GRAIN STOCKS REPORT PROFILE 2024

OMB No. 0535-0007

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**United States Department of Agriculture**

**NATIONAL AGRICULTURAL STATISTICS SERVICE**

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

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1. Please review the attached sheet. Verify that the list of facilities is correct and complete.

Does the attached sheet reflect your firm?

1 Yes 3 No

(**Interviewer:** If No, make appropriate deletions, additions, and/or capacity changes. Re-verify the list and continue.)

(**Interviewer**: For firms with one facility, skip to 1b; firms with more than one facility, continue)

1. Considering all the facilities and locations listed, how would this firm prefer to report? (Select one)

1 Headquarters reports all facilities separately.

2 Headquarters reports combined total for all facilities.

Does this operation store any commodities in **other states**?. . . . . . . . . 1 [ ] Yes 3 [ ] No

IF Yes, can you report totals by state? . . . . . . . . . . . . . . . . . . . . . . . . . . 1 [ ] Yes 3 [ ] No

3 Each facility reports individually.

4 Some other combination.

Please list which sites this operation would like combined for reporting purposes.

1. Does this firm lease additional storage capacity from another firm not listed?

1 Yes 3 No

(**Interviewer:** IF Yes, document locations and capacities to listing)

1. Will this firm exclude commodities in storage leased from another licensed grain elevator?

1 Yes 3 No

(**Interviewer:** IF Yes, Firms should exclude grain stored at another firm.)

(**Interviewer:** IF No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does this firm lease storage capacity to another firm not listed?

1 Yes 3 No

(**Interviewer:** IF Yes, document locations and capacities to listing)

1. Will this firm report commodities in storage leased to another licensed grain elevator?

1 Yes 3 No

(**Interviewer:** IF Yes, Firms should include grain stored in their facilities regardless of ownership.)

(**Interviewer:** IF No, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is the total rated storage capacity of all facilities that will be reported by your firm?

INCLUDE:

* + - capacity of all lines if this is a Headquarters unit or a Multi-unit firm where total quantity stored from all lines are reported
* total capacity of whole grains, pulse crops and oilseeds operated by your firm
* capacity for structures normally used such as ground piles (temporarily stored) or warehouses
* both bulk and sacked capacity in the rated storage capacity

EXCLUDE storage capacity leased from another licensed grain elevator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STORAGE CAPACTIY** | **UNIT** (Circle one) | | | |
|  | 1 Bu. | 2 Lbs. | 3 Tons | 4 Cwt. |

1. Does this firm expect to store any of the following commodities during the next 12 months? Include all facilities.

INCLUDE:

* + - all whole grains, pulse crops and oilseeds stored in your facilities and/or piles (temporarily stored) regardless of ownership for farmers, elevators, millers, processors, farmer owned reserve, under loan, and the Government Commodity Credit Corporation
    - grain to be used for seed
    - both domestic and imported stocks

EXCLUDE grain owned that is stored at another licensed grain elevator.

|  |  |
| --- | --- |
| Crops Collected Every Quarter: | Other Crops Collected During the Year: |
| Durum Wheat | Sunflower (oil varieties) |
| Wheat Other than Durum | Sunflower (non-oil varieties) |
| Barley | Small Chickpeas (Garbanzo Beans that pass through a 20/64 inch round hole screen) |
| Oats | Large Chickpeas (Garbanzo Beans larger than the 20/64 inch round hole screen) |
| Whole Corn | Dry Edible Peas (Including Austrian Winter Peas and Wrinkled Seed Peas |
| Sorghum Grain | Lentils |
| Soybeans | Flaxseed |
|  | Canola |
|  | Rapeseed |
|  | Mustard Seed |
|  | Safflower |

1 Yes 3 No

Next, we would like to discuss some reporting guidelines for the quarterly Grain Stocks Report:

Each quarter in March, June, September, and December, your firm will be asked to report stocks the 1st of the month, or as accurate as possible relative to the 1st of the month.

Each quarter we will mail this operation a quarterly Grain Stocks Report to complete. We will also include a copy of the reporting instructions for reference. This operation may also fill this report out on the Internet. Instructions will be made available as to how to access the report. If you have any other reporting preferences, please indicate below.

1. Which method would this firm prefer to report? (Select one)

1 Mail

2 Telephone

3 Web (via agcounts.usda.gov)

4 Fax

5 Email (spreadsheet, PDF, etc.)

5. Who will be the **primary contact** at this operation for completing the quarterly Grain Stocks Report?

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  | Position: |
| Telephone: ( | Check if cell phone  ) |  | Fax: ( ) |
| Email: |  |  |  |

6. Who will be the **alternate contact** at this operation for completing the quarterly Grain Stocks Report?

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  | Position: |
| Telephone: ( | Check if cell phone  ) |  | Fax: ( ) |
| Email: |  |  |  |

**Thank you so much** for your assistance today and for your continued help in completing the Grain Stocks Report Profile. If you have any questions, feel free to contact our office using our toll-free number. [If you did not interview the primary contact, ask to speak with the primary contact and take some time to review the reporting instructions with them.]

Respondent Name: Respondent Phone

|  |  |  |  |
| --- | --- | --- | --- |
| 9912 | 9911  ( ) | check if cell phone | 9910 MM DD YY  Date: |

This completes the survey. Thank you for your help.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICE USE ONLY** | | | | | | | | | | | | | |
| Response | | Respondent | | Mode | | Enum. | Eval. | Change | Office Use for POID | | | | |
| 1-Comp 2-R  3-Inac  4-Office Hold 5-R – Est  6-Inac – Est  7-Off Hold – Est | 9901 | 1-Op/Mgr 2-Spouse  3-Acct/Bkpr 4-Partner  9-Other | 9902 | 1. PASI (Mail) 2. PATI (Tel) 3. PAPI (Face-to- Face)   6-Email 7-Fax 19-Other | 9903 | 9998 | 9900 | 9985 | 9989 - - | | | | |
|  | | | | |
| Optional Use | | | | |
| 9921 | 9907 | 9908 | 9906 | 9916 |
| S/E Name | | | | | |  | | | | | | | |