

UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 SPECIALTY CROPS PROGRAM

OFFICIAL COOPERATIVE AMENDATORY BALLOT

Marketing Order No. _____:

PART I - REFERENDUM INSTRUCTIONS

- A. REFERENDUM PERIOD:** _____, 20__ through _____, 20__ is the period during which producers may vote for the proposed amendments to the marketing order regulating the handling of _____ in _____. For amendments to the marketing order to pass, they must be supported by at least _____ of the growers voting **and/or** at least _____ of the volume represented by those voting in the referendum.
- B. ELIGIBILITY REQUIREMENTS:** Any cooperative association engaged in the handling of _____ grown in the production area during the representative period. Section 608c(12) of the Agricultural Marketing Agreement Act of 1937 provides, in part, that the Secretary of Agriculture shall consider the approval or disapproval by any cooperative association, bona fide engaged in the marketing of the commodity covered by the subject marketing order, as the approval or disapproval of the producers who are members of, stockholders in, or under contract with, such cooperative association. Cooperative associations are defined in the Capper-Volstead Act (7 U.S.C. §§ 291, 292).
- C. INSTRUCTIONS FOR VOTING:**
- Complete the voter information (Part II)
 - Indicate your vote by placing an "X" in the appropriate box.
 - Attach a list of the cooperative grower membership in the production area who are currently members of, stockholders in, or under contract with the **cooperative association** named herein as of the date this ballot is cast, and who produced _____ for market during the representative period. For each such producer provide the following:
 - Address (street and house number, rural route number, city, state, and zip code).
 - Volume of _____ produced for fresh market during the representative period in _____.
 - Attach to the ballot a certified copy of the resolution of the Board of Directors authorizing the casting of this ballot; if not previously provided.
 - Mail the completed ballot, producer list, and corporate resolution in the enclosed envelope and return to:

_____ Marketing Field Office
 USDA-AMS-SCP
 Address: _____
 City/ State: _____

For further information, please call (____) ____-_____.
 Ballots must be received by _____, 20_____.

Don't forget to mark your vote and sign your ballot
Incomplete or unsigned ballots cannot be counted!

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 0581-0178. The time required to complete this information collection is estimated to average 20 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.

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PART II - COOPERATIVE ASSOCIATION ELIGIBILITY STATEMENT

Authorized Agent Name _____ Phone Number _____

Name of Cooperative Association _____

Mailing Address _____

City _____ State _____ Zip _____

What is the total volume of _____ produced in the production area by the member producers of this cooperative association during the representative period from _____, 20__ through _____, 20__?	
What is the total number of producers for which this cooperative association is casting this Ballot?	

PART III - REFERENDUM ISSUES**“YES” VOTE MEANS YOU FAVOR THE CHANGE; “NO” VOTE MEANS YOU OPPOSE THE CHANGE.**

MARKETING ORDER AMENDMENTS:	YES	NO
1.		
2.		
3.		
4.		
5.		
6.		

_____ Cooperative

Signature of Authorized Agent_____
Title/Official Capacity

Attach a printout of names and volumes of individual producers!
Attach the cooperatives resolution!

**This ballot must be completed fully with attachments and returned
by _____, 20__ to be valid.**

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.

SC- 2 (Exp. x/xxxx) Destroy previous editions.