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| **2018 ARIZONA GREEN INDUSTRY SURVEY** | | | | | | | | | |
|  | | | | | | OMB No. 0535-0093  Approval Expires: XX/XX/20XX  Project Code: XXX  SMetaKey: XXXX | | | |
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| **SURVEY_LOGO_1:USDA_logo_bw.gif** | | **new_nass_logo_bw** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
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|  |  |  |  |  |  | | National Agricultural Statistics Service  U.S Department of Agriculture  Mountain Regional Field Office  PO Box 150969  Lakewood, CO 80215-0969  Phone: 1-720-787-3150  Fax: 1-866-314-4029  E-mail: nassfomtr@nass.usda.gov | | |

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

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| --- |
| The Arizona Nursery Association and Arizona Landscape Contractors Association need your help in updating our widely used “Green Industry” publication. The contribution of our industry to the Arizona economy was last measured in 2007 and needs to be brought up to date. Please take a few minutes to complete and return the enclosed questionnaire. The information you provide will be used to promote the industry and to represent you in matters before the state legislature. The survey information will be collected and summarized by USDA-NASS to assure that your report will be kept strictly confidential. If you have questions regarding the survey, please contact NASS at 602-280-8850.  The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107–347, and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response to this survey 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 0535-0093. 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. |

This survey will measure the economic impact of Arizona’s nursery, greenhouse and landscape industry.

During 2018, did your business do any of the following:

- sell nursery or greenhouse crops (include plants, trees, shrubs, either in-ground or container grown,

and sod. Include sales either wholesale or retail)

- sell landscape installation services (also include hardscape installations)

- sell landscape maintenance services

- sell design or consultation services

If **yes**, continue If **no**, go to Section VI on the last page

▼

**SECTION I - Organization**: This section deals with how your business is organized and factors limiting your ability to expand.

1. In what year was your company established?  *xxxx*  year\_\_\_\_\_\_\_\_\_

2. In what year did your company begin doing business in Arizona? *xxxx* year\_\_\_\_\_\_\_\_\_

3. In what city and state is your headquarters located? *xxxx* City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*xxxx* State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I - Organization (continued)**

4. Please check the box below that most closely describes your business organization.

|  |  |
| --- | --- |
| sole proprietorship *xxxx* |  |
| partnership *xxxx* |  |
| corporation *xxxx* |  |
| LLC *xxxx* |  |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* |  |

5. Please indicate the number of locations (offices, shops, nurseries, or yards) of your business. (If you

have several types of facilities at one address, please count it as one location).

*xxxx* Number of locations in Arizona\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*xxxx* Total number of locations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Total acres in production including field/containers space and greenhouse space (retail only = 0)

*xxxx* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acres

1. Based on the total gross receipts for your business conducted in **Arizona and other states** in 2018, please indicate the approximate percent of receipts earned from business conducted in Arizona.

(If all of your gross receipts are from Arizona operations, enter 100%).

*xxxx* \_\_\_\_\_\_\_\_\_%

1. Please rank the following factors from 1- 3, with 1 having the least effect and 3 having the most effect, based on their capacity to limit your ability to expand in Arizona. (Place a “MMj01855880000[1]” in appropriate boxes)

**LEAST MOST** 1 2 3 N/A

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| water supply *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| hourly labor availability *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| ability to hire managers *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| land availability *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| competition  *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| government regulations  *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| market demand  *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| availability of capital *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |
| other (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* |  | *xxxx* |  | *xxxx* |  | *xxxx* |  |

**SECTION II - Sales and Labor:** In this section, please report the gross receipts for your business in 2018. Use information for the 2018 calendar year or your 2018 fiscal year.

9. What were your total gross receipts from your Arizona facilities in 2018?

(Include revenues from production, wholesale, retail, landscape design, landscape installation, interior

and exterior landscape maintenance, salvage\reveg operations, water feature and irrigation

installations, and arborist operations).

*xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II - Sales and Labor: (Continued)**

10. What percent of your 2018 gross receipts for the plants and planting material you **used or sold** in

Arizona came from the following categories: (note: producers, wholesalers, retailers, and landscape

service providers should complete this section if they had receipts for plant sales)

Your own fields, nurseries, greenhouses *xxxx*  \_\_\_\_\_\_ %

Arizona suppliers *xxxx* \_\_\_\_\_\_ %

California suppliers *xxxx* \_\_\_\_\_\_\_ %

Texas suppliers *xxxx* \_\_\_\_\_\_\_ %

Florida suppliers *xxxx* \_\_\_\_\_\_\_ %

Other suppliers *xxxx* \_\_\_\_\_\_ %

100 %

11. Please indicate the number of hired workers you had in your Arizona operations as of December 31, 2018.

Type of employee Number

150+ Days *xxxx* \_\_\_\_\_\_\_\_\_

<150 Days *xxxx* \_\_\_\_\_\_\_\_\_

12. On any one day during 2018, what was the largest number of employees you had on your payroll for your Arizona operations?

*xxxx* Number \_\_\_\_\_\_\_\_\_\_

12a. How many unfilled positions do your Arizona operations currently have?

*xxxx* Number \_\_\_\_\_\_\_\_\_\_\_

1. Please indicate the percent of full time equivalent employees you had in your Arizona operations that worked in the following areas. If an employee worked in more than one area, estimate the amount of time spent in each category. (A full time equivalent is one person working 40 hours. For example, two people working 20 hours each is one full time equivalent).

Percent

*(full time equivalent)*

**Nursery/field production**

Supervisor/Foreman  *xxxx \_\_\_*\_\_\_\_\_\_\_\_\_

Laborers *xxxx \_*\_\_\_\_\_\_\_\_\_\_\_

**Landscape design/consultation**

Licensed Architect *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

Designers/Draftsmen, graphic artists, & computer specialists *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

**Landscape installation**

Supervisor/Foreman *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

Laborers *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

**Landscape maintenance**

Supervisor/Foreman *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

Laborers *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

Tree Workers/Arborists *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

**Other**

Managerial *xxxx* \_\_\_\_\_\_\_\_\_\_\_

Administrative/Office Support *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

Sales, cashiers, distributors *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

Other *xxxx* \_\_\_\_\_\_\_\_\_\_\_\_

100%

**SECTION III –Nursery related Sales and Production:** This section deals with gross receipts and the area in production for only your **nursery-related** business. If your business deals only with landscape services, please skip to Section IV, page 5. Use information for the 2018 calendar year or your 2018 fiscal year.

1. What percent of your total gross receipts from your Arizona facilities were from the following categories: (Include receipts either wholesale or retail).

Container plant production *xxxx* \_\_\_\_\_\_\_\_%

In ground production of horticultural products *xxxx* \_\_\_\_\_\_\_\_%

Greenhouse bedding plant production *xxxx* \_\_\_\_\_\_\_\_%

Sod production *xxxx* \_\_\_\_\_\_\_\_%

Salvage/Revegetation operations *xxxx* \_\_\_\_\_\_\_\_%

Re-wholesale trade of greenhouse/nursery products *xxxx* \_\_\_\_\_\_\_\_%

Retail seller of greenhouse/nursery products *xxxx* \_\_\_\_\_\_\_\_%

Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_%

100%

15. What percent of your total gross receipts from Arizona facilities were from:

Arizona buyers *xxxx* \_\_\_\_\_\_\_\_\_ %

Nevada buyers *xxxx* \_\_\_\_\_\_\_\_\_ %

California buyers *xxxx* \_\_\_\_\_\_\_\_\_ %

Texas and New Mexico buyers *xxxx* \_\_\_\_\_\_\_\_\_ %

Rest of U.S. *xxxx* \_\_\_\_\_\_\_\_\_ %

Mexico buyers *xxxx* \_\_\_\_\_\_\_\_\_ %

100 %

16. What percent of your total gross receipts from your Arizona facilities were to:

Wholesale distributors *xxxx* \_\_\_\_\_\_\_\_\_ %

Retail distributors *xxxx* \_\_\_\_\_\_\_\_\_ %

Landscape service firms *xxxx* \_\_\_\_\_\_\_\_\_ %

Final user/general public *xxxx* \_\_\_\_\_\_\_\_\_ %

100 %

**SECTION IV - Landscape-related Sales:** This section deals with gross receipts for only your

**landscape-related** business. If your business deals only with nursery production,

wholesaling, or retailing then please skip to Section V, page 6. Use information for the

2018 calendar year or your 2018 fiscal year.

17. What percent of your total gross revenues from your Arizona facilities were to:

Residential customers *xxxx* \_\_\_\_\_\_\_\_\_ %

Commercial customers *xxxx* \_\_\_\_\_\_\_\_\_ %

HOA/Common Area customers *xxxx* \_\_\_\_\_\_\_\_\_ %

Municipalities *xxxx* \_\_\_\_\_\_\_\_\_ %



18. What percent of your total 2018 gross receipts from your Arizona facilities were from the following

categories: (include landscape design, landscape installation, interior and exterior landscape

maintenance, salvage\reveg operations, water feature and irrigation installations, and arborist

operations)

Landscape design\consultation *xxxx* \_\_\_\_\_\_\_\_\_%

Landscape installation *xxxx* \_\_\_\_\_\_\_\_\_ %

Landscape maintenance *xxxx* \_\_\_\_\_\_\_\_\_ %

100 %

18a. Please, indicate below the percent of your total gross receipts by activity and type of customer.

Activity Residential Commercial HOA/Common Area Municipalities

Landscape design\consulting *xxxx* \_\_\_\_\_\_% *xxxx* \_\_\_\_\_\_*%* *xxxx* \_\_\_\_\_\_% *xxxx* \_\_\_\_\_\_*%*

Landscape installation *xxxx* \_\_\_\_\_\_*%* *xxxx* \_\_\_\_\_\_*%* *xxxx* \_\_\_\_\_\_*%* *xxxx* \_\_\_\_\_\_%

Landscape maintenance *xxxx* \_\_\_\_\_\_*%* *xxxx* \_\_\_\_\_\_*%* *xxxx* \_\_\_\_\_\_% *xxxx* \_\_\_\_\_\_*%*

**SECTION V - Salaries and Expenditures:** Both nursery-related and landscape-related businesses

should complete this section. Please report expenses from your Arizona facilities for the

2018 calendar year or your 2018 fiscal year.

19. Please estimate the amount of income, property and sales taxes paid by your firm in 2018.

Arizona corporate income tax *xxxx* $ \_\_\_\_\_\_\_\_\_\_\_

Property taxes paid in Arizona *xxxx* $ \_\_\_\_\_\_\_\_\_\_\_

Sales taxes paid in Arizona (collected by you on your sales) *xxxx* $ \_\_\_\_\_\_\_\_\_\_\_

20. What were the average **ANNUAL** salaries paid to each type of worker in 2018? (Report totals for

only those categories that apply to your business).

Type of Worker Avg. Annual Salary **or** Avg. Hourly Wage

Nursery Business only

Laborer *xxxx* $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_

Field supervisors *xxxx* $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_

Landscape Business only

Laborer *xxxx* $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_

Foremen *xxxx* $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_

Tree Worker/Arborist *xxxx* $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_

Nursery & Landscape Businesses

Sales Representatives(include salary & commissions) *xxxx* $\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_­\_­\_\_\_\_

Administrative/Office Support *xxxx* $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_\_

Managerial  *xxxx*  $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_\_

Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_\_ *xxxx* $\_\_\_\_\_\_\_\_\_\_

**SECTION V - Salaries and Expenditures (continued)**

1. Please list the approximate annual expenses for the following items: Please report expenses from

your Arizona facilities for the 2018 calendar year or your 2018 fiscal year. If you do not have

expenses broken down by item, please provide the total expenses for your operation under item Y at

the bottom of the table.

Total Expenses Percent Paid

Entire Operation Outside Arizona

**Vehicle and Equipment Expenses:**

a. Vehicle lease or purchase expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

b. All other equipment purchases or leases  *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

c. Fuel and motor oil expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

d. Vehicle and equipment repair/maintenance expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

e. All other vehicle and equipment expenses not

reported above *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

**Supply Expenses:**

f. Plant material expenses  *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

g. Rock and other hardscape expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

h. Container and stake expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

i. Fertilizer and chemical expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

j. Soil amendments: bark products, peat moss, etc. *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

k. Greenhouse and related supply expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

l. Irrigation materials/systems and landscape lighting expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

m. Office supply expenses  *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

n. All other supply expenses not reported above *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_ *xxxx* \_\_\_\_\_\_\_\_\_ %

**Utility Expenses:**

o. Water/ sewer utilities (include irrigation) *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

p. Electricity and natural gas expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

q. Telephone and other communication expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

r. All other utility expenses not reported above *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Labor Expenses:**

s. Hired labor expenses

(include cash wages and salaries only.

also include the cash outlays for contracted labor.

exclude taxes paid) *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

t. Hired labor benefits expenses

(include the cash outlays of benefits only,

such as health insurance, paid time off,

retirement contributions, etc. exclude

taxes paid) *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

u. Hired labor payroll taxes paid *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Expenses:**

v. Mortgage/leasing/rent expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

w. Facility maintenance or repair (excluding labor cost) *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

x. Facility construction/remodeling expenses *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

**y. TOTAL EXPENSES IN 2018** (sum of items a - x) *xxxx* $\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION VI - Comments:**

22. Please enter any comments that you wish to make.

Please mail in the enclosed postage – paid envelope.

Reported by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE**

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| 5. Respondent Name: |  |  | 9911  Phone: ( ) |  | 9910 MM DD YY  Date: \_\_ \_\_ \_\_ \_\_ **18** |

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| **Survey Results:** To receive the complete results of this survey on the release date,  go to www.nass.usda.gov/Surveys/Guide\_to\_NASS\_Surveys/  Would you rather have a brief summary mailed to you at a later date?  **YES** – (Enter code 1.)  **NO** – (Enter code 3.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | **Code** |
| 9990 |
| **THANK YOU FOR YOUR COOPERATION** | |

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| **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  8-Known Zero | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 1-PASI (Mail)  2-PATI (Tel)  3-PAPI (Face  to-Face)  6-e-mail  7-Fax  19-Other | 9903 | 9998 | 9900 | 9921 | 9985 | 9989  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | | | | |
| **Optional Use** | | | | |
| 9907 | 9908 | | 9906 | 9916 |
| S/E Name | | | | | |  |  | | |  | |  | | |