



PRICES RECEIVED BY FARMERS OPERATION PROFILE

for GRAINS, OILSEEDS and PULSE CROPS
2009



Alabama Field Office
 P.O. Box 240578
 4121 Carmichael Road
 Montgomery, AL 36124-0578
 334-279-3555
 Fax: 334-279-3590
 E-mail: nass-al@nass.usda.gov

For our monthly survey of Prices Received by Farmers, this firm will be asked to report total quantities of commodities purchased from U.S. farmers and the total dollar value of those purchases.

Please make corrections to name, address and Zip Code, if necessary.

1. Do you expect this operation to **purchase** any of these commodities from U.S. farmers during the next 12 months?

Include all varieties, grades and qualities.	YES	NO		UNITS (Circle one)			
Corn (yellow) 0102	1	3	0103	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Sorghum 0130	1	3	0131	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Soybeans 0126	1	3	0127	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Winter Wheat 0110	1	3	0111	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Flaxseed 0132	1	3	0133	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Sunflower, Oil Type 0134	1	3	0135	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Sunflower, Non-Oil Type 0136	1	3	0137	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Canola 0180	1	3	0181	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Other – Specify: _____	1			¹ Bu	² Lbs	³ Tons	⁴ Cwt
Other – Specify: _____	1			¹ Bu	² Lbs	³ Tons	⁴ Cwt

If all commodities are checked 'NO', Thank the Respondent, and conclude the interview.

2. Do you purchase **organic** commodities?

0182 ³ NO ¹ YES – Specify commodities -- _____

3. Do you purchase **Non-GMO** and/or specialty grains?

0228 ³ NO ¹ YES – Specify -- _____

4. Will this operation purchase any commodities from **farmers in other States**?

0183 ³ NO ¹ YES – Specify States -- _____

5. (Ask for elevators which are part of multiple unit firms/locations only.)

Please review the attached sheet.

(Verify that the list of firms is correct and complete.

If necessary, make appropriate deletions, additions, and/or capacity changes.

Re-verify the list and continue.)

Considering all the elevators and locations listed, how would you prefer to report?

0184

- ¹ Each site individually
- ² Combined total for all sites
- ³ Headquarters reports all locations separately
- ⁴ Some other combination. Please list which sites you would like combined for reporting purposes

6. What is the total rated storage capacity of all firms that you will report price data for, along with the preferred reporting unit. (**Include** capacity of all lines if this is a Headquarters unit of a Multi-unit firm where total quantity purchased and the gross value from all lines are reported.)

CURRENT FIRM LOCATION	STORAGE CAPACITY	UNITS (Circle one)				
	0226	0227	¹ Bu.	² Lbs.	³ Tons	⁴ Cwt

NOTE: Inform the respondent our reporting specifications call for **Quantity** at standard moisture content and **Total Gross Value**, adjusted for quality discounts and premiums but not other deductions. Ask the respondent to provide a **settlement sheet** (*check stub, sales ticket, assembling sheet*) showing a typical transaction and a **monthly summary** (*monthly report*). It will help to determine the firm's ability to report based on our guidelines.

7. Will your firm report quantities purchased on a **dry (shrunk) weight basis** (that is at standard moisture content)?

0185

- ¹ **YES**
- ⁵ **N/A**
- ³ **NO** - Ask—On a monthly basis, will you **estimate** quantities on a dry (*standard moisture*) basis? 0186

0186

¹ **YES** ³ **NO**

8. Will you **exclude** commodities **purchased from non-farmers** such as other elevators, firms, brokers, or truck buyers?

0187

- ¹ **YES**
 - ⁵ **N/A**
 - ³ **NO** Ask—What percent of your monthly purchases are from non-farmers? 0188 _____ %
- On a monthly basis, will you **estimate** the purchases from non-farmers and **subtract** that amount from the total quantity and gross value you report? 0189

0188

¹ **YES** ³ **NO**

9. Will you **include** all purchases from farmers **delivered to a terminal or processing facility** (that is, direct or brokered sales)?

0190 ¹ **YES** ⁵ **N/A** ³ **NO** – Ask-- On a monthly basis, will you **estimate** these purchases and include them in the total quantity and gross value you report? 0191 ¹ **YES** ³ **NO**

10. Will you **exclude** commodities purchased from producers or firms in **other countries**?

0192 ¹ **YES** ⁵ **N/A** ³ **NO** – Ask-- On a monthly basis, will you **estimate** these purchases and exclude them from the total quantity and gross value you report? 0193 ¹ **YES** ³ **NO**

11. Will you **exclude** commodities purchased for **resale as seed**?

0194 ¹ **YES** ⁵ **N/A** ³ **NO** – Ask-- On a monthly basis, will you **estimate** these purchases and exclude them from the total quantity and gross value you report? 0195 ¹ **YES** ³ **NO**

NOTE: For items 12 and 13, if the respondent answers **NO**, ask if they will be able to **estimate** the amount of the discount to be subtracted or the premium to be added to the monthly gross value.

12. Will you report the monthly gross value of purchases from farmers **after--**

a. subtracting discounts for moisture content	0196 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0197 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
b. subtracting discounts for quality factors such as grade, test weight, protein content, foreign matter or damage	0198 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0199 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
c. subtracting discounts for transportation charges from farm to elevator (price should reflect point at which grain changes possession.)	0200 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0201 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
d. adding premiums for farmer delivering the grains, oilseeds or pulse crops to a mill, processor or terminal	0202 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0203 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
e. adding premiums for quality factors	0204 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0205 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO

13. Will you report the monthly gross value of purchases from farmers **before itemized deductions are made for--**

a. Drying	0208 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0209 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
b. Storage	0210 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0211 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
c. Check-off fees	0212 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0213 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
d. Service fees	0214 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0215 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
e. Cleaning or grading	0216 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0217 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO
f. Transportation or handling charges from farm to first point of sale (if billed to farmer)	0218 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ⁵ N/A <input type="checkbox"/> ³ NO – Will you estimate?	0219 <input type="checkbox"/> ¹ YES <input type="checkbox"/> ³ NO

14. Will you report contract purchases from farmers so that the quantities and corresponding values are both reported in the same month?
 (Include: forward contracts, deferred payment contracts, basis, minimum price, option or hedge-to-arrive contracts.)

0220

¹ YES – Go to item 15. ⁵ N/A – Go to item 15.

³ NO – What percentage of your monthly purchases are contract purchases? _____ %

0221

a. Does this change after harvest? ¹ YES. ³ NO

0222

b. On a monthly basis, will you estimate contract purchases delivered (settled, closed) and include these purchases in the total quantity and gross value you report? ¹ YES. ³ NO

0223

15. Does your accounting period allow a calendar month? ¹ YES. ³ NO From _____ To _____

0224

16. What is the name of the software package or company this firm uses to maintain information about quantities purchased and dollars paid to farmers?

0225

- | | |
|--|---|
| <input type="checkbox"/> ¹ 1 st Ag, Inc | <input type="checkbox"/> ¹² Progressive Software International |
| <input type="checkbox"/> ² AGRIS Corporation | <input type="checkbox"/> ¹³ Salina Scale Sales & Services Inc. |
| <input type="checkbox"/> ³ AgTrax Technology | <input type="checkbox"/> ¹⁴ Software Solutions, Inc. |
| <input type="checkbox"/> ⁴ AgVantage Software Inc. | <input type="checkbox"/> ¹⁵ Summit Software, Inc. |
| <input type="checkbox"/> ⁵ AgVision Software for Agribusiness | <input type="checkbox"/> ¹⁶ Vertical Software Inc. |
| <input type="checkbox"/> ⁶ CompuWeigh Corporation | <input type="checkbox"/> ¹⁷ dbc SMART software Inc. |
| <input type="checkbox"/> ⁷ E-Markets, Inc. | <input type="checkbox"/> ¹⁸ Growmark, Inc. |
| <input type="checkbox"/> ⁸ Grossman & Associates, Inc. | <input type="checkbox"/> ¹⁹ CTN Grain Agribusiness Software |
| <input type="checkbox"/> ⁹ Professional IPM Services LLC | <input type="checkbox"/> ²⁰ QuickFarm |
| <input type="checkbox"/> ¹⁰ Custom software – created by own company/self | <input type="checkbox"/> ²¹ Do not use computer software |
| <input type="checkbox"/> ¹¹ Custom software – created by outside company | <input type="checkbox"/> ²² Other – specify: _____ |

17. Would you like to receive a free copy of the results of this survey in the mail?
 (The results will also be available on the Internet at <http://www.nass.usda.gov>) YES =1 0099

18. Who will be the primary contact at your operation for completing our monthly survey?

Name: _____ Position: _____
 Telephone: () Fax: () Email: _____

19. Who will be the alternate contact at your operation for completing our monthly survey?

Name: _____ Position: _____
 Telephone: () Fax: () Email: _____

Thanks so much for your assistance today and for your continued help in completing the Prices Received by Farmers report. Each month we will mail you a monthly Prices Received questionnaire to complete. We will also include a copy of the reporting instructions for your reference. You may also fill this survey out on the Internet. Instructions will be made available to you as to how to access the survey. If you have any questions, feel free to contact our office using our toll free number. [If you did not interview the primary contact, ask to speak with the primary contact and take some time to review the reporting instructions with them.]

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 0535-0003. The time required to complete this information collection is estimated to average 10 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.

9910	MM	DD	YY
DATE: _____			
Office Use for POID			
789			
Optional Use			
407		408	
OFFICE USE 002			

Response	Respondent	Mode	Enum.	Eval.
1-Comp	1-Op/Mgr	1-Mail	9903	098
2-R	2-Sp	6-e-mail		100
3-Inac	3-Acct/Bkpr	2-Tel		
4-Office Hold	4-Partner	3-Face-to-Face		
5-R – Est	9-Oth	8-CAPI		
6-Inac – Est		19-Other		
7-Off Hold – Est		5-Web		
8-Known Zero				
S/E Name				