

FRUIT INVENTORY SURVEY 2020 CROP

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United States
Department of
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NATIONAL
AGRICULTURAL
STATISTICS
SERVICE

(MASTER)



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

Michigan's fruit industry needs updated information for planning, marketing, and production forecasting.

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 35 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.

INSTRUCTIONS

Please report only for acreage of fruit you operate: **Include** land rented from others. **Exclude** land rented to others.

If you participated in a previous Fruit Inventory, you will find enclosed a printout of the blocks you reported previously. Space has been left on these printouts for you to update the information. Check all “other” varieties on the block record and update them. Your updated copy of the previous printout should be returned with this questionnaire in which you should report on new blocks acquired or planted since previously reported. You may use the printout as a reference only and list all of your blocks in questionnaire. All of your fruit blocks must be accounted for between the updated printout and the questionnaire.

If you did not receive a printout from the previous survey, complete a line in the questionnaire for each block in your operation. Use the name or number that you use to identify each block. Each block should have its own distinctive name or number. List the county, township, and section (if known) where the block is located. Include all bearing and non-bearing blocks. **Exclude** neglected blocks. Enter the appropriate variety and rootstock codes on the lines and complete the remaining cells for each variety in the block. Round acreage to the nearest tenth of an acre. **See examples below.**

Example for Apples

Use code if given. If not write in variety name.

Block (Name or number)	County (Name)	Township (Name)	Section	Variety (Code or name)	Rootstock code	Year Planted	Trees (Number)	Acres	Spacing
Home Farm	Kent	Alpine	1	023	6	2012	2400	5•0	6 x 15
Jones Place	Kent	Alpine	3	Red Delicious	5	2013	530	4•0	16 x 20
Jones Place	Kent	Alpine	3	012	5	2013	125	1•0	16 x 20

Example for Cherries

Use code if given. If not write in variety name.

Block (Name or number)	County (Name)	Township (Name)	Section	Variety (Code or name)	Rootstock	Year planted	Trees (Number)	Acres	Spacing
Home	Leelanau	Leland		Ulster	2	1994	2,400	22•0	20 x 20
Home	Leelanau	Leland		163	2	1991	600	6•0	20 x 22
North Forty	Leelanau	Bingham		111	1	2005	660	5•5	18 x 20

Hops and saskatoons tables here . . .

Fruit Planting and Removal Intentions for 2020 – 2024

Do you plan to make any changes to your fruit acreage in the next five years?

Yes Continue

No Go to next page

Unknown Go to next page

Please record the acres of each type of fruit and variety you plan to remove and to plant over the next five years. If you have intentions to remove or plant but do not know the variety, you may leave that column blank. If you are unsure exactly which year you will plant or remove acreage, please estimate.

Fruit Species	Variety	Year	Acres to be planted	Acres to be removed
		2020		
		2020		
		2020		
		2020		
		2020		
		2020		
		2020		
		2021		
		2021		
		2021		
		2021		
		2021		
		2021		
		2022 – 2024		
		2022 – 2024		
		2022 – 2024		
		2022 – 2024		

Fruit Species	Variety	Year	Acres to be planted	Acres to be removed
		2020		
		2020		
		2020		
		2020		
		2020		
		2020		
		2020		
		2021		
		2021		
		2021		
		2021		
		2021		
		2021		
		2022 – 2024		
		2022 – 2024		
		2022 – 2024		
		2022 – 2024		

Operation Labor in 2020

1. Did this operation have any paid workers, including paid family members in 2020?

- Yes [Continue]
- No [Go to Item XX]

2. Record the number of workers in each category below. W-2 is the Wage and Tax Statement required by IRS. (If an employee did both agricultural and non-agricultural work, such as packing, retailing, or office work, record in the category in which the majority of the worker's time was spent.)

	Permanent <i>(121 days or more per year)</i>	Seasonal <i>(120 days or less per year)</i>	
3. Of the total paid workers listed in question 2 above, AGRICULTURAL W-2 WORKERS (Migrant workers are seasonal farm workers who have to travel to do farm work and are unable to return to their permanent residence the same day.) If none, go to question 5. <small>Full time (30 hours or more per week)</small>	203	204	NUMBER
4. Did you have a labor shortage in 2020? <small>Part-time (29 hours or less per week)</small>	<input type="checkbox"/> Yes [Enter Code 1 and continue]		
<input type="checkbox"/> No [Enter Code 3 and go to Item 7]			
a. How many additional permanent workers (121 days or more per year) would you have hired had they been available? <small>Full time (30 hours or more per week)</small>	205	206	NUMBER
CONTRACT (Non W-2) WORKERS			
b. How many additional seasonal workers (120 days or less per year) would you have hired had they been available? <small>Full time (30 hours or more per week)</small>	211	212	NUMBER
<small>Part-time (29 hours or less per week)</small>			
5. What were the total acres unharvested in 2020 due to labor shortage?	213	214	ACRES
6. In what months during 2020 do you need these additional workers?			
<input type="checkbox"/> January	<input type="checkbox"/> July		
<input type="checkbox"/> February	<input type="checkbox"/> August		
<input type="checkbox"/> March	<input type="checkbox"/> September		
<input type="checkbox"/> April	<input type="checkbox"/> October		
<input type="checkbox"/> May	<input type="checkbox"/> November		
<input type="checkbox"/> June	<input type="checkbox"/> December		

7. Which sources did you use to hire new or more employees in **2020**?

- Local Labor Force Recruiting / Want Ads
- Michigan Works! Ag Employment Specialists
- Drive Up Labor
- H-2A Temporary Agricultural, Direct Hire
- H-2A Temporary Agricultural, Contractor
- Other (specify)

Blueberry Production Practices in 2020

1. Was blueberry acreage reported on page 2 Item e?

- Yes [Continue]
- No [Go to Item **XX**]

2. Did you grow blueberries for fresh market use in **2020**?

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

CODE

a. What percentage of your fresh pounds, including U-pick, were **2020** blueberries harvested by?

(i) hand?.....

PERCENT

(ii) machine?.....

PERCENT

Grape Production Practices in 2020

1. Was grape acreage reported on page 2 Item m?
 Yes [Continue]
 No [Go to Item **XX**]
2. Did you carry crop insurance for the grape vines grown on this operation in **2020**?
 Yes [Enter Code 1]
 No [Enter Code 3] CODE
3. Did you use pre-emergent herbicide for the grape vines grown on this operation in **2020**?
 Yes [Enter Code 1 and go to Item 4]
 No [Enter Code 3] CODE
- b. 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] CODE
4. 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 _____] CODE
-
5. 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 _____] CODE
-
6. 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 7] CODE
- c. 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 _____] CODE
-
7. 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] CODE
8. 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 _____] CODE
-
9. 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 _____] CODE
-

REPORT IF NOT GROWING FRUIT IN 2020

1. Indicate the reason no fruit was 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*]

COD
E

2. Will a new operation grow grapes in the land you operated in **2020**?

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

CODE

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

Please record any **COMMENTS** on crop quality, growing season, difficulties, etc.,.

CONCLUSION

Survey Results: The report will be available at the following website: www.nass.usda.gov/mi.

Email: _____ Fax: _____

Respondent Name: _____	9911 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					Optional Use			
6-Inac – Est				6-e-mail					9907	9908	9906	9916
7-Off Hold – Est				7-Fax								
		8-CAPI										
		19-Other										
S/E Name												