



West Liberty Service Center News

June 2008

WEST LIBERTY

USDA Service Center

West Liberty FSA Service Center

955 Prestonsburg St.
West Liberty, Ky.
41472

606 743-3410 (phone)
606 743-3174 (fax)

Toll Free:
1-866-583-7527

www.fsa.usda.gov/ky

Hours:

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

County Committee:
(See 1st paragraph)

County Committee
meets:
2nd Monday @ 8:30 am

Staff:

Barry Allen, CED
Carolyn Ward, PT
Lisa Lewis, PT
Olivia Brown, PT
Kevin Whitaker, PT
Ebony Floyd, Temp

Laymond Smith, FLM
Cheryl McGraw, FLO
Gina Cole, FLPT

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County Committee Elections

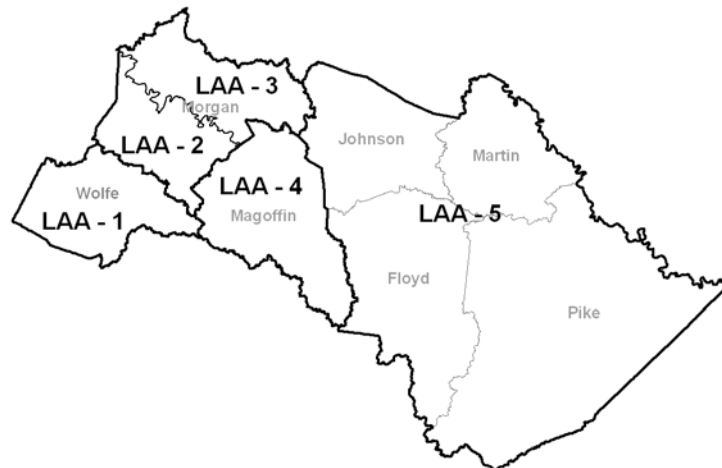
The West Liberty Service center, located in West Liberty, KY. services the counties of Johnson, Floyd, Martin, Pike, Morgan, Magoffin and Wolfe. Due to a loss of workload and retirements of full time employees, the offices in Johnson and Wolfe counties were moved to West Liberty in October of 2007. As a result, the County Committee was combined to form a combined committee of eleven COC members as follows: (Morgan-Magoffin) Richard Sexton, Dwayne Skaggs, William Holbrook, Avavan Williams and Scotty Williams; (Johnson-Floyd-Martin-Pike) Ruby Akers, Ida Ann Lemaster, and Charles Thompson; (Wolfe) Todd Holbrook, Bill Jack Nickell, and Barbara Stone. Charles Thompson is our combined committee Chairperson and Avavan Williams is the Vice-chairperson.

The seven county area is now called the West Liberty Service Center and the boundaries have been redrawn to five Local Administrative Areas (LAA) they are as follows: LAA 1 all of Wolfe County; LAA 2 that part of Morgan County south of the Licking River; LAA 3 that part of Morgan County North of the Licking River; LAA 4 all of Magoffin County; and LAA 5 all of Johnson/Floyd/Martin/Pike Counties. As a result, nominations will be taken for each LAA to elect a County Committee member for each new LAA. We encourage all active producers and minorities to participate in our County Committee system. The nomination period begins June 15th, through August 1st, 2008. Ballots will be mailed on November 3rd, and must be returned by December 1st, 2008. The elected members will begin their term in **January 2009**. FSA is one of the few instances in government where locally elected representatives administer federal regulations. Therefore, the FSA office is a unique example of farmers helping farmers.

Office Staff

The FSA staff is composed of two groups under the same administration. The first group administers USDA farm programs and is managed by the County Executive Director (CED) Barry Allen. He is assisted by the Program Technician (PT) who are as follows: Carolyn Ward, Lisa Lewis, Olivia Brown and Kevin Whitaker. Ebony Floyd is our Temporary PT. The second group administers the Farm Loan Programs and is managed by Laymond Smith, Farm Loan Manager (FLM). He is assisted by Cheryl McGraw, Farm Loan Officer (FLO) and Gina Cole, Farm Loan Program Technician (FLPT). Our staff is comprised of both veteran and new employees. It is our goal to provide excellent service to our producers, whether it is program or loan information we are ready to answer whatever questions you may have. We have recently been provided with a new toll free number which connects directly to the office. It is: **1-866-583-7527 Toll Free**.

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>		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE <i>(MM-DD-YYYY)</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>		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.

<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.