



**Natrona/Converse
County FSA**
5880 Enterprise Dr Ste 100
Casper, WY 82609
(307) 261-5436
or
Toll Free 1-866-596-4478

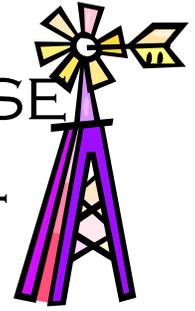
Office Hours:
Monday - Friday
8:00 am - 4:30 pm
www.fsa.usda.gov

County Committee
Jared Vollman - Chair
Leslie Hendry - Member
Neil Forgy - Vice Chair
Phil Johnson - Member
Kem Nicolaysen - Member

Staff
Sue Willey - CED
Wanda McLean - PT
Deena McDaniels - PT
Dave Lengle - FLM

**Douglas USDA Service
Center**
911 S. Windriver Dr.
Douglas, WY 82633
(307) 358-3050

NATRONA/CONVERSE COUNTY WINDMILL



June 2012

Acreage Reporting

July 15 is the last date for producers to certify their 2012 acreage. Filing an accurate acreage report for all crops and land uses, including failed acreage and prevented planting acreage, can prevent the loss of program benefits. Failed acreage must be reported within 15 days of the disaster event and before disposition of the crop. Prevented planting must be reported no later than 15 days after the final planting date.

Acreage reports are required for many FSA programs, including NAP (Noninsured Crop Disaster Assistance Program), Direct and Counter-cyclical Program (DCP), marketing assistance loans and Loan Deficiency Payments and Conservation Reserve Program. Acreage reports must be certified by **July 15** for all crops and on all cropland, whether idle or planted.

2013 Reporting Changes	2012	2013			
		Acreage Reporting Date	July 15, 2012	Nov 15, 2012	Jan 15, 2013
Spring seeded crops	X				X
Apiculture, Perennial forage, PRF, fall wheat, all other fall seeded small grains	X		X		
Established Alfalfa seed or fall Alfalfa seed	X			X	

Notices of Loss

Prevented Planting: Prevented planting needs be reported no later than 15 calendar days after the final planting date. **Failed Acreage:** Reports of failed acreage must be filed before disposition of the crop and producers must be able to establish to the satisfaction of the county committee that the crop failed and was prevented from being replanted through the normal planting period because of natural disaster conditions. **All prevented planting reports must be completed on form CCC-576.**

Nap producers are encouraged to file a Notice of Loss on both hay and grazing acres, if you are continuing to be affected by drought. **Please contact this office before grazing hay land.**

Measurement Service

Farmers who would like a guarantee on their crop plantings and land use acreages can make it official by using the FSA measurement service. Producers must file a request with the county office staff and pay the cost of a field visit for GPS referencing of the farm. Measurement service is also available using digital imagery. If data already exists in a certified database and an on-site visit is not required, there is no charge.

Incorrect acreage self-certification can result in reduced program payments, penalty, or loss of eligibility. Producers can request ortho-imagery and CLU (common land unit) coordinates for their land (commonly referred to as a clip) at no charge. This service provides you with both acreages and field boundaries.

2012 FSA County Committee Elections

The election of agricultural producers to Farm Service Agency (FSA) county committees is important to ALL farmers and ranchers, whether beginning or long-established, large or small. It is crucial that every eligible producer participate in these elections because FSA county committees are a link between the agricultural community and the U.S. Department of Ag.

County Committee (COC) members are a critical component of FSA operations. The intent is to have the COC reflect the makeup of the producers and to represent all constituents. This means wherever possible, minorities, women or lower income producers need

to be on the committee to speak for these underrepresented groups. County committees provide local input on: Commodity price support loans and payments, Conservation programs, Incentive, indemnity and disaster payments for some commodities,

Emergency programs and Payment eligibility. FSA county committee members apply their judgment and knowledge to make local decisions and operate within official regulations designed to carry out federal rules, regulations and laws.

This form is available electronically.

Form Approved - OMB No. 0560-0229

FSA-669A
(02-22-12)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

This form allows individuals to nominate themselves or any other person as a candidate. If additional forms are needed, this one may be copied or may be obtained at the County FSA Office or obtained electronically at <http://www.sc.egov.usda.gov>. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed and dated by the nominee in Item 3. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected.
Note: Name shown on ballot will appear exactly the same as in Agency records.
- C. Delivered to the County FSA Office or postmarked no later than August 1, 2012.
- D. Signed and dated as a write-in candidate if elected as a member and willing to serve on the COC.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who is nominated on this form and is found ineligible will be so notified and have an opportunity to file a challenge.

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote.

This is a non-salary public service position. A small stipend is provided to offset expenses.

Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. The positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office.

A candidate has the option to request that all voted ballots for an individual county committee election be returned to the respective State Office in lieu of being returned to the county office. This request must be in writing and submitted to the local County Executive Director prior to the announced end of the nomination period.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Monitoring changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Brielle, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

FSA-669A
(02-22-12)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION

1. NAME OF NOMINEE (Type or Print Nominee's Full Name)		TO BE COMPLETED BY COUNTY FSA OFFICE	
2. ADDRESS OF NOMINEE		4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED	
		5. COUNTY	
		6. LAA	7. STATE
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>		8. NOMINATOR'S CERTIFICATION: <i>If this nomination is by other than self, the following eligible voter or representative of a community based organization hereby nominates the afore-named person to be a candidate in the next County FSA Committee election for the county.</i>	
<input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee. <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.			
3A. SIGNATURE OF NOMINEE	3B. DATE	8A. SIGNATURE OF NOMINATOR	8B. DATE
<input type="checkbox"/> Check here if nominee is a write-in candidate.		(If the individual is self nominating, no signature is required).	

9. 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.

ETHNICITY	RACE (Choose as many boxes as applicable)	GENDER
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Male <input type="checkbox"/> Female

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.
- ITEMS 3A & 3B** The nominee must sign and date.
- ITEMS 8A & 8B** The nominator must sign and date. (If the individual is self nominating, no signature is required.)
- ITEM 9** Completing this item is voluntary.

ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1, 2012.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to obtain nominees for election to the County FSA Committee. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for County Personnel Records, USDA/FSA-6. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for nomination for election to the 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

Natrona/Converse CO FSA
5880 Enterprise Dr. Ste 100
Casper, WY 82609

COC Nominations for LAA 2

If you or someone you know qualifies to vote, resides north of the Burlington Northern Railway line in Natrona County, and would like to become a member of the Natrona/Converse County Farm Service Agency County Committee, please complete and sign the nomination form provided in this newsletter. Return the form to the County Office in Casper no later than August 1, 2012. The form includes a statement that the nominee agrees to serve if elected. This form is also available at USDA Service Centers and online at:

http://www.fsa.usda.gov/Internet/FSA_File/fsa0669a_commiteelectform.pdf.

Agricultural producers who participate or cooperate in an FSA program may be nominated. Individuals may nominate themselves or others as a candidate. Additionally, organizations representing minority and women farmers or ranchers may nominate candidates.

IMPORTANT DATES TO REMEMBER

July 4	Office closed for Independence Day Holiday
July 15	Deadline to provide production evidence for NAP
15 Days after loss is apparent	Must submit a Notice of Loss for NAP on CCC-576. If grazing hay land, please contact this office for information on leaving representative samples. It could make your payment bigger if you qualify.
July 15	Deadline to file Crop Report
August 1	Final date to file Nomination Form FSA-669

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Special Accommodations will be made for the physically handicapped, vision- or hearing-impaired person upon request. If accommodations are required, please call Sue Willey, CED at (307)261-5436.