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| **MONTHLY MILK PRICE INQUIRY -** **February 2016** | | | | |
|  | | | OMB No. 0535-0020  Approval Expires: 7/31/2018  Project Code: 177 QID: 133607  SMetaKey: 3607 | |
|  | | |
|  | | | **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States**  **Department of**  **Agriculture** |
|  |  |  | **http://nassnet/miso/PRIME_Center/Communication_Guidelines/Official_Logos/NASS%20Graphic/nass_logo_bw.gif** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |

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|  |  |  |  |  |  | **USDA/NASS -** **Pennsylvania**  Northeastern Region  4050 Crums Mill Road, #203Harrisburg, PA 17112-2875  Phone: 1-800-498-1518  Fax: 1-855-270-2719  E-mail: NASSRFONER@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.  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 0535-0020. The time required to complete this information collection is estimated to average 15 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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Please return your response by e-mail or FAX to (717) 782-4011 by Feb 20, 2016.

1. Please provide the average prices per cwt and corresponding milkfat tests for milk received from producers during the three months listed below. Include all premium payments made directly to producers for bulk tank, volume, quantity, quality, protein and other premiums. The prices you report should be before any deductions are made for hauling or government withholdings. **Include payments for butterfat, protein, and other solids.**

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| **STATE** | **Average Monthly Prices Paid to Producers and Fat Test Percent** | | | |
| **December 2015 Revised** | | **January 2016** | | |
| Connecticut | $/cwt | % milkfat | $/cwt | % milkfat | |
| Maine | $/cwt | % milkfat | $/cwt | % milkfat | |
| Massachusetts | $/cwt | % milkfat | $/cwt | % milkfat | |
| New Hampshire | $/cwt | % milkfat | $/cwt | % milkfat | |
| Rhode Island | $/cwt | % milkfat | $/cwt | % milkfat | |
| Vermont | $/cwt | % milkfat | $/cwt | % milkfat | |

1. Please provide the total volume of milk received from producers in each of the following states.

|  |  |  |
| --- | --- | --- |
| **State** | **Total Volume of Milk Received from Producers in December 2015** | **Total Volume of Milk Received from Producers in January 2016** |
| Connecticut | lbs | lbs |
| Maine | lbs | lbs |
| Massachusetts | lbs | lbs |
| New Hampshire | lbs | lbs |
| Rhode Island | lbs | lbs |
| Vermont | lbs | lbs |

(Over)

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| COMMENTS: |  |

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| 10. **SURVEY RESULTS:** To receive the complete results of this survey on its release date, go to http://www.nass.usda.gov/Surveys/Guide\_to\_NASS\_Surveys/ | |
| Would you rather have a brief summary mailed to you at a later date? 1 Yes 3 No | 9990 |

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| Respondent Name: | 9911  Phone: (\_\_\_\_\_\_) -- \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 9910 MM DD YY    Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **That completes our survey. Thank you for your help.** | | |

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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 | | | | | |  |  | | | | |  | | |  | | |