

<insert logo>	<h1>EVENT SIGN-IN SHEET</h1>	
EVENT NAME:		
OTIS ACTIVITY NUMBER		
<p>USDA Farm Service Agency (FSA) is collecting participations from disadvantaged and historically underserved farmers and ranchers. Please complete this application and choose the programs you are currently enrolled in.</p>		
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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Yes
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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"/> <input type="checkbox"/> Aquaculture <input type="checkbox"/> <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
<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

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