



Morganfield Service Center News

June 2009



Union County USDA Service Center

Farm Service Agency
Morganfield FSA Service Center
719 US Highway 60 E
Morganfield, KY 42437
Telephone: 270.389.2393
Fax: 270.389.2009
E-mail:
Kymorganfi-fsa@one.usda.gov
Website at: www.fsa.usda.gov/ky

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

County Committee
Steve Anderson
Gene Shouse
Richard White
*County Committee meets:
1st Thursday each month
at 8:00 am*

Farm Program Staff
Susan Girten, CED
Linda Timmons, PT
Crystal Miller, PT



New Office Location

The Morganfield Service Center has moved to 719 US Highway 60 E. Our front door is on the left side of Hancock Place (formerly the Home Center) towards the back.

The parking lot is in the process of being completed and signs will be installed on Hwy 60 as soon as the grounds dry. Both FSA and NRCS phone numbers remain unchanged and are 389-2393 and 389-1981.

County Committee Elections – We’re Counting On You – Nominate and Vote!

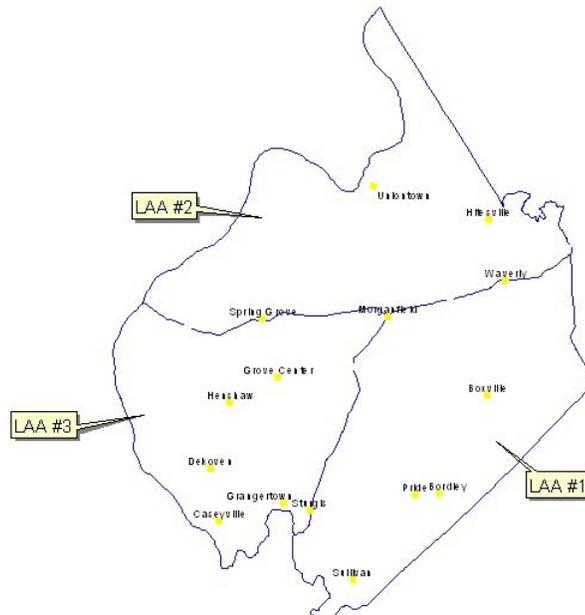
FSA has farmer-elected county committee members working to make FSA programs serve the needs of local producers. Committee members promote good working relationships with other agricultural agencies serving the county and work actively with farm, agri-business, and civic organizations in the community.

It is critical to FSA’s current and future well-being that county committees and employees ensure that all producers in the county have an opportunity to be a candidate for the COC. The COC election is important to all farmers, regardless of the size of their farming operation. New or beginning farmers, minority producers, and women are encouraged to become nominees for the COC election.

Union County will be holding an election for a producer to represent Local Administrative Area (LAA) #3 with a beginning term of January 1, 2010. This position is currently held by Gene Shouse. **LAA #3** consists of the southwestern part of the county beginning at the Crittenden County line at Hwy 365 to Hwy 60 and following Hwy 60 north to Morganfield to Hwy 56 and continuing on Hwy 56 west to the Shawneetown Bridge.

Nomination Forms: The reverse of this sheet is a nomination form (FSA-669A). Nomination forms must be postmarked or returned to the Morganfield Farm Service Agency not later than **August 3, 2009**.

LAA Boundaries:



USDA is an equal opportunity provider and employer.

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>		TO BE COMPLETED BY COUNTY FSA OFFICE
2. ADDRESS OF NOMINEE		
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> <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.
4A. SIGNATURE OF NOMINEE		7. STATE
4B. DATE <i>(MM-DD-YYYY)</i>		DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR

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.

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