



# Falmouth Service Center News

June 2008

## USDA Falmouth Service Center

**Falmouth FSA Service Center**  
400 Main Street  
Falmouth, KY 41040  
859-654-3374 (phone)  
859-654-3375 (fax)  
www.fsa.usda.gov/ky

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

**County Committee**  
Jewell Eibeck – LAA1  
Carlos Gray – LAA2  
Robert McClanahan-  
LAA3

County Committee  
meets the 2<sup>nd</sup> Tuesday  
of each month

**Staff**  
Janelle K. Gardner,  
CED  
Faye Godman, PT  
S. Michele Monroe, PT

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## Crop Reporting Deadline

The 2008 deadline for crop reports is July 15, 2008. Annual farm crop reports are to be filed in the Pendleton County Farm Service Center each year. Producers receiving program benefits are required to make a crop report notating what commodities are being produced (tobacco, corn, hay, pasture, etc.) in each field. Producers with insured crops are also required to complete a crop report.

Making your crop report annually will keep your farm listed as an active farm. This is beneficial for future agricultural programs offered with Farm Service Agency (FSA) and Natural Resource Conservation Service (NRCS). Making these reports is essential to maintaining active farm records. Please contact the Pendleton County FSA Office at 859-654-3374 about completing your 2008 crop report.

## Deadline for LCP and LIP

The deadline for Livestock Compensation Program and Livestock Indemnity Program (qualifying pasture losses and qualifying animal losses for 2005 or 2007) is **July 18, 2008**. If you have questions concerning either of these losses, please contact the Pendleton County Farm Service Agency at 859-654-3374.

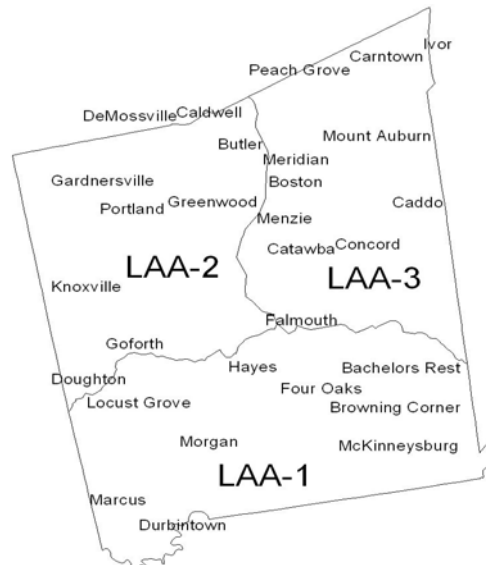
## County Committee Nomination Deadline

Nominations for Pendleton County's Local Administration Area 1 (LAA1) will be accepted until the close of business on August 1, 2008. Nominees must be eligible to serve in the LAA conducting the election. Please see the map below for LAA boundaries. Contact the Pendleton County FSA Office to complete a nomination form.

## Update Farm Operation Changes

- ✓ Farm Sales and Purchases
- ✓ Tenant/Operator Changes
- ✓ Change of Address
- ✓ Bank Account Changes

### 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>		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>	<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.*