



# Greensburg Service Center News

June 2009



**Green County  
USDA Service Center  
101 Industrial Park Road,  
STE. 2  
Greensburg, KY 42743**

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

**County Committee:**  
**C. W. VanArsdale, Chairperson**  
**Rondal Bradshaw, Vice-Chairperson**  
**Bobby Durrett, Member**  
**Linda Blankenship, Advisor**  
**Jerry Cowherd, Advisor**

County Committee meets:  
The First Tuesday of each  
month at 8:00 .m.

**Farm Program Staff:**  
**Patricia S. Spear, County Executive Director**  
**Rhonda Smith, Program Technician**  
**Sandy Patterson, Program Technician**  
**Cynthia Akin, Temporary Office Clerk**  
**Randall Sullivan, Field Assistant**

**Farm Loan Staff: Located in the Adair County Office**

**Kenzie Rowe, Farm Loan Manager**  
**Veronica Beard, Farm Loan Officer**

USDA is an equal opportunity provider and employer.

## County Committee Elections

The Green County Farm Service Agency is accepting nominations from individuals in Local Administrative Area (LAA) 3 who are interested in serving on the Green County Farm Service Agency County Committee. Eligible nominees must be of legal voting age and have an interest in a farm or ranch in the LAA for which the election is being held. FSA strives for increased diversity on the COC and encourages participation by the socially disadvantaged and beginning farmers and ranchers as well as traditional farmers and ranchers. LAA 3 starts at Adair County line; West side of Russell Creek to Mount Lebanon Church; South of a line from Mount Lebanon Church and SE of the old Newt-Mt. Lebanon Road to Newt; West side of Little Russell Creek to where it empties from Green River; S side of Green River to Hart County line; all areas SW of these lines to the Hart, Metcalfe and Adair County Lines. Area includes towns of Grab, Pierce, Newt, Exie, Fry, Mell, Liletown and Crailhope.

**Nomination Forms:** The reverse of this sheet is a nomination form (FSA-669A). All nomination forms must be postmarked or returned to the Greensburg FSA Office not later than **August 3, 2009**.



<b>FSA-669A</b> (02-25-08)	<b>U.S. Department of Agriculture</b> Farm Service Agency
<h2 style="margin: 0;">NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION</h2>	

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	
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>I DO want to witness the settling of tied votes with another nominee.</i>  <input type="checkbox"/> <i>I DO NOT want to witness the settling of tied votes with another nominee.</i>	5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE <i>(MM-DD-YYYY)</i>  6A. COUNTY  6B. LAA NO.  7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE <i>(MM-DD-YYYY)</i>
<b>DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR</b>	

**8. 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> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>RACE (Choose as many boxes as applicable)</b> <input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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**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.
- ITEM 4** The nominee must sign and date.
- ITEM 8** Completing this item is voluntary.

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

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*