

# Attachment G: Producer Pre-Training Survey

OMB# 0584-0524 Exp: 12/31/2022

**OMB BURDEN STATEMENT:** This information is being collected to assist the Food and Nutrition Service in assessing knowledge change regarding specific farm to school strategies and topics; your perceptions about usefulness of training topics; your suggestions for improving trainings; and your plans for implementing strategies. This is a voluntary collection and FNS will use the information to evaluate the effectiveness of the farm to school producer training. 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 for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 5 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, Alexandria, VA 22306 ATTN: PRA (0584-0524).

**PRIVACY ACT STATEMENT:** This information is being collected for statistical research or reporting purposes only. Please refer to System of Records Notice for FNS-8, "FNS Studies and Reports," located in Federal Register Volume 56 Number 80, for System location, categories of individuals covered, categories of records, purpose, routine uses, storage, retrieval, safeguards, and retention and disposal. FNS-8 is located here: <https://www.govinfo.gov/content/pkg/PAI-2017-USDA/xml/PAI-2017-USDA.xml#fns8>. Records will not be retrieved by personally-identifiable information and retention requirements will be followed in accordance with FNS Agency Records Retention Schedule and Records Management Policy 270-1.

## ABOUT YOUR FARM

- 1. What is your name, the name of the farm, and your role?** *(We ask this question to ensure that duplicate surveys are not completed by one farm and that we can match the survey you took before the training started to those you take after; we will not publish this information and your name and farm will not be associated with your responses).*

Your name: \_\_\_\_\_

Name of farm: \_\_\_\_\_

Your role (e.g., owner, manager): \_\_\_\_\_

- 2. In which state(s) is your farm located?**

State: \_\_\_\_\_

**3. How many years have you been farming?**

Number of years farming: \_\_\_\_\_

**4. Approximately how many acres did you have in production (including leased land) this year?**

Number of acres in farming this year: \_\_\_\_\_

**5. Please estimate the farm operation's total gross sales (from all agricultural products) this year?**

<input type="checkbox"/>	Less than \$10,000	<input type="checkbox"/>	\$350,000-\$499,999
<input type="checkbox"/>	\$10,000-\$49,999	<input type="checkbox"/>	\$500,000-\$999,999
<input type="checkbox"/>	\$50,000-\$99,999	<input type="checkbox"/>	\$1 million or more
<input type="checkbox"/>	\$100,000-\$349,999		

**6. Please indicate which products you produce.**

<b>Type of Product</b>	<b>Yes</b>	<b>No</b>
Fresh fruits	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Meat, poultry, & eggs	<input type="checkbox"/>	<input type="checkbox"/>
Grains & legumes	<input type="checkbox"/>	<input type="checkbox"/>
Fish	<input type="checkbox"/>	<input type="checkbox"/>
Milk & dairy	<input type="checkbox"/>	<input type="checkbox"/>
Nursery, floriculture, and greenhouse items (including plants, mushrooms, cut herbs, and flowers)	<input type="checkbox"/>	<input type="checkbox"/>
Value added food products (processed/prepared food, baked goods, preserves, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other food products	<input type="checkbox"/>	<input type="checkbox"/>
Other non-edible farm products (e.g., feed and forage)	<input type="checkbox"/>	<input type="checkbox"/>

## PARTICIPATION IN FARM TO SCHOOL

- 7. During the past year, did your farm sell any agricultural product(s) DIRECTLY (not through an intermediary) to Pre-K and/or K-12 schools (i.e., not through an intermediary such as a distributor or food hub but directly to the school)?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → Skip to Q11
<input type="checkbox"/>	Don't know → Skip to Q11

- 8. During the past year, approximately what percent of your total gross farm income was accounted for by sales directly to schools?**

Percent of gross farm income accounted for by sales directly to school: \_\_\_\_\_

- 9. Over the last year, approximately how many schools purchased your agricultural products directly?**

Number of schools purchasing your products: \_\_\_\_\_

- 10. How do you conduct business with the schools you sell to directly? (Check all that apply.)**

<input type="checkbox"/>	Formal contracts/purchase agreement
<input type="checkbox"/>	Informal contracts (ongoing relationship without written contract)
<input type="checkbox"/>	Year-round agreements (whether formal or informal)
<input type="checkbox"/>	Selling product occasionally
<input type="checkbox"/>	Respond to solicitations, successful
<input type="checkbox"/>	Respond to solicitations, unsuccessful
<input type="checkbox"/>	Other, please explain: _____

**11. During the past year, did your farm operation sell or move any agricultural product(s) to intermediaries (e.g., distributors or food hubs) that in turn sold your products to schools?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No → Skip to Q14
<input type="checkbox"/>	Don't know → Skip to Q14

**12. During the past year, approximately what percent of your total gross farm income was accounted for by sales to schools that first went through intermediaries?**

Percent of gross farm income in sales to schools through intermediaries: \_\_\_\_\_%

**13. Over the last year, how many different agricultural products (e.g., varieties) did you sell to schools either directly or indirectly? Enter 0 if you do not sell to schools.**

Number of products sold to schools (either directly or indirectly) (past year): \_\_\_\_\_

**14. Have you taken part in any educational activities, such as field trips, presentations, or special events at any school?**

<input type="checkbox"/>	Yes—If year, how many in last year? _____
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't know

## Farm to School Training

**15. How interested are you in expanding (if you already sell products to schools) or beginning sales to schools?**

<input type="checkbox"/> Very interested	<input type="checkbox"/> Not at all interested
<input type="checkbox"/> Moderately interested	<input type="checkbox"/> Don't know
<input type="checkbox"/> Slightly interested	

**16. How do you rate your overall knowledge about selling your products to schools?**

<input type="checkbox"/> Very high	<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low	<input type="checkbox"/> Very low
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**17. How do you rate your level of knowledge about the following topics?**

	Very high	High	Medium	Low	Very low
Identifying and communicating with schools that are interested in purchasing products directly from farmers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing purchasing relationships with schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding regulations, policies, and practices about procuring local foods (e.g., geographic preference or cooperative purchasing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to a solicitation from school foodservice (e.g., Invitation for Bid, Request for Proposals, or informal solicitation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop planning, based on school menus and schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety and traceability requirements of schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The infrastructure/capacity farming operations need to sell to schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing long-term relationships with schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding points of entry into Child Nutrition Program markets (e.g., National School Lunch program, summer foodservice program, Fresh Fruit and Vegetable program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. How confident are you in your ability to effectively market and sell your products to schools?**

<input type="checkbox"/> Very confident	<input type="checkbox"/> Confident	<input type="checkbox"/> Slightly confident	<input type="checkbox"/> Not at all confident
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## Demographics

**19. Do you currently describe yourself as male, female, transgender, or none of these?**

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

**20. What is your age?**

Age: \_\_\_\_\_

**21. What is your race? (Please check all that apply.)**

<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	White
<input type="checkbox"/>	American Indian or Alaska Native: Tribal affiliation _____
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander

**22. Are you of Hispanic, Latino, or Spanish origin?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**23. If you have any comments you would like to make, please do so here:**