

**UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL MARKETING SERVICE  
SPECIALTY CROPS PROGRAM**

**Background/Acceptance Statement for Public Members and Alternates  
CONFIDENTIAL BACKGROUND STATEMENT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <p><b>The following information will be used by the Secretary of Agriculture in selecting a representative to serve on the _____.</b> The _____ administers Federal Marketing Order No. ____, which regulates the handling of _____ grown in _____. Please provide information applicable to the position to which nominated. This information is required to determine the nominee's eligibility and willingness to serve and will be treated confidentially</p> |                                        |
| <p>POSITION:<br/> <input type="checkbox"/> MEMBER<br/> <input type="checkbox"/> ALTERNATE MEMBER</p>                                                                                                                                                                                                                                                                                                                                                              | <p>TERM OF OFFICE: _____</p>           |
| <p>NAME: (as you would like it to appear on official correspondence)</p>                                                                                                                                                                                                                                                                                                                                                                                          | <p>EMAIL ADDRESS:</p>                  |
| <p>ADDRESS: (Street, City, County, State and Zip Code)</p>                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |
| <p>TELEPHONE NUMBER: (Include area code)</p>                                                                                                                                                                                                                                                                                                                                                                                                                      | <p>FAX NUMBER: (Include area code)</p> |
| <p>Are you or any member of your immediate family directly associated with the _____ industry, financially or otherwise? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>                                                                                                                                                                                                                                                                             |                                        |
| <p>If so, please explain.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| <p>Occupation: (including Employer's Name &amp; Address):</p>                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| <p>Briefly state your qualifications.</p>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |

NOTE: I am aware that the public member and alternate positions are non-salaried. I am aware that these positions may require travel. (Authorized travel expenses are reimbursable.)

Members, in their official capacities, are prohibited from taking any action specifically designed to influence legislation, including any attempt to influence public opinion concerning legislation. Members may not communicate with any official of a State or Federal legislative body for the purpose of attempting to influence legislation. Members are also prohibited from attempting to influence State or Federal government actions or policies or those of foreign governments, except as specifically authorized under the marketing order or expressly approved by the Secretary. Members are specifically precluded from authorizing the expenditure of marketing order funds for the purpose of attempting to influence legislation or government actions. These same prohibitions apply to managers, staff, and contractors, except that committee managers may consult with the Department of Agriculture (USDA) employees during the pendency of informal rulemaking actions.

If marketing order member, subcommittee members or employees are sued individually or jointly for errors in judgment, mistakes or other acts either of omission or commission (except for acts of dishonesty, willful misconduct, or gross negligence) in the conduct of their duties under the marketing agreement or order, they may be authorized legal defense by the Department of Justice (DOJ). Alternatively, legal defense may be provided through private counsel, if recommended by USDA and approved by DOJ. USDA and DOJ enjoy an excellent working relationship with respect to providing legal representation for members and employees, either by DOJ or through authorized private counsel. USDA is committed to comprehensive legal defense policy for all committee members and employees acting within the scope of their authorized duties and responsibilities.

**Acceptance Statement: If selected, I accept the appointment and agree to serve during the period for which I am appointed and until my successor has been selected and qualified. I also agree that I will carry out assigned duties in administering the terms and provisions of the marketing order to the best of my ability. When acting in my official capacity as a representative, I shall engage in only those activities that are authorized under the marketing order.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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 OMB 0581-0177. The time required to complete this information collection is estimated to average 5 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

**SC-8 (Exp. X/XXXX) Destroy previous versions.**