



Lancaster Service Center News

June 2008

Lancaster
USDA Service Center

Lancaster FSA Service Center
110 Pleasant Retreat Dr.
859-792-2661
859-792-4451 (fax)

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

County Committee
David Duncan, Jr.
Reda Barnett
Jerry McQuerry

County Committee meets
1st Thursday of each month at 9:00 am

Staff
Woodie Leavell
Carolyn Gooch
Evelyn White

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COC ELECTION

This year the COC election for Garrard County will be held for LAA 2. This LAA consists of the Buena Vista, Bryantsville, and the northern part of Garrard County. Reda Barnett currently holds this position on the committee.

Nominations must be postmarked August 1 or received in the County Office by this date. Ballots will be mailed November 3, 2008 to eligible voters in this area. Completed ballots by received by the Garrard County Office or postmarked by December 1 in order for the ballot to count. Ballots will be counted December 4 in the Garrard County Office.

When you get your ballot, be sure to vote.

This is a great opportunity to serve the producers in this area of the county.

2005-2007 Livestock Compensation Program (LCP)

July 18, 2008 is the deadline to sign up for LCP. If you have not been in and applied, you need to do so. Eligible livestock are those owned for farming operation purposes on February 1, 2005 or 2007 and pastured between April 7 and November 15 of those years. Payment is made for the years the most livestock was owned.

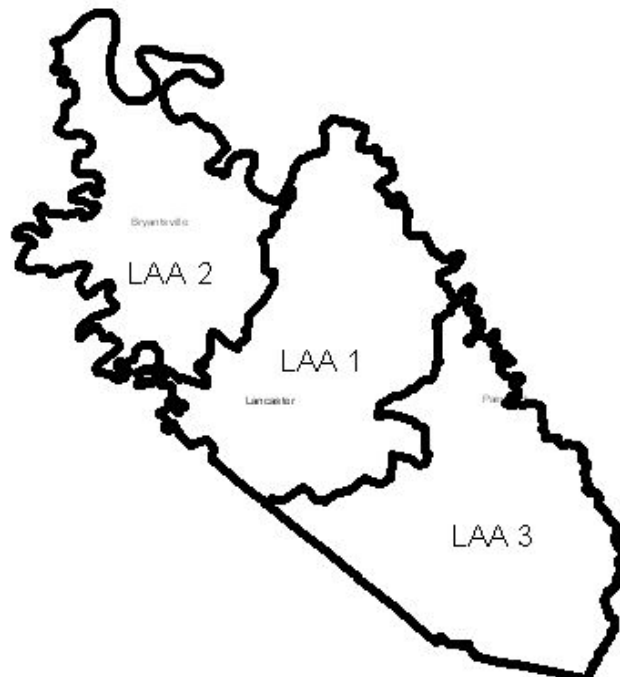
Producers in Garrard Co. have been issued over \$275,000 in program benefits.

CROP REPORT DEADLINES

Producers are reminded of the acreage reporting requirements that must be met prior to receiving program benefits. Filing an accurate acreage report for all crops and all land uses, including failed acreage and prevented planting acreage, can prevent the loss of benefits for a variety of programs.

July 15 is final deadline to report certification of all crops, except small grains and value loss crops.

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
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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.