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| Project Code 633 |  | OMB No. 0535-0140 Approval Expires XX/XX/XXXX |
| SURVEY_LOGO_1:USDA_logo_bw.gif | **OUT OF BUSINESS SCREENER****(Agribusinesses - Telephone Only)** |  |  **NATIONAL** **AGRICULTURAL** **STATISTICS** **SERVICE** |
|  | **Survey Name** **OR****Census/Survey ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This version will be used for Prices Paid, Grain Prices Received, Potato Processors, & other surveys where the population of interest may include non-farm/ranch agribusiness. | **National** Field OfficeU.S. Department of Agriculture,Rm 5030, South Building1400 Independence Ave., S.W.Washington, DC 20250-2000Phone: 1-800-727-9540 Fax: 202-690-2090 Email: nass@nass.usda.gov |
|  | **FIPS** | **POID** | **TRACT**  | **SUBTRACT** |  |
|  | **── ──** | **── ── ── ── ── ── ── ── ──** | **──** | **── ──** |  |
|  | 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 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>. Response is **voluntar**y.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 0535-0140. 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.**Operator Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| (Enumerator Note: For the target on the above POID, fill out the following information.) |

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| **3. Which of the following answers best why the operation is not in business? Check reason below.** | **What is the name and address of the new operator that has taken over the day-to-day decisions on this operation?** |
| [ ]  The operator is deceased  | Operation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  The operator is retired | Operator Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  The operation was out of business or sold | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  The operation was on leased land  (Operator gave up lease) [Go to Item 4] | City:\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  The operator is a landlord? (rents business  out to someone else) | Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  The operator moved out of state?  [Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] |  |
| [ ]  The operation was never farm, ranch, or agribusiness. [Go to Item 6] |  |  |
| [ ]  Other Reason?  [Explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [Go to Item 4] |  |  |
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| **4. When did this change occur? . . . . . . . . . . . . . . . . . . . . . . . . . . .**  |  |  |   |
|  | MM | YYYY |  |
| **5. Did this operation have any storage facilities used to store whole grains or oilseeds in 202x?**  |  |  |  |
|  [ ]  **Yes**[Go to Item 7] |  |  |  |
|  [ ]  **No** [Continue] |  |  |  |
|  |  |  |  |
| **6. Will this operation have any storage facilities used to store whole grains or oilseeds in the future?**  |  |  |  |
|  [ ]  **Yes**[Go to Item 7] |  |  |  |
|  [ ]  **No** [Continue] |  |  |  |
| **7. This Completes the Survey. Thank you for your help.** |  |  |  |
| Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |  |
| **Please leave any notes that might help the List Frame Section.** |

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| Enumerator Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enum ID: |  |  |
|  |  |  |  |  |
| List Frame Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |