

<insert logo>	<h1>EVENT SIGN-IN SHEET</h1>	
<b>EVENT NAME:</b>		
<b>OTIS ACTIVITY NUMBER</b>		
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.		
<b>Full Name</b>	<b>County and State you live in</b>	<b>Are you currently enrolled in FSA Programs?</b> (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><b>What do you grow and/or raise?</b> (Mark all that apply)</p>	<p><b>Gender Identity</b></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"/> _____ 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>



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# USDA FARM SERVICE AGEN

	<b>EVENT DATE:</b>
	<b>CITY AND STATE OF EVENT:</b>

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

<b>Ethnicity</b>	<b>Race</b> (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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<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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<b>CY</b>	Revision 1
	Date 9.1.22

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

<b>Beginning Farmer            Rancher            and/or            Veteran Status</b> (Mark all that apply)	<b>Email or Phone</b>
<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

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