



Mt. Sterling Service Center News

June 2008

Mt Sterling

USDA Service Center
509 Willin Way
Mt Sterling, KY 40353

859-498-5487 (phone)
1-866-583-7524
859-498-5099 (fax)
www.fsa.usda.gov/ky

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

County Committee
David Donaldson
Roger D Smallwood
Edgar Williams
Oliver Willoughby
Charles Wills
Sheila Hale, Advisor
Meets 1st Tuesday

Executive Director
Daniel B Razor III

Program Technicians
Tommy Newkirk
Carla Easterling

Farm Loan Manager
Bruce Witt

Farm Loan Officers
Mark Thacker
Sharon Willoughby

Loan Technicians
Denise Allen
Sandra Hall

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Committee Election

The Montgomery/Menifee FSA County Committee Election for 2008 will be held December 1, 2008 for Local Administrative Area 2, which consists of the northeast area of Montgomery County, east side of Hwy 460 to Bedford Rd, to Reffitt Rd, Stepstone, Howards Mill, and Hinkston.

Who's Gonna Fill Those Shoes?

Charles Wills is the current Committee Member and is ineligible to run this election year, having served three consecutive terms. Eligibility requirements to hold office as a Committee Member is to be of legal voting age, have an interest in a farm or ranch as an individual, owner, operator, or an authorized representative of an entity.

New Toll Free Number- 1-866-583-7524

The Mt Sterling USDA Service Center (Montgomery/Menifee FSA) has a new toll free telephone number for out-of-area calls. The number 859-498-5487, ext 2, may still be used for local calls. If you have a cell phone, please feel free to program these telephone numbers in your phone.

Farm Boundary Changes

Farm owners who have had property boundary changes with new highway construction may report the changes to the FSA office upon completion.

Tobacco Transition Payment Program

If there any changes in a TTPP contract, such as direct deposit information, address, death of contract holder, please report new information promptly to the FSA office.

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>
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.

<p>ETHNICITY</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<p>RACE (Choose as many boxes as applicable)</p> <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	<p>GENDER</p> <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.