FSA-669A (02-31-11)	PSA-669A (03-31-11) Page 2 PSA-669A (03-31-11)		U.S. DEPARTMENT OF AGRIC Fam Service Agency	CULTURE	Form Approved - CMIS No. 0560-0229
	NOMIN	VATION FORM	FOR COUN	NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION	TION
1. NAME O	NAME OF NOMINEE (Type or Phot Nominee's Full Name)	Nominee's Full Name		TO BE COMPLETED BY COUNTY FSA OFFICE	COUNTY FSA OFFICE
				4 INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	IG FORM AND DATE RECEIVED
2. ADDRES	ADDRESS OF NOMINEE			5 COUNTY SnohomLah [N. Puget Sound Area)	Arana)
				8 LAA N.KingW3 Clallam #4	7. STATE Mashington State
3. NOMINE	NOMINEE'S CERTIFICATION:			8. NOMINATOR'S CERTIFICATION:	
I hereby a elected, a	I hereby agree to here my name placed on the ballot, that I will serve if elected, and if there is a conflict of intervet. I will resign such postton. ] IDO want to witness the settling of thed votes with unsther nominee.	cered on the ballot, tha interest, I will restign a of thed votes with unio	t I will serve if mch position. ther nominee.	If this nomination is by other than self, the following eligible voter or representative of a community based organization invelve nominates the offere-named person so be a candidate in the next County FSA Committee election for the county.	the following eligible voter or garization introduce meminates the mole next County FSA Committee
I IDON	LDO NOT want to witness the settling of theil votes with another nominee	the two part in Surg	h another nominee.	9	2
3A. SIGNA	3A. SIGNATURE OF NOMINEE		38 DATE	8A SIGNATURE OF NOMINATOR	88. DATE
Check	Check here if nominee is a write-in candidate	nte-in candidate.		(If the individual is self nominating, no signature	g, no signature is required).
- water	In the second second second	~ I '	TO BE COMPLE	TO BE COMPLETED BY NOMINEE	6
VOLUNTA to monitor origin, relig so. This in	RY INFORMATION FO FSA's compliance with f FSA's sex, marital status, formation will not be use	R MONITORING Pi ederal laws prohibit handicapped condi- handicapped condi-	JRPOSES The filling discrimination tion, or age You r nomination or to	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.	e Federal Government in order asis of race, color, national fion, but are encouraged to do
- III.		RACE (Choose as	RACE (Choose as many boxes as applicable)	(cable)	GENDER
Hispa	Hispanic or Latino Not Hispanic or Latino	American Inc Asian White	American Indian or Alaska Native Asian White	<ul> <li>Black or African-American</li> <li>Native Hawaiian or Other Pacific Islander</li> </ul>	Slander Female
Complete	Complete the form as follows:	INSTRUCT	IONS FOR CO	INSTRUCTIONS FOR COMPLETING THIS FORM	
ITEM 1	Type or Print the nominee's full name.		The nominee must be		
	<ul> <li>A. Eigible to vote in the des</li> <li>B. Eigible to hold the office</li> <li>C. Willing to serve if elected</li> </ul>	Eligible to vote in the designated County FSA Committee election Eligible to hold the office of County FSA Committee member. Willing to serve if elected.	unty FSA Committee m	enber.	
ITEM 2	Enter the nominee's current address	rent address.			
ITEM 3	The nominee must che	% one of the boxes	to indicate a prefe	The nominee must check one of the boxes to indicate a preference regarding the settling of ted votes	201
ITEMS 3A &3B		The nominee must sign and date.			
ITEMS 8A & 8B		The nominator must sign and date.	(if the individual	(if the individual is self nominating, no signature is required.)	ured.)
ITEM 9	Completing this item is voluntary	voluntary.			
	ALL FORMS MUST	BE RECEIVED I	N THE COUNTY	ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1, 2011.	AUGUST 1, 2011.
NOTE	The following statement is man turn is the Food. Conservation the intermetion collected on th following authorities access to an even authorities access to an even authorities access to a metigibility for nomination for el	e in accordance with the avrid Energy Act of 2008 Is form may be disclosed information by statute or 1-6. Providing the request ention to the County FSA	Privacy Act of 1974 (5 (Pub L. 110-348). The to other Feederal, Safe regulation and/or as de feed adormation is value Committee.	The following statement is made in accordance with the Privacy Act of 1974 (5 USC 582a - as amended). The authority for requesting the information identifiation is and the food. Conservation, and Emergy Act of 2003 (Pub 1, 110-248). The information regulation mannees for election to the County FSA Committee The information collecter on this form may be disclosed to other Frakewit. State, Local previous election, Take algorithm, and Emergy Act of 2003 (Pub 1, 110-248). The information regulation and the county FSA Committee bases authorized access to the information by matute or regulation and/or as discribed in aggiveshie Routine. Lists algorithm in the System of Records Notice for County Paravanal Records, USCA4C524. Providing the requested adversion is voluntary. However, failure to furnish the requested information will usual in a determination inetighting for nomination for election to the County FSA Committee.	eating the information identified on this election to the County FSA Committee in nonpowermential eatified that feer a System of Record in Notice for County formation will result in a determination on manuation will result in a determination on the second
	According to the Pagemost Re studies a valid CNB control in s estimated to average 10 min record, and completing and re the information provided. RET	rivetion Act of 1985, an a amber. The wald CARB of viewing the collection of viewing the collection of URN THIS COMPLETED	gency may not conduct actual number for this in ing the time for reveaus intermation. The provise FORM TO YOUR CO.	According to the Plapenniast Reduction Act of 1585, an agency may not conduct or sponsor, and a person is not required to espond to, a collection of information unless it displays a valid CMB control number. The valid CMB control number for this information collection is C500-0228. The time required to complete this information collection is collection to collection is activated to average 10 minutes per response, including the time for minutes principles interface collection and completing and reviewing the collection of information. The provisions of approximate control and completing and reviewing the collection of information. The provisions of approximate control and civil flaud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORMATIO YOUR COUNTY FAL OFFICE.	cond to, a collection of information unless aned to complete TNs information collects gathering and manifulning the data y, and other statutes may be applicable.



of Agriculture Department United States

Agricultural Services Farm and Foreign Snohomish County FSA (N. Puget Sound) 528 91<sup>ss</sup> Ave, NE Ste, B Lake Stevens, WA 98258-2538

May 2011

Dear Producer:

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

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;

. .

Performing other duties as assigned by the State FSA Committee. Monitoring changes in farm programs and assisting with delivery of FSA farm programs at the local level;

or a copy of the LAA maps. Administrative Areas (LAA) #3 and #4. Please feel free to call the FSA County Office for a more detailed description This year, nominations are for a committee member to represent producers in North Puget Sound Area in Local

LAA #3 includes all of N. King County from Interstate 90 to the Snohomish County Line

# LAA #4 includes all of Clallam County.

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

- . 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 participates in any FSA program); ranch; not of legal voting age but supervises and conducts farming operations on an entire farm;
- Reside in the LAA in which the person is a candidate.

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

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

County Executive Director /s/Melissa Michael Sincerely,

and reviewing the construct or maximum of the country FSA OFFICE RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE





May 2011 North Puget Sound Area <u>Office Staff</u>

Melissa Michael, CED Holly Hedblom, PT Naomi Devlin, PT

Farm Loan Staff Mark Turner (360) 354-5658 ext 2

mark.turner@wa.usda.gov

Office Hours Weekdays – 8:00 a.m. - 4:30 p.m.

E-mail us at: melissa.michael@wa.usda.gov holly.hedblom@wa.usda.gov naomi.devlin@wa.usda.gov

Dates to Remember 4/25-6/13 ECP signup period 6/1 –DCP signup ends 6/30 – Acreage reporting deadline 7/29 – 2009 SURE signup deadline 8/1 – COC Nomination deadline

2011 Area Committee:

Meetings scheduled for 3<sup>rd</sup> Thursday of each month at 10:00

Troy Smith	Chair
Jason Roetcisoender	V Chair
Dan Bartelheimer	Member
John Gunning	Member
Rick Williams	Member
Linda Neunzig	Advisor
Yeng Cha	Advisor
Jay Cha	Advisor

### <u>Websites:</u> National USDA

National USDA <u>http://www.usda.gov</u> National FSA <u>http://www.fsa.usda.gov/FSA</u> Washington State FSA

http://www.usda.gov/wa



# 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.

## Emergency Conservation Program (ECP)

Presorted Standard US Postage Paid Spokane, WA Permit # 939

Those landowners in the **Stillaguamish Watershed** that suffered farmland damage due to December 2010 flooding can contact the county office with information regarding losses. A signup period for those losses began **April 25, 2011** and will continue through close of business **June 13, 2011**.

The ECP provides up to 75% cost share to a limit of 50% of the agricultural value of the affected land, for restoration to pre-disaster conditions of farmland, permanent fencing, and conservation structures such as culverts and ditches that directly affect the productivity of the land.

Producers should gather documentation including photos and invoices to prepare for an appointment. Please call the office at **425-334-3131 ext 2** for more information or to schedule an appointment to complete FSA-848, Cost-Share Request.

## 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 <u>www.fsa.usda.gov/wa</u>. For more information, contact this office.

**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.