



NEWSLETTER



SERVICE CENTER NEWS

Campbell County Wyoming

MAY 2011

Farm Service Agency

County Committee

307-682-8843, ext. 2

Lee Isenberger, Chairperson
David C Reed, Regular Member
Amanda Sorenson, Vice-Chairperson

Office Staff, ext 2

Susan Kramer, CED
Claudette Vander Voort, PT
Peggy Seppala, PT
Judy Bishop, PT
Rob Weppner, FLM
Darla Rhodes, COT

Natural Resources

Conservation Services

307-682-8842, ext. 3

Tim Kellogg, District Conservationist
Erika Peckham, Habitat Extension Biologist
Tyrel West, Civil Engineer

Campbell County

Conservation District

307-682-1824

Michelle Cook, District Manager
Debbie Hepp, Program Assistant
Crystal Kellebrew, Admin. Assistant

District Board Members

Richard Bonine, Jr
Travis Hakert
Jason Oedekoven
Brenda Schladweiler
Richard VanCampen

2011 Acreage Reports

It is time to complete your 2011 acreage reports. We are again asking that you call the office for an appointment to report your acres.

Remember to inspect your hay fields to determine whether enough alfalfa exists to make the crop insurable. Reporting your acres incorrectly could result in losing or refunding benefits.

The deadline for filing this year's acreage report is July 1, 2011. **Call the FSA Office to schedule an appointment.**

DCP Signup Deadline Approaching!

Signup for the 2011 Direct and Counter-cyclical Payment (DCP) Program continues until **June 1, 2011**. **Call the FSA Office to schedule an appointment.**

SURE Signup

Signup for the 2009 Supplemental Revenue Assistance Program (SURE) began Jan. 10, 2011. SURE provides benefits for farm revenue losses due to natural disasters. For SURE, all crops must be covered by crop insurance, NAP or be eligible for waivers. SURE signup ends July 29, 2011.

A farm enrolled in SURE is eligible when either:

- a portion of the farm is located in a county covered by a qualifying natural disaster declaration (USDA Secretarial Declarations only) or a contiguous county; or,
- actual production is less than 50% of the normal production.

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

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

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 files 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 0410, Washington, DC 20250-0410, or call toll-free at (866) 632-9902 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-0130 (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 (Type or Print Nominee's Full Name)	TO BE COMPLETED BY COUNTY FSA OFFICE		
	4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED		
2. ADDRESS OF NOMINEE	5. COUNTY		
	6. LAA	7. STATE	
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>	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>		
<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.			

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 <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	RACE (Choose as many boxes as applicable) <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	GENDER <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.
- 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 662a - 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 1996, 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 0660-0229. 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.**

U.S. DEPARTMENT OF AGRICULTURE

CAMPBELL COUNTY SERVICE CENTER
601 4-J Court, Suite # B
GILLETTE, WY 82716-4127

IMPORTANT DATES TO REMEMBER

May 30, 2011 – Memorial Day Holiday – County Office Closed

June 1, 2011 – DCP Signup Deadline

Next County Committee Meeting – June 8th

July 1, 2011 – Acreage Reporting Deadline

July 4, 2011 – Independence Day Holiday – County Office Closed

July 29, 2011 – SURE Signup Deadline

IMMEDIATELY --File Notification of Loss Forms within 15 Days of Loss of crops

--File Notification of Loss Forms within 30 days of livestock losses due to a weather event

--Notify County office of any changes in Direct Deposit information,

--Payment limitation changes, Farm records changes, etc.

Any time --CRP Continuous Signup

--Paid measurement services from FSA

Office Hours are from 8:00am to 4:30pm. Producers are urged to call for an appointment, so the office staff can assist you timely. Due to the computer environment, some applications/processes are unable to be completed after 4:00pm.

If you have any questions regarding any of the above dates or information in this newsletter, please contact the County office for more information (307) 682-8843, ext.2.

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