NOMINATION FOR APPOINTMENT TO THE NATURAL GRASS SOD BOARD NATURAL GRASS SOD PROMOTION, RESEARCH, AND INFORMATION ORDER (7 CFR 1240)

Note: The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, section 1001 United States Code, which provides for the penalty of a fine of \$10,000 or imprisonment of not more than 5 years, or both.

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. §522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is from the applicable commodity legislation for research and promotion programs. Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or other unique identification number is mandatory and will be used to determine affiliation or entity identity.

Nominees must meet eligibility requirements as described in §§1240.XX and 1240.XX of the Order. Nominees must produce and sell Natural Grass Sod Products in the Region for which they seek nomination and may be asked to provide substantiating documentation to the Board. Nominees that produce and sell Natural Grass Sod Products in multiple regions may seek nomination in one region of their choice. As set forth in §1240.XX of the Order, the regions are as follows: North/Cool-Season Region, South/Warm-Season Region, and Transition Zone/California Region.

Nominee Name:		Region*:	
Farm/Company Na	me:		
Address:			
City:	State:	Zip:	_
Massachusetts, Michigan, Minne		lorado, Connecticut, Delaware, Idaho, Illinois ire, New Jersey, New York, North Dakota, Ol ming.	
		Arizona, Florida, Georgia, Hawaii, Louisiana United States, including but not limited to, th	
	gion includes the following States: Arl oma, Tennessee, Virginia, and West Vir	ansas, California, the District of Columbia, Kginia.	· ·
Nomination is being su	bmitted on behalf of:		
□ Natural Grass Sod	Producer		
Name:			
Farm/Company	Name:		
		a majority of Natural Grass Sod P	
Address:			
		Zip:	

Name:	Title:	
<u>C</u>	itted on behalf of an industry organization, I hereby certify that the board ised of a majority of Natural Grass Sod Producers. (check box if applicable)	
Signature:	Date:	

Return Original Forms to:

Natural Grass Sod Board Address County, State Zip Or Email

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 0581-NEW. The time required to complete this information collection is estimated to average 30 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, audiotape, 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 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. USDA is an equal opportunity provider, employer, and lender.