



2021 County Committee Election

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Goals for today's discussion...

- ❖ **General Overview of County Committees (COC)**
- ❖ **Roles of COC Members**
- ❖ **County Committee Elections & Nominations**
- ❖ **Voting in the COC Elections**
- ❖ **How to Get FSA Updates**





General Overview of County Committees (COC)

USDA is an equal opportunity provider, employer, and lender.

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FSA is run by farmers!

- FSA is a unique Federal agency! Your voice is a big part of how FSA operates.
- FSA relies on an elected advisory board of farmers in each county to supervise the local office, conduct outreach to farmers, and make critical decisions about our programs.
- Authorized by Congress in 1930s.
- More than 7,700 committee members serve on more than 2,200 committees nationwide.

Responsibilities of COC

- Critical component of the day-to-day operations of FSA.
- Select individuals to serve as the County Executive Director (CED).
- Administers farm program activities conducted by the County FSA Office.
- Informs State FSA Committee of local administrative area (LAA) conditions. Makes recommendations to State Committee on existing programs.



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Duties of the COC Members

Monitoring changes in farm programs.

Participate in county meetings.

Inform farmers, ranchers, and foresters of the purpose and provisions of FSA programs.

Ensure underserved farmers and ranchers are fairly represented. Have a voice at the table.



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COC Members make Decisions on:

- Price support loans & payments
- Acreage verification
- Conservation programs
- Incentive, indemnity & disaster payments
- Payment eligibility



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How do I participate in the COC Elections?

- Nominate!
- Vote!
- Inform others!

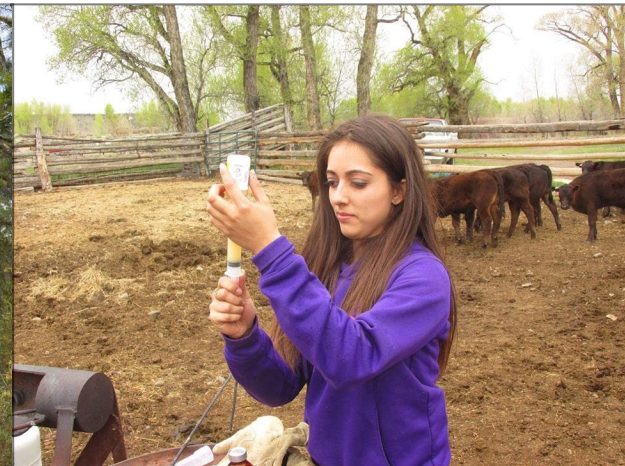


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Get Involved

USDA encourages all eligible farmers, ranchers, and landowners to participate in the county committee election process.



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Roles of COC Members

Who Serves on County Committees?

To hold office as a COC member or alternate, a person must fulfill each requirement:

- Be a producer with an interest in farming or ranching operations
- Participate or cooperate in any FSA program provided for by law
- Be a U.S. Citizen
- Be of legal voting age
- Meet the basic eligibility requirements
- Reside in the county or multi-county jurisdiction in which they will be serving.

Roles of COC Members

Elected Members	Advisor
Elected by Community	Appointed by State Committee to represent underserved producers when elected members of an LAA do not have SDA representation.
Voting Member	Non-Voting Member
3-11 Members per COC	1 Member per COC
3-year term	1-year term
Fills out form FSA 669-A	Submits a letter of request for consideration to be appointed.

*One Alternate COC Member may replace a member for a single meeting, and only becomes a member if the alternate permanently replaces the member.

Committee Basics

- 3 to 11 Members
- 3-year Terms
- Advisors appointed annually to represent women and minority interests
- Members and advisors are compensated for their time and travel
- Regular and Executive Session



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Role of the Advisor*

Provide diverse viewpoints and represent the interests of targeted underserved communities in the decisions made by the County Committee.

Officially designated by the FSA state committee based on county committee or community-based organizations recommendations.

Selected to county committees in counties or multi-county jurisdictions that have significant numbers of underserved producers but lack such members on FSA county committee.

**Non-voting position*

Secretarial Appointed COC Members

- **Secretarial authority exercised to appoint minority voting members to County committees when:**
 - County committees lack diversity
 - Appointment is needed to ensure fair representation.

Advisor as a Representative of a Tribe

Can a Tribe nominate a representative to serve as a COC Advisor to represent the Tribe?

- Yes, the Tribal representative is able to serve as a COC Advisor because the representative is acting on behalf of the “entity”.



Can other organizations do this as well?
Only Tribal Governments can do this.

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County Committee Elections and Nominations

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How to Nominate a Candidate

To hold office as a COC member or alternate, a person must fulfill each requirement:

- be a producer who owns or operates a farm or ranch;
- participate or cooperate in any FSA program provided for by law;
- be a U.S. Citizen;
- be of legal voting age;
- meet the basic eligibility requirements; and
- reside in the county or multi-county jurisdiction in which they will be serving.

How to Nominate a Candidate Continued

- Individuals may nominate themselves or others as a candidate.
- Additionally, organizations representing underserved (minority and women) farmers or ranchers may nominate candidates.
- Nomination forms are filed for the county committee at the office that administers a producer's farm records.

How to Nominate a Candidate, Continued

- To become a nominee, eligible individuals must sign nomination form FSA-669A.
- The form includes a statement that the nominee agrees to serve if elected.
- This form is available at your FSA county office and online at www.fsa.usda.gov/elections.

Fair Representation within COC

- Fair representation of underserved (racial and ethnic minority) producers.
- NASS Census of Agriculture data used to identify counties with a 10% or more population of racial and ethnic minority principal farm and ranch operators.
- Identified counties are required to have an ethnic minority nominee, based on race and/or ethnicity.



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Nominating

- Runs June 15 – August 2
- Nominate yourself or others
- Forms available online at www.fsa.usda.gov/elections or from any FSA office
- Nominee must sign the form

FSA-669A (03-15-18) Page 2 Form Approved - OMB No. 0560-0229
OMB Expiration Date: 01/31/2021

FSA-669A (03-15-18) **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	
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 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.		5. COUNTY 6. LAA <input type="checkbox"/> 7. STATE <input type="checkbox"/>	
3A. SIGNATURE OF NOMINEE		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 above-named person to be a candidate in the next County FSA Committee election for the county.</i>	
3B. DATE		8A. SIGNATURE OF NOMINATOR	
3C. SIGNATURE OF NOMINEE		8B. DATE	
<input type="checkbox"/> Check here if nominee is a write-in candidate.		<input type="checkbox"/> (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"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Female
	<input type="checkbox"/> White		
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, 2018.			
<small>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 7 CFR Part 7 and the Agricultural Act of 2014 (Pub. L. 113-76). 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 non-governmental 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-PCA-4. Providing the nominee name, address, signature/date and nominator signature/date (when applicable) information will result in a determination of eligibility 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.</small>			

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Voting in the COC Election

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Who can Vote?

Be of legal voting age and have an interest in a farm or ranch as either:

An individual who meets one or more of the following:

- Is eligible to vote in one's own right
- Is a partner of a general partnership
- Is a member of a joint venture

Who can Vote? (cont.)

Be of legal voting age* and have an interest in a farm or ranch as either:

A non-individual who is the authorized representative of a legal entity, such as:

- A corporation, estate, trust, limited partnership or other business enterprise, excluding general partnership and joint ventures
- A state, political subdivision of a state or any state agency. (only the designated representative may cast a vote for the entity)

Eligibility to Vote for Tribal Agricultural Landowners

Every member of an Indian tribe is considered a landowner if the land in question is tribally owned or held in trust for the tribe by the United States even if the individual does not personally produce a crop on that land.



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Eligibility to Vote for Tribal Agricultural Landowners (cont.)

- All members of Indian tribes holding agricultural land are eligible to vote if they meet the age requirement. To be on record as an eligible voter, members of Indian tribes must be entered in Business Partner/SCIMS as an individual and:
 - Flagged eligible to vote
 - Entered in the correct COC/LAA on the COC Election website

How to Cooperate with USDA FSA?

Complete an AD-2047

- The AD-2047 is the USDA Customer Data Worksheet
- Collects Customer Information including:
 - Name, Address, Email, Phone,
 - Tax ID and demographic information

Date Stamp			
This form is available electronically. Forms Approved – OMB No. 0560-0265 OMB Expiration Date: 12/31/2023			
AD-2047 (01-13-21)			
U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency Rural Development Natural Resources Conservation Service Risk Management Agency Agricultural Marketing Service			
CUSTOMER DATA WORKSHEET			
<p>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 Computer Security Act of 1987 (Pub. L. 100-335; OMB Circular A-123; Federal Managers' Financial Integrity Act of 1982; and Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request by the producer for updating the business partner record. 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 Notices for AMS-3, Personnel Agricultural Commodities Act (PACA), USDA/FSA-2, Farm Records File (Automated), USDA/NRCS-1, Landowner, Operator, Producer, Cooperator, or Participant Files, and USDA/RD-1, Applicant, Borrower, Grantee, or Tenant File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within the business partner record.</p> <p>Public Burden Statement (Paperwork Reduction Act Statement): 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 0560-0265. The time required to complete this information collection is estimated to average 3 minutes (1.50 hours) 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.</p> <p>The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</p>			
PART A CUSTOMER INFORMATION			
1A. Customer's Full Name or Business Name and Address (including Zip Code)		1B. Customer Business Type (Example: Individual, Corporation, LLC, Estate, Trust, etc.)	
1C. Home Telephone Number (Area Code)	1D. Business Telephone Number (Area Code)	1E. Mobile Telephone Number (Area Code)	
2. Taxpayer Identification Number (9 Digits) and Type (SSN, EIN, etc)		3. Birthdate (Only required if the customer is a minor)	
4A. Residency Status: (For Individuals Only) <input type="checkbox"/> U.S. Resident <input type="checkbox"/> Resident Alien (I-551 Required) <input type="checkbox"/> Not a US Citizen or Resident Alien Citizenship country if not US:		4B. Originating Country (For Foreign Entities Only)	
5A. Email Address		5B. Does the customer want to receive sensitive (but non-PII) Producer or Farm specific related emails? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Demographic Information Departmental Regulation 4370-001 provides USDA's policies for collecting demographic data, including race, ethnicity and gender. Providing demographic information is voluntary and at the discretion of the customer. Demographic information is used by USDA for statistical purposes only and will not be used to determine an applicant's eligibility for programs or services for which they apply. You may disregard providing information in items 6A, 6B and 6C if the information has previously been provided to USDA. Customers identified in Item 1A that are a legal entity should base responses to the race, ethnicity and gender of the owners holding majority ownership interest in the legal entity.			
<input type="checkbox"/> I do not want to provide demographic information at this time.			
6A. Race: (Note: More than 1 may be selected)	6B. Ethnicity:	6C. Gender (Individual):	6D. Gender (Legal Entity)
<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Not applicable/unknown <input type="checkbox"/> Organization/Female Owned <input type="checkbox"/> Organization/Male Owned <input type="checkbox"/> Organization/Other (no clear male/female ownership)
7. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below.)			
<input type="checkbox"/> AMS <input type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RMA <input type="checkbox"/> RD <input type="checkbox"/> Not Participating			

How can I vote?

Eligible voters are mailed a ballot in November.

- Postmarked by last day of voting.

Contact your County office.

- Eligible members that lost their ballot, can contact their local County office to vote in the office.

The Counting of the Ballots is Public.

- Location, date, and time are listed on the top part of the ballot.

2021 County Committee ELECTIONS

Jun. 15
2021

Beginning of
nomination period.
Forms available at
[fsa.usda.gov/
elections](https://fsa.usda.gov/elections).

Aug. 2
2021

Last day to file
nomination
forms at the
local FSA
county office.

Nov. 1
2021

Ballots mailed
to eligible
voters.

Dec. 6
2021

Last day to
return voted
ballots to
the local FSA
county office.

Jan. 1
2022

Newly elected
county committee
members take
office.

FSA Counts on YOU!
Nominate and VOTE!



County Committee Elections Timeline

June 15 through August 2 – Nomination
period

Nov. 1, 2021 - Ballots mailed to eligible
voters.

Dec. 6, 2021 - Last day to return voted
ballots to the USDA Service Center.

Jan. 1, 2022 - Newly elected county
committee members take office.

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Voting

**Period runs November 1
– December 6, 2021**

**Voters cast 1 vote per
county office jurisdiction**




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Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Subscription Type

Email Address *

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Where Can I Get More Information on COC Elections?

Call your local FSA office:

www.fsa.usda.gov/elections



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