

<insert logo>	<h1>EVENT SIGN-IN SHEET</h1>	
EVENT NAME:		
OTIS ACTIVITY NUMBER		
USDA Farm Service Agency (FSA) is collecting participations from disadvantaged and historically underserved farmers and ranchers. Please complete this application and choose not to participate if you are not interested.		
Full Name	County and State you live in	Are you currently enrolled in FSA Programs? (Mark all that apply)
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

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nt information to improve our understanding
 chers, and to recommend and implement pr
 : to provide this information will not affect the

<p>What do you grow and/or raise? (Mark all that apply)</p>	<p>Gender Identity</p>
<p> <input type="checkbox"/> Conventional <input type="checkbox"/> Organic <input type="checkbox"/> Dairy <input type="checkbox"/> Forestry <input type="checkbox"/> Fruit and/or vegetable <input type="checkbox"/> Livestock other than poultry <input type="checkbox"/> Poultry <input type="checkbox"/> Urban Ag <input type="checkbox"/> Hydroponics <input type="checkbox"/> Aquaponics <input type="checkbox"/> <input type="checkbox"/> Aquaculture <input type="checkbox"/> Floriculture <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share </p>

<input type="checkbox"/> Conventional <input type="checkbox"/> Organic <input type="checkbox"/> Dairy <input type="checkbox"/> Forestry <input type="checkbox"/> Fruit and/or vegetable <input type="checkbox"/> Livestock other than poultry <input type="checkbox"/> Poultry <input type="checkbox"/> Urban Ag <input type="checkbox"/> Hydroponics <input type="checkbox"/> Aquaponics <input type="checkbox"/> _____Aquaculture <input type="checkbox"/> _____Floriculture <input type="checkbox"/> Other _____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> I prefer not to share
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USDA FARM SERVICE AGEN

	EVENT DATE:
	CITY AND STATE OF EVENT:

of farmers and ranchers in an effort to monitor our c
 ogrammatic and equity improvements. This informa
 e application process for any individual applying to an

Ethnicity	Race (Mark all that apply)
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share

<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share

<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share

<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I prefer not to share	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I prefer not to share
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CY	Revision 1
	Date 9.1.22

outreach program, specifically to socially
 ition is not used to evaluate any FSA program
 FSA program.

Beginning Farmer Rancher and/or Veteran Status (Mark all that apply)	Email or Phone
<input type="checkbox"/> I have farmed independently for 10 years or less <input type="checkbox"/> I am a Veteran <input type="checkbox"/> I prefer not to share	Email and Phone: _____ _____ _____ _____ <input type="checkbox"/> Email or call me <input type="checkbox"/> Sign me up for newsletters <input type="checkbox"/> Do not contact me

I have farmed independently for 10 years or less
 I am a Veteran
 I prefer not to share

Email and Phone:

Email or call me
 Sign me up for newsletters
 Do not contact me

I have farmed independently for 10 years or less
 I am a Veteran
 I prefer not to share

Email and Phone:

Email or call me
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