

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
FRUIT AND VEGETABLE PROGRAMS

**INSTRUCTIONS FOR COMPLETING THE ATTACHED
NATIONAL LEAFY GREEN VEGETABLE BOARD NOMINATION FORM
BY PRODUCER/HANDLER**

The National Leafy Green Vegetable Board (Board) administers the National Marketing Agreement Regulating Leafy Green Vegetables. Nominees must be willing to serve on the Board for a two-year term of office. Each of the members will have an alternate. Please complete the attached form if you wish to nominate yourself and/or another eligible person for the following seats on the Board:

- (a) 4 signatory handlers and 3 producers from Zone 1;
- (b) 1 signatory handler and 1 producer from Zone 2;
- (c) 1 signatory handler and 1 producer from Zone 3;
- (d) 1 signatory handler and 1 producer from Zone 4;
- (e) 1 signatory handler and 1 producer from Zone 5;
- (f) 1 signatory handler and 1 producer from Zone 6;
- (g) 2 signatory handlers and 1 producer from Zone 7;
and
- (h) 1 signatory handler and 1 producer from Zone 8;

To the extent practicable, Board membership, including alternate members, shall include representation of the following stakeholder groups (Receipts means "total income" (or in the case of sole proprietorship, "gross income") plus "cost of goods sold," as these terms are defined and reported to the Internal Revenue Service (IRS). The annual receipts should be averaged for the last three completed fiscal years.):

- (i) Producers that have \$750,000 per year or less in annual total receipts of leafy green vegetables;
- (ii) Producers on diversified farms, where diversified farms are farms producing a variety of crops or animals, or both, on one farm, as distinguished from specializing in a single commodity. For the purposes of this subpart, variety of crops means any crop in addition to those included in the definition of leafy green vegetable;
- (iii) Certified organic businesses where producers have \$750,000 per year or less in annual total receipts of leafy green vegetables or signatory handlers have \$7,000,000 per year or less in annual total receipts of leafy green vegetables; and
- (iv) Certified organic businesses where producers have \$750,001 per year or more in annual total receipts of leafy green vegetables or signatory handlers have \$7,000,001 per year or more in annual total receipts of leafy green vegetables.

The retailer, foodservice operator, and public members and their alternate members may not be engaged in the production or handling of leafy green vegetables. The retailer and foodservice Operator members and alternates shall be, at the time of their selection and throughout their term of office, an owner, officer or employee for the seat selected.

The completed Nomination Form must be postmarked, faxed, or hand-delivered to _____, no later than ____ p.m. on _____, 20__ to be valid. Multiple Nomination Forms may be submitted.

As Nomination Forms are received, nominees will be notified of their nomination, and asked to complete a National Leafy Green Vegetable Board Background Information form. All qualified nominees will be reported to the Secretary of Agriculture. A full copy of the Marketing Agreement may be found online at _____ or by calling _____.

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**NATIONAL LEAFY GREEN VEGETABLE BOARD NOMINATION FORM
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Nomination	<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Importer <input type="checkbox"/> Retailer <input type="checkbox"/> Foodservice Operator <input type="checkbox"/> Public		
Full Name		Phone Number	
Company Name		Fax Number	
Email Address			
Mailing Address			
Nomination	<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Importer <input type="checkbox"/> Retailer <input type="checkbox"/> Foodservice Operator <input type="checkbox"/> Public		
Full Name		Phone Number	
Company Name		Fax Number	
Email Address			
Mailing Address			
Nomination	<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Importer <input type="checkbox"/> Retailer <input type="checkbox"/> Foodservice Operator <input type="checkbox"/> Public		
Full Name		Phone Number	
Company Name		Fax Number	
Email Address			
Mailing Address			
Nomination	<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Importer <input type="checkbox"/> Retailer <input type="checkbox"/> Foodservice Operator <input type="checkbox"/> Public		
Full Name		Phone Number	
Company Name		Fax Number	
Email Address			
Mailing Address			

CERTIFICATION TO BE COMPLETED BY NOMINATOR: I certify that I am eligible or authorized to complete this Nomination Form and all information provided is accurate to the best of my knowledge.			
Signature		Date	
Full Name		Title	
Company Name			
Phone Number		Fax Number	
Email Address			
Mailing Address			
Please check one:	<input type="checkbox"/> Signatory Handler <input type="checkbox"/> Producer		

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 0581-NEW. 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.

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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.