

PRICES RECEIVED BY FARMERS OPERATION PROFILE for GRAINS, OILSEEDS and PULSE CROPS 2016

OMB No. 0535-0003
Approval Expires: 5/31/2016
Project Code: 185 QID: 001242
SMetaKey: 2806



**United States
Department of
Agriculture**



**NATIONAL
AGRICULTURAL
STATISTICS
SERVICE**

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

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. 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.

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 0535-0003. 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.

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)				
				¹ Bu	² Lbs	³ Tons	⁴ Cwt	
Corn (yellow)	0102	1	3	0103	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Corn (white)	0104	1	3	0105	¹ Bu	² Lbs	³ Tons	⁴ Cwt
Oats	0128	1	3	0129	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

- 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

- 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
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
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
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
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

b. **subtracting** discounts for quality factors such as grade, test weight, protein content, foreign matter or damage

c. **subtracting** discounts for transportation charges from farm to elevator (price should reflect point at which grain changes possession.)

d. **adding** premiums for farmer delivering the grains, oilseeds or pulse crops to a mill, processor or terminal

e. **adding** premiums for quality factors

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

a. Drying

b. Storage

c. Check-off fees

d. Service fees

e. Cleaning or grading

f. Transportation or handling charges from farm to first point of sale (if billed to farmer)

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
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
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
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
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
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?

0222

¹ YES. ³ NO

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?

0223

¹ YES. ³ NO

15. Does your accounting period allow a calendar month? ⁰²²⁴ ¹ YES. ³ NO From _____ To _____

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

Name: _____ Position: _____

Telephone: () Fax: () Email: _____

17. 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.]

Respondent Name:	9911 Phone: ()	9910 MM DD YY Date: _____
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THANK YOU FOR YOUR COOPERATION

OFFICE USE ONLY

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