

June - 2007

Laramie County FSA News

Office Hours: 8:00 – 4:30

Phone: (307) 772-2314

FAX: (307) 772-2120

<http://www.fsa.usda.gov>

Committee Election

Committee Nominations Open for LAA #2

Nominations of candidates for the Farm Service Agency county committee election representing producers in Local Administrative Area (LAA) number 2 will be accepted through August 1, 2007. Producers who are eligible to vote in LAA 2 and who participate or cooperate in an FSA program and are of legal voting age may be nominated to serve on the county committee. Individuals may nominate themselves or others as candidates. Organizations representing socially disadvantaged minorities and women farmers or ranchers may also nominate candidates.

Laramie County FSA will be holding an election for a person to represent LAA 2. LAA 2 includes all of the southeast corner of Laramie County east of County Road 136 and south of County Road 221.

Nomination form FSA-669 A is attached for you to fill out and submit for LAA #2.

Ballots will be mailed to eligible voters by Nov. 3, and must be returned to the FSA county office or postmarked by Dec. 3, 2007.

All farmers, ranchers and other agricultural producers are encouraged to participate. The county committee provides local input on commodity price support loans and payments; establish allotment and yields; conservation programs; disaster assistance payments and programs.

LAA's not receiving nominations will have a representative appointed by the Secretary of Agriculture. More information on the elections, including nomination forms, is available at the county office or online at: <http://www.fsa.usda.gov>.



Farm Program Information

Direct and Counter-Cyclical Program (DCP) Signup

The CCC-509, DCP contract, needs to be signed annually to receive payments for your base acreage on your farm. DCP Signup for 2007 normally must be completed before June 1, 2007; but, because of issues related to the performance of the new web based system and due to increased workload, the deadline to enroll has been extended to August 3, 2007. There is a late-filed fee of \$100 per farm for producers who miss the August 3 deadline. Late filed applications will be accepted on or before September 28, 2007. (September 30 falls on a weekend, so all applications must be in before that date.) All signatures must be on the contract by the deadline before the application can be approved. Signatures not on the contract by September 28 will cause all payments to be lost for the crop year. DCP signup will be taken by appointment only.

Reporting Acreage Planted

Acreage reporting is a requirement of the farm program. Wheat and CRP farm acreage reports may be done at any time. **July 2, 2007 is the deadline. Please call for an appointment. A \$46 per farm late filed fees will be charged after July 2.**

Prevented Planted or Failed Acreage

If you were prevented from planting or your acreage has failed from a natural disaster, you should report the acreage to the FSA office for proper documentation of the loss and for planting history.

Loan Deficiency Payment (LDP) Information

CCC-633EZ Signed Before Harvest

The EZ form is a two-part loan deficiency payment request that allows producers to (1) indicate their intentions to receive LDP benefits *before* losing beneficial interest in the eligible commodity, and (2) submit a request for an LDP at any time during the loan/LDP availability period before or after losing beneficial interest. There is no LDP on grains and oilseeds today as the posted county price exceeds the loan rate. There is a LDP available on wool.

Once the first page of the form has been signed and submitted, the producer can submit an LDP request by completing page 2 for all harvested commodities, except cotton; page 3 for cotton; or page 4 for wool, mohair and unshorn pelts. The LDP request can be submitted at any time during the loan availability period, before or after losing beneficial interest.

Field direct LDPs are available to producers who will lose beneficial interest when the commodity is delivered directly from the field to the processor, buyer, warehouse or cooperative; will receive an LDP based on the date delivered directly from the field; or will feed the commodity during harvest.

For field direct you must complete your CCC-633 EZ page 2 by entering the commodity in item 19. Producers must enter the requested LDP quantities in item 20 by entering the following options:

(1) "ALL", which would cover all production from the farm(s) that is immediately delivered to the specific location as provided in CCC-633 EZ page 2, item 22, (2) a specific quantity, or (3) "OTHER", which applies to fed quantities, quantities used for seed or commodities harvested as grain.

Delivery evidence must be submitted before the final loan/ LDP availability date to receive benefits.

CCC-633 EZ page 2 item 23A shall be used to file for LDP's after harvest. Your grain or small grain hay or ensilage is stored, and you still maintain beneficial interest (ownership). This form allows you to choose the day to lock in your LDP rate. Remember to keep track of small grain bales and weights for proof of production.

Feedlot, Feedyard, or Wool Pool Delivery

If a commodity is delivered to a feedlot, feedyard, dairy, pit, poultry facility, or wool pool, beneficial interest in the commodity is considered to be lost at the time of delivery. Delivery of the commodity by a producer to the feedlot removes the producer's ability to make all decisions affecting the delivered commodity.

Non-insured Crop Disaster Assistance Program (NAP) Reminders

Production History

NAP participants for 2006 must report their crop production by July 2 to get an approved production history (APH) established. Production not reported gets a 65% T-yield the 1st year and a zero yield the second consecutive year.

Notice of Loss

A Notice of Loss, CCC-576, must be filed for crop losses within 15 days of loss event or whenever the loss became apparent. Losses not reported timely could result in a loss of eligibility for payment.

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE (Type or print nominee's name exactly as it should be indexed)		TO BE COMPLETED BY COUNTY FSA OFFICE																	
2. ADDRESS OF NOMINEE		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. <input type="checkbox"/> I DO want to witness the setting of tied votes with another nominee. <input type="checkbox"/> I DO NOT want to witness the setting of tied votes with another nominee. Signature: _____		6A. COUNTY 6B. LAA NO.																	
4A. SIGNATURE OF NOMINEE		7. STATE																	
4B. DATE (MM/DD/YYYY)		DATE OF ELECTION IS 1ST MONDAY OF DECEMBER OF EACH CALENDAR YEAR																	
8. TO BE COMPLETED BY NOMINEE																			
<p>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.</p> <table border="1"> <tr> <td>ETHNICITY</td> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Male</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Not Hispanic or Latino</td> <td><input type="checkbox"/> Asian</td> <td><input type="checkbox"/> Female</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> <td></td> </tr> </table> <p>RACE (Choose as many boxes as apply)</p> <table border="1"> <tr> <td><input type="checkbox"/> American Indian or Alaska Native</td> <td><input type="checkbox"/> White</td> </tr> <tr> <td><input type="checkbox"/> Not Hispanic or Latino</td> <td><input type="checkbox"/> Other</td> </tr> </table>				ETHNICITY	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Male		<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Female			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Other
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<p>INSTRUCTIONS FOR COMPLETING THIS FORM</p> <p>Complete the form as follows:</p> <p>ITEM 1 Enter the nominee's name as it is to be shown on the ballot. The nominee must be:</p> <p>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.</p> <p>ITEM 2 Enter the nominee's current address.</p> <p>ITEM 3 The nominee must check one of the boxes to indicate a preference regarding the setting of tied votes.</p> <p>ITEM 4 The nominee must sign and date.</p> <p>ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY SEPTEMBER 3.</p> <p>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 select nominees for County FSA Committee.</p> <p>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 0560-0226. The time required to complete the 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.</p>																			

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 approximately 10 calendar days 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.fs.gov.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 name placed on ballot and agree to serve if elected.
- C. Delivered to the County FSA Office or postmarked no later than September 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 an appeal in accordance with 7 CFR Part 780.

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.

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 its programs and activities on the basis of race, color, national origin, gender, age, disability, genetic information, religion, sex, marital status, or sexual orientation. This prohibition applies to all employees, contractors, consultants, grantees, and subgrantees. USDA is an equal opportunity provider and employer. For more information, contact the USDA National Center for Environmental and Public Information, 1400 Independence Avenue, SW, Washington, DC 20250-4420, or call (800) 795-6000. USDA is an equal opportunity provider and employer.



USDA / FSA
Laramie County FSA Committee
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Loss Adjuster Positions

USDA/FSA is looking for loss adjusters that have crop appraising experience. If you wish to partnership with the Farm Service Agency please contact Wyoming Farm Service Agency 951 Werner Ct., Ste 130, Casper, Wyoming 82601. Or call (307)261-5010.

County Committee:, Mark Child, Dave Bowman, Mike Peterson **Advisor:** Louise Jacobsen
Office Staff: Doris Scheel, Denise Hunt, Mark Lanning, Heather Zabierek (Temporary Employee)
/S/ Gary Gompert, CED – Email gary.gompert@wy.usda.gov

Dates to Remember

July 2	Deadline to report crops planted.
July 2	Deadline to submit production evidence for 2006 NAP.
July 4	Independence Day Holiday – Office Closed
August 1	Committee Nomination Deadline
August 3	DCP Signup Extension Deadline

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 programs. (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, SW, Washington, D.C., 20250-9410, or call (800)-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.