

GRAINS, OILSEEDS and PULSE CROPS OPERATION PROFILE 2023

OMB No. 0535-0003
 Approval Expires: ??/??/20??
 Project Code: 185
 SurveyId: 2806



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

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>. 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 0535-0003. 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.

1. Does this operation expect to purchase any of these commodities from U.S. farmers during the next 12 months?

1 Yes - Continue 3 No - Go to Conclusion

| Include all varieties, grades and qualities | | YES | NO | Include all varieties, grades and qualities | | YES | NO |
|---|------|-----|----|---|------|-----|----|
| | | | | | | | |
| Corn (yellow and white) | 0102 | 1 | 3 | Other Dry Edible Beans | 0138 | | |
| Feed Barley | 0106 | 1 | 3 | | | | |
| Malting Barley | 0108 | 1 | 3 | | | | |
| Oats | 0128 | 1 | 3 | | | 1 | 3 |
| Durum Wheat | 0112 | 1 | 3 | | | | |
| Winter Wheat | 0110 | 1 | 3 | | | | |
| Light Red Kidney Beans | 0150 | 1 | 3 | | | | |
| Dark Red Kidney Beans | 0168 | 1 | 3 | | | | |
| Large Lima Beans | 0164 | 1 | 3 | | | | |
| Baby Lima Beans | 0166 | 1 | 3 | | | | |
| Small Chickpeas (Garbanzo beans that pass through a 20/64" round hole screen) | 0172 | 1 | 3 | | | | |
| Large Chickpeas (Garbanzo beans larger than the 20/64" round hole screen) | 0170 | 1 | 3 | | | | |
| Other - Specify _____ | | 1 | 3 | | | | |
| Other - Specify _____ | | 1 | 3 | | | | |

If all commodities are checked 'NO', thank the respondent and conclude the interview.

2. Does this operation purchase **organic** commodities?

0182 ₃ No ₁ Yes - specify commodities .. _____

3. Does this operation purchase **Non-GMO** and/or specialty grains?

0228 ₃ No ₁ Yes - specify _____

4. Will this operation purchase any commodities from farmers in **other states**?

0183 ₃ No ₁ Yes - specify states _____

5. (Ask for elevators which are part of multiple unit firms/locations only.)

Please review the attached sheet.
 (Verify that the list of firms is correct and complete.
 If necessary, make appropriate deletions, additions, and/or capacity changes.
 Re-verify the list and continue.)

Considering all the elevators and locations listed, how would this operation prefer to report?

- 0184 ₁ Each site reports individually
- ₂ Combined totals reported for all sites
- ₃ Headquarters reports all locations separately
- ₄ Some other combination.

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

6. What is the total rated storage capacity of all firms that this operation will report price data for, along with the preferred reporting unit? (Include capacity of all lines if this is a Headquarters unit or a Multi-unit firm where total quantity purchased and the gross value from all lines are reported.)

| CURRENT FIRM LOCATION | STORAGE CAPACITY | UNIT (Circle one) | | | | |
|-----------------------|------------------|-------------------|-------|--------|--------|--------|
| | 0226 | 0227 | 1 Bu. | 2 Lbs. | 3 Tons | 4 Cwt. |

NOTE: Inform the respondent our reporting specifications call for Quantity at standard moisture and Total Gross Value, adjusted for quality discounts and premiums but not other deductions. Ask the respondent to provide a settlement sheet (check stub, sales ticket, assembling sheet) showing a typical transaction and a monthly summary (monthly report). It will help in determining the firm's ability to report based on our guidelines.

7. Will this firm report quantities purchased on a dry (shrunk) weight basis (that is standard moisture content)?

0185 ₁ Yes - Go to item 8 ₅ N/A - Go to item 8 ₁ No - Continue to 7a

a. On a monthly basis, will this firm estimate quantities on a dry (standard moisture) basis? 0186 ₁ Yes ₃ No

8. Will this firm exclude commodities purchased from non-farmers such as other elevators, firms, brokers, or truck buyers?

0187 ₁ Yes - Go to item 9 ₅ N/A - Go to item 9 ₁ No - Continue to 8a & 8b

a. What percent of this firms monthly purchases are from non-farmers? 0188 _____ %

b. On a monthly basis, will this firm estimate the purchases from non-farmers and subtract that amount from the total quantity and gross value this firm reports? 0189 ₁ Yes ₃ No

9. Will this operation **include** all purchases from farmers delivered to a terminal or processing facility (that is, direct or brokered sales)?

⁰¹⁹⁰ 1 Yes - Go to item 10 5 N/A - Go to item 10 1 No - Continue to 9a

a. On a monthly basis, will this operation **estimate** these purchases and include them in the total quantity and gross value you report? ⁰¹⁹¹ 1 Yes 3 No

10. Will this operation **exclude** commodities purchased from producers or firms in other countries?

⁰¹⁹² 1 Yes - Go to item 11 5 N/A - Go to item 11 1 No - Continue to 10a

a. On a monthly basis, will this operation **estimate** these purchases and exclude them in the total quantity and gross value reported? ⁰¹⁹³ 1 Yes 3 No

11. Will this operation **exclude** commodities purchased for resale as seed?

⁰¹⁹⁴ 1 Yes - Go to item 12 5 N/A - Go to item 12 1 No - Continue to 11a

a. On a monthly basis, will this operation **estimate** these purchases and exclude them in the total quantity and gross value reported? ⁰¹⁹⁵ 1 Yes 3 No

NOTE: For questions 12 and 13, if the respondent answers NO, ask if they will be able to estimate the amount of the discount to be subtracted or the premium to be added to the monthly gross value.

12. Will this operation report the monthly gross **value of purchases** from farmers **after:**

| | | |
|---|--|--|
| subtracting discounts for moisture content. | ⁰¹⁹⁶ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰¹⁹⁷ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| subtracting discounts for quality factors such as grade, test weight, protein content, foreign matter or damage..... | ⁰¹⁹⁸ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰¹⁹⁹ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| subtracting discounts for transportation charges from farm to elevator (price should reflect point at which grain changes possession)..... | ⁰²⁰⁰ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²⁰¹ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| adding premiums for farmer delivering the grains, oilseeds or pulse crops to a mill, processor or terminal..... | ⁰²⁰² 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²⁰³ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| adding premiums for quality factors..... | ⁰²⁰⁴ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²⁰⁵ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |

13. Will this operation report the monthly gross value of purchases from farmers **before itemized deductions** are made for:

| | | |
|--|--|--|
| Drying..... | ⁰²⁰⁸ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²⁰⁹ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| Storage..... | ⁰²¹⁰ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²¹¹ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| Check-off fees..... | ⁰²¹² 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²¹³ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| Service fees..... | ⁰²¹⁴ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²¹⁵ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| Cleaning or grading..... | ⁰²¹⁶ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²¹⁷ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |
| Transportation or handling charges from farm to first point of sale (if billed to farmer). | ⁰²¹⁸ 1 <input type="checkbox"/> Yes 5 <input type="checkbox"/> N/A 3 <input type="checkbox"/> No - Will you estimate? | ⁰²¹⁹ 1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No |

14. Will this operation report contract purchases from farmers so that the quantities and corresponding values are both reported in the same month? (Include forward, deferred payment, basis, minimum price, option or hedge-to-arrive contracts.)

0220 Yes - Go to item 15 N/A - Go to item 15 No - Continue to 14a, 14b, & 14c

- a. What percent of this operation's monthly purchases are contract purchases? 0221 _____ %
- b. Does this change after harvest? 0222 Yes No
- c. On a monthly basis, will this operation estimate contract purchases delivered (settled, closed) and include these purchases in the total quantity and gross 0223 Yes No

15. Does this operation accounting period allow for a calendar month?

0224 Yes
 No From: _____ To: _____

16. Who will be the **primary contact** at this operation for completing our monthly survey?

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

17. Who will be the **alternate contact** at this operation for completing our monthly survey?

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 Prices Received by Farmers report. Each month we will mail this operation a monthly Prices Received questionnaire to complete. We will also include a copy of the reporting instructions for reference. This operation may also fill this survey out on the Internet. Instructions will be made available as to how to access the survey. 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 <input type="checkbox"/> | 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 |
| S/E Name _____ | | | | | | | | | | |