

# GRAPE INVENTORY SURVEY 2020 CROP

OMB No. 0535-0039  
Approval Expires:  
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SMetaKey:



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(MASTER)

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

This office is now preparing estimates of 2020 grape acreage, number of vines, and age of the vines. Your answers to the questions below will help make these figures more accurate and reliable.

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 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 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.

## REPORT FOR THE VINEYARDS YOU OPERATED OR MANAGED IN 2020

**Include vineyards rented or leased from others, but exclude those rented or leased to someone else.**

1. Were any grape vines grown on this operation in **2020**?

- Yes [Enter Code 1 and Continue with Item 2.]  
 No [Enter Code 3 and go to Item 10]

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2. Acreage of grapes grown for all purposes in **2020**

Wine Grapes

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acres

Juice Grapes

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|  |
|--|

acres

Table Grapes

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acres

3. If you completed a previous report, a listing of the vineyard information reported previously is included. Feel free to mark any corrections or deletions on that form.

4. Please report any new plantings or acquisitions in the table on the next two pages.





5. Did you carry crop insurance for the grape vines grown on this operation in **2020**?

- Yes [Enter Code 1]  
 No [Enter Code 3]

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6. Did you use pre-emergent herbicide for the grape vines grown on this operation in **2020**?

- Yes [Enter Code 1 and go to Item 7]  
 No [Enter Code 3]

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a. Did you make fall herbicide pre-emergent applications for the grape vines grown on this operation in **2020**?

- Yes [Enter Code 1]  
 No [Enter Code 3]

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7. What was the main disease issue for the grape vines grown on this operation in **2020**?

- Phomopsis [Enter Code 1]  
 Anthracnose [Enter Code 2]  
 Black Rot [Enter Code 3]  
 Powdery Mildew [Enter Code 4]  
 Downey Mildew [Enter Code 5]  
 Other [Enter Code 6 and specify \_\_\_\_\_]

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8. What was the main weed issue for the grape vines grown on this operation in **2020**?

- Marestalk [Enter Code 1]  
 Thistle [Enter Code 2]  
 Poison Ivy [Enter Code 3]  
 Blind Weed [Enter Code 4]  
 Dog Bane [Enter Code 5]  
 Other [Enter Code 6 and specify \_\_\_\_\_]

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9. Did you regularly scout for pests on the grape vines grown on this operation in **2020**?

- Yes [Enter Code 1]  
 No [Enter Code 3 and go to Item 9]

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b. How often did you scout for pests on the grape vines grown on this operation in **2020**?

- Once a week [Enter Code 1]  
 Twice a week [Enter Code 2]  
 Other [Enter Code 3 and specify \_\_\_\_\_]

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10. Did you trap insects to determine when to spray on the grape vines grown on this operation in **2020**?

- Yes [Enter Code 1]  
 No [Enter Code 3]

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11. Which type of sprayers did you use on the grape vines grown on this operation in **2020**?

- Backpack [Enter Code 1]  
 Air blast [Enter Code 2]  
 Power sprayer [Enter Code 3]  
 Other [Enter Code 4 and specify \_\_\_\_\_]

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12. What was the main insect issue for the grape vines grown on this operation in **2020**?

- Spotted Wing Drosophila (SWD) [Enter Code 1]  
 Brown Marmorated Stink Bug (BMSB) [Enter Code 2]  
 Multicolored Asian Lady Beetle (MALB) [Enter Code 3]  
 Phylloxera [Enter Code 4]  
 Grape Berry Moth [Enter Code 5]  
 Other [Enter Code 6 and specify \_\_\_\_\_]

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13. In the next five years, how many acres do you plan to plant or remove of each category of grapes?

**REPORT IF NOT GROWING GRAPES IN 2020**10. Indicate the reason no grape vines grown on this operation in **2020**

- Farm Sold [Enter Code 1 and go to Item 11]  
 Retired from farming [Enter Code 2 and go to Item 11]  
 Entire farm rented to others [Enter Code 3 and go to Item 11]  
 Farming, but not growing grapes [Enter Code 4 and go to Item 11]  
 Never farmed [Enter Code 5 and go to Conclusion]

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11. Will a new operation grow grapes in the land you operated in **2019**?

- Yes [Enter Code 1]  
 No [Enter Code 3 and go to Conclusion]

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12. To avoid duplication, please provide the new grape producer's name, farm name, and partners.

**CONCLUSION****Survey Results:** The report will be available at the following website: [www.nass.usda.gov/mi](http://www.nass.usda.gov/mi).

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

|                        |                      |                          |    |    |    |
|------------------------|----------------------|--------------------------|----|----|----|
| Respondent Name: _____ | 9911<br>Phone: _____ | 9910                     | MM | DD | YY |
|                        |                      | Date: ____ - ____ - ____ |    |    |    |

**This completes the survey. Thank you for your help.**

| 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       |      |       |       |        |                     |      |      |      |
|                  |      |             |      |                |      |       |       |        | 9907                | 9908 | 9906 | 9916 |

S/E Name

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