GRANT COUNTY FARM SERVICE AGENCY

Committee:
Bryan Vogt, Chairman
Jason Kehrberg, Vice-Chairman
Ted Clausen, Member
Joanne Keerins, Advisor

Office Staff:
Trent Luschen, County Executive Director
Ilene Berry, Program Technician

Office Hours: 7:30am – 4:30pm Monday-Friday
Closed Lunchtime

June 2010

721 S. Canyon Blvd.,
John Day, OR 97845

(541) 575-1274 Ext. 2
FAX (541) 575-0646

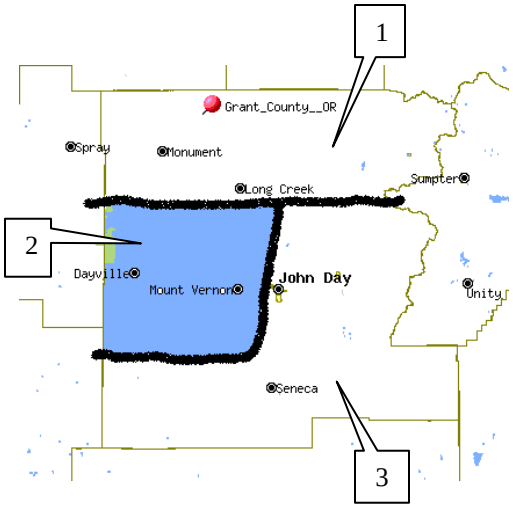
Oregon State FSA Website:
www.fsa.usda.gov/or/or.htm

2010 County Committee Election for LAA #1

LAA #1 Candidate nominations for the FSA county committee election will be **accepted through Aug. 2, 2010**.

Producers who are residents in the LAA holding the election and who participate or cooperate in a FSA programs and are of legal voting age may be nominated to serve on the county committee. Individuals may nominate themselves or others as candidates.

The nomination form must be signed by the person being nominated, indicating agreement to serve if elected. The completed nomination form must be postmarked or returned to the county office by Aug. 2, 2010.



2010 Acreage Reports

Annual certification on FSA-578, Report of Acreage, must be reported to receive benefits from the following programs:

- Conservation Reserve Program (CRP)
- Direct and Counter-cyclical Program (DCP)
- Loan Deficiency Payments (LDP)

  Producer certification **deadline is August 15, 2008**.

- Non-insured Crop Disaster Assistance Program (NAP)
  - Supplemental Revenue Assistance Program (SURE)
  - Livestock Feed Program (LFP)

  Reports should be completed prior to haying or grazing.

FSA-669A
(03-08-06)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

NOMINATION FORM FOR COUNTY FARM SERVICE AGENCY (FSA) COMMITTEE ELECTION

The County FSA Committee election will be held this year on the first Monday of December. Ballots will be mailed to voters not less than 4 weeks before the 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://forms.sc.egov.usda.gov. Each form submitted must be:

A. Limited to one nominee.

B. Signed and dated by the nominee in Item 4. 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 3.

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.

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
(03-08-06)

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)*

2. ADDRESS OF NOMINEE

TO BE COMPLETED BY COUNTY FSA OFFICE

5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE *(MM-DD-YYYY)*

3. NOMINEE'S CERTIFICATION

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 DO want to witness the settling of tied votes with another nominee.*

☐ *I DO NOT want to witness the settling of tied votes with another nominee.*

6A. COUNTY

6B. LAA NO.

7. STATE

4A. SIGNATURE OF NOMINEE

4B. DATE *(MM-DD-YYYY)*

DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR

8. 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
☐ Hispanic or Latino	☐ America Indian or Alaska Native	☐ Black or African-American	☐ Male
☐ Not Hispanic or Latino	☐ Asian	☐ Native Hawaiian or Other Pacific Islander	☐ Female
	☐ 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 settling of tied votes.

ITEM 4 The nominee must sign and date.

ITEM 8 Completing this item is voluntary.

ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 3.

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for 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 5 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

U.S. DEPARTMENT OF AGRICULTURE
FARM SERVICE AGENCY
Grant County FSA Committee
721 S. Canyon Blvd.
John Day, OR 97845

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STANDARD
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TUALATIN OR
PERMIT NO. 71

Return Service Requested

Noninsured Assistance Program (NAP)

- File a Notice of Loss (Form CCC-576) within 15 days of a disaster event or when the loss becomes apparent. Report your loss before you destroy, replant, or graze affected crop, because an appraisal may be required.
- Provide 2009 production records to the county office before August 15th or before 2010 harvest, so we can update your Approved Production History (APH).
- File 2010 acreage reports should be completed prior to haying or grazing or August 15, 2010 whichever comes first.

"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 a 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).

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