



Weston County News

July 2010



**Weston County
USDA Service
Center**

**Weston County FSA
1225 Washington
Blvd. Suite 2
Newcastle, WY
82701
(307) 746-2701**

**Office Hours:
Monday - Friday
8:00 am – 4:30 pm
www.fsa.usda.gov**

County Committee

**Doug Materi,
Chairman
Monte Hamilton,
Vice Chairman
Ann Wehri,
Member**

Staff

**Peggy Livingston,
County Executive
Director
JoAnn Stearns,
Program Technician
Rob Weppner,
Farm Loan Manager**



USDA is an equal
Opportunity provider and
employer

NAP Production Records

Production records for individual crops need to be filed with your FSA office to establish an approved NAP yield. If this is the first year you participated in NAP, you can provide production and acreage information from prior years to establish your yield. If you participated in NAP in previous years, you must report your production and acreage on a yearly basis to keep your yield up-to-date. Records submitted must be reliable or verifiable and need to show crop disposition. We recommend producers submit 2010 production records as soon as harvest is complete.

Farm Reconstitutions

At FSA, farms are “constituted” to group all tracts having the same owner and the same operator under one farm serial number. When changes in ownership or operation take place, a farm reconstitution is necessary. Another reason is when an owner and operator cannot agree about program participation. A reconstitution is the process of combining or dividing farms or tracts of land based on the farming operation. Remember, to be effective for the current year, reconstitutions must be requested by August 2, 2010 for farms enrolled in specific programs.

REPORTING CROP LOSSES

Producers are reminded that they must report losses on Non-insured Assistance Program (NAP) crops within 15 days of the date of a disaster occurrence or date that damage to the crop(s) is apparent. Notices of loss that are filed after 15 days (late-filed) may be approved by the county committee if verification of the crop and acreage can be made and if it can be determined that the cause of loss is due to an eligible disaster condition. If a positive verification of the above requirements cannot be made, the late filed Notice of Loss will be disapproved and the producer will not be eligible for payment.

2010 FSA County Committee Elections

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. 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. The nomination period begins June 15th and August 2nd is the last day to file nomination forms. A nomination form is included on page 2 of this newsletter or you may request additional nomination forms from the local USDA Service Center or obtain online at:
http://www.fsa.usda.gov/Internet/FSA_File/fsa0669a_committeeselectform.pdf

“The U.S. Department of Agriculture (USDA) prohibits discrimination in all 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, genetic information, political beliefs, 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, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). 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> <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.	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.		<i>(If the individual is self nominating, no signature is required).</i>	

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 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.

LOAN DEFICIENCY PAYMENTS

Loan deficiency payments (LDP) are available for crops of barley, corn, oats, wheat or grain sorghum harvested for grain, hay, silage, haylage or grazing. The payment rate is determined as the difference between the daily market price of the commodity and the USDA county loan rate for the crop on the date of the LDP payment request or on the date you lose beneficial interest in the commodity.

For crops that will be sold directly from the field, you must sign the LDP agreement prior to harvest of the crop.

The LDP rate is then determined based on the date you lose beneficial interest in the crop. For farm stored crops, you must sign the LDP agreement prior to losing beneficial interest in the commodity either through feeding or selling and for farm stored commodities you may “lock in” an LDP rate by signing the payment request prior to losing beneficial interest or, you may take the payment rate that is in effect on the date beneficial interest is lost by feeding or selling the commodity. The payment rate must be “locked in” prior to March 31 of the year following the crop year. For grain crops that are grazed, you must sign the LDP agreement prior to grazing the crop and sign the payment request prior to March 31 of the year following the crop year. If you are growing an eligible commodity, please contact us and sign an LDP agreement prior to harvest or grazing of the crop. Any commodity that is delivered to the buyer or grazed before you sign an LDP agreement will be ineligible for an LDP.

*****IMPORTANT*****

Please be sure to report any natural disasters that have occurred in your area as soon as possible to the County Office. These natural disasters may include **LIVESTOCK/CROPS/GRAZING** losses due to blizzards/winter storms, frost, drought, excessive moisture, excessive heat, flooding, hail, high winds/tornadoes, insects, lightning and fire. The disaster programs that cover the above situations are ongoing.

- ***Livestock Indemnity Program (LIP)*** which provides monetary assistance to livestock producers for eligible livestock deaths due to an adverse weather event in excess of normal mortality that occurred within the calendar year. There are no insurance requirements for this program. Initial applications must be filed within **30 days** of when the loss is apparent.
- ***Supplemental Revenue Assistance Program (SURE)*** which provides monetary assistance to eligible producers for crop lost due to an adverse weather event. The assistance is an amount equal to 60% of the difference between the SURE Program guarantee and the total farm revenue (value of crops harvested). All crops for all farms operated must be covered by the appropriate insurance, **excluding** any grazing lands, to be eligible for SURE.
- ***Livestock Forage Program (LFP)*** provides monetary assistance to producers **only** when the county office has been notified by the National Office that the county has a qualifying drought based on the U.S. Drought Monitor severity rating or the County Office receives notification from a Federal Agency of a qualifying fire on rangeland managed by the Federal Agency and eligible producers are prohibited from grazing their normal days on their respective allotments. Eligible livestock producers are required to obtain a policy or plan of insurance or have NAP coverage on the grazing land or pastureland acres for which benefits are being requested under LFP.
- ***Emergency Livestock Assistance Program (ELAP)*** provides emergency assistance to eligible producers of livestock, honey bees and farm-raised fish that have losses because of disease, adverse weather, or other conditions, including losses because of blizzards and wildfires, as determined by the Secretary of Agriculture. ELAP assistance is for losses not covered under LFP, LIP and SURE. Eligible producers are required to obtain a plan of insurance (either FCIA equal to at least CAT level or NAP coverage for all crops planted or intended to plant on the farm, with the exception of grazing land.



/s/ **Peggy M. Livingston,**
County Executive Director

Special Accommodations will be made for the physically handicapped, vision- or hearing-impaired person upon request. If accommodations are required, please call Peggy Livingston, CED at (307)746-2701

UNITED STATES DEPARTMENT
OF AGRICULTURE
Weston County FSA
1225 Washington Blvd
Newcastle, WY 82701

Return Service Requested



IMPORTANT DATES TO REMEMBER

Aug 2 County Committee nominations due

Aug 2 – Final Day to request 2010 Reconstitutions

Anytime - Report crop losses within 15 days of loss

Prior to selling wool – Sign-up for Wool LDP

Prior to selling unshorn lambs – Sign-up for Lamb Pelt LDP

Prior to selling or feeding crop - Sign-up for farm stored LDP

Anytime - Continuous CRP sign-up

Office hours are from 8:00 am to 4:30 pm. 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

For more information on any Farm Service Agency program, visit or call our office, or visit the FSA Homepage at www.fsa.usda.gov