|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018 MARYLAND HORTICULTURE SURVEY** | | | | | | | | | |
|  | | | | | | OMB No. 0535-0093  Approval Expires: XX/XX/20XX  Project Code: XXX  SMetaKey: XXXX | | | |
|  | | | | | |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | | **new_nass_logo_bw** | **NATIONAL**  **AGRICULTURAL**  **STATISTICS**  **SERVICE** |
|  | | | | | |  | | | |
|  |  |  |  |  |  | | National Agricultural Statistics Service  U.S Department of Agriculture  Northeastern Regional Field Office  4050 Crums Mill Road  Suite 203  Harrisburg, Pennsylvania 17112  Phone: 1-717-787-3904  Fax: 1-855-270-2719  E-mail: nassfoner@nass.usda.gov | | |

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

|  |
| --- |
| This survey is being conducted by the USDA’s National Agricultural Statistics Service to document the current growth, scope and impact of the Maryland Green Industry, including Garden Centers. The survey is being sent to all licensed nursery and landscape operations in Maryland. **If you do business at more than one location, please combine the data for all locations on one questionnaire. Include production and sales from Maryland locations only.** Please return your report in the enclosed postage paid envelope. If you have any questions, please do not hesitate to call. We appreciate your help in this important effort.    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 60 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. |

***Note: Use 2018 fiscal year if unable to give calendar year data.***

**SECTION 1 - Type of Operation**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** Did you produce or sell nursery or greenhouse crops or provide landscape services during **2018**? | | | | | | | | | |
|  |  | Yes ***[Continue Below]*** |  |  |  | |  | | No ***[skip to page 8, question 48]*** |
| **2.** Which of the following categories **BEST** describes your primary business activity *(check one)*: | | | | | | | | | |
|  | Grower - wholesale only | | | |  | |  | Grower - retail and/or wholesale | |
|  | Landscaper and/or Interiorscaper (*installation only*) | | | |  | |  | Horticulture distributor or re-wholesale | |
|  | Landscaper and/or Interiorscaper (*maintenance only*) | | | |  | |  | Retail sales | |
|  | Landscaper and/or Interiorscaper (*installation/ maintenance*) | | | |  | |  | Other *(Please specify)* | |

|  |  |
| --- | --- |
| **3.** How many years has this business been in operation? | 200 |
|  | |
| **4.** Is this operation a Family Owned Business? (*Circle one*) **YES NO** | |

**SECTION 2 - Gross Sales**

**2017 2018 Projected 2019**

|  |  |  |  |
| --- | --- | --- | --- |
| **5.** What were your total gross sales from nursery or greenhouse crops and landscaping? *(Including hardscapes e.g. walkways, irrigation systems, decks, snow removal, etc.)* **Note:** use fiscal year values if calendar year values are not available. | 300 | 301 | 302 |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  | | |  | |
| **6.** What **PERCENT** of your total sales were from: | | | | **2018** | | | **Projected 2019** | |
|  | a) | wholesale *(plant sales)* | | 400 | | | 408 | |
|  | b) | wholesale *(non-plant sales only)* | | 401 | | | 409 | |
|  | c) | retail *(plant sales)* | | 402 | | | 410 | |
|  | d) | retail *(non-plant sales only)* | | 403 | | | 411 | |
|  | e) | landscape/interiorscape installation | | 404 | | | 412 | |
|  | f) | landscape/interiorscape maintenance | | 406 | | | 414 | |
|  | g) | other *(please specify)* | | 407 | | | 415 | |
|  |  | (*Percentages should add to 100%*) | | **100 %** | | | **100 %** | |
| **7.** What **percent** of your plant sales were by the following categories?  (*include plants installed and maintained*) | | |  | | | **2018** | | **Projected 2019** | |
| a) | Woody plants | | | 450 | | | 457 | |
| b) | Herbaceous perennials | | | 451 | | | 458 | |
| c) | Annuals | | | 452 | | | 459 | |
| d) | Aquatic Plants | | | 453 | | | 460 | |
| e) | Specialty greenhouse *(house plants and tropicals)* | | | 454 | | | 461 | |
| f) | Christmas trees | | | 455 | | | 462 | |
| g) | Other *(e.g. seeds, sod, bulbs, and cut flowers)* | | | 456 | | | 463 | |
|  | (*Percentages should add to 100%*) | | | **100 %** | | | **100 %** | |
| **8.** What **percent** of your sales were by the following methods?  (*include plants installed and maintained*) | | | | | **2018 Projected 2019** | | | | | |  |
| a) | Field Grown *( include aquatic plants)* | | | 500 | | | 506 | |
| b) | Containers | | |  | | |  | |
|  | 1. In-ground containers (Pot-in-Pot) | | | 501 | | | 507 | |
|  | 1. Above ground containers 2. In-ground containers (Pot-in-Pot) | | | 502 | | | 508 | |
|  | 1. Greenhouse | | | 503 | | | 509 | |
| c) | Cut Flowers | | | 504 | | | 510 | |
| d) | Other *(please specify)* | | | 505 | | | 511 | |
|  | (*Percentages should add to 100%*) | | | **100 %** | | | **100 %** | |

**SECTION 3 – Sources of Plant Material**

1. Did you produce, purchase or install plants in **2018**? Yes ***[Continue*]** No (***skip to Section 4, question 11***)
2. Please enter the **percent** of your **2018** plant material that you **produced or purchased** in each category and region identified in the table below.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Source of Plants  ***Columns should sum to 100.*** | Woody Plants | Herbaceous Perennials | Annuals | Aquatic Plants | Indoor Plants and Tropical Greenhouse | Christmas Trees | Other *(e.g. seeds, sod, bulbs)* | |
| Grown entirely on your farm/ nursery |  |  |  |  |  |  |  | |
| Maryland grown: Finished by you |  |  |  |  |  |  |  | |
| Maryland grown: Already finished |  |  |  |  |  |  |  | |
| Eastern States grown: Finished by you |  |  |  |  |  |  |  | |
| Eastern States grown: Already finished |  |  |  |  |  |  |  | |
| Southern States grown: Finished by you |  |  |  |  |  |  |  | |
| Southern States grown: Already finished |  |  |  |  |  |  |  | |
| Central States grown: Finished by you |  |  |  |  |  |  |  | |
| Central States grown: Already finished |  |  |  |  |  |  |  | |
| Western States grown: Finished by you |  |  |  |  |  |  |  | |
| Western States grown: Already finished |  |  |  |  |  |  |  | |
| Canada grown: Finished by you |  |  |  |  |  |  |  | |
| Canada grown: Already finished |  |  |  |  |  |  |  | |
| Other Countries: |  | | | | | | | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |
| **Total** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | |
| **Note: Eastern States include** CT, Wash. DC, DE, MA, ME, NH, NJ, NY, PA, RI, VT, and WV **Southern States include** AL, AR, FL, GA, KY, LA, MS, NC, OK, Puerto Rico, SC, TN, TX, and VA **Central States include** IA, IL, IN, KS, MI, MO, MN, ND, NE, OH, SD, and WI **Western states include** AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY | | | | | | | |  |

**SECTION 4 – Destination of Plants – if you are a landscape contractor, go to question 13.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **11.** Did you wholesale and/or re-wholesale plant materials or engage in retail sales in **2018**? | | | | | | | | | | | | |
|  |  | | Yes ***[Continue*]** | | | |  | No ***[skip to Section 4, question 13]*** | | | | |
| **12.** Please enter the **percent** of your **2018** sales by plant material category sold to each region identified in the table below. | | | | | | | | | | | | |
| Destination  ***Columns should sum to 100.*** | | Woody Plants | | Herbaceous Perennials | Annuals | Aquatic Plants | | | Specialty Greenhouse | Christmas Trees | Other  *(e.g. seeds, sod, bulbs)* |
| Maryland | | 701 | | 702 | 703 | 704 | | | 705 | 706 | 707 |
| Eastern States | | 708 | | 709 | 710 | 711 | | | 712 | 713 | 714 |
| Southern States | | 715 | | 716 | 717 | 718 | | | 719 | 720 | 721 |
| Central States | | 722 | | 723 | 724 | 725 | | | 726 | 727 | 728 |
| Western States | | 729 | | 730 | 731 | 732 | | | 733 | 734 | 735 |
| Canada | | 736 | | 737 | 738 | 739 | | | 740 | 741 | 742 |
| Other Countries: | |  | | | | | | | |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 743 | | 744 | 745 | 746 | | | 747 | 748 | 749 |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 750 | | 751 | 752 | 753 | | | 754 | 755 | 756 |
| **Total** | | **100%** | | **100%** | **100%** | **100%** | | | **100%** | **100%** | **100%** |

|  |
| --- |
|  |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **13.** Did you install and/or maintain plant materials for customers in **2018**? | | | | | | | | | | | | | | |  |  | | Yes ***[Continue*]** | | | | |  | No ***[skip to Section 5, question 15]*** | | | | | | **14.** Please enter the **percent** of your **2018** sales that you installed by plant material category sold to each region identified in the table below. | | | | | | | | | | | | | | | States  ***Columns should sum to 100.*** | | Woody Plants | | | Herbaceous Perennials | Annuals | Aquatic Plants | | | Specialty Greenhouse | Christmas Trees | Other  *(e.g. seeds, sod, bulbs)* | | Maryland | | 701 | | | 702 | 703 | 704 | | | 705 | 706 | 707 | | Eastern States | | 708 | | | 709 | 710 | 711 | | | 712 | 713 | 714 | | Southern States | | 715 | | | 716 | 717 | 718 | | | 719 | 720 | 721 | | Central States | | 722 | | | 723 | 724 | 725 | | | 726 | 727 | 728 | | Western States | | 729 | | | 730 | 731 | 732 | | | 733 | 734 | 735 | | Canada | | 736 | | | 737 | 738 | 739 | | | 740 | 741 | 742 | | Other Countries: | |  | | | | | | | | |  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 743 | | 744 | | 745 | 746 | | | 747 | 748 | 749 | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 750 | | 751 | | 752 | 753 | | | 754 | 755 | 756 | | **Total** | | **100%** | | **100%** | | **100%** | **100%** | | | **100%** | **100%** | **100%** | |

**NOTE**: Eastern States include CT, DC, DE, MA, ME, NH, NJ, NY, PA, RI, VT, WV

Southern States include AL, AR, FL, GA, KY, LA, MS, NC, OK, Puerto Rico, SC, TN, TX*,* VA

Central States include IA, IL, IN, KS, MI, MO, MN, ND, NE, OH, SD, WI

Western states include AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

**Section 5 - Land, Buildings, and Equipment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **15.** What is your estimate of the current market value of land, structures and equipment used  *(owned, leased and/or rented)* in your operation as of **December 31, 2018**? | | | | | | | | | | | 800 | | |
|  | | |
| **16.** What was the total acreageyour operation owned, leased and/or rented for sales or production  in **2018**? *(Including all production, sales, and holding areas)* | | | | | | | | | | | 801 | | |
|  | | |
| **17.** Please provide the number of acres your operation owned, leased, and/or rented for sales or production in 2018 for each of the categories below: | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  | **Acres** | |  | a) Field Production (in ground) | | 901 | |  | b) In-ground container production (pot-in pot) | | 902 | |  | c) Out-of-ground container production (container nursery) | | 903 | |  | d) Permanent greenhouse (eg. Propagation houses; not overwintering structures) | | 904 | |  | e) Holding/sales | | 905 | |  | f) Infrastructure (not otherwise indicated above) ……. | | 906 | | | | | | | | | | | | | |
| **18.** Did your operation have any greenhouses, shade-house or overwintering structures in 2018? | | | | | | | | | | | | |
|  | | |  | | Yes ***[Continue]*** | |  | No***[skip to question 20]*** | | | | |
| **19.** Please indicate type and area of covered space in use in **2018**. (*Include covered space used for holding, selling, or finishing product.*) | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | Square Feet | | Acres | | | | |
|  | a) Glass greenhouses | | | | | | | | | 907 | | 500 | | | | | | | | | | |
|  | b) Rigid plastic greenhouses | | | | | | | | | 908 | | 501 | | | | 504 | | |
|  | c) Film plastic greenhouses, hoop houses, or over winter poly house *(single or multi-layer*) | | | | | | | | | 909 | | 502 | | | | 505 | | |
|  | d) Shade houses | | | | | | | | | 910 | | 503 | | | | 506 | | |
|  | e) Other *(please specify)* | | | | | | | | | 911 | | 504 | | | | 507 | | |
| **20.** List the Maryland counties where your operation is located. If your operation is in more than one county, list the total acreage in each county. *(report acreage to the nearest whole number)* | | | | | | | | | | | | | |  | | | |  | | **100 %** | **100 %** |
| **COUNTY** | | **ACREAGE** | | |
| 120 | | 121 | | |
| 122 | | 123 | | |
| 124 | | 125 | | |

**SECTION 6 - Labor** Domestic Foreign

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | 21 | | | How many workers were paid for working 149 days or less? | | | | | | | 131 | | | | xxx | | |
|  | | | 22 | | | How many workers were paid for working 150 days or more? | | | | | | | 132 | | | | xxx | | |
|  | | 23 | | | How many workers were from the H2A program? | | | | | | | 233 | | | | | xxx | |
|  | | 24 | | | How many workers were from the H2B program? | | | | | | | 333 | | | | | xxx | |
|  | | 25 | | | How many workers were from other programs? | | | | | | | 433 | | | | | xxx | |
| **SECTION 6 – Labor (continued)** | | | | | | | | | | | | | |  | | |
| **26.** What were the total gross wages paid by your operation during **2018**? *(Include employer’s cost for social security, worker’s compensation, insurance premiums and any other benefits provided)*. | | | | | | | | | | | | | |  | | |
| 134 | | |
|  | | | | | | | | |  | | | | | | | |  | | |
| **27.** Of the total gross wages paid *(item 26)* how much was for: | | | | | | | | | **28.** During **2018**, what was the average hourly wage for: | | | | | | | |  | | |
| a) Labor overhead | | | **139**  . |  |  | | a) Inexperienced Laborers | | | 135  . | | **.\_\_ \_\_** | |
| (e.g. payroll taxes, workers’ comp, benefits, other costs of hiring and processing foreign labor) | | |  |  |  | | b) Experienced Laborers | | | 136  . | | **.\_\_ \_\_** | |
|  |  |  | | c) Managers | | | 137    . | | **.\_\_ \_\_** | |
|  | | |  |  |  | | d) Supervisors…………………….. | | | 138 | |  | |
| **29.** How many **UNPAID** workers were on this operation in **2018**? *(Include family members, operators, and partners not paid a salary)* | | | | | | | | | | | | | |  | | |
| 140 | | |

**SECTION 7 – Stewardship – Only answer questions that apply to your operation**

**30.** Do you have a current conservation plan with the local Soil Conservation District? Y N

**31.** Please estimate how many acres you have in long term buffer strips, permanent grass isles and other buffer areas?

* 1. None b. 0-10 c. 11-25 d. 26-50 e. Greater than 50

**32.** How many acres do you have in temporary buffer strips, grass isles and other buffer areas?

1. None b. 0-10 c. 11-25 d. 26-50 e. Greater than 50

**33.** If you do have conservation zones, do you employ any of the following conservation practices….? (Choose all that apply)

1. Maintain perennial grass aisles between planting beds or rows
2. Maintain perennial grass buffers around fields
3. Use in-row cover crops
4. Use soil moisture sensors to management irrigation
5. Managed beneficial insect habitats (pollinators, etc)
6. Release beneficial insects
7. Conserve beneficial insects by adjusting herbicide, fungicide, pesticide selection
8. Conserve beneficial insects by adjusting chemical application times and techniques
9. Conduct regular crop pest scouting
10. Grow plants under USDA Organic certification
11. Use compost as a nutrient source
12. Practice crop rotation
13. Utilize alternative energy sources (solar, wind, geothermal, etc)
14. Other

**34.** If you do have conservation zones like buffer strips, did you employ them because…? (Choose all that apply)

1. Cost share/ incentives
2. Required by regulations
3. a best management practice to protect the environment
4. To improve profitability
5. Because of consumer demand / for the marketing value of sustainability
6. Pressure from non-governmental organizations

**SECTION 7 – Stewardship (continued)**

**35.** Were you able to fully implement your nutrient management plan Y N

**36.** If answer to 35 was yes, move to question 37; if no, what are some reasons?

1. Lack of time
2. Lack of labor
3. Some BMPs were too restrictive
4. Costs to implement were too high
5. Other

**37.** Since implementing all or parts of your nutrient management plan, what savings in dollars do you think you have experienced?

1. no savings
2. $1-$500
3. $501-$1000
4. $1001-$5000
5. greater than $5000
6. Other

**38.** Please estimate in pounds per acre your reduction of the use of nitrogen since implementing all or part of your nutrient management plan?

1. no reduction
2. 0-50
3. 50-100
4. 101-200
5. over 200

**39.** Please estimate in pounds per acre your reduction of the use phosphorus since implementing all or part of your nutrient management plan?

.

1. no reduction
2. 0-50
3. 50-100
4. 101-200
5. over 200

**40.** If your nutrient management plan increased your operational efficiencies please indicate in what way:

1. More efficient nutrient use
2. More efficient water use
3. More efficient labor use
4. Better understanding of your overall operation
5. Other

**41.** Do you capture and re-use irrigation water? Y N

**42.** Do you use precision, micro or drip irrigation? Y N

**43.** Do you use water management strategies or monitoring equipment? Y N

**44.** If you maintain buffer areas along streams please indicate the width of buffer areas (circle all that apply)

1. 10’
2. 20’
3. 35’
4. Greater than 35’

**SECTION 7 – Stewardship (continued)**

**45.** Please identify the watershed(s) your operation(s) is/are located? Choose any that apply

1. Blackwater (Buttins Creek, Chicamcomico and Transquaking Rivers)
2. Chester-Sassafrass (Little Northeast and Elk Creeks , Bohemian and Wye Rivers)
3. Chincoteague (St. Martin River and Trapp Creek)
4. Choptank (Tuckahoe River)
5. Gunpowder-Patapsco (Patapsco and Gunpowder Falls, Gywnns Falls, Winters, Carson and Bynum Runs)
6. Nanticoke (Marshy Hope, Broad and Quantico Creeks)
7. Monocacy River and its tributaries
8. Patuxent and its tributaries
9. Potomac, Lower (Mattawoman, Najemoy and St. Clement Creeks, and Port Tabaco River)
10. Potomac, Middle (Catoctin Creek, and Seneca Creeks, Muddy Branch and Watts Branch, Rock Creek, Henson Creek, Tinkers Creek and Piscataway Creek, Anacostia River)
11. Potomac, Upper (Savage River and Braddock, Jacobs, Collier Mill Runs; Town Creek, Fifteen Mile and Sideling Hill Creek; Licking, Tonoloway Conococheauge and Antietam Creeks)
12. Pocomoke (Nassawongo and Dividing and Marumsco Creek)
13. Severn River (South River)
14. Susquehanna, Lower (Deer, Broad, Conowingo and Octoraro Creeks)
15. Wicomico

**SECTION 8 - Industry Factors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **46.** Please list the 3 most important factors that are limiting growth or are problematic for your business. | | | | |
|  |  | OFFICE USE |
|  |  | 160 |
|  |  | 161 |
|  |  | 162 |

|  |
| --- |
| **47.** Is any of your land in a land preservation/conservationprogram? (*Circle one*) **YES NO** |

|  |  |  |
| --- | --- | --- |
| If Yes: How many acres did you have total in preservation/conservation programs in 2018? | | |
| 162 |

**SECTION 9 - Conclusion**

**Please share with us any comments on issues affecting your industry:**

|  |
| --- |
|  |
|  |
|  |

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

|  |  |
| --- | --- |
| **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** | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |  |  | | |  | |  | | |