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| **DRY BEAN INQUIRY -** **July** **2015** | | | | |
|  | | | OMB No. 0535-0002  Approval Expires: 8/31/2015  Project Code: 191 QID: QID 030356  SMetaKey: 2068 | |
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|  | | |  | **United States**  **Department of**  **Agriculture** |
|  | (Planting Intentions) |  | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.jpg** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |

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|  |  |  |  |  |  | **Great Lakes Region**  **Michigan Field Office**  P.O. Box 30239Lansing, MI 48909-7739  Phone: 1-800-453-7501  Fax: 1-517-324-5299  E-mail: nass-mi@nass.usda.gov |
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| Please make corrections to name, address and ZIP Code, if necessary.. | | | | | | | | |
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| 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 control number is 0535-0002 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. | | | | | | | | |
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| 1. Did you plant dry beans on your farm during 2015? | | | | | | | | | | | | | |
|  | | Yes, please continue with item 2 | | | | | | | | | | | |
|  | | No | | | Will you plant any dry beans on your farm in the future? | | | | | | | | |
|  | |  | | | Yes, please complete item 3 and return questionnaire in envelope provided | | | | | | | | |
|  | |  | | | No, please complete item 3 and return questionnaire in envelope provided | | | | | | | | |
|  | | | | | | | | | | | | | |
| 2. Please report dry bean acreage on the total acres in your operation. Exclude soybeans. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | **Dry Bean Class** | | | | | **Planted or to be planted in** **2015** | | | | |  |
|  | | |  | | | | | **Acres** | | | | |  |
|  | | | Navy (pea). . . . . . . . . . . . . . . . . . . . . . . | | | | | 500 | | | | |  |
|  | | | Black. . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | 102 | | | | |  |
|  | | | Cranberry. . . . . . . . . . . . . . . . . . . . . . . | | | | | 103 | | | | |  |
|  | | | Dark Red Kidney. . . . . . . . . . . . . . . . . . | | | | | 104 | | | | |  |
|  | | | Light Red Kidney. . . . . . . . . . . . . . . . . . | | | | | 105 | | | | |  |
|  | | | Small Red. . . . . . . . . . . . . . . . . . . . . . . | | | | | 106 | | | | |  |
|  | | | Great Northern. . . . . . . . . . . . . . . . . . . | | | | | 107 | | | | |  |
|  | | | Pinto. . . . . . . . . . . . . . . . . . . . . . . . . . . | | | | | 108 | | | | |  |
|  | | | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | 109 | | | | |  |
|  | | | **TOTAL DRY BEAN ACREAGE** | | | | | 501 | | | | |  |
|  | | | | | | | | | | | | | |
| 3. To avoid duplication, indicate below any farm name or partner(s) associated with this operation  ***not*** included in the above address. | | | | | | | | | | | | | |
| Farm Name: | | | |  | | | | | **If not farming, check (✓) reason below:** | | | | |
| Partner’s Name(s): | | | |  | | | | | 1. Farm sold.  2. Entire farm rented to others.  3. Retired from farming. | | | | |
| Address: | | | |  | | | | |  | | | | |
|  | | | |  | | | | |  | | | | |
| City: |  | | | | | State: |  | | | Zip: |  |  | |
| **OVER** | | | | | | | | | | | | | |

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| Please comment on the **2015** crop: |
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| **Survey Results:** To receive the complete results of this survey on the release date, go to [www.nass.usda.gov/results](http://www.nass.usda.gov/results)  Would you rather have a brief summary mailed to you at a later date? 1**Yes** 3**No** | **OFFICE USE** | |
| 9990 | |
|  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Respondent Name: |  |  | 9911  Phone: ( ) |  | 9910 MM DD YY    Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |

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| **This completes the survey. Thank you for your help.** |

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|  | **OFFICE USE** |  | **OFFICE USE** |  |
|  | 200 |  | 201 |  |

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| **OFFICE USE ONLY** | | | | | | | | | | | | | | |
| **Response** | | **Respondent** | | **Mode** | | **Enum.** | **Eval.** | **R. Unit** | **Change** | **Office Use for POID** | | | | |
| 1-Comp  2-R  3-Inac  4-Office Hold  5-R – Est  6-Inac – Est  7-Off Hold – Est | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 1-Mail  2-Tel  3-Face-to-Face  4-CATI  5-Web  6-e-mail  7-Fax  8-CAPI  19-Other | 9903 | 9998 | 9900 | 9921 | 9985 | 9989  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | |
|  | | | | |
| **Optional Use** | | | | |
| 9907 | 9908 | | 9906 | 9916 |
| S/E Name | | | | | |  |  | | |  | |  | | |