



Vanceburg Service Center News

June 2008

Vanceburg

USDA Service Center

Vanceburg FSA
Service Center
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Vanceburg, KY 41179
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1-866-863-7589 (toll
free)

606-796-3673 (fax)

[Kyvancebur-
fsa@one.usda.gov](mailto:Kyvancebur-fsa@one.usda.gov) (e-
mail)

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

County Committee
Mike Stamm
Joe Mauk
Tom Cox
Roger Bellew
Allen Richmond
Loretta Burchett,
Advisor

County Committee
meets first Thursday of
each month – 8:30
a.m.

Staff
Carolyn C. Blevins,
CED
Kathy B. Holder, PT
Shindlia Berry, PT
Lakin Highfield, PT

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COUNTY COMMITTEE ELECTION

Time sure flies by. It's time for the nomination process for county committee election again! This year we will be holding elections in Local Administrative Area (LAA) 1 and 5.

LAA 1 is located in Lewis County and includes areas of Vanceburg, Clarksburg, Trinity and Concord and is currently represented by Tom Cox.

LAA 5 is located in Greenup County and includes areas of Greenup, South Shore, York and Fullerton and is currently represented by Joe Mauk.

The county committee election is important to ALL farmers. All eligible producers are encouraged to participate because FSA county committees are a link between our communities and the U. S. Department of Agriculture (USDA). Committee members help deliver FSA farm programs at the local level, providing local input on programs such as price support loans and payments; conservation programs; incentive, indemnity and disasters payments for some commodities; and emergency programs.

FSA committees operate within official regulations designed to carry out federal laws. Members apply their judgment and knowledge to make local decisions.

Nominations will be accepted from June 15 through August 1, 2008. To become a nominee, eligible individuals must sign nomination form FSA-669A and live either in LAA 1 or LAA 5.

All women and minority persons are encouraged to participate. Minority persons are African Americans, American Indians or Alaska Natives, Hispanics, Asians, Native Hawaiian or other Pacific Islanders.

LAA Boundaries:



NEW TOLL FREE TELEPHONE NUMBER

We now have a new toll free telephone number. The new number is 1-866-863-7589. All producers should have received a post card announcing the number. Now when the new number is dialed, it will ring in directly to the office. This number is much more user friendly.

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>
4A. SIGNATURE OF NOMINEE		6A. COUNTY
4B. DATE <i>(MM-DD-YYYY)</i>		6B. LAA NO.
		7. STATE
		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.