

JULY 2010

POLK COUNTY FARM SERVICE AGENCY NEWS



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Polk FSA Committee: Chair Adam Loop, Vice Tom Crawford, Member Don MacCarthy, Advisor Sandy Moritz

Polk FSA Staff: Janelle Huserik CED ext 105, Laurie Johnson PT ext 102, Bev Schmidt PT Ext 100

FSA Farm Loans Staff: Located in Marion County FSA 503-399-5741 ext 2, Loan Mgr. Sharilyn Millette ext 115

Dates to Remember:	
6/15/10	CCC-927 and CCC-928 were due to IRS for Consent to Disclosure (See below)
6/30/10	Acreage Reporting Deadline – late file fees apply (See below) NAP: Deadline to submit production for 2009 crop (See below)
7/5/10	 We are closed MONDAY July 5th in celebration of Independence Day
8/2/10	Last day to submit FSA County Committee nomination form (see back page)
8/31/10	NAP: Closing date for beets, cabbage, canola, carrots, Christmas trees, flowers, greens, herbs (except mint), onions, radish (See below)
10/1/10	NAP: Closing date for asparagus, garlic, mint, hops, meadow, foam, sugar beets, triticale (See below)
3/1 to 7/15	CRP/CREP: Primary Nesting Season (Pre-approval needed for CRP/CREP actions)

IRS Consent...Will you get your payment? June 15: Deadline for the new requirement to submit to the IRS form CCC-927/8 "Consent to Disclosure of Tax Information". Submission of this form is required by all who received a 2009/2010 payment; failure to timely file the form will result in the **refund of 2009 and/or 2010 program benefits** from FSA and NRCS.

Report Crop Acres 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 (MAL) 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.

Noninsured Disaster Assistance Program (NAP) provides financial assistance to eligible producers affected by natural disasters on non-insurable crop losses. To purchase, see Closing Dates above for "Dates to Remember", and contact the office.

Producers are reminded to submit a notice of loss (FSA-576) after any natural weather event which may affect the production for their crops. Failure to file a notice of loss within 15 days of when the loss was apparent will result in you not being eligible for assistance. An appraisal is required of the crop acreage prior to grazing, non-harvesting or destroying the crop.

If you participate in NAP, your crop production evidence must be submitted each year by June 30th. Please turn in your 2009 production (or previous production as well if you haven't been "keeping up"). If you have any questions, please contact Laurie at 503-623-2396 x102. See your April 2010 Oregon State Newsletter for more information.

Tree Assistance Program (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 May 10, 2010. 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.

Dallas Service Center
Polk County FSA Office
580 Main Street Suite D
Dallas, OR 97338-1911

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POLK FSA COUNTY COMMITTEE NOMINATIONS & ELECTIONS

COC elections happen once a year, here is an election refresher. For election purposes, counties are divided into local administrative areas, or LAAs. Each LAA selects one producer to serve a three-year term on the Farm Service Agency County Committee. An election is held each year to replace the committee member whose three-year term is expiring. This year LAA 1 is up for election. LAA 1 is the **northeast part of Polk County, north of Highway 22/Ellendale Rd. and East of Perrydale Rd.**

Nomination: Producers who are residents in this LAA 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 using form FSA-699A, inside this newsletter. To be valid, the nomination form must be signed by the person being nominated, indicating agreement to serve if elected. The completed nomination form must be returned to the Polk County FSA Office or postmarked by August 2nd, 2010.

Who Can Hold Office:

To hold office as a county committee member, a person must meet the following eligibility criteria: (A) Participate or cooperate in a program administered by FSA, (B) Be eligible to vote in a county committee election, (C) Reside in the LAA in which the person is a candidate, and (D) Not have been: (a) Removed or disqualified from the office of county committee member, alternate, or employee, (b) Removed for cause from any public office or have been convicted of fraud, larceny, embezzlement, or any other felony, or (c) Dishonorably discharged from any branch of the armed services.



Nominations Due: Aug. 2nd
Ballots Due: Dec. 6th

Election: The county committee election is held by mail. Ballots will be mailed to LAA 1 voters beginning Nov. 5, and must be returned to the FSA county office or postmarked by December 6, 2010.

Who Can Vote: Agricultural producers of legal voting age can vote if they participate or cooperate in any FSA program. A person who is not of legal voting age but supervises and conducts the farming operations on an entire farm can also vote. No one can be denied the right to vote because of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation or marital or family status.

Want to hear the news first? Receive the newsletter by email! Just notify Janelle Huserik at janelle.huserik@or.usda.gov.

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 Adjudication and Compliance, 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.

FSA-669A (03-24-10) **U.S. DEPARTMENT OF AGRICULTURE**
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE <i>(Type or Print Nominee's Full Name)</i>		TO BE COMPLETED BY COUNTY FSA OFFICE	
2. ADDRESS OF NOMINEE		4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	
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>		5. COUNTY	
		6. LAA	7. STATE
<input type="checkbox"/> <i>I DO want to witness the settling of tied votes with another nominee.</i> <input type="checkbox"/> <i>I DO NOT want to witness the settling of tied votes with another nominee.</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>	
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	RACE (Choose as many boxes as applicable)	GENDER
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<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	<input type="checkbox"/> Male <input type="checkbox"/> Female

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.***