

**USDA - FARM SERVICE AGENCY - LANE COUNTY**

780 Bailey Hill Rd Suite 5  
Eugene OR 97402- 5451



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FAX: 541.465.6483  
[www.fsa.usda.gov/or](http://www.fsa.usda.gov/or)

**COUNTY COMMITTEE**

Andy Petersen, Chairperson  
Darrel Spiesschaert, Vice-Chairperson  
Bart Edwards, Member  
Pam Detering, Advisor

**OFFICE STAFF**

Jean A Larkin, CED X101  
Patti S Anderson, PT X100  
Phillip R Morton, PT X105

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Katie Hennessy, Farm Loan Manager, X105 <a href="mailto:katie.hennessy@or.usda.gov">katie.hennessy@or.usda.gov</a>	Donna Sprenkle, Farm Loan Off, X104 <a href="mailto:donna.sprenkle@or.usda.gov">donna.sprenkle@or.usda.gov</a>	Patty Curtis, Prog Tech, X106 <a href="mailto:patty.curtis@or.usda.gov">patty.curtis@or.usda.gov</a>	
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<b>Hours: Monday - Friday, 8:00 am - 4:30 pm</b>			<b>Publish Date: June 10, 2010</b>

**COUNTY COMMITTEE (COC) ELECTION NOMINATIONS**

Nominations are being sought from eligible candidates to represent Local Administrative Area (LAA) 2. LAA 2 **includes the Coburg, Creswell, Springfield, Hwy 58, Hwy 126 areas of Lane County.** A map of the boundary is posted in our office.

County committee members are a critical component of the operations of FSA. They help deliver FSA farm programs at the local level. Farmers and ranchers who serve on county committees help with the decisions necessary to administer the programs in their counties. They work to make FSA agricultural programs serve the needs of local producers.

Eligible voters have the right to nominate candidates of their choice by petition (form FSA-669-A) or you may self nominate. Enclosed in this newsletter is the nomination form. A listing of known farm/ranch owners and operators in LAA 2 is posted in our office for your information. **USDA encourages diversity on the Committee, women in agriculture, persons of different ethnic or racial backgrounds, and beginning farmers/ranchers are encouraged to seek nomination.**

Petitions must be received in our office by August 2, 2010. You are encouraged to vote when you receive your ballot! Historically, less than 20% of mailed ballots are returned and tallied nationwide. The COC election will be held Dec 6, 2010.

*A brief informational meeting will be held in our office on July 2 at 9 am to explain COC member duties and the COC nomination and election process. Persons with disabilities who require accommodations to visit the Service Center should contact Jean Larkin at 465-6443 Ext 101, or e-mail [jean.larkin@or.usda.gov](mailto:jean.larkin@or.usda.gov) prior to the meeting date. If you can not attend but want more information, please contact Jean and materials will be mailed to you.*

TIME IS RUNNING OUT	REPORT CROP ACRES	YOU MUST REPORT BY June 30, 2010
File an accurate and timely report for all crops and land uses, including failed acreage, to prevent loss of benefits of FSA programs. All cropland on the farm must be reported to receive benefits from: DCP, marketing assistance loans and Loan Deficiency Payments (LDP), Conservation Reserve Program (CRP), and Non- insured Assistance Program (NAP). Crop reports on form FSA- 578, Report of Acreage, must account for all cropland on a farm, whether idle or planted.		
Late reports require fees and physical evidence of crop.		

**TREE ASSISTANCE PROGRAM (TAP) authorized by the Food, Conservation, and Energy Act of 2008.**

TAP provides assistance to qualified orchardists and nursery tree growers to replant or rehabilitate eligible trees, bushes, and vines that were lost by natural disasters occurring on or after Jan 1, 2008, and before Oct 1, 2011.

To qualify for TAP, eligible orchardists and nursery tree growers must:

- ❖ Suffer qualifying tree, bush, or vine loss in excess of 15 percent (after adjustment for normal mortality) from an eligible natural disaster for the individual stand
- ❖ Have owned the eligible trees, bushes, or vines when the natural disaster occurred; however, eligible growers are not required to own the land on which the eligible trees, bushes, or vines are planted
- ❖ Replace eligible trees, bushes, or vines within 12 months from the date the application is approved
- ❖ Have obtained crop insurance or Non-insured Assistance Program (NAP) coverage on **ALL farms and ALL crops they have interest in**, regardless of the location.



Sign-up began on Monday, May 10, for producers wishing to apply for benefits under TAP. **Applications and supporting documentation must be submitted by Tuesday, July 6, 2010 for any losses suffered in calendar years 2008, 2009 or prior to May 7, 2010, in order to be considered "timely filed."** Any loss occurring on May 8, 2010 or later must be filed within 90 days of the date of the disaster event causing the loss.



**We are closed MONDAY July 5th in celebration of Independence Day**

USDA – FARM SERVICE AGENCY  
LANE COUNTY OFFICE  
780 BAILEY HILL RD STE 5  
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**RETURN SERVICE REQUESTED**

**FARM LOAN PROGRAMS** FSA is committed to providing family farmers with loans to meet their farm credit needs. If you are having trouble getting the credit you need for your farm, or regularly borrow from FSA, direct and guaranteed loans are currently available. Ask your lender about an FSA loan guarantee if you've had a setback and your lender is reluctant to extend or renew your loan. Farm Loan staff will help you complete the necessary application and other forms, and help you understand what information is required. Contact the loan staff in the Tangent Service Center listed in this newsletter heading.

**Federal Crop Insurance Coverage (FCIC)- 2011 Crops** Some crops in Lane Co are covered by USDA Risk Management Agency FCIC Program. These crops are **NOT** eligible for loss assistance under NAP. 2011 Insurable crops & sales closing dates:

9/30/10	Wheat, Peppermint/Winter option	11/20/10	Grapes, Apples, Pears
11/30/10	Apiculture (Pilot program)	1/31/11	Adjusted Gross Revenue
3/15/11	Barley, Oats, Sweet Corn, Peppermint-Basic, Field Corn, Processed Beans, Adjusted Gross Revenue Lite		
5/1/11	Nursery		

**Livestock Risk Protection (LRP)** The LRP policy offers protection against a decline in fed cattle, feeder cattle and hog prices during the term of the Specific Coverage Endorsement (SCE). A separate LRP policy is available for feeder or slaughter lambs. Sales for 2011 crop year runs July 1, 2010 through June 30, 2011. LRP is available in all Oregon counties.

For all FCIC coverage, you will work with a private insurance agent that has been trained by the Risk Management Agency. Fact sheets (<http://www.rma.usda.gov/pubs/rme/fctsht.html>) for each covered crop or livestock and a list of private crop insurance agents is available in our office or at: <http://www3.rma.usda.gov/tools/agents/>

**NON- INSURED ASSISTANCE PROGRAM (NAP)** NAP is available for all crops not covered under Federal Crop Insurance. NAP provides catastrophic level of coverage (50% yield / 55% price) to crops damaged by the eligible weather events that occur before or during harvest. Fees are \$250/crop, maximum of \$750/county, and a maximum of \$1875/multi County.

**August 31, 2010** Beets, cabbage, canola, carrots, Christmas trees, flowers, greens, herbs (except mint), onions, radish

**October 1, 2010** Asparagus, garlic, mint, hops, meadowfoam, sugarbeet, triticale grain

**November 20, 2010** Apples, apricots, blueberries, caneberrries, chestnuts, cherries, cranberries, grapes, hazelnuts, honey, nectarines, peaches, pears, plums, prunes, strawberries, walnuts

**November 30, 2010** All forage and grazing crops except oats. All grasses and legumes for seed

**March 15, 2011** Beans, broccoli, camelina, cantaloupe, cauliflower, corn, cucumber, lentils, mustard, oats, peas, potatoes, pumpkin, safflower, sunflower, squash, tomato, watermelon

**May 15, 2011** Buckwheat

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). To file a complaint of discrimination, write: 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

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 is nominated on 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

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*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 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.*

<b>FSA-669A</b> (03-24-10)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency
<h2 style="margin: 0;">NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION</h2>	

1. NAME OF NOMINEE (Type or Print Nominee's Full Name)	TO BE COMPLETED BY COUNTY FSA OFFICE	
2. ADDRESS OF NOMINEE	4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	
3. <b>NOMINEE'S CERTIFICATION:</b>  <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.	5. COUNTY LANE	
3A. SIGNATURE OF NOMINEE	3B. DATE	6. LAA 2
<input type="checkbox"/> Check here if nominee is a write-in candidate.	7. STATE OREGON	
8. <b>NOMINATOR'S CERTIFICATION:</b>  <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>		
8A. SIGNATURE OF NOMINATOR		8B. DATE
(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.

<b>ETHNICITY</b>  <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>RACE (Choose as many boxes as applicable)</b>  <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<b>GENDER</b>  <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.**