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| **MONTHLY MILK PRICE INQUIRY -** **March 2016** | | | | |
|  | | | OMB No. 0535-0020  Approval Expires: 7/31/2018  Project Code: 177 QID: 133607  SMetaKey: 3607 | |
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|  | | | **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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| 1. During the month of **February**, did this plant receive any milk and cream directly from any producer, regardless of location? (**Include** fluid grade and manufacturing grade milk. **Exclude** receipts from other plants.) | | |
| 1000 | 1 **Yes** - Continue | 3 **No** - Go to item 10 |
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| **INSTRUCTIONS**: Total dollars paid should be reported f.o.b. plant or your receiving station, whichever is the customary point for determining prices. Report total before hauling costs are deducted. Include quality, quantity, bulk tank or any other premiums. |
| For the month of **February**, what was the: |

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| **FLUID GRADE MILK (Grade A)** | |  |
| 2. Total fluid grade milk received from farmers and your receiving stations? . . . . . . . | Lb. | 0111 |
| 3. Total pounds of milkfat in fluid grade milk? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Lb. | 0112 |
| 4. Total dollars paid for fluid grade milk? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Dol. | 0113 |
| 5. Of the fluid grade milk reported in item 2, how much was   produced outside of the State? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Lb. | 0121 |

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| **MANUFACTURING GRADE MILK (Grade B)** | |  |
| 6. Total manufacturing grade milkreceived from farmers and your   receiving stations (not eligible for fluid uses)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Lb. | 0211 |
| 7. Total pounds of milkfat in manufacturing grade milk? . . . . . . . . . . . . . . . . . . . . . . . | Lb. | 0212 |
| 8. Total dollars paid for manufacturing grade milk? . . . . . . . . . . . . . . . . . . . . . . . . . . . | Dol. | 0213 |
| 9. Of the manufacturing grade milk reported in item 6, how much  was produced outside of the State? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | Lb. | 0221 |
| (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  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | | |
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| **Optional Use** | | | | | |
| 9907 | 9908 | | 9906 | 9916 | |
| S/E Name | | | | | |  |  | | | | |  | | |  | | |