

GRAPE INQUIRY - August 2016

OMB No. 0535-0039
 Approval Expires: 8/31/2016
 Project Code: 134 QID: 000701
 SMetaKey: 2352



USDA/NASS – New York
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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. Response 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 number is 0535-0039. 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.

Report condition of the grape crop right now, compared with prospects for a full crop. Let 100 percent represent the full crop you would expect if there was favorable weather and no damage from insects or disease. Enter zero to indicate complete failure.

PLEASE REPORT FOR THE VINEYARDS YOU OPERATE

1. **Condition of the 2016 grape crop**, in your vineyards, as a percent of full crop. **PERCENT** 0007
2. **Quantity of grapes expected** for harvest this year (2016). **TONS** 0110
3. **Total quantity of grapes harvested** from these vineyards last year (2015). **TONS** 0002
4. **Comments** on the growing conditions and the progress of the grape harvest will be helpful: (Use reverse side if necessary)

5. **SURVEY RESULTS:** To receive the complete results of this survey on the 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? 9990 **Yes** **No**

| | | | | | |
|------------------|----------------|-------------------|----|----|----|
| Respondent Name: | 9911 Phone: | 9910 | MM | DD | YY |
| | | Date: ___ ___ ___ | | | |

| OFFICE USE | | | | | | | | | | | |
|------------------|------|-------------|------|----------------|-------|-------|----------------|-------------------------|------|------|------|
| Response | | Respondent | | Mode | Enum. | Eval. | Change | Office Use for POID | | | |
| 1-Comp | 9901 | 1-Op/Mgr | 9902 | 1-Mail | 9903 | 9998 | 9900 | 9985 | 9989 | | |
| 2-R | | 2-Sp | | 2-Tel | | | | | | | |
| 3-Inac | | 3-Acct/Bkpr | | 3-Face-to-Face | | | | | | | |
| 4-Office Hold | | 4-Partner | | 4-CATI | | | | | | | |
| 5-R – Est | | 9-Oth | | 5-Web | | | | | | | |
| 6-Inac – Est | | | | 6-e-mail | | | | | | | |
| 7-Off Hold – Est | | | | 7-Fax | | | | | | | |
| | | | | 8-CAPI | | | | | | | |
| | | | | 19-Other | | | | | | | |
| | | | | | | | R. Unit | | | | |
| | | | | | | | 9921 | | | | |
| | | | | | | | | Optional/NOD Use | | | |
| | | | | | | | | 9907 | 9908 | 9906 | 9916 |

S/E Name _____