

# 2024 CONSERVATION EFFECTS ASSESSMENT PROJECT (CEAP)

OMB No. 0535-0245  
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**NATIONAL  
AGRICULTURAL  
STATISTICS  
SERVICE**

## USDA/NASS

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VERSION 1	CEAP ID _ _ _ _ _	TRACT 01	SUBTRACT 01
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CONTACT RECORD		
DATE	TIME	NOTES

### INTRODUCTION:

[Introduce yourself, and ask for the operator.]

The information you provide will be used for statistical purposes only. Your response 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 and Statistical Efficiency Act of 2018, Title III of Pub. L. No. 115-435, codified in 44 U.S.C. Ch. 35 and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>.

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 0535-0245. The time required to complete this information collection is estimated to average 10 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.

The National Agriculture Statistics Service (NASS) is collecting information on land management and conservation practices. The information collected will be used by the Natural Resources Conservation Service (NRCS) to assess the environmental benefits associated with the implementation and installation of conservation practices.

We need your help to make the information as accurate as possible. All conservation practices that are in place should be reported - whether they were installed as part of a Federal or State Cost-Share program, an industry or non-profit program, or by you (the operator) with no outside support. We encourage you to refer to your farm records during the interview.

Response is Voluntary.

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**PRESCREENING OPERATOR IDENTIFICATION STATUS**

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1. Potential operator identified and agrees to screening.

[With this selection, screening is automatically continued and goes to Item 1 in the Screening - Selected Field section.]

2. All efforts to identify or contact the operator were unsuccessful.

Enter a comment regarding why attempts to identify or contact were unsuccessful. DO NOT include first or last names, company names, addresses, health information or other personally identifiable information (PII).

3. Operator identified but refused screening.

Enter a comment regarding the refusal. DO NOT include first or last names, company names, addresses, health information or other personally identifiable information (PII).

4. Site changed since photograph was taken - point now falls on urban developed land.

Enter a comment regarding why this point is ineligible. DO NOT include first or last names, company names, addresses, health information or other personally identifiable information (PII).

5. Some other issue preventing screening.

Enter a comment regarding why this point is ineligible. DO NOT include first or last names, company names, addresses, health information or other personally identifiable information (PII).

[Inaccessible and/or Refusals, Go to page 4, question 9]

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## SCREENING

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### Determine Area of Interest

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To focus the respondent on the area of interest, the location must be identified as follows.

1. Selected Field.

- For the purposes of the survey, the actual field where the sample point is located must be identified. This location is referred to as the Selected Field.
- This survey collects information about conservation practices, cropping history and management practices being undertaken in the Selected Field.

2. Conservation practices associated with the field.

- Sometimes conservation practices are not actually located in the selected field but are adjacent to or adjoining the field (such as a wind break or filter strip). These practices should also be captured during the survey.
- For CEAP purposes, this area is referred to as the Conservation Area.

During this interview, the questions will be about the Selected Field and/or the associated Conservation Area.

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## SCREENING - Selected Field

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Enumerator Note: *Show the aerial photograph to respondent and locate the sample point. Identify the field associated with the point.*

1. Did you make any of the day-to-day farming/ranching decisions for the field containing this point in 2024?

<sub>1</sub> ☐ Yes — [If Yes, Continue.]

<sub>3</sub> ☐ No — [If No, Conclude the interview and ask for the respondent's assistance in locating the correct operator.]

Enumerator Note: *With the respondent, draw off the entire area that can be identified as the selected field and associated conservation area.*

2. In 2024, was any part of the field planted to a crop? (Include hay. Include summer fallow. Exclude orchards, vineyards, permanent pasture, greenhouse and nursery crops):

<sub>1</sub> ☐ Yes — [Enter 1, then go to Item 6.]

<sub>3</sub> ☐ No — [Enter 3, Continue.]

Code

3. In 2024, was the field idle cropland?

<sub>1</sub> ☐ Yes — [Enter 1, then Go to Item 4.]

<sub>3</sub> ☐ No — [Enter 3, then Go to Item 8.]

Code

4. Was the field also idle cropland in BOTH 2022 AND 2023?

<sub>1</sub> ☐ Yes — [Enter 1, then Go to Item 8.]

<sub>3</sub> ☐ No — [Enter 3, then Go to Item 5.]

Code

5. During 2024, was the entire field enrolled in continuous conservation cover? [Include the General or Continuous Conservation Reserve Program (CRP), the Conservation Reserve Enhancement Program (CREP), or any other type of continuous cover conservation program offered by State, local, or non-profit organizations.]

1 ☐ Yes — [Enter 1, then go to Item 8.]      3 ☐ No — [Enter 3, then go to Item 6.]

Code

6. Is the FSA Farm/Tract/Field information [on FSA name and address sheet] correct for the field we just identified?

1 ☐ Yes — [Enter 1.]      3 ☐ No — [Enter 3.]

Code

7. Does the owner/operator name on the FSA name and address sheet match the operator for this field? [If No, document the operator name and address and provide this information to NASS.]

1 ☐ Yes — [Enter 1.]      3 ☐ No — [Enter 3.]

Code

8. Have you previously been contacted by NASS/NASDA in regards to another field for the 2024 CEAP Survey?

1 ☐ Yes [Enter 1, ask the operator if they have the Operator ID card provided to them by the previous NASS/NASDA enumerator and enter the Operator ID in the screener application and also record the Operator ID below.]

Code

3 ☐ No [Enter 3, select a new Operator ID card from your supply, enter the Operator ID on the screener application and also record the Operator ID below, and then give the new Operator ID card to the operator.]

Operator ID

9910      MM / DD / YY

Date:    \_\_ / \_\_ / \_\_

9. Comments related to the information you reported: [DO NOT include first or last names, addresses, health information or other personally identifiable information (PII).]

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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-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-PASI (Mail) 2-PATI (Tel) 3-PAPI (Face-to-Face) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989
							R. Unit		
							9921		9907    9908    9906    9916
S/E Name									