



# NEWSLETTER



**May 2011**

## **Cassia County FSA Office**

Cassia County FSA  
1351 E 16<sup>th</sup> St  
Burley, ID 83318

(208)678-1157 ph.  
(208)677-2070 fax  
[www.fsa.usda.gov/id](http://www.fsa.usda.gov/id)

### **Hours**

Monday - Friday  
8:00 a.m. - 4:30 p.m.

### **County Staff**

Cary Curtis, County Executive  
Director

Gloria Hernandez, Program  
Technician

Teresa Ambriz, Program  
Technician

Kaye Sigman, Program  
Technician

## **2011 FSA County Committee Elections**

The election of agricultural producers to Farm Service Agency (FSA) county committees is important to ALL farmers and ranchers, whether beginning or long-established, large or small. It is crucial that every eligible producer participate in these elections because FSA county committees are a link between the agricultural community and the U.S. Department of Agriculture.

County Committee (COC) members are a critical component of FSA operations. The intent is to have the COC reflect the makeup of the producers and to represent all constituents. This means wherever possible, minorities, women or lower income producers need to be on the committee to speak for these underrepresented groups.

County committees provide local input on commodity price support loans and payments, conservation programs, incentive, indemnity and disaster payments for some commodities, emergency programs and payment eligibility.

FSA county committee members apply their judgment and knowledge to make local decision and operate within official regulations designed to carry out federal rules, regulations and laws.

### **Election Period**

June 15, 2011 – COC nomination period begins.

Aug. 1, 2011 - COC nomination forms (FSA-669A) due at the local USDA Service Center

Nov. 4, 2011 – COC ballots mailed to eligible voters

Dec. 5, 2011 - Last day to return completed COC ballots to the USDA Service Center

Jan. 2, 2012 - Newly elected COC members take office

To hold office as a county committee member, a person must meet the basic eligibility criteria as follows:

- Participate or cooperate in a program administered by FSA
- Be eligible to vote in a county committee election
- Reside in the LAA in which the person is a candidate

Candidates must not have been:

- Removed or disqualified from the office of county committee member, alternate or employee
- Removed for cause from any public office or have been convicted of fraud, larceny, embezzlement or any other felony
- Dishonorably discharged from any branch of the armed services.

For more information about county committee elections, contact the county office staff.

### **Nominations**

Nominees must complete and sign form FSA-669A available on page 2, at USDA Service Centers, or online at:

[http://www.fsa.usda.gov/Internet/FSA\\_File/fsa\\_0669a\\_commiteelectform.pdf](http://www.fsa.usda.gov/Internet/FSA_File/fsa_0669a_commiteelectform.pdf)

Nomination forms for the 2011 election must be postmarked or received in the local USDA Service Center by close of business on Aug. 1, 2011.

Agricultural producers who participate or cooperate in an FSA program may be nominated for candidacy.

### **Who Can Vote**

Agricultural producers of legal voting age (18 years) may be eligible to vote if they participate or cooperate in any FSA program. A person who is not of legal voting age but supervises and conducts the farming operations of an entire farm may also be eligible to vote.

FSA-669A  
(03-31-11)

U.S. DEPARTMENT OF AGRICULTURE  
Farm Service Agency

**NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION**

1. NAME OF NOMINEE ( <i>Type or Print Nominee's Full Name</i> )		<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>	
2. ADDRESS OF NOMINEE		4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	
		5. COUNTY	
		6. LAA	7. STATE
3. <b>NOMINEE'S CERTIFICATION:</b>  <i>I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i>  <input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee. <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.		8. <b>NOMINATOR'S CERTIFICATION:</b>  <i>If this nomination is by other than self, the following eligible voter or representative of a community based organization hereby nominates the afore-named person to be a candidate in the next County FSA Committee election for the county.</i>	
3A. SIGNATURE OF NOMINEE	3B. DATE	8A. SIGNATURE OF NOMINATOR	8B. DATE
<input type="checkbox"/> Check here if nominee is a write-in candidate.		<i>(If the individual is self nominating, no signature is required).</i>	

**9. TO BE COMPLETED BY NOMINEE**

**VOLUNTARY INFORMATION FOR MONITORING PURPOSES:** The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.

<b>ETHNICITY</b>	<b>RACE (Choose as many boxes as applicable)</b>	<b>GENDER</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Male <input type="checkbox"/> Female

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Complete the form as follows:

- ITEM 1** Type or Print the nominee's full name. The nominee must be:
  - A. Eligible to vote in the designated County FSA Committee election.
  - B. Eligible to hold the office of County FSA Committee member.
  - C. Willing to serve if elected.
- ITEM 2** Enter the nominee's current address.
- ITEM 3** The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.
- ITEMS 3A & 3B** The nominee must sign and date.
- ITEMS 8A & 8B** The nominator must sign and date. (*If the individual is self nominating, no signature is required.*)
- ITEM 9** Completing this item is voluntary.

**ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1, 2011.**

**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 the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to obtain nominees for election to the County FSA Committee. 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 County Personnel Records, USDA/FSA-6. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for nomination for election to the County FSA Committee.*

*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 0560-0229. The time required to complete this information collection is estimated to average 10 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*

**NOTICE  
TO HISPANIC  
AND/OR  
WOMEN  
FARMERS OR  
RANCHERS  
COMPENSATION  
FOR CLAIMS OF  
DISCRIMINATION**

If you believe that the United States Department of Agriculture (USDA) improperly denied farm loan benefits to you between 1981 and 2000 because you are Hispanic, or because you are female, you may be eligible to apply for compensation.

To register your name to receive a claims packet, call the Farmer and Rancher Call Center at 1-888-508-4429 or visit: [www.farmerclaims.gov](http://www.farmerclaims.gov)

The claims package will have detailed information about the eligibility and claims process.



USDA is an equal opportunity provider and employer.

**HISPANIC AND WOMEN  
FARMERS**

A process to resolve the claims of Hispanic and women farmers and ranchers who believe they were discriminated against when seeking USDA farm loans is being established.

If you believe that the United States Department of Agriculture (USDA) improperly denied farm loan benefits to you during certain time

periods between 1981 and 2000 because you are Hispanic, or because you are female, you may be eligible to apply for compensation.

For additional information on this claims process and other settlement issues contact:

**Hispanic and Women Farmer Claims Process** :[www.farmerclaims.gov](http://www.farmerclaims.gov) or 1-888-508-4429

**Pigford - Black Farmers Discrimination Litigation**  
[www.blackfarmercase.com](http://www.blackfarmercase.com) or 1-866-950-5547

**Keepseagle - Native American Farmers Class Action Settlement**  
[www.IndianFarmClass.com](http://www.IndianFarmClass.com) or 1-888-233-5506

**NAP Records**

Production records for individual crops need to be filed at the FSA office to establish an approved NAP yield. If this is your first year in NAP, you can provide production and acreage information from prior years to establish your yield. If you participated in NAP in previous years, you must report your production and acreage on a yearly basis to keep your yield up-to-date. Records submitted must be reliable or verifiable and need to show crop disposition. We recommend producers submit production records as soon as harvest is complete. **All production records must be submitted by the subsequent crop year's final acreage reporting date.**

**NAP Loss Filing**

The CCC-576, Notice of Loss, is used to report failed acreage and prevented planting and may be completed by any producer with an interest in the crop. Timely filing the Notice of Loss is required for **ALL CROPS INCLUDING GRASSES**. For losses on crops covered by the Non-insured Crop Disaster Assistance Program (NAP) and crop insurance, you must file a CCC-576 (notice of loss) in the FSA County Office within 15 days of the occurrence of the disaster or when losses become apparent.

If filing for prevented planting, an acreage report and CCC-576 must be filed within 15 calendar days of the final planting date for the crop.

**Crop Reporting Deadline!!!!**

The acreage reporting deadline for 2011 is **June 30<sup>th</sup>**. Crops that are not reported to the FSA of office by 4:30 PM on June 30<sup>th</sup> will be subject to late-filed provisions that include inspection fees for each farm.

Filing an accurate acreage report for all crops and land uses, including failed acreage and prevented planting acreage, can prevent the loss of benefits for a variety of programs.

Only crops planted after June 30<sup>th</sup> have 15 days where they can still be reported to FSA without late filed provisions & fees being assessed.

Failed acreage must be reported within 15 days of the disaster event and before disposition of the crop. Prevented planting must be reported no later than 15 days after the crop's final planting date.

Producers insured with Multi Peril Crop Insurance should make certain that crop reports are consistent with both FSA and crop insurance agents. Under the 2008 Farm Bill more compatibility of producer data between Risk Management Agency and Farm Service Agency is necessary.

**Farm Reconstitutions**

At FSA, farms are "constituted" to group all tracts having the same owner and the same operator under one farm serial number. When changes in ownership or operation take place, a farm reconstitution is necessary. If multiple owners and/or operators do not agree about program participation and want to separate acres by programs, for example to enter only a segment of property into the new ACRE program, then producers should inquire about a reconstitution of the farm at the local FSA office.

The reconstitution—or recon—is the process of combining or dividing farms or tracts of land based on the farming operation. **NOTE:** to be effective for the current year, recons must be requested by August 1, 2011 for farms enrolled in specific programs.

Cassia County FSA Office  
 1351 E 16<sup>th</sup> St.  
 Burley, ID 83318

PRESORTED STANDARD  
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 PERMIT BM-2175

### Did Your Bank Change?

If you have changed banks and not notified FSA, your payment could be delayed. Payments are now electronically transferred into your bank account. If we are not aware of changes to your account and have incorrect routing numbers, there could be problems. For FSA to make timely payments, you need to notify the office if you close your account or if another financial institution purchases your bank. It is important that any changes in producer's account such as type of account, bank mergers, routing number or account numbers, be provided to the county office promptly to avoid possible payment delay

<b>Selected Interest Rates for May 2011</b>	
90-Day Treasury Bill	0.125%
Direct Farm Operating Loans	2.625%
Direct Farm Ownership and Conservation Loans	5.000%
Farm Ownership Loans - Direct Down Payment, Beginning Farmer or Rancher	1.500%
Emergency Loans	3.750%
Farm Storage Facility Loans	2.875-3.75%

<b>Dates to Remember</b>	
June 1	Deadline for Farm Record Changes
June 1	DCP Sign Up Ends
June 1	ACRE Sign Up Ends
Continues	Continuous Conservation Reserve program

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