



UNITED STATES DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 USDA DOMESTIC HEMP PRODUCTION PROGRAM
 STATE AND TRIBAL ANNUAL REPORT

State or Tribe Name: _____ **Date Submitted:** _____

States and Tribes must submit this form to the U.S. Department of Agriculture (USDA) by December 15th of each year.

Below is a description of each data point needed:

- **Name of Licensee:** This is the name as it appears on the license.
- **License Number or Authorization Identifier:** This is the unique license number or authorization identifier assigned to a licensee as it appears on the license.
- **Total Planted (*Outdoor Acres or Indoor Sq Ft*):** This is the total area planted for a licensee expressed in acres if measuring outdoor production or square feet if measuring indoor production.
- **Total Disposed (*Outdoor Acres or Indoor Sq Ft*):** This is the total area disposed for non-compliance by a licensee expressed in acres if measuring outdoor production or square feet if measuring indoor production. This number excludes disposals due to damage from weather, pests, etc.
- **Total Harvested (*Outdoor Acres or Indoor Sq Ft*):** This is the total area harvested by each licensee from each growing area expressed in acres or square feet. This includes any material that was successfully remediated through an approved remediation method.
- **Intended End Use (*CBD, Fiber, Grain, Seed, Propagative Material*):** Include all end uses that apply to location.
- **Explain any Discrepancies in Data (*i.e. Weather, Pests*):** This is the explanation of any discrepancies between Total Planted and Total Disposed due to weather, poor germination, or any other type of destruction that was not the result of a disposal due to a non-compliant THC test result.

This form shall be submitted to the USDA using a digital format compatible with USDA's information sharing systems, whenever possible. All information submitted must be accurate, legible, and complete. If submission through the USDA information sharing system is not possible, please submit form to:

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|---|--|----------------------------------|
| By Mail: USDA/AMS/Specialty Crops Program Hemp Branch 470 L'Enfant Plaza S.W. Post Office Box 23192 Washington, D.C. 20026 | Or via Email at: Forms.Hemp@usda.gov | Or via Fax at: (202) 720-8938 |
|---|--|----------------------------------|

- Note: The Total Harvested column includes remediated material that retested compliant. If outdoor land area is less than one acre, estimate land area and present this figure as a decimal (1/2 acre = .5, 1/4 acre = .25, etc.)

| Name of Licensee | License Number or Authorization Identifier | Location Type <i>(Greenhouse/ Indoor, or Field/Outdoor)</i> | Total Planted <i>(Acres or Sq Ft.)</i> | Total Disposed for Non-Compliance <i>(Acres or Sq Ft.)</i> | Total Harvested <i>(Acres or Sq Ft.)</i> | Intended End Use <i>(CBD, Fiber, Grain, Seed, Propagative Material. List all.)</i> | Explain any Discrepancies in Data <i>(i.e. Weather, Pests)</i> |
|------------------|--|--|---|---|---|---|---|
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |
| | | | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | _____ Acres or _____ Sq Ft | | |

Use additional lines as necessary.

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the 7 CFR Part 990 Domestic Hemp Program (Program). The purpose of collecting this information is for USDA to administer the Program and the information provided on this form will be used to monitor Program participants. Failure to provide the information requested on this form may result in ineligibility to participate in the Program.

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 OMB 0581-0318. 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.