

For: State and County Offices

2012 COC Makeup Election

Approved by: Acting Deputy Administrator, Field Operations



1 2012 COC Makeup Election

A Background

Makeup election procedure is established for 2012 COC elections. A makeup election differs from the special election process that is in place. Ballots for a:

- makeup election will be prepared by a printing company
- special election are prepared and mailed by the County Office holding the special election according to 15-AO, paragraph 187.

A makeup election is designed to enable a County Office to conduct a new election for 2012 if uncontrollable circumstances occurred during the regular election period, such as, but not limited to the following:

- loss of current member by resignation, removal, or death
- candidate's name is withdrawn (in an election with only 1 candidate).

If these or other acceptable circumstances occur during the regular election process, and a new election is required, the County Office may be eligible to hold a makeup election following notification from the State Office. States must request approval of makeup elections from DAFO. Requests for makeup elections because of events that could have been prevented by the County Offices or State Offices will not be approved and a special election will be **required**.

Disposal Date	Distribution
January 1, 2013	State Offices; State Offices relay to County Offices

Notice AO-1549

1 2012 COC Makeup Election (Continued)

B Purpose

This notice provides County Offices with the calendar for conducting a 2012 makeup election. See 15-AO, paragraph 186 for procedure on the makeup election process.

Note: See Exhibit 1 for the COC makeup election calendar.

C Nomination Forms

FSA-669A-1, dated 09-13-12 (Exhibit 2), shall be used for nominations in the makeup election. Nominations submitted on FSA-669A, dated 02-22-12, are also acceptable.

D Contact

If there are questions about this notice contact either of the following:

- Barbara Boyd by:
 - e-mail at **barbara.boyd@wdc.usda.gov**
 - telephone at 202-720-7890

- Deborah Johnson by:
 - e-mail at **deborah.johnson@wdc.usda.gov**
 - telephone at 202-720-0067.

2012 Makeup Election Calendar

The following is the 2012 COC makeup election schedule and deadlines.

Date	Activity
October 1, 2012 - February 1, 2013	After receiving written approval for a makeup election from DAFO, publicize the makeup election, all nomination information, the election process, and dates.
October 15, 2012	<ul style="list-style-type: none"> • Ensure that nomination forms are available at the County Office. • Make the eligible voters list available to the public. • Final date to submit plan to State Office to ensure that all producers are adequately informed of COC nomination and election.
November 26, 2012	<ul style="list-style-type: none"> • Final date to accept nomination forms or for forms to be postmarked. • Verify that nominees are in the correct LAA and are flagged eligible to vote.
December 3, 2012	<ul style="list-style-type: none"> • Review nominations. • Complete FSA-593. • Final date for mailing letter of congratulations to nominees.
December 3-10, 2012	County Office will enter nominee and ballot data for makeup election in COC Election web site.
January 7, 2013	Printing company will mail makeup election ballots.
January 14, 2013	State Office will certify to DAFO that each County Office has adequately and timely publicized the makeup election.
February 4, 2013	Final date for voters to return completed makeup election ballots or for ballots to be postmarked.
February 11, 2013	Final date for counting makeup election ballots.
February 4-15, 2013	Enter makeup election results in COC Election web site.
March 1, 2013	New members take office. Reporting screens for entering election results closed.
March 15, 2013	Directory Report to be entered by this date.

Nomination Form for Makeup Election

The following is an example of the Nomination Form for Makeup County FSA Committee Election.

<p>This form is available electronically.</p> <p>FSA-669A-1 (09-13-12)</p>	<p>U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency</p>	<p>Form Approved - OMB No. 0560-0229</p>
<p>NOMINATION FORM FOR MAKEUP COUNTY FSA COMMITTEE ELECTION</p>		

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 November 26, 2012.
- 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.

This is a non-salary public service position. A small stipend is provided to offset expenses.

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

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of 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, political beliefs, genetic information, 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, 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.

Nomination Form for Makeup Election (Continued)

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FSA-669A-1 (09-13-12) U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency

NOMINATION FORM FOR MAKEUP COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE (Type or Print Nominee's Full Name)	TO BE COMPLETED BY COUNTY FSA OFFICE
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	4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED
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2. ADDRESS OF NOMINEE	5. COUNTY
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	6. LAA	7. STATE
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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>
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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 <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"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	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 NOVEMBER 26, 2012.

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.**