

CONSERVATION EFFECTS ASSESSMENT PROJECT (CEAP) SCREENER - 2014

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VERSION	CEAP ID	TRACT	SUBTRACT
1	-----	01	01

CONTACT RECORD		
DATE	TIME	NOTES

INTRODUCTION
[Introduce yourself, and ask for the operator.]

The National Agricultural Statistics Service is collecting information on land management and conservation practices. The information collected will be used by the Natural Resources Conservation Service (NRCS) to assess the environmental benefits associated with the implementation and installation of conservation practices.

We need your help to make the information as accurate as possible. All conservation practices that are in place should be reported-whether they were installed as part of a Federal or State Cost–Share program, an industry or non-profit program, or by you (the operator) with no outside support. We encourage you to refer to your farm records during the interview.

The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107–347 and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. Response is **voluntary**.

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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 0535-0254. 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.

SCREENING

Determine the Area of Interest

To focus the respondent on the area of interest, the location must be identified as follows.

1. **Selected field**

- For purposes of this survey, the actual field where the sample point is located must be identified. This location is referred to as the **selected field**.
- The survey collects information about conservation practices, cropping history and management practices being undertaken in the **selected field**.

2. **Conservation practices associated with the field.**

- Sometimes conservation practices are not actually located in the selected field but are adjacent to or **adjoining** the field (such as a wind break or filter strip). These practices should also be captured during the survey.
- For CEAP purposes, this area is referred to as the **conservation area**.

During this interview, the questions will be about the SELECTED FIELD and/or the associated CONSERVATION AREA.

SCREENING – NO SIGNAL AVAILABLE

ENUMERATOR NOTE: *[Show the aerial photography to respondent and locate the sample point. Identify the field associated with the point.]*

1. **Did you make any of the day-to-day farming/ranching decisions for the field containing this point in 2014?**

- Yes** – *[If Yes, continue.]*
- No** – *[If No, conclude the interview and ask for the respondent's assistance in locating the correct operator.]*

ENUMERATOR NOTE: *[With the respondent, draw off the entire area that can be identified as the selected field and associated conservation area.]*

2. **In 2014, was any part of this field:**

- planted to a crop? (**Include** hay. **Exclude** greenhouse and nursery crops)
- pasture?
- idle cropland? or
- summer fallow?

Yes – *[Enter 1, then go to Item 4.]* **No** – *[Enter 3, then go to Item 3].* CODE

3. **During 2014, was the entire field enrolled in continuous conservation cover?**

[Include the General or Continuous Conservation Reserve Program (CRP), the Conservation Reserve Enhancement Program (CREP), or any other type of continuous cover conservation program offered by State, local, or non-profit organizations.]

Yes – *[Enter 1, then go to Item 4.]* **No** – *[Enter 3, then go to Item 4].* CODE

4. **Is this FSA Farm/Tract/Field information [on FSA name and address sheet] correct for the field we just identified?**

Yes – *[Enter 1]* **No** – *[Enter 3]* CODE

5. **Was the wireless internet signal present at the time of the screening interview?**

Yes – *[Enter 1]* **No** – *[Enter 3]* CODE

ENUMERATOR ACTION: If Items 2 or 3 = 1 (**Yes**), provide comments below.
If Items 2 and 3 = 3 (**No**), conclude the interview.

Please provide comments below to describe the respondent location, date and time of follow-up interview, and any other comments that will be helpful for future contact: