



Annual Floriculture & Nursery Survey

January 1, 2012



**National
Agricultural
Statistics
Service**

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Information requested in this survey is used to prepare estimates of selected agricultural commodities. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

Please return your completed questionnaire by February 15, 2012 Thank you!

1. Please make corrections to your name, address, and ZIP code directly above.
2. Does this operation do business under any name other than shown on the mailing label?
 No Yes – Please enter name: _____
 Do you want this name to appear on the mailing label? Yes No
3. In **2011**, did this operation produce and sell any fresh cut flowers, flowering and foliage plants, bedding plants, nursery products, landscape plant material, sod, propagative materials, or Christmas trees?
 Plant rental services and out-of-State sales are included in this survey.

YES – Please complete the appropriate section(s) that apply to your operation.

NO – Please check the box below that applies to you and complete Section 6. Conclusion

<input type="checkbox"/> Engaged in agricultural operation other than floriculture and nursery products. I grow/raise: _____ <input type="checkbox"/> Shipper only (please complete Section 2) <input type="checkbox"/> Just started operation, no sales in 2011 <input type="checkbox"/> Quit farming <input type="checkbox"/> Operator deceased <input type="checkbox"/> Sold operation <input type="checkbox"/> Retired from farming <input type="checkbox"/> Never farmed <input type="checkbox"/> Temporarily not farming <input type="checkbox"/> Other, please specify: _____	If the farm was sold or taken over by another, please provide the new operator's name and address if known: Name of new operator: _____ Address: _____ Phone: () _____
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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 number is 0535-0093. 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.

Section 1. Total Value

- Report for the farm(s) and greenhouse(s) operated by you in Hawaii.
- Value of sales should be the value received before deductions for commissions and transportation. Do not report flowers, plants, potted plants, or materials purchased from others for immediate resale. For potted plants, do not report plants purchased, but held for less than 4 weeks.

1.

93 \$

 What was the **total gross value of sales** for all floriculture and nursery products **grown by you** during 2011? If you reported **\$10,000 or more** in box 93, please list what floriculture or nursery product(s) you produced and sold in the table below. Please report the retail and/or wholesale sales **or** an estimated percent of the total gross value of sales of each item.

Item	Total value of retail sales (Dollars)	Total value of wholesale sales (Dollars)	OR	Percent of the total gross value of sales reported in box 93 above
A.	\$	\$	OR	%
B.	\$	\$	OR	%
C.	\$	\$	OR	%
D.	\$	\$	OR	%
E.	\$	\$	OR	%
F.	\$	\$	OR	%
G.	\$	\$	OR	%
H.	\$	\$	OR	%
I.	\$	\$	OR	%
J.	\$	\$	OR	%
				100%

Section 2. Out-of-State Sales

1. What was the value of any floriculture or nursery products **shipped out-of-State** during 2011?

89 \$

Include: **Both** from your own production and those purchased from other growers.

Exclude: Mailing or shipping cost.

Section 3. Plant Rental Services

90 \$

1. What were your gross receipts for **plant rental services** in 2011?

Section 4. Area Used for Production

1. In 2011, how much greenhouse, other covered space, and outdoor land area was used for the production of floriculture and nursery products grown by you in Hawaii?

- Include aisles, walkways, etc.
- 1 acre = 43,560 square feet.

Note: The roof covering (glazing) determines the type of greenhouse covering classification. For example, a greenhouse with a glass roof having film polyethylene insulation and fiberglass sides would be considered a glass greenhouse.

Total area = _____ Square feet or _____ Acres

A. Type of Area	Glass greenhouses (Sq. feet)	Fiberglass, rigid plastic, etc., greenhouses (Sq. feet)	Saran, slat, shade houses and other covers (Sq. feet)	Film plastic greenhouses: single or double cover (Sq. feet)	Open ground and natural shade (Acres)
Floriculture Crops ¹	11	12	13	14	15 <i>Nearest 10th</i>
Nursery and Other Plants ²	21	22	23	24	25 <i>Nearest 10th</i>

¹ Floriculture crops include cut and lei flowers, orchids, flowering and foliage plants (indoor use), annual bedding/garden plants, cut cultivated greens, herbaceous perennials, and floriculture propagative material.

² Nursery and other plants include potted foliage (outdoor landscaping use), trees, Christmas trees, sod, plant rentals, vegetable and flower seeds, aquatic plants, dried bulbs, corms, rhizomes, tubers, etc.

Section 5. Number of Hired Workers

1. What was the largest number of floriculture and nursery workers on the payroll on any one day in 2011?

None	Workers
<input type="checkbox"/>	92

Include: Full time, part time workers, hired managers, and **PAID** family members.

Exclude: Workers employed only for the retail operation, those working as landscapers, and nonpaid family members.

Section 6. Conclusion

1. Survey Results: To receive the results of this survey go to <http://www.nass.usda.gov/results> for the national release or http://www.nass.usda.gov/Statistics_by_State/Hawaii/index.asp for the state release.

Would you rather receive a paper copy of the state release sent to you at a later date? Yes No

1

2. Please write in the island and farm location of your floriculture and nursery operation.

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Island: _____ Location: _____

Comments: _____

Thank you for your cooperation!

Reported by: _____ Date: _____

Telephone Number: (_____) _____

OFFICE USE								Edited 995 (mm/dd/yy)
Respondent		Mode		Response		Enum.	Eval	
1-OP/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Other	85	1-Mail 2-Tel 3-Face-to-Face 7-Fax 19-Other	86	1-Comp 5-R - Est 6-Inac - Est 7-Off Hold - Est	95	87	88	Punched
								Verified