This form is available electronically.

Form Approved - OMB No. 0563-0070

RMA-300	U.S. DEPARTMENT OF AGRICULTURE	Requesting Office
(Proposal 3)	Risk Management Agency	

EDUCATION ACTIVITY LOG

FY-200_ (October 1, 200_ - through September 30, 200_

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 under section 522(d)(3)(F) of the Federal Crop Insurance Act (Act) (7 U.S.C. 1522(d)(3)(F). The information will be used to monitor cooperative and partnership agreement holders in their performance of tasks specified under the terms of the agreements. The information will also be used by RMA to report educational activity under the Government Performance Results Act. Furnishing the requested information is mandatory. Failure to furnish the requested information will result in the suspension of the project. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

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 0563-0070. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and, and completing and reviewing the collection of information.

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2. ACTIVITY BEGINNING DATE (MM-DD-YYYY)	3. CITY (Where Activity is being held)	4. STATE (Abbreviate)	5. DURATION (Hours or days)	6. ACTIVITY TYPE ¹¹	7. SUMMARY DESCRIPTION (Provide a brief description of the content of the activity)	8. NUMBER OF PRODUCERS	9. TOTAL ATTENDANCE
10A. NAME OF PERSON COLLECTING DATA		10	10B. TITLE OF PERSON COLLECTING DATA		10C. DATE		

^{1/ -} W = Dedicated Risk Management or Crop Insurance Workshops, M = Risk Management or Marketing Clubs, G = Risk Management or Crop Insurance Sessions at Grower Organization Meetings, C = One-on-one Risk Management or Crop Insurance counseling, O = Other, explain in Description

INSTRUCTIONS: Complete one line for each activity. Column information should be entered as follows:

NOTE: Don't change the number of columns or their appearance.

COLUMN NUMBER	COLUMN NAME	INFORMATION TO BE ENTERED				
1	Requesting Office	Enter the name of the office requesting this information.				
2	Date	If activity was more than one day, enter the BEGINNING DATE ONLY .				
3	City	City in which activity was held or originated.				
4	State	State in which activity was held or originated (Use Postal designations, e.g. CA for California).				
5	Duration	Length of activity in hours (e.g. 4 hrs.) or days for extended conferences (e.g. 1 ½ days).				
6	Type	The type of Face-to-Face educational meeting with producers being reported according to the following codes:				
		W = Dedicated Risk Management or Crop Insurance Workshops				
		M = Risk Management or Marketing Clubs				
		G = Risk Management or Crop Insurance Sessions at Grower Organization Meetings				
		C = One-on-one Risk Management or Crop Insurance counseling				
		O = Other, explain in Description				
7	Summary Description	Provide a brief description of the content of the activity.				
8	Number of Producers	Number of producers; for booth exhibits use only actual one-on-one contacts not to exceed a maximum of 100.				
9	Total Attendance	Total number of individuals attending.				
10A - C	Name, Title and Date	10A. Enter the name of person collecting data.				
		10B. Enter the title of person collecting data.				
		10C. Enter the date, data was collected.				