



NASCOE & NAFEC

Working together for all FSA.

Mission Statement of the NAFEC Committee: To support and cooperate with NAFEC promoting a more effective and active farmer elected committee system for the betterment of agriculture.



Mission of NAFEC: "The primary purpose of the National Association of Farmer Elected Committees (NAFEC) is, and will always be, to promote and improve the farmer elected committee system for the local administration of farm programs. The coordinated effort will give us strength, and much more influence in Congress for the kind of farm programs America's farmers, ranchers and rural communities need in order to thrive."

Why should you become an associate member of NAFEC?

- A stronger NAFEC will provide NASCOE with a much stronger support base.
- NAFEC speaks on behalf of the County Committee system like no one else.
- NAFEC has the respect of Congress and the USDA.
- NAFEC associate dues are only \$1 per pay period or \$20 per year.

How can you become an associate member of NAFEC?

- Complete the Membership Form on the NASCOE website: go to www.nascoe.org
 - 1) click on NAFEC Committee on the left column,
 - 2) click on NAFEC Membership Application. Print and complete.
 - 3) Submit dues including a check for \$20 or print out the FSA-444 just below the Membership Application, complete and submit to your State offices for dues withholdings. Please enter \$1 per pay period on the FSA -444.

WHAT CAN YOU DO TO HELP

- Become an associate member of NAFEC
- Provide your local COC information regarding NAFEC and Membership enrollment options
- Provide your local staff information regarding NAFEC and how to become an associate member.
- Get involved in your state NASCOE association affiliate.
- Encourage your state association to support NAFEC with membership and with financial support such as assisting NAFEC directors attend state, area and national meetings.
- Invite NAFEC members to your state meetings and encourage their participation.

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CURRENT ISSUES FACING EMPLOYEES TODAY

- Maintaining Regular COC Meetings
- Emphasizing COC Training
- Reduced COC program responsibility
- Reduced COC role in the administrative functions of the COF
- Reduced COC role in COF performance evaluations
- Reduced COF staffing in FSA offices
- Improving COC Ability to Take Concerns to SED's and STC's
- Increase in Shared Management Offices
- Reduced understanding of the need for local grass roots input in FSA programs.

NASCOE Officers & Executive Committee

President—Mark VanHoose, OH
Vice President—Wes Daniels, SC
Secretary—Deb Esselman, WI
Treasurer—Shelly Odenkirk, OH

Area Executives
MWA—Curt Houk, IA
NEA—Bo Epting, MD
NWA—Phil Morton, OR
SEA—John Norris, MS
SWA—Brandon Wilson, KS

NAFEC Committee
Chairperson—Billy Denison, MT
MWA—Randy Tillman, IL
NEA—Greg Hudson, DE
NWA—Greg Chewakin, NE
SEA—Pam Rhoades, MS
SWA—Darvin Collins, TX

Please consider
Associate Member-
ship in the following
Sister Organizations

RASCOE

Retiree Association
of FSA County Office
Employees Associate
dues only \$10, con-
tact Lynda Steichen
23579 US Hwy. 281
Woonsocket, SD
57385-6300
lynjeanstei@hotmail.com

NARFE

National Association
of Retired Federal
Employees This
organization is a
partner with NASCOE
working for many of
the same benefits.

Contribute to PAC



History & Benefits of the County Committee system of Government

Formed in the early 1930's by the Roosevelt Administration. The intent was to deliver farm programs utilizing farmers and ranchers for the delivery. The first committee's were called County Control Associations and were elected by a County Convention of delegates. Later the Control Associations were called County Committee's and the election by convention evolved into an election by popular vote.

In the early days the Committee's ran the offices. Temporary employees worked in the field and during signup. Later managers and directors were hired to run the local office, always maintaining the control at the county committee level for which these employees worked.

These committee's were patterned after the private sector. Similar to bank boards, cooperative boards, school board's etc. local input into Federal programs made the agency one of the most successful ever invented.

Just as Abraham Lincoln envisioned when USDA began, the FSA County Committee system is truly a great example of USDA the "People's Department". The FSA County Committee's provide all of the following in meeting this objective.

Democracy In Action – The only grassroots form of the Federal Government located at the local level

For the People – To ensure fair, effective and efficient implementation of Federal Farm Program's

By the People – Locally elected Committee members by the people they represent

NAFEC Officers & Directors

President - Craig Turner
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Fax 806-347-2974
turner_and_turner@yahoo.com

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Tel 406-538-8638
monty9@midrivers.com

2nd Vice President - Dennis Kuhlengel
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Okawville, IL 62271
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Cell 618-968-0667
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bacleyfarmslc@bellsouth.net

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Tuttle, Oklahoma
Tel (405) 831-3441
degustifarms@aol.com

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Lynden, Washington
Tel 360-354-4805
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1912 Sunderland PL NW
Washington, DC 20036
Tel 202-293-4761
Fax 202-331-1360
dls@kscstrategies.com

Who Is NAFEC?

Like the Washington Monument, Empire State Building and Statue of Liberty, the most important component of the Farm Service Agency is the foundation upon which it stands. The Farm Service Agency (FSA) is the only federal agency possessing a 'grass roots' foundation of democratically elected farmers. Representing America's farmers and ranchers, the local County Committee oversees the administration of farm programs.

County Committees (COC) have a unique foundation of support through the *National Association of Farm Elected Committees* (NAFEC). NAFEC supports County Committees' existence, influence and oversight within FSA. They promote the local delivery of Congressional farm programs coupled with a good dose of agricultural common sense. NAFEC's mission statement is:

"The primary purpose of the National Association of Farm Elected Committees (NAFEC) is, and will always be, to promote and improve the farmer elected committee system for the local administration of farm programs. The coordinated effort will give us strength, and much more influence in Congress for the kind of farm programs America's farmers, ranchers and rural communities need in order to thrive."

Unrestricted by the rules and regulations that employees are subject to, a strong NAFEC presence can influence national change and overcome national barriers thus ensuring farmers' and ranchers' interests and needs thrive at the local county level. In fact, NAFEC can do two things FSA County Committees cannot. First, NAFEC can request meetings with National FSA leadership to discuss administrative concerns; and, second, NAFEC can discuss program needs directly with Congressional leaders.

With a new farm bill on the horizon and the push to do more with less, farmers, ranchers, and FSA employees have an unrestricted voice through NAFEC. This strong unified voice can ensure their financial needs and concerns are *delivered to* and *considered by* the appropriate political representatives and national office leaders.

Because of NAFEC's unrestricted voice and tenacity to promote a local farm program delivery system, the National Association of FSA County Office Employees (NASCOE) believes in and supports NAFEC. Starting in 2013, NASCOE is supporting NAFEC with communications infrastructure and increasing memberships. Simply put, for NAFEC to better serve farmers, ranchers and FSA employees, NAFEC needs your financial support!

Only FSA County Committee members (past, present, advisors) are eligible for full-voting Regular Memberships within NAFEC; however, any FSA employee, agricultural partner, family member or friend, can support NAFEC's mission and become an Associate Member. Regular Memberships are \$35/year (or \$3 per pay period utilizing form FSA-444), while Associate Memberships are \$20/year (or \$1 per pay period utilizing form FSA-444). For Membership Applications, go to:

<http://www.fsacountycommittees.org>

NAFEC's future is FSA's foundation!



NAFEC MEMBERSHIP APPLICATION

Please Complete and Fax to: (816) 841-3790

ENROLL ME NOW IN NAFEC!

TYPE OF MEMBERSHIP (check one)		METHOD OF CURRENT DUES PAYMENT (check one)	
<input type="checkbox"/> County Committee Member (\$35/year *)		<input type="checkbox"/> Check (Yearly Dues) – Payable to “NAFEC” - Please mail this form and payment to the address shown at bottom	
<input type="checkbox"/> County Committee Member (Payroll Deduction / \$3 per meeting)		<input type="checkbox"/> FSA-444 Dues Withholding - Complete an FSA-444 Form and forward the original to your state office. Also, fax the FSA-444 and this application to NAFEC: 816-841-3790	
<input type="checkbox"/> Associate Member (\$20/year)			
<input type="checkbox"/> Associate Member (Payroll Deduction / \$1 pay period)			
<i>*Annual Membership is Reduced to \$30 per member if the entire COC joins - please send payment and membership information in one packet to the address below.</i>			
\$1,000 Accident Death & Dismemberment Coverage - BENEFICIARY DESIGNATION (PROVIDED AT NO COST TO NAFEC MEMBERS)			
Your Beneficiary's Name	Relationship to You	Date of Birth	Social Security Number
Primary			
Contingent			

New Member Information:

Member Name: _____

Spouse: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Employer Name: _____

FSA County Office: _____

By providing a personal e-mail address on the line above, you are helping keep NAFEC's expenses down. If you do not have one, all NAFEC correspondence will be by mail.

NAFEC BENEFITS AVAILABLE TO ALL MEMBERS

Please provide me with additional information on the following:

_____ NAFEC Group Dental Insurance
_____ NAFEC Group Vision Insurance
_____ Health Insurance / Medicare
_____ Cancer / ICU Insurance
_____ Accident Insurance

_____ Life Insurance / Estate Planning
_____ Long Term Care
_____ Retirement Savings
_____ Income Tax Savings
_____ Disability Income

For Information Call: (800) 330-6223

Member's Signature _____

Date _____

NAFEC Mailing Address:
P.O. Box 10190
Kansas City, MO 64171

Find us on the web at:

www.fsacountycommittees.org

EMAIL US AT: info@nafecbenefits.com

Toll Free: 800-330-6223
Office: 816-841-3597
Fax: 816-841-3790

FSA-444

(06-21-12)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

**REQUEST FOR OR TERMINATION OF VOLUNTARY ALLOTMENT OF PAY
FOR USDA FSA RECOGNIZED ASSOCIATIONS**

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 5 USC § 5525 - Allotment and Assignment of Pay. The information will be used to process an employee request to begin or terminate a voluntary allotment of pay. 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 GOVT-1, General Personnel Records, USDA/FSA-6, County Personnel Records, and USDA/FSA-7, Employee Resources Master File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in an inability to process an employee request to begin or terminate a voluntary allotment of pay.

The collection of information is completed by current Federal employees and is therefore excluded from the Paperwork Reduction Act Requirement as specified in the 5 CFR 1320.3, and OMB approval is not required for this collection of information.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

1. Name of Employee (Last, First, Middle)	2. Last 4 Digits of SSN
3. Home Address of Employee (Including Zip Code)	4. Name of USDA Agency (Including Division/Branch)
	5. State/County of Employment

6. Association (Check One):

☐ NASCOE ☐ NAFEC ☐ NASE ☐ NACS ☐ Other: _____

7. **Type of Allotment** (Check one) **NOTE:** A separate FSA-444 **must** be filled out for each type of allotment:☐**ASSOCIATION DUES**

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified as the regular dues of the Association or state affiliate beginning PP ____ of CY ____.
- to make **any changes** in the amount which is certified by the Association or the state affiliate as an uniform change in its dues structure.
- to remit the dues withheld to the Association in accordance with its arrangements with FSA.

☐**SUPPLEMENTAL INSURANCE COVERAGE**

State: _____ Association: _____

I hereby authorize the Farm Service Agency (FSA) all of the following:

- to deduct from my pay on a biweekly basis the amount certified by me as the premium for insurance elected by me through the NASCOE authorized carrier beginning PP ____ of CY ____.
- premiums withheld will be remitted to the NASCOE carrier in accordance with the agreement between NASCOE and FSA. I understand that if my pay is insufficient to withhold the premium due, I am responsible for paying such premiums directly to the NASCOE carrier if I want to continue my insurance coverage.

*I understand this authorization must be filed with the State FSA Office at least **3 days** before the end of the pay period in which the first deduction will be made. I further understand this authorization will be terminated at any time I give written notice or in case of my separation for any reason. In either case, such termination will be effective only to prohibit further withholdings.*

8. Signature of Employee Requesting Allotment	9. Date (MM-DD-YYYY)
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10. **Termination of Allotment** (Check One):

State: _____ Association: _____

I request payroll deduction for the following allotment be terminated on the first day of Pay Period ____ of CY ____.

☐ NASCOE Dues ☐ Supplemental Insurance Coverage ☐ NAFEC Dues
☐ NASE Dues ☐ NACS Dues ☐ Other: _____

11. Signature of Employee Terminating Allotment	12. Date (MM-DD-YYYY)
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13. **State Office Action** (Check **NFC** tables to determine current PP dues, or supplemental amount):

A. Date Received (MM-DD-YYYY)	B. Effective Date (MM-DD-YYYY)	C. Date Updated (MM-DD-YYYY)
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D. Name of Employee Updating Request	E. Signature of Employee Updating Request
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