

<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 the programs you are currently enrolled in.		
<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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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

<b>What do you grow and/or raise?</b> (Mark all that apply)	<b>Gender Identity</b>
<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 _____	<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

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