



LaCenter Service Center News

June 2008

LaCenter

USDA Service Center

LaCenter FSA Service Center

P. O. Box 275
347 Broadway
LaCenter KY 42056
270-665-5666 (phone)
2701-665-5945 (fax)
www.fsa.usda.gov/ky

Hours
Monday - Friday
7:30 a.m. - 4:30 p.m.

County Committee
County Committees -
Ballard
Lynn Denton
Jay Buchanan
Clayton Reid

McCracken
Ronnie Flowers
Dewain Gipson
Donnie Edwards

County Committee
meets last Thursday at
8:00am

Staff
Connie Burnley
Jeff Cope
LaDonn Record
Marsha Sullivan
William Birney

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program 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, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.



County Committee Election

The consolidation of the Farm Service Agencies for Ballard and McCracken Counties requires some changes to the County Committees. Previously, each county had a committee of three members, each representing one of three Local Administrative Areas (LAA) or voting areas. Five is the maximum number of members that any county committee can have, regardless of whether it is a single county or a consolidation of 2 or more counties. Beginning in 2009, Ballard/McCracken County Committee will have one committee with 5 members with each one representing a different LAA. Refer to the map for the LAA boundaries. An election will be held in each LAA this year to elect members for the 2009 term of office.

The duties of the County FSA Committee include:

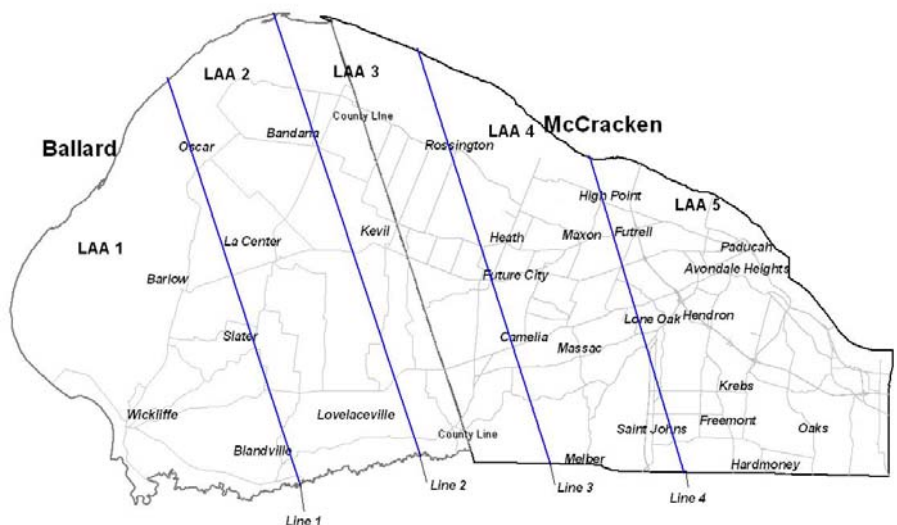
- Informing producers of the purpose and provisions of the FSA programs
- Keeping the State FSA Committee informed of LAA conditions
- Recommending needed changes in farm programs
- Participating in county meetings
- Performing other duties as assigned by the State FSA Committee.

To be a County Committee member, a person must:

- Be a producer with a farming interest
- Participate in any FSA program
- Be a U. S. citizen
- Be of legal voting age
- Be eligible to vote in the LAA in which he is a candidate.

Take this opportunity to nominate the producer of your choice for the County Committee. Nominations may be submitted on form FSA-669A. The nominee is required to sign the form agreeing to serve if elected, and the form must be received in the county office by August 1, 2008.

LAA Boundaries:



FSA-669A (02-25-08)	U.S. Department of Agriculture Farm Service Agency
<h2 style="margin: 0;">NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION</h2>	

1. NAME OF NOMINEE <i>(Type or print Nominee's Full Name)</i>	TO BE COMPLETED BY COUNTY FSA OFFICE
2. ADDRESS OF NOMINEE	
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>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>	5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE <i>(MM-DD-YYYY)</i> 6A. COUNTY 6B. LAA NO. 7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE <i>(MM-DD-YYYY)</i>
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 <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	RACE (Choose as many boxes as applicable) <input type="checkbox"/> America 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
--	--	---

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 1.

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 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.