



# Calhoun Service Center News

June 2008

**McLean County**  
USDA Service Center

**Calhoun FSA Service Center**  
P O Box 310  
Calhoun, KY 42327  
270-273-3918 phone  
270-273-5420 fax  
www.fsa.usda.gov/ky

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

County Committee  
John Caraway  
Richie Smith  
Roger Shocklee  
County Committee meets: Second Tuesday of Month @ 8:30 AM

Staff  
Regina Shepherd, PT  
Amanda Hampton, PT  
Michelle Hughes, PT  
Larry Kirkland, CED

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## COUNTY COMMITTEE ELECTIONS

The County Committee Election for 2008 will be held in Local Administrative Area 1 or Community A. This is the area located on the West side of Kentucky Highway 81 North of the Green River and includes the west side of Calhoun, Gandertown, Beech Grove, Cleopatra, Wyman, Elba, Guffie and west Glennville.

John Caraway is the current COC member representing LAA 1 and is completing his 3<sup>rd</sup>, 3 year term. John has served the Committee well for the past 8 plus years, but is not eligible to run for re-election.

The County FSA Office will receive nominations for candidates for the election until August 1, 2008. Persons nominated should live or own a farm located in Local Administrative Area 1.

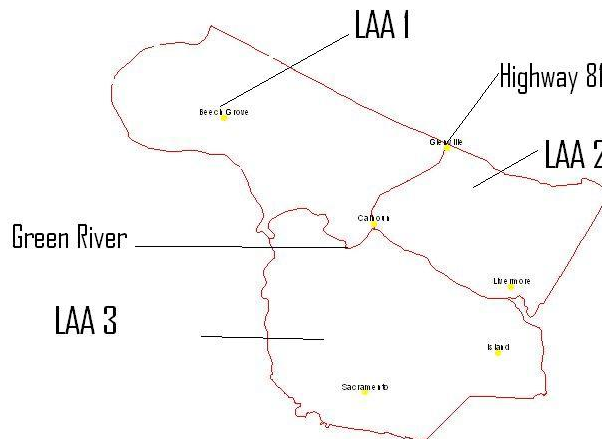
USDA is committed to maintaining a diversified County Committee representing all facets of production agriculture in the County. Current County Committee members are producers of corn, wheat, soybeans, grain sorghum, tobacco, beef cattle and poultry.

The COC member's job is a public trust. Members are expected to serve the public faithfully and represent their area as a whole. They must make informed, fair and impartial decisions and maintain strict confidentiality. They must have a good understanding of FSA programs and follow the laws and regulations as outlined by USDA policy.

Some duties of COC members include:

1. Serve under the general supervision of the State FSA Committee.
2. Employ a qualified county executive director to carry out the committee decisions and direct the day to day operations of the county FSA office.
3. Meet regularly to make policy decisions and review county office expenditures.
4. Ensure farmer and public understanding of FSA programs.
5. Develop and carry out effective outreach activities.
6. Promote a good working relationship with other agricultural agencies serving the county.
7. Supervise FSA Committee elections as prescribed by regulations and procedures.
8. Discuss policy problems periodically with the District director.
9. Make recommendations to the State Committee on needed changes in programs in their administration.
10. Conduct hearings and reviews as needed or requested by the State FSA Committee.
11. Provide work place environment free from discrimination
12. Avoid appearance of conflict of interest.

### LAA Boundaries:



<b>FSA-669A</b> (02-25-08)	<b>U.S. Department of Agriculture</b> 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>	<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>
2. ADDRESS OF NOMINEE	
<b>3. 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>  6A. COUNTY  6B. LAA NO.  7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE <i>(MM-DD-YYYY)</i>
<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.

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