



Frankfort Service Center News

June 2008

Frankfort
USDA Service Center

Frankfort FSA Service Center
103 Lakeview Court
Frankfort, Ky
40601502-695-5203(phone)
502-695-8909 (fax)
www.fsa.usda.gov/ky

Hours
Monday - Friday
8:00 a.m. - 4:30 p.m.

County Committee
Hobart Hearn
Roger Perkins
Barbara Ayers
Mattie Clay, Minority Advisor

County Committee meets third Wednesday of every month

Staff
Rita Jones, CED
William Dawson, Temporary
With help from Versailles and Lexington Service Centers

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2008 COC ELECTION

The 2008 COC election will be held in the Eastern part of the county. Franklin County is split into three Local Administrative areas. LAA 3, east of the county bounded on the west by the Kentucky River will vote this year. Roger Perkins was elected three years ago to fill the slot vacated by Bettie Mefford in that area. Committeepersons are elected for three year terms.

Nominating petitions are being accepted, and are due in by **August 1, 2008**. Anyone interested may contact the office, visit our website to print a nominating petition, or use the petition attached to this newsletter.

NEW MINORITY ADVISOR

As of March 1 we welcome a new minority advisor. Mattie Clay replaced her husband John Clay who had served the maximum term of nine years. John's input had been invaluable during his term. He is continuing his work with Ky State and farming. Mattie is a librarian and works with the Senior Citizens. We appreciate all the work with FSA provided by the Clay family.

NEW EMPLOYEE

It is very difficult to maintain the office with such a small staff. A temporary employee has been used a couple of days a week since January to help keep the office open. Webster Fannin was that employee until he accepted a full time position with UK. A new temporary has been hired who has worked here in the past and worked with the Scott County office. William Dawson worked in the Scott County office for 5 years and is very familiar with the new satellite photos. We welcome Bill back and wish Webster all the best in his new job.

LAA Boundaries:



FSA-669A
(02-25-08)

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		
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
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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.

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.