

FSA-669A (03-31-11)

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

TO BE COMPLETED BY COUNTY FSA OFFICE

| | | | | | | |
|--|--|----------------------------|----------|---|--|--|
| 1. NAME OF NOMINEE (Type or Print Nominee's Full Name) | | | | 4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED | | |
| 2. ADDRESS OF NOMINEE | | | | 5. COUNTY | Okanogan County AND Ferry County | |
| | | | | 6. LAA #1 | #3 | |
| | | | | 7. STATE | Washington State | |
| 3. NOMINEE'S CERTIFICATION: | <p><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></p> <p><input type="checkbox"/> I DO want to withdraw the setting of tied votes with another nominee.</p> <p><input type="checkbox"/> I DO NOT want to withdraw the setting of tied votes with another nominee.</p> | | | 8. NOMINATOR'S CERTIFICATION: | <p><i>If this nomination is by other than self, the following eligible voter or representative of a community based organization hereby nominates the above-named person to be a candidate in the next County FSA Committee election for the county.</i></p> | |
| 3A. SIGNATURE OF NOMINEE | 3B. DATE | 3A. SIGNATURE OF NOMINATOR | 3B. DATE | | | |
| <p><input type="checkbox"/> Check here if nominee is a write-in candidate.</p> | | | | <p><i>(If the individual is self nominating, no signature is required.)</i></p> | | |

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"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Male | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Female | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> White | | | | |

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 setting of tied votes.
- ITEMS 3A & 3B The nominee must sign and date.
- ITEMS 6A & 6B 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 non-governmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Records Users identified in the System of Records Notice for County Personnel Records, USDA/FSA-4. 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 0590-0229. 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 provision 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**



United States Department of Agriculture

Okanogan County FSA
 1251 2nd Ave. S. #103
 Okanogan, WA 98840-9723

Ferry County FSA Office
 84 E Delaware Ave.
 Republic, WA 99168-0323

May, 2011

Dear Producer:

You are encouraged to nominate yourself or someone else to represent your interests on the Farm Service Agency County Committee. FSA county committees are a unique arrangement that allow local guidance for federal farm programs. These committees are a direct link between the farm community and the U.S. Department of Agriculture. Committee members are a critical component of ensuring FSA agricultural programs serve the needs of local producers. Committee members are compensated for their time and travel related to county committee duties.

The duties of county FSA committee members include:

- Participating in county meetings and hearing producer appeals at the local county level;
- Informing farmers of the purpose and provisions of FSA programs;
- Monitoring changes in farm programs and assisting with delivery of FSA farm programs at the local level;
- Performing other duties as assigned by the State FSA Committee.

This year, nominations are for a committee member to represent producers in Local Administrative Areas (LAA) for Okanogan County and Ferry County. Please feel free to call the County Office for a more detailed description or a copy of the LAA maps.

Okanogan County LAA #3 is located in the northern portion of the county. It includes parts of Omak and runs north to the Canadian border.

Ferry County LAA #3 includes all land lying south of Township 35 (Southern portion of Ferry County).

To hold office as a county committee member, a person must meet the basic eligibility requirements described below:

- Actively participate in the operation of a farm or ranch;
- Be eligible to vote in a county committee election. (Be of legal voting age and have an interest in a farm or ranch; not of legal voting age but supervises and conducts farming operations on an entire farm; participates in any FSA program);
- Reside in the LAA in which the person is a candidate.

The nomination form FSA-669A allows individuals to nominate themselves or any other person as a candidate. Each form submitted must be limited to one nominee and signed and dated by the nominee (Item 3A) to indicate a willingness to have their name placed on the ballot and agree to serve if elected. Item 8A reflects the nominator's signature and date. For detailed instructions on completing the nomination form or requesting a form, please contact your local county FSA office, or refer to the website <http://www.fsa.usda.gov/via>.

The deadline for nominations is **August 1, 2011**. Completed nomination forms are to be submitted to the county FSA address listed at the top of this letter and should be returned, delivered, or postmarked no later than August 1, 2011.

Sincerely,
 /s/ Gary Brooker
 County Executive Director



Ferry County FSA

P.O. Box 323
84 E. Delaware
Republic, WA 99166-0323
Phone (509) 775-3390
Fax (509) 775-3170

Okanogan County FSA
1251 2nd Ave. S. Rm 103
Okanogan, WA 98840-9723
Phone (509) 422-3292
Fax (509) 422-0532

Office Hours
Monday – Friday
8:00 AM – 4:30 PM

Ferry County Committee
Bill Floyd, Chair
Jerry Larson, Vice Chair
Kathleen Olson, Member
Luanne Finley, Advisor

Okanogan County Committee
Mark Timmerman, Chair
Stan Stout, Vice Chair
Jeff Delfeld, Member
Jade Gabriel, Advisor
Victor Castro, Advisor

Office Staff
Gary Breiler, CED
Stu Skidmore, FLM
Jose Limon, FLO
Sandy Hinger, FLT
Cliffene Coyne, PT
Virginia Lane, PT
Blanca Alvitres, FLOT

FSA Web Site Address:
<http://www.fsa.usda.gov>

WA State Web Site:
<http://www.fsa.usda.gov/wa>

Important Dates to Remember

May 30
Memorial Day office closure

June 1
DCP/ACRE signup ends

June 30
Crop reporting deadline

July 15
ACRE production report deadline

August 1
Reconstitutions

Notice to Hispanic or Women Farmers and Ranchers: Compensation for Claims 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. You may be eligible if:

1. you sought a farm loan or farm-loan servicing from USDA during that period; and
2. the loan was denied, provided late, approved for a lesser amount than requested, approved with restrictive conditions, or USDA failed to provide an appropriate loan service; and
3. you believe these actions occurred because you are Hispanic or female.

If you want to register your name to receive a claims package, you can call the Farmer and Rancher Call Center at 1-888-508-4429 or access the following website www.farmerclaims.gov.

2011 ACRE/DCP Deadline

The deadline to enroll in both the Average Crop Revenue Election (ACRE) and the Direct and Counter-cyclical Programs (DCP) is **June 1, 2011**.

Acreage Reporting Deadline

Acreage reports are required under the 2008 Farm Bill to maintain eligibility for the DCP and ACRE programs, as well as CRP, NAP, SURE and most livestock disaster programs. Reports are also required to commodity loan eligibility. **June 30, 2011**, is the final date to timely certify. Beyond that date, fees will be assessed for late-filed acreage reporting.

ACRE Production Deadline

Producers have until **July 15, 2011** to certify their 2010 ACRE production. Production

amounts are used to calculate potential ACRE-ACRE payments and benchmark yields for future benefits. Failure to meet this deadline will require a refund of all 2010 payments and termination of the ACRE contract.

2009 SURE Sign up Deadline

The deadline for producers to submit applications for 2009 crop year Supplemental Revenue Assistance Payments Program (SURE) is **July 29, 2011**. The application and all required documentation must be on file and signed by close of business on that day.

A fact sheet with more detailed information is available on the FSA website. Maps of disaster designations by county are on the FSA website at www.fsa.usda.gov/wa. For more information, contact this office.

Nap Deadline

For the 2012 crop year, **September 30, 2011**, is the application deadline for obtaining perennial grazing and forage crop coverage under the Non-Insured Crop Disaster Assistance Program (NAP).

Some of the basic eligibility requirements include annual reporting of crop acreages, providing actual production evidence on a yearly basis, obtaining a loss adjustor appraisal if the damaged crop will be destroyed or left unharvested. Production information for 2010 crops must be reported by **June 30, 2011**.

NAP coverage or federal crop insurance through the Risk Management Agency is prerequisites for many FSA disaster programs.

BUDGET CUTS: Due to budget cuts, this may be the last county newsletter for the fiscal year, ending September 30, 2011. County offices may also not have the funds necessary to print field maps. Producers are encouraged to contact this office for program deadlines and other information.