



# Albany Service Center News

JUNE 2008

**Albany**  
USDA Service Center

**Albany FSA Service Center**  
801 B Tennessee RD  
Albany, KY 42602  
606-387-5976 (phone)  
606-387-5236 (fax)  
www.fsa.usda.gov/ky

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

County Committee  
Preston Sparks  
Perry Hay  
Norma Jean Hunter

County Committee  
meets at 8:45 am on  
the 3<sup>rd</sup> Thursday of the  
Month

Staff  
Ruby Gibson  
PT in Charge  
Joseph Beaudoin  
PT

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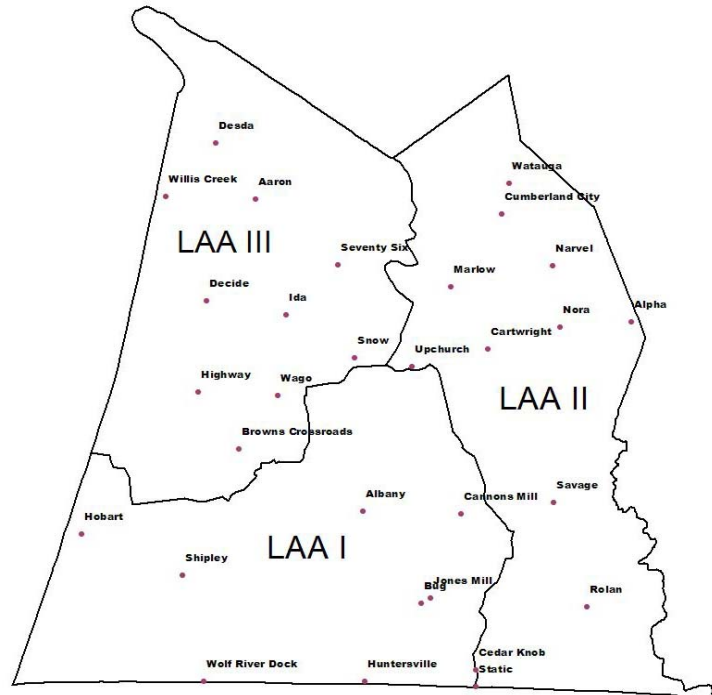
## COC Nominations

It is now time to nominate people for County Office Committee member for LLA 3. If you live in the area beginning on the James Huddleston farm excluded, thence to the Irene Mullins farm included, thence to Kenny Myers farm near Browns Crossroads included, thence to the old Willie Reader Store near the Cumberland County line, thence with the Cumberland County line to the Russell Co. line, thence with the lake to the Keith Andrew's farm included, thence to the Country Club Rd, thence to the James Huddleston farm, the beginning you are eligible to nominate a candidate and to run for the COC election.

You should receive a Nomination Form For County FSA Committee Election (FSA-669A) in the mail, these should be returned to the office no later than **August 1, 2008**.

If you do not receive a nomination form in the mail, and you live in the area defined above please feel free to stop by the office to pick one up.

### 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>		<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>
2. ADDRESS OF NOMINEE		
3. <b>NOMINEE'S CERTIFICATION</b> <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
<b>DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR</b>		

**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.

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