

2015 LOCAL FOOD MARKETING PRACTICES SURVEY

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DRAFT



UNITED STATES
DEPARTMENT OF
AGRICULTURE



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1. In 2015, did this operation (name on label):

- grow any **crops**, including field crops, fruits, vegetables, nursery/greenhouse, or other specialty crops; or
- cut any **hay**; or
- have any **livestock, aquaculture, poultry**, or honey **bees**; or
- sell any **agricultural products**?

xxx 1 **Yes** – Continue 3 **No** – Go to Section 9 on page 16

2. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural product **directly to a(n)**:

- **CONSUMER:** Farmers markets, on-farm stores or farm stands, roadside stands or stores, CSA (Community supported agriculture), online marketplaces; or
- **RETAIL MARKET:** Supermarkets, supercenters, restaurants, caterers, independently owned grocery stores, food cooperatives; or
- **INSTITUTION:** K-12 schools, colleges or universities, hospitals, workplace cafeterias, prisons, foodbanks; or
- **INTERMEDIATE MARKET:** Businesses or organizations in the middle of the supply chain marketing locally- and/or regionally-branded products such as distributors, food hubs, brokers, auction houses, wholesale and terminal markets, and food processors.

xxx 1 **Yes** – Continue 3 **No** – Go to Section 9 on page 16

3. Were any of the products that this operation produced and sold directly to a consumer, a retail market, an institution, or an intermediate market in 2015 **food for humans to eat or drink**?

INCLUDE

- Edible agricultural products for human consumption

EXCLUDE

- Hay
- Cut flowers
- Christmas trees
- Nursery products

xxx 1 **Yes** –Continue 3 **No** – Go to Section 9 on page 16

SECTION 1: DIRECT-TO-CONSUMER SALES

1. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural product **DIRECTLY TO CONSUMERS?**

INCLUDE

- Farmers markets
- On-farm store or farm stand located **on** this operation
- Roadside stand or store located **off** of this operation
- CSA (Community supported agriculture)
- Online marketplace
- Other direct-to-consumer market (pick-your-own, mobile market, etc.)

EXCLUDE

- Products purchased and resold
- Products produced and sold directly to a retail market (Section 2), institution (Section 3), or intermediate market (Section 4).

xxx 1 **Yes** – Continue 3 **No** – Go to Section 2 on page 5

2. Were any of the products that this operation produced and sold directly to consumers in 2015 **food for humans to eat or drink?**

INCLUDE

- Edible agricultural products for human consumption

EXCLUDE

- Hay
- Cut flowers
- Christmas trees
- Nursery products

xxx 1 **Yes** –Continue 3 **No** – Go to Section 2 on page 5

The rest of the questions in this section are only about the food produced and sold directly to consumers in 2015.

3. Was any of the food that this operation produced and sold directly to consumers in 2015 sold through a **farmers market?**

xxx 1 **Yes** – Continue 3 **No** – Go to Item 6

4. At how many separate farmers market locations did this operation sell food that it produced in 2015? Report for each location only once.

Number
xxx

5. Approximately how many miles (one way) was this operation located from the farmers market that it received the largest gross value of food sales from in 2015?

Miles
xxx

6. Was any of the food that this operation produced and sold directly to consumers in 2015 sold through an **on-farm store or farm stand located on this operation?** Exclude roadside stands or stores located off of this operation.

xxx 1 **Yes** – Continue 3 **No** – Go to Item 9

7. In 2015, was there food sold at this on-farm store or farm stand that was produced by another operation?

xxx 1 **Yes** - Continue 3 **No** – Go to Item 9

8. How many other operations produced food that was sold at this on-farm store or farm stand in 2015?

- xxx 1 1-4 operations
 2 5 or more operations
 3 Don't Know

9. Was any of the food that this operation produced and sold directly to consumers in 2015 sold through a **roadside stand or store located off of this operation?** Exclude on-farm stores and farmers market stands.

xxx 1 **Yes** – Continue 3 **No** – Go to Item 15 on page 3

10. At how many total roadside stands or stores located off of this operation did this operation sell food that it produced in 2015?

Number
xxx

11. In 2015, was there food sold at this roadside stand or store that was produced by another operation?

xxx 1 **Yes** - Continue 3 **No** – Go to Item 13 on page 3

12. How many other operations produced food that was sold at this roadside stand or store in 2015?

- xxx 1-4 operations
- 5 or more operations
- Don't Know

13. Approximately how many miles (one way) was this operation located from the roadside stand or store located off of this operation that it received the largest gross value of food sales from in 2015?

Miles
xxx

19. 14. Did this operation own this roadside stand or store?

- xxx **Yes** **No**

15. Was any of the food that this operation produced and sold directly to consumers in 2015 sold through a **CSA (Community supported agriculture)**?

- xxx **Yes** – Continue **No** – Go to Item 21

16. In 2015, was there food sold in this CSA that was produced by another operation?

- xxx **Yes** - Continue **No** – Go to Item 18

17. How many other operations produced food that was sold in this CSA in 2015?

- xxx 1-4 operations
- 5 or more operations
- Don't Know

18. Was the CSA pick-up site that this operation received the largest gross value of food sales from in 2015 located on this operation?

- xxx **Yes** – Go to Item 20 **No** – Continue **CSA does not use pick-up sites** – Go to Item 20

19. Approximately how many miles (one way) was this operation located from the CSA pick-up site that it received the largest gross value of food sales from in 2015?

Miles
xxx

20. Did this operation own this CSA?

- xxx **Yes** **No**

21. An **online marketplace** is a web-based platform designed for the selling of goods.

Was any of the food that this operation produced and sold directly to consumers in 2015 sold through an **online marketplace**?

- xxx **Yes** – Continue **No** – Go to Item 24

22. In 2015, approximately what percent of online sales of food sold directly to consumers were from buyers living either within the same state as this operation or a 400-mile radius of this operation?

Percent
xxx

23. Did this operation own this online marketplace?

- xxx **Yes** **No**

24. In 2015, did this operation accept Supplemental Nutrition Assistance Program (SNAP) benefits either with electronic benefit transfer (EBT) technology owned by this operation or at a farmers market at which the market administers SNAP payments with EBT technology?

- xxx **Yes** – Continue **No** – Go to Item 26 on page 4

25. From which of the following direct-to-consumer markets did this operation accept SNAP benefits with EBT technology for the food it produced and sold directly to consumers in 2015? (Mark all that apply)

- xxx Farmers market
- xxx On-farm store or farm stand located **on** this operation
- xxx Roadside stand or store located **off** of this operation
- xxx CSA
- xxx Online marketplace
- xxx Other direct-to-consumer market (pick-your-own, mobile market, etc.)

Year (YYYY)
xxx ____

26. In what year did this operation first produce and sell food directly to **consumers**?

27. Report the **total gross value of sales** this operation received for the unprocessed **food it produced and sold** directly to **consumers** in 2015. Report by the market through which the product was sold. Report value-added products in Item 29.

EXCLUDE

- Sales of processed or value-added products (eggs in small cartons, bottled milk, cheese, meat, wine)
- Non-edible agricultural products (hay, cut flowers, nursery products, Christmas trees, etc.)
- Products purchased and resold

Direct-to-Consumer Market	Crop Sales		Livestock and Poultry Sales	
	Mark "X" if none	(Dollars)	Mark "X" if none	(Dollars)
a. Farmers markets	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
b. On-farm store or farm stand located on this operation	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
c. Roadside stand or store located off of this operation	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
d. CSA	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
e. Online marketplaces	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
f. Other direct-to-consumer markets (pick-your-own, mobile market, etc.) Specify: _____	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx

28. In 2015, did this operation produce and sell any **Processed or Value-added products** directly to consumers that was food for humans to eat or drink?

INCLUDE

- Bottled milk, Cheese
- Meat
- Eggs in small cartons
- Wine, Jam, etc.

EXCLUDE

- Sales reported in previous items
- Non-edible agricultural products

xxx 1 **Yes** – Continue 3 **No** – Go to Section 2 on page 5

29. Report the **processed or value-added food product(s)** and gross value of sales of the food product(s) produced and sold by this operation in 2015. Report by the market through which the food product was sold.

Direct-to-Consumer Market	Processed or Value-Added Food Product(s)		Processed or Value-Added Food Product(s) Sales
	Mark "X"	Specify:	(Dollars)
a. Farmers markets	<input type="checkbox"/>	Specify:	xxx
b. On-farm store or farm stand located on this operation	<input type="checkbox"/>	Specify:	xxx
c. Roadside stand or store located off of this operation	<input type="checkbox"/>	Specify:	xxx
d. CSA	<input type="checkbox"/>	Specify:	xxx
e. Online marketplaces	<input type="checkbox"/>	Specify:	xxx

f. Other direct-to-consumer markets (pick-your-own, mobile market, etc.) Specify: _____	<input type="checkbox"/>	Specify:	xxx
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SECTION 2: DIRECT-TO-RETAIL MARKET SALES

1. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural product **DIRECTLY TO A RETAIL MARKET?**

INCLUDE

- Supermarkets or supercenters
- Restaurants or caterers
- Other direct-to-retail market (independently owned grocery stores, food cooperatives, small food stores, corner stores)

EXCLUDE

- Products purchased and resold
- Products produced and sold directly to a consumer (Section 1), institution (Section 3), or intermediate market (Section 4).

xxx 1 **Yes** – Continue 3 **No** – Go to Section 3 on page 6

2. Were any of the products that this operation produced and sold directly to a retail market in 2015 **food for humans to eat or drink?**

INCLUDE

- Edible agricultural products for human consumption

EXCLUDE

- Hay
- Cut flowers
- Christmas trees
- Nursery products

xxx 1 **Yes** –Continue 3 **No** – Go to Section 3 on page 6

The rest of the questions in this section are only about the food produced and sold directly to a retail market in 2015.

3. Was any of the food that this operation produced and sold directly to a retail market in 2015 sold to a **supermarket or supercenter?**

xxx 1 **Yes** – Continue 3 **No** – Go to Item 5

4. Approximately how many miles (one way) was this operation located from the supermarket or supercenter that it received the largest gross value of food sales from in 2015?

Miles
xxx

5. Was any of the food that this operation produced and sold directly to a retail market in 2015 sold to a **restaurant or caterer?**

xxx 1 **Yes** – Continue 3 **No** – Go to Item 7

6. Approximately how many miles (one way) was this operation located from the restaurant or caterer that it received the largest gross value of food sales from in 2015?

Miles
xxx

7. In what year did this operation first produce and sell food directly to a **retail market?**

Year (YYYY)
xxx _ _ _ _

8. Report the **total gross value of sales** this operation received for the unprocessed **food it produced and sold** directly to a **retail market** in 2015. Report by the market through which the product was sold. Report value-added products in Item 10.

EXCLUDE

- Sales of processed or value-added products (eggs in small cartons, bottled milk, cheese, meat, wine)
- Non-edible agricultural products (hay, cut flowers, nursery products, Christmas trees, etc.)
- Products purchased and resold

Direct-to-Retail Market	Crop Sales		Livestock and Poultry Sales	
	Mark "X" if none	(Dollars)	Mark "X" if none	(Dollars)
a. Supermarkets or supercenters	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx

b. Restaurants or caterers	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
c. Other direct-to-retail market (independently owned grocery stores, food cooperatives, small food stores, corner stores) Specify: _____	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx

9. In 2015, did this operation produce and sell any **Processed or Value-added product** directly to a retail market that was food for humans to eat or drink?

INCLUDE

- Bottled milk, Cheese
- Eggs in small cartons
- Meat
- Wine, Jam, etc.

EXCLUDE

- Sales reported in previous items
- Non-edible agricultural products

xxx **Yes** – Continue **No** – Go to Section 3

10. Report the **processed or value-added food product(s)** and gross value of sales of the food product(s) produced and sold by this operation in 2015.

Direct-to-Retail Market	Processed or Value-Added Food Product(s)	Processed or Value-Added Food Product(s) Sales (Dollars)
Retail Market (supermarkets or supercenters, restaurants or caterers, other direct-to-retail market)	Mark "X" if none <input type="checkbox"/> Specify:	xxx

SECTION 3: DIRECT-TO-INSTITUTION SALES

1. In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural product **DIRECTLY TO AN INSTITUTION?**

INCLUDE

- K-12 schools
- Colleges and universities
- Hospitals
- Other direct-to-institution market (workplace cafeterias, prisons, preschools, food banks, gleaners, senior care facilities)

EXCLUDE

- Products purchased and resold
- Products produced and sold directly to a consumer (Section 1), retail market (Section 2), or intermediate market (Section 4).

xxx **Yes** – Continue **No** – Go to Section 4 on page 8

2. Were any of the products that this operation produced and sold directly to an institution in 2015 **food for humans to eat or drink?**

INCLUDE

- Edible agricultural products for human consumption

EXCLUDE

- Hay
- Christmas trees
- Cut flowers
- Nursery products

xxx **Yes** –Continue **No** – Go to Section 4 on page 8

The rest of the questions in this section are only about the food produced and sold directly to an institution in 2015.

3. Was any of the food that this operation produced and sold directly to an institution in 2015 sold to a **K-12 school?**

xxx **Yes** – Continue **No** – Go to Item 5

4. Approximately how many miles (one way) was this operation located from the K-12 school that it received the largest gross value of food sales from in 2015?

Miles
xxx

5. Was any of the food that this operation produced and sold directly to an institution in 2015 sold to a **college or university?**

xxx **Yes** – Continue **No** – Go to Item 7

6. Approximately how many miles (one way) was this operation located from the college or university that it received the largest gross value of food sales from in 2015?

Miles
xxx

7. Was any of the food that this operation produced and sold directly to an institution in 2015 sold to a **hospital**?

xxx 1 **Yes** – Continue 3 **No** – Go to Item 9 on page 7

8. Approximately how many miles (one way) was this operation located from the hospital that it received the largest gross value of food sales from in 2015?

Miles
xxx

9. In what year did this operation first produce and sell food directly to an **institution**?

Year (YYYY)
xxx _ _ _ _

10. Report the **total gross value of sales** this operation received for the unprocessed **food it produced and sold** directly to an **institution** in 2015. Report by the market through which the product was sold. Report value-added products in Item 12.

EXCLUDE

- Sales of processed or value-added products (eggs in small cartons, bottled milk, cheese, meat, wine)
- Non-edible agricultural products (hay, cut flowers, nursery products, Christmas trees, etc.)
- Products purchased and resold

Direct-to-Institution Market	Crop Sales (Dollars)		Livestock and Poultry Sales (Dollars)	
	Mark "X" if none	xxx	Mark "X" if none	xxx
a. K-12 schools	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
b. Colleges and universities	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
c. Hospitals	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx
d. Other direct-to-institution market (workplace cafeterias, prisons, preschools, food banks, gleaners, senior care facilities) Specify: _____	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx

11. In 2015, did this operation produce and sell any **Processed or Value-added product** directly to an institution that was food for humans to eat or drink?

INCLUDE

- Bottled milk, Cheese
- Eggs in small cartons
- Meat
- Wine, Jam, etc.

EXCLUDE

- Sales reported in previous items
- Non-edible agricultural products

xxx 1 **Yes** – Continue 3 **No** – Go to Section 4 on page 8

12. Report the **processed or value-added food product(s)** and gross value of sales of the food product(s) produced and sold by this operation in 2015.

Direct-to-Institution Market	Processed or Value-Added Food Product(s)	Processed or Value-Added Food Product(s) Sales (Dollars)
Mark "X" if none		
Institution (K-12 schools, colleges and universities, hospitals, other direct-to-institution market)	<input type="checkbox"/> Specify: _____	xxx

SECTION 4: DIRECT-TO-INTERMEDIATE MARKET SALES

1. An **Intermediate Market** is a business or organization in the middle of the supply chain marketing locally- and/or regionally-branded products.

In 2015, did this operation **produce and sell** any crops, livestock, poultry, or agricultural product **DIRECTLY TO AN INTERMEDIATE MARKET** which sold it as a locally- or regionally-branded product?

INCLUDE

- Businesses or organizations in the middle of the supply chain marketing locally- and/or regionally-branded products such as distributors, food hubs, brokers, auction houses, wholesale and terminal markets, and food processors.

EXCLUDE

- Products purchased and resold
- Products produced and sold directly to a consumer (Section 1), retail market (Section 2), or institution (Section 3).
- Intermediate markets that **do not** market locally- and/or regionally-branded products

xxx **Yes** – Continue **No** – Go to Section 5 on page 9

2. Were any of the products that this operation produced and sold directly to an intermediate market in 2015 **food for humans to eat or drink**?

INCLUDE

- Edible agricultural products for human consumption

EXCLUDE

- Hay
- Christmas trees
- Cut flowers
- Nursery products

xxx **Yes** –Continue **No** – Go to Section 5 on page 9

The rest of the questions in this section are only about the food produced and sold directly to an intermediate market in 2015.

3. Approximately how many miles (one way) was this operation located from the **intermediate market** that it received the largest gross value of food sales from in 2015?

Miles
xxx

4. In what year did this operation first produce and sell food directly to an **intermediate market**?

Year (YYYY)
xxx _ _ _ _

5. Report the **total gross value of sales** this operation received for the unprocessed **food it produced and sold** directly to an **intermediate market** in 2015. Report value-added products in Item 7 on page 9.

EXCLUDE

- Sales of processed or value-added products (eggs in small cartons, bottled milk, cheese, meat, wine)
- Non-edible agricultural products (hay, cut flowers, nursery products, Christmas trees, etc.)
- Products purchased and resold

Direct-to-Intermediate Market	Crop Sales		Livestock and Poultry Sales	
	Mark "X" if none	(Dollars)	Mark "X" if none	(Dollars)
Intermediate Market (business or organization in the middle of the supply chain marketing locally- and/or regionally-branded products)	<input type="checkbox"/>	xxx	<input type="checkbox"/>	xxx

6. In 2015, did this operation produce and sell any **Processed or Value-added product** directly to an intermediate market that was food for humans to eat or drink?

INCLUDE

- Bottled milk, Cheese
- Eggs in small cartons

EXCLUDE

- Meat
- Wine, Jam, etc.

- Sales reported in previous items
- Non-edible agricultural products

xxx **Yes** – Continue

No – Go to Section 5 on page 9

7. Report the **processed or value-added food product(s)** and gross value of sales of the food product(s) produced and sold by this operation in 2015.

Direct-to-Intermediate Market	Processed or Value-Added Food Product(s)	Processed or Value-Added Food Product(s) Sales (Dollars)
Intermediate Market (business or organization in the middle of the supply chain marketing locally- and/or regionally-branded products)	Mark "X" <input type="checkbox"/> Specify:	xxx

SECTION 5: OTHER INFORMATION

1. In 2015, what was this operation's **total gross value of food sales** for the food it produced and sold directly to consumers, a retail market, an institution, or an intermediate market? (Mark one)

- | | | | |
|--|--|---|---|
| xxx <input type="checkbox"/> \$1 - 999 | 5 <input type="checkbox"/> \$10,000 - 24,999 | 8 <input type="checkbox"/> \$100,000 - 249,999 | 11 <input type="checkbox"/> \$1,000,000 - 2,499,999 |
| 2 <input type="checkbox"/> \$1,000 - 2,499 | 6 <input type="checkbox"/> \$25,000 - 49,999 | 9 <input type="checkbox"/> \$250,000 - 499,999 | 12 <input type="checkbox"/> \$2,500,000 - 4,999,999 |
| 3 <input type="checkbox"/> \$2,500 - 4,999 | 7 <input type="checkbox"/> \$50,000 - 99,999 | 10 <input type="checkbox"/> \$500,000 - 999,999 | 13 <input type="checkbox"/> \$5,000,000 and over |
| 4 <input type="checkbox"/> \$5,000 - 9,999 | | | |

2. In 2015, approximately what percent of this operation's **food sales** sold directly to consumers, a retail market, an institution, or an intermediate market were sold:

- a. Within 100 miles or less
- b. More than 100 miles but less than 400 miles.
- c. 400 miles or more.

Percent	
xxx	%
xxx	%
xxx	%
100%	

TOTAL (Sum of Items 2a + 2b + 2c)

3. Were any of the crops, livestock, or agricultural products that this operation produced and sold directly to consumers, a retail market, an institution, or an intermediate market in 2015 **NOT food for humans to eat or drink**?

INCLUDE

- Hay
- Cut flowers

- Christmas trees
- Nursery products

- Live animals
- Wool

EXCLUDE

- Edible agricultural products for human consumption

xxx **Yes** –Continue

No – Go to Item 5

4. In 2015, what was the total gross value of sales for these crops, livestock, or agricultural products that were **NOT food for humans to eat or drink**?

Dollars
xxx

5. In 2015, how many acres did this operation:

- a. Own?
- b. Rent or Lease from others or use Rent Free? (Exclude land used on an animal unit month (AUM) basis, BLM and Forest Service land.)
- c. Rent to others?

Acres	
xxx	
xxx	+
xxx	-
xxx	=

6. Calculate item 5a + 5b - 5c. Then the total acres operated in 2015 was:

7. Considering the total acres operated in Item 6, in what county and state was the largest value of this operation's agricultural products raised or produced?

Principal County Name
0055

State
0060

8. From which of the following categories of crops and livestock did this operation produce and sell an agricultural product in 2015, regardless of marketing channel, and was any food produced and sold directly to consumers, a retail market, an institution, or an intermediate market from that category?

Crops & Livestock	Produced and sold agricultural product regardless of marketing channel	Produced and sold food directly to consumers, a retail market, an institution, or an intermediate market
a. Grains, Oilseeds, Dry Beans, and Dry Peas (corn, flaxseed, grain silage and forage, grains and oilseeds, popcorn, rice, small grains, sorghum, soybeans, sunflowers, straw, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
b. Tobacco	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
c. Cotton and Cottonseed	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
d. Vegetables, Melons, Potatoes, and Sweet Potatoes (beets, cabbage, cantaloupes, pumpkins, sweet corn, tomatoes, watermelons, vegetable seeds, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
e. Fruit, Tree Nuts, and Berries (almonds, apples, blueberries, cherries, grapes, hazelnuts, kiwifruit, oranges, pears, pecans, strawberries, walnuts, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
f. Nursery, Greenhouse, Floriculture, and Sod (bedding plants, bulbs, cut flowers, flower seeds, foliage plants, mushrooms, nursery potted plants, shrubbery, sod, food crops grown under protection, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
g. Cut Christmas Trees and Short Rotation Woody Crops	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
h. Other Crops, Hay, CRP, and Pasture (grass seed, hay and grass silage, hops, maple syrup, mint, peanuts, sugarcane, sugarbeets, CRP, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
i. Hogs and Pigs	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
j. Milk and Other Dairy Products from Cows	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
k. Cattle and Calves (beef and dairy cattle for breeding stock, fed cattle, beef and dairy cull animals, stockers and feeders, veal calves, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
l. Sheep, Goats, and their Products	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
m. Horses, Ponies, and Mules (burros and donkeys)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	
n. Poultry and Eggs (broilers, chickens, turkeys, ducks, eggs, emus, geese, hatchlings ostriches, pigeons, pheasants, quail, poultry products, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
o. Aquaculture (catfish, trout, ornamental and other fish, mollusks, crustaceans, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
p. Other Animals and Other Animal Products (bees, honey, rabbits, fur-bearing animals, semen, manure, other animal specialties, etc.)	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No

9. Considering:

- sales of all crops, livestock, poultry, and livestock products (milk, eggs, etc.) sold in 2015;
- the value of product removed for all crops, livestock, and poultry produced under contract in 2015;
- sales of all miscellaneous agricultural products in 2015;
- all government agricultural payments received in 2015 ; and
- exclude dollars received on land rented to others.

What code represents the total gross value of sales, including government agricultural payments, in 2015?

Total Value		GVS Code	
\$ 1	– \$ 999	.....	1 <input type="checkbox"/>
\$ 1,000	– \$ 2,499	.....	2 <input type="checkbox"/>
\$ 2,500	– \$ 4,999	.....	3 <input type="checkbox"/>
\$ 5,000	– \$ 9,999	.....	4 <input type="checkbox"/>
\$ 10,000	– \$ 24,999	.....	5 <input type="checkbox"/>
\$ 25,000	– \$ 49,999	.....	6 <input type="checkbox"/>
\$ 50,000	– \$ 99,999	.....	7 <input type="checkbox"/>
\$ 100,000	– \$ 249,999	.....	8 <input type="checkbox"/>
\$ 250,000	– \$ 499,999	.....	9 <input type="checkbox"/>
\$ 500,000	– \$ 999,999	.....	10 <input type="checkbox"/>
\$ 1,000,000	– \$ 2,499,999	.....	11 <input type="checkbox"/>
\$ 2,500,000	– \$ 4,999,999	.....	12 <input type="checkbox"/>
\$ 5,000,000 and over.			13 <input type="checkbox"/>

	GVS Code
	860

10. Is the GVS Code in box 860 equal to '1'?

xxx 1 **Yes** - Continue 3 **No** – Go to Item 12 on page 12

11. Record all 2015 crops, land uses, and livestock or poultry now on the total acres operated.

Land Use	ACRES	Field Crops Intended For Harvest	ACRES	Other Crops	ACRES
CRP/WRP.....		.....		Cut Christmas Trees.....	
Idle Cropland.....		.....		Nursery & Greenhouse.....	
Summer Fallow.....		.....		.....
.....		
Government Payments	WHOLE DOLLARS	Fruits/Nuts	ACRES	Livestock	NUMBER
CRP/WRP Payments.....		.....		Cattle - Dairy.....	
Other Gov't Payments.....		.....		Cattle - Other.....	
.....		.....		Chickens.....	
Pasture/Rangeland	ACRES	.....		Hogs.....	
Cropland Used Only For Pasture.....		.....		Horses.....	
Permanent Pasture.....		.....		Mules/Burros.....	
Woodland Pasture.....		Vegetables/Melons	ACRES	Sheep & Goats.....	
.....		
Aquaculture	NUMBER	.....		.....
Acres of Ponds in Use.....		.....		.....
Foodsize/Stockers.....		Berries	ACRES	.....
Fingerlings/Broodfish.....		.....		.....
Trout Eggs.....		.....		.....
Other Aquaculture.....		.....		.....

OFFICE USE	
Total Points	Pasture Points
861	869

Dollars
xxx

12. What were this operation's total expenses in 2015?

13. Report **marketing expenses** paid by this operation in 2015 for the food produced and sold directly to consumers, a retail market, an institution, or an intermediate market in 2015. Expenses reported in Items 13a through 13f should have also been reported in Item 12.

<p><u>INCLUDE</u></p> <ul style="list-style-type: none"> • expenses paid by you and your landlords • expenses from processed and value-added products 	<p><u>EXCLUDE</u></p> <ul style="list-style-type: none"> • expenses not related to the farm business • any expenses paid by the contractor • expenses for food not produced and sold directly to consumers, a retail market, an institution, or an intermediate market
Marketing Expense	Mark "X" if none Expenses (Dollars)
a. Hired labor to work at market channel outlets	<input type="checkbox"/> xxx
b. Transportation and distribution costs to market channel outlets such as vehicle insurance, gas, depreciation costs, etc.	<input type="checkbox"/> xxx
c. Market promotion/advertisement expenses such as a website, brochures, etc.	<input type="checkbox"/> xxx
d. Equipment/supply expenses associated with market channel outlets such as boxes, bags, coolers, crates, scales, tables, etc.	<input type="checkbox"/> xxx
e. Food safety expenses such as compliance costs, training, third-party auditing costs, etc.	<input type="checkbox"/> xxx
f. Other marketing expenses such as market fees, licenses, insurance, etc. Specify: (_____)	<input type="checkbox"/> xxx
Total Marketing Expenses (Sum of Items 13a through 13f)	xxx

SECTION 6: PRACTICES

1. At any time during 2015, did this operation have internet access, either on the operation or at the principal operator's residence?

xxx 1 **Yes** - Continue 3 **No** – Go to Item 5 on page 13

2. In 2015, did this operation use the internet to access the following resources?

- a. Purchasing input supplies, commodities, equipment, and other materials for farm operation. xxx 1 **Yes** 3 **No**
- b. Using online and/or peer learning resources (live or recorded webinars, tutorials, peer user groups, etc.)
- c. Using online business products and services (business planning, accounting, legal, banking, etc.) xxx 1 **Yes** 3 **No**
- d. Identifying sources for and/or submitting funding, grant, subsidy requests, or proposals. xxx 1 **Yes** 3 **No**
- e. USDA Market News price and market information
- f. Price and market information from other sources

3. In 2015, did this operation have a farm business website?

xxx 1 **Yes** - Continue 3 **No** – Go to Item 5 on page 13

4. In 2015, did this operation use its farm business website to:

- a. Provide background/history on farm operation and practices. xxx 1 **Yes** 3 **No**
- b. Advertise products for sale and on-farm activities/services?
- c. Carry out transactions and sell farm products online?

5. Did this operation participate in the following USDA programs in 2015?

- a. Noninsured Crop Disaster Assistance xxx 1 Yes 3 No
- b. Farm Microloans Program. xxx 1 Yes 3 No
- c. Whole-Farm Revenue Protection Program. xxx 1 Yes 3 No
- d. Environmental Quality Incentives Program (EQIP). xxx 1 Yes 3 No
- e. Value-Added Producer Grant Program. xxx 1 Yes 3 No

- 5.7. In 2015, did this operation maintain the following farm management records?
- a. A balance sheet xxx 1 Yes 3
 - b. An income statement. xxx 1 Yes 3
 - c. A cash flow budget or projection. xxx 1 Yes 3
 - d. A written business plan. xxx 1 Yes 3
 - e. A separate marketing xxx 1 Yes 3

SECTION 7: THIRD-PARTY CERTIFICATION AND FOOD SAFETY

1. In 2015, did this operation have the following practices certified or verified by a third party?
- a. USDA Certified xxx 1 Yes 3 No
 - b. Pasture-based management (grass fed, free range, pasture raised). xxx 1 Yes 3 No
 - c. Animal care-based management (cage free, raised without antibiotics, animal welfare approved, certified humane) xxx 1 Yes 3 No
 - d. Naturally Grown Certified xxx 1 Yes 3 No
 - e. Other third party certified or verified practices excluding food safety certification. xxx 1 Yes 3 No

2. In 2015, did this operation receive a(n):
- a. USDA individual Good Agricultural Practices (GAP) certification? xxx 1 Yes 3 No
 - b. Other third party Good Agricultural Practices (GAP) certification? xxx 1 Yes 3 No
 - c. Other USDA labels/quality verification?. xxx 1 Yes 3 No

3. Did this operation have a food safety plan that covered produce in 2015?

INCLUDE

- Fruit, berries, vegetables, herbs, tree nuts, dry beans, peas and lentils, peanuts, sprouts, and mushrooms

xxx 1 **Yes** - Continue 3 **No** – Go to Item 5

4. Is the food safety plan written?

xxx 1 **Yes** 3 **No**

5. Did this operation have a third-party food safety audit of produce in 2015?

INCLUDE

- Fruit, berries, vegetables, herbs, tree nuts, dry beans, peas and lentils, peanuts, sprouts, and mushrooms

xxx 1 **Yes** 3 **No**

SECTION 8: PERSONAL CHARACTERISTICS

1. In 2015, did your household and extended family own more than 50% of this farming operation?

Select yes if more than 50% of the assets of this operation are owned by you (the principal operator), members of your household, and/or other persons related to you by blood, marriage, or adoption, including relatives not residing in your household. Consider only farm or ranch assets owned – not rented or leased – by this operation, and exclude the assets held by non-family landlords and contractors.

xxx 1 **Yes** 3 **No**

2. In 2015, how many individuals were involved in the decisions for this operation (include family members and hired managers)? Enter the total number of men and the total number of women.

Exclude hired workers unless they were a hired manager or family member.

Number of Individuals Making Decisions	
Men	Women

3. Answer the following questions for up to four individuals who were involved in the decisions for this operation as of **December 31, 2015.**

	Person 1	Person 2	Person 3	Person 4
a. Is this person completing this form?	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
b. Sex.	xxxx 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	xxxx 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	xxxx 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	xxxx 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
c. What was this person's age on December 31, 2015? . . .	xxxx <input type="text"/> age	xxxx <input type="text"/> age	xxxx <input type="text"/> age	xxxx <input type="text"/> age
d. Is this person of Hispanic, Latino or Spanish, origin?	Hispanic, Latino or Spanish origin xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Hispanic, Latino or Spanish origin xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Hispanic, Latino or Spanish origin xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No	Hispanic, Latino or Spanish origin xxxx 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No
e. Race.	Mark one or more. xxxx <input type="checkbox"/> White xxxx <input type="checkbox"/> Black or African American xxxx <input type="checkbox"/> American Indian or Alaska Native Specify tribe <input type="text"/> xxxx <input type="checkbox"/> Asian xxxx <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Mark one or more. xxxx <input type="checkbox"/> White xxxx <input type="checkbox"/> Black or African American xxxx <input type="checkbox"/> American Indian or Alaska Native Specify tribe <input type="text"/> xxxx <input type="checkbox"/> Asian xxxx <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Mark one or more. xxxx <input type="checkbox"/> White xxxx <input type="checkbox"/> Black or African American xxxx <input type="checkbox"/> American Indian or Alaska Native Specify tribe <input type="text"/> xxxx <input type="checkbox"/> Asian xxxx <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Mark one or more. xxxx <input type="checkbox"/> White xxxx <input type="checkbox"/> Black or African American xxxx <input type="checkbox"/> American Indian or Alaska Native Specify tribe <input type="text"/> xxxx <input type="checkbox"/> Asian xxxx <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

Person 1	Person 2	Person 3	Person 4
Mark one.	Mark one.	Mark one.	Mark one.

f. At which occupation did this person spend the majority (50 percent or more) of his/her worktime in 2015?	xxxx 1 <input type="checkbox"/> Farm or ranch work 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Not applicable or currently not employed	xxxx 1 <input type="checkbox"/> Farm or ranch work 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Not applicable or currently not employed	xxxx 1 <input type="checkbox"/> Farm or ranch work 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Not applicable or currently not employed	xxxx 1 <input type="checkbox"/> Farm or ranch work 2 <input type="checkbox"/> Other 3 <input type="checkbox"/> Not applicable or currently not employed
g. How many years in TOTAL has this person operated ANY farm?	xxxx <input type="text"/> years	xxxx <input type="text"/> years	xxxx <input type="text"/> years	xxxx <input type="text"/> years
h. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?	<p style="text-align: center;">Mark one.</p> xxxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now	<p style="text-align: center;">Mark one.</p> xxxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now	<p style="text-align: center;">Mark one.</p> xxxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now	<p style="text-align: center;">Mark one.</p> xxxx 1 <input type="checkbox"/> Never served in the military 2 <input type="checkbox"/> Only on active duty for training in the Reserves or National Guard 3 <input type="checkbox"/> Now on active duty 4 <input type="checkbox"/> On active duty in the past, but not now

4. It is important that we do not have duplication on our list of farms and ranches. Is it possible the information on this form would be reported by another operation or under another name?

xxx **Yes** – please provide the name, phone number, and address below **No** – Go to Section 9 on page 16

xxx Operation Name _____ xxx Operator Name _____

xxx Phone Number _____ xxx Address _____

xxx City _____ xxx State _____ xxx Zip Code _____

SECTION 9: CONCLUSION

Survey Results: To receive the complete results of this survey on the release date, go to www.nass.usda.gov/results/

Would you rather have a brief summary sent to you at a later date?

Yes

No

9990

9912 Respondent Name:	9911 Phone:	9910 MM DD YY Date:
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Thank you for your response.

OFFICE USE

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