



May 2010

Lea County News

Lea County USDA Service Center

Lea County FSA
401 Tatum Highway
Lovington, NM 88260
575-396-5857 (phone)
575-396-5768 (fax)
www.fsa.usda.gov/nm

Hours
Monday - Friday
7:30 a.m. – 5 p.m.

County Committee
Rory Wier – Chair
Hayden Parker – V. Chair
John Ingle – Member
Paul Herrera – Advisor

County Committee meets
the third Wednesday of
each month.

Staff
Terry Cater, CED
Cheri Sedgwick, PT
Donna Schooley, PT



Direct & Counter-Cyclical Program

Sign up for the 2010 crop year began in December. **Deadline to sign up for DCP in crop year 2010 is June 1.** There are no late sign up provisions in the new farm bill. **Contact the county office before June 1 to sign up.**

CCC-927/928

Every producer completing Adjusted Gross Income (AGI) certification for crop years 2009 and 2010 will be spot checked for compliance with the provisions to which they certified. The County Office is distributing forms CCC-927 for individuals and CCC-928 for legal entities to allow this spot check process to be completed. These forms give consent to IRS to release tax information to FSA to verify that producers meet the income certifications required for program participation. No actual numbers will be released from IRS to FSA, but instead we will receive a report that indicates “yes the certification is correct” or “no, it may not be correct.”

FSA is only responsible for distributing this form to our customers. It is the producer’s responsibility to complete the form and mail it to IRS at the address indicated.

Production Records

Records of production may be used to calculate disaster payment eligibility under SURE, may help you build bases for future programs and are necessary to maintain your Actual Production History (APH) yield for NAP. **Production evidence for crops harvested in 2009 MUST be provided to the county office by July 15.** Production provided AFTER this date cannot be used to set a yield for you in 2010, but will instead be used in the next crop year.

Notice of Loss

Any producers suffering a loss due to an adverse weather condition should file a notice of loss within 15 days of the date the loss becomes apparent. This includes any weather-related condition including drought, hail, fire, wind damage, heat, freeze, etc.

Notices of loss are **REQUIRED** to be filed on

crops for which NAP coverage has been purchased if you have suffered a loss. This includes Native Grass and any Fruit and Vegetable crop. You must notify us you have suffered a loss to receive any compensation covering that loss. A notice of loss should also be filed for any commodity crop covered by crop insurance when you fail the acreage with your insurance agent.

Acreage Reporting

Deadline to report a fall-seeded crop is May 15. **Deadline to report a spring-seeded crop and CRP is July 15.** Participation in DCP requires all cropland to be reported.

Reconstitution Request

Resulting farms of reconstitutions requested by **June 1, 2010**, may enroll in DCP or ACRE by the later of **June 1, 2010**, or 30 calendar days following completion of reconstitution.

August 1, 2010, is the final date to accept a completed FSA-155 for FY 2010 farm combinations and/or farm divisions for a farm:

- with DCP base acres
- protecting CAB’s under a CRP contract.

CRP Contracts

Many of you are receiving CRP contracts with revisions/corrections due to the digital mapping completed for Lea County. If you have not received a revised contract reflecting updated acreage, please contact the county office.

All CRP acreage is required to be certified by **July 15.**

COC Election

The election of agricultural producers to Farm Service Agency (FSA) county committees is important to ALL farmers and ranchers, whether beginning or long-established with large or small operations. 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 (USDA).

County committee members are a critical compo-

FSA-669A
(03-24-10)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency**NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION**

This form allows individuals to nominate themselves or any other person as a candidate. If additional forms are needed, this one may be copied or may be obtained at the County FSA Office or obtained electronically at <http://www.sc.egov.usda.gov>. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed and dated by the nominee in Item 3. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected.

Note: Name shown on ballot will appear exactly the same as in Agency records.
- C. Delivered to the County FSA Office or postmarked no later than August 2, 2010.
- D. Signed and dated as a write-in candidate if elected as a member and willing to serve on the COC.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who is nominated on this form and is found ineligible will be so notified and have an opportunity to file a challenge.

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote.

Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. The positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office.

A candidate has the option to request that all voted ballots for an individual county committee election be returned to the respective State Office in lieu of being returned to the county office. This request must be in writing and submitted to the local County Executive Director prior to the announced end of the nomination period.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Monitoring changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

FSA-669A (03-24-10) **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>		TO BE COMPLETED BY COUNTY FSA OFFICE	
2. ADDRESS OF NOMINEE		4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	
3. NOMINEE'S CERTIFICATION: <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>		5. COUNTY	
		6. LAA	7. STATE
<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>		8. NOMINATOR'S CERTIFICATION: <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.		(If the individual is self nominating, no signature is required).	

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.

ETHNICITY	RACE (Choose as many boxes as applicable)	GENDER
<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

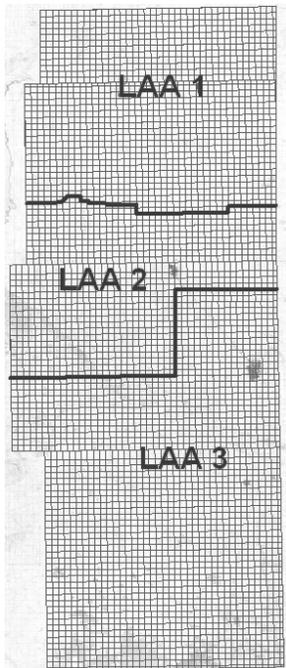
Complete the form as follows:

- 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 2, 2010.

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.



ment of the operations of FSA. They help deliver FSA farm programs at the local level. Farmers and ranchers who serve on county committees help with the decisions necessary to administer the programs in their counties. They work to make FSA agricultural programs serve the needs of local producers.

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 committees operate within official regulations designed to carry out federal laws. County committee members apply their judgment and knowledge to make local decisions.

Nominations for the Lea County Committee representing LAA-2 open **June 15**. Deadline to submit a nomination is **August 2**.

To become a nominee, eligible individuals must sign nomination form FSA-669A. The form includes a statement that the nominee agrees to serve if elected.

Producers who are eligible to vote in the election are eligible to be nominated to hold office.

Dates to Remember

May 15	Deadline to certify fall seeded crop
May 31	Memorial Day Holiday
June 1	Deadline to enroll in DCP-ACRE
June 15	COC Nomination Period Begins
July 15	Deadline to certify spring seeded crop
August 2	Deadline for COC nominations

(election continued)

Agricultural producers of legal voting age may be eligible to vote if they participate or cooperate in any FSA program. For more information contact the county office for a fact sheet: "FSA County Committee Election - Eligibility to Vote and Hold Office as a County Committee Member."

Ogallala EQIP Limited Sign up

Opportunity for irrigated producers in Lea County to apply for the Environmental Quality Incentives Program (EQIP) under a special funding initiative to reduce pumping in the Ogallala Aquifer. Producers may qualify to enter into contracts to plant irrigated acreage to permanent vegetative cover to enhance wildlife habitat. The acres enrolled will be required to disconnect the irrigation wells on the enrolled acreage. Applications will be taken until COB, May 26, 2010. For more information please contact the NRCS office at 575-396-5857 ext 3.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C., 20250-9410, or call 202-720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.