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| **RAISIN CROP HANDLERS’ REPORT** |
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|  | OMB No. 0535-0039 Approval Expires: 8/31/2019Project Code: 752 QID: 163871 SMetaKey: 3871 |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **United States****Department of****Agriculture** |
|  |  |  |  | **NATIONAL****AGRICULTURAL****STATISTICS****SERVICE** |
|  |  |  | **C:\Users\evanpa.NASSAD\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\P7P796V4\th.jpg** | **California Department of Food and Agriculture** |
|  |  |  |  |  |  | **USDA/NASS -** **California** Pacific Region 650 Capitol Mall, #6-100Sacramento, CA 95814 Phone: 1-800-851-1127 Fax: 1-855-270-2722 Email: NASSRFOPCR@nass.usda.gov  |
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| Please make corrections to name, address and ZIP Code, if necessary |
| 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 number is 0535-0039. The time required to complete this information collection is estimated to average 20 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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| **RAISIN HANDLERS' REPORT INSTRUCTIONS** |
| This report is required by Sections 55601.7 and 55601.8 of the California Food and Agriculture Code and must be returned by **September 6,** **2016** to the California Department of Food and Agriculture, 650 Capitol Mall, Suite 6-100, P.O. Box 942871, Sacramento, CA 94271-0001. lnclude all transactions involving the 2016 crop marketing season. Report information in the appropriate section. |
| **PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE ON THE BACK OF THIS PAGE.** |
| Variety | The nine raisin varieties identified below are to be reported separately in the spaces provided. These varieties are those used by the Raisin Administrative Committee. Reserve Tonnage - Raisins purchased from the Raisin Administrative Committee are NOT to be included in this report. Only **free tonnage** raisins are to be included in this report. |
| **SECTION I** |
| Column 1 | Total Free Tonnage Produced by Handler: For the 2016 crop, report the total free tons produced by you, the handler. DO NOT include raisins purchased from other handlers or other processors. If a dehydrator operator grew or purchased fresh grapes and dehydrated them, he/she is considered the producer of raisins. lf he/she carries out the functions of a handler as defined by the Raisin Administrative Committee, he/she will also be considered the handler.\* If a separate legal entity owned by the handler was responsible for the natural or dehydrator produced raisins, the handler is not the producer of raisins. In this case, report tonnage under column (2) - Quantity Purchased From Producers; the separate legal entity is considered the producer. Reporting in this manner, assumes that a market price was established for the raisins produced by the separate legal entity. |
| **SECTION II, FINALIZED PURCHASES** |
| Column 2 | Free Tonnage Purchased from Producers: Report the total tons, purchased from producers, for which all pricing is finalized. DO NOT include raisins produced by you, the handler; purchased from other handlers; or tonnage for which pricing is not finalized. |
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| Column 3 | Final Weighted Average Price (including Bonuses and Allowances) In column (3), report the final weighted average price of all raisins purchased. Report the price separately by variety, **rounded to the nearest dollar per ton**. Be sure to include all Bonuses and Allowances. For the prices to be considered finalized, all payments should have been paid to the producers for the 2016 crop by August 31, 2017. |
| (OVER) |

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| **SECTION III, NON FINALIZED PURCHASES** |
| Column 4 | Free Tonnage Purchased from Producers: Report the total tons, purchased from producers, for which all pricing is NOT finalized. This covers all tonnage purchased from producers not reported in column (2). DO NOT include raisins produced by you (the handler) or purchased from other handlers.  |
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| Column 5 | Estimated Final Weighted Average Price (including Bonuses and Allowances): Report your "good faith" estimate of the weighted average price for all raisins purchased in column (4). Report the price separately by variety **rounded to the nearest dollar per ton**. Be sure to include all Bonuses and Allowances. If not all payments have been sent to the producers for the 2016 crop by August 31, 2017, report these purchases as non-finalized. |

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| **RAISIN HANDLERS’ REPORT OF FREE TONNAGE “MEETING INSPECTION” /1 FOR 2016 CROP YEAR** |
| Variety | **SECTION I** | **SECTION II** | **SECTION III** |
| Total FreeTonnageProducedby Handler \* | **FINALIZED PURCHASES** | **NON-FINALIZED PURCHASES** |
| Free Tonnage Purchased from Producers | Final Weighted Average Price (including bonuses and allowances) | Free Tonnage Purchased from Producers | Estimated Final Weighted Average Price (including bonuses and allowances) |
| (1) | (2) | (3) | (4) | (5) |
| Tons | Tons | Dollars/Ton | Tons | Dollars/Ton |
| Natural Seedless |  |  |  |  |  |
| Dipped Seedless |  |  |  |  |  |
| Oleate Seedless |  |  |  |  |  |
| Golden Seedless |  |  |  |  |  |
| Zante Currants |  |  |  |  |  |
| Sultanas |  |  |  |  |  |
| Muscat |  |  |  |  |  |
| Monukka |  |  |  |  |  |
| Other Seedless |  |  |  |  |  |
| TOTAL |  |  |  |  |  |
| 1/ Free tonnage as reported to the Raisin Administrative Committee. |

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| Signature of Person Reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Please print Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | **Any processor who fails to submit this report, as prescribed, may be subject to a monetary penalty for each day the report is late.** |  |

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| **Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 9911 | 9910 MM DD YY |
| **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** |
| **This completes the survey. Thank you for your help.** |
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| **Optional Use** |
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