May 2011

NEWSLETTER

Central Oregon FSA Office
625 SE Salmon Ave., Suite 3
Redmond, OR 97756
541-923-4358 x2 phone
541-923-4713 fax
www.fsa.usda.gov/OR

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

Central Oregon Staff
Cameron Kirsch
Dianne Read
Amy Bell

County Committee
Ken Miltenberger
Adam Barney
Mike Macy
Brigette Whipple

NOTICE TO HISPANIC AND/OR WOMEN FARMERS OR RANCHERS

COMPENSATION FOR CLAIMS OF DISCRIMINATION

If you believe that the United States Department of Agriculture (USDA) improperly denied farm loan benefits to you between 1981 and 2000 because you are Hispanic, or because you are female, you may be eligible to apply for compensation.

To register your name to receive a claims packet, call the Farmer and Rancher Call Center at 1-888-508-4429 or visit: www.farmerclaims.gov

The claims package will have detailed information about the eligibility and claims process.

USDA United States Department of Agriculture

USDA is an equal opportunity provider and employer.

DCP Signup by June 1

Enrollment for the 2011 Direct and Counter-cyclical Program (DCP) will continue through June 1, 2011. FSA staff urges producers to make use of the eDCP automated website to sign up, or producers can visit any USDA Service Center to complete their 2011 DCP contract. DCP Program payments are calculated using base acres and payment yields established for each farm. Eligible producers receive direct payments at rates established by statute regardless of market prices. For 2011, eligible producers may request partial direct payments as an advance on the total amount.

Adjusted Gross Income

USDA and the Internal Revenue Service have an electronic information exchange process for verifying compliance with the adjusted gross income (AGI) provisions for farm programs. Written consent will be required from each producer or payment recipient for the tax review process. No actual tax data will be included in the report that IRS sends to USDA. This to ensure that payments are not issued to producers whose AGI exceeds certain limits. The limits set in the 2008 Farm Bill are $500,000 nonfarm average AGI for commodity and disaster programs; $750,000 farm average AGI for direct payments; and $1 million nonfarm average AGI for conservation programs. Participants in CCC programs subject to AGI rules must submit form CCC 927 (Individual) and/or CCC 928 (Legal Entity) to the Internal Revenue Service by June 15 to avoid interruption of program benefits. These forms may be obtained from FSA and NRCS offices.

NAP Enrollment

To maintain eligibility for several FSA disaster assistance programs, producers must obtain crop insurance or NAP coverage before a disaster strikes. Noninsured Crop Disaster Assistance Program (NAP) applications for coverage must be filed using Form CCC-471 and applicable service fees must be paid by the closing date. Application closing dates vary by crop. Deschutes, Crook, & Jefferson County producers can contact the FSA Office for specific crop application sales closing dates at: 541-923-4358 ext 2. Producers must obtain NAP or crop insurance coverage on all crops in order to remain eligible for the agency's Disaster Assistance Programs such as SURE, TAP, and ELAP. Producers must purchase at least catastrophic (CAT) level of insurance for all insurable crops. LFP requires coverage only on grazed acres. NAP provides coverage to producers for non-insurable crops when low yields, loss of inventory or prevented planting occur due to natural disasters. Crops eligible for NAP coverage are those for which crop insurance is not available, including fruits and vegetables, aquaculture, pecans, turf grass and forage crops just to name a few. Go to the FSA web site www.fsa.usda.gov for information.

Report All Farm Changes

If you have bought, sold or have had rental changes, make sure these are reported to FSA as soon as possible after the changes occur. For farm ownership changes you will need to provide FSA with evidence of the change such as a recorded deed, land contract or real estate tax bill. Landowners and operators must also inform FSA of any cropland changes to the farm. Conversion of cropland to non cropland, a non agricultural use such as buildings, parking lots, lawns etc., must be reported to FSA to insure program eligibility.

This form is available electronically. Form Approved - OMB No. 0560-0229

FSA-669A
(03-31-11)

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, 2011.

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 (Braille, 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
(03-31-11)

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** 4. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE RECEIVED
2. ADDRESS OF NOMINEE	5. COUNTY 6. LAA / 7. STATE
3. NOMINEE'S CERTIFICATION: *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 DO want to witness the settling of tied votes with another nominee.* ☐ *I DO NOT want to witness the settling of tied votes with another nominee.*	**8. NOMINATOR'S CERTIFICATION:** *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.*
3A. SIGNATURE OF NOMINEE / 3B. DATE ☐ ***Check here if nominee is a write-in candidate.***	8A. SIGNATURE OF NOMINATOR / 8B. DATE ***(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
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander	☐ Male ☐ 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, 2011.

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.***

Central Oregon FSA Office
625 SE Salmon Ave., STE 3
Redmond, OR 97756

RETURN SERVICE REQUESTED

United States Department of Agriculture

PRESORTED STANDARD
U.S. POSTAGE PAID
TUALATIN, OR
PERMIT NO. 71

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Selected Interest Rates for May 2011	
90-Day Treasury Bill	0.1250%
Farm Operating Loan - Direct	2.625%
Farm Ownership Loan - Direct	5.000%
Farm Ownership Loan - Direct Down Payment, Beginning Farmer or Rancher	1.500%
Emergency Loan	3.75%
Farm Storage Facility Loan - 7 Yr Term - 10 Yr Term - 12 Yr Term	2.875% 3.500% 3.750%
Commodity Loans 1996 - Present	1.250%

Dates to Remember	
May 30	Office Closed Memorial Day
June 1	2011 DCP Enrollment Ends
June 30	Deadline to submit 2010 Actual Production (APH) for NAP
June 30	Deadline to Report 2011 Acres
July 4	Office Closed
August 31	2012 NAP Signup Ends