIN) or Taxpayer Identification Number (TIN), (as applicable).
2 Loan (Grant) Number	Enter the loan (grant) number.
3 Fiscal Year	Enter the fiscal year the funding is being issued.
4 Grantee Name	Enter the complete name of the recipient organization.
5 Type of Applicant	Check the applicable box: <b>Public Body</b>  The only applicable applicant type for the Certified State Mediation Program.
6 Sex Code	Check the applicable box: <b>Public Body</b>  The only applicable Sex Code for the Certified State Mediation Program.
7 Type of Assistance	Enter the applicable code: 090 – Agricultural Loan Mediation Program Grants  The only applicable code for the Certified State Mediation Program.
8 Type of Submission	Check the applicable box: A. Initial B. Subsequent: (specify whether this is Continuing Resolution (CR) 1, 2, etc.)  If the funding requested are funds disbursed from the first Continuing Resolution 1, check box A – Initial. If the funding requested are funds disbursed from the subsequent Continuing Resolution 2 or beyond, check box B – Subsequent.
9 Type of Action	Check the applicable box: A. Obligation - The initial or subsequent obligation. B. Administrative Reserve - Funding requested during the Administrative Reserve period. C. Correction of Obligation - Obligation request is incorrect.
10 Amount of Grant	Enter the amount of the grant in dollars.
11 Date of Budget Approval	Enter the approval date (month, day, and year).
12 Comments and Requirement of Approval Official	Enter any conditions or requirements that must be met.
13A Name of the Grantee Approval Official	Enter the name of the grant recipient's approval official authorized to sign all financial obligations on behalf of the organization or business applicant.
13B Signature of Grantee Approval Official	Enter the signature of the approval official authorized to sign on behalf of the grant recipient.
13C Date	Enter the date the grant recipient's approval official signed the form (month, date, and year).
14A Name of Co-Grantee Approval Official	As applicable, enter the name of the grant recipient's approval official authorized to sign all financial obligations on behalf of the organization or business applicant.
14B Signature of Co-Grantee Approval Official	As applicable, enter the signature of the approval official authorized to sign on behalf of the grant recipient.
14C Date	As applicable, enter the date the grant recipient's approval official signed the form (month, date, and year).
15A Name of Approval Official	Enter the name of the authorized certifying official.
15B Title of Approval Official	Enter the title of the authorized certifying official.
15C Signature of Approval Official	Enter the signature of the authorized certifying official.
15D Date of Approval	Enter the date the approval official signed the form (month, date, and year).