

**NATURAL GRASS SOD PROMOTION,
RESEARCH, AND INFORMATION ORDER (7 CFR 1240)**

SALES REPORT

For Q1: _____ Q2: _____ Q3: _____ Q4: _____ for the year: 20 _____.

This is the Original: _____ or Revised: _____ report.

(Quarters are as follows: 1 = Jan, Feb, Mar; 2 = Apr, May, Jun; 3 = Jul, Aug, Sep; 4 = Oct, Nov, Dec)

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. §522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is from the applicable commodity legislation for research and promotion programs. Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number or Employer Identification Number is mandatory and will be used to determine affiliation or entity identity.

Company Name: _____ Tax ID# or Employer ID#: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Contact Person: _____ Title: _____

Email: _____ Telephone Number: _____

<p>LINE 1: Enter the total square feet of Natural Grass Sod Products harvested and sold either individually or in combination with other products, real property, or services in the United States during the applicable quarter.</p> <p>Assessment rate is one-tenth of one penny (\$0.001) per square foot of Natural Grass Sod Product.</p> <p><i>Payment must be made in U.S. Dollars</i></p> <p>LINE 2: TOTAL ASSESSMENT DUE (U.S. Dollars):</p>	<p>1) _____</p> <p>x \$0.001</p> <p>2) \$ _____</p>
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I certify that the above information is true and correct to the best of my knowledge and the attached payment represents \$0.001 per square foot of natural grass sod products harvested and sold either individually or in combination with other products, real property, or services in the United States during this reporting period for which I am required to pay the assessment. I also certify that I am authorized to sign this report.

Print Name and Title of Person Completing this Report

Signature

Date

*****MAKE SURE YOU SIGN THE FORM*****

INSTRUCTIONS:

Please make your assessment check payable to the Natural Grass Sod Board and mail this form with your check to the address below:

Natural Grass Sod Board
[ADDRESS]
[CITY—STATE—ZIP]

Alternatively, for bank wire or ACH instructions, please email: Assessments@XXXXXXXXX.org

U.S. natural grass sod producers are required to pay assessments and file this report no later than the last calendar day of the month following the end of the Quarterly Period. Quarter 1 covers January, February and March. Quarter 2 covers April, May, and June. Quarter 3 covers July, August, and September. Quarter 4 covers October, November, and December. Assessments for natural grass sod products sold during Quarter 1 are due by April 30; for Quarter 2 by July 31; for Quarter 3 by October 31; and for Quarter 4 by January 31. All reports are held in strict confidence by the staff of the Board and the U.S. Department of Agriculture.

This report is required by law 7 U.S.C. 7416, 7 CFR Part 12XX and 7 CFR Part XXXX. Failure to report can result in a fine of not less than \$1,000 or more than \$10,000 for each such violation. Each such violation shall be deemed a separate violation. The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 United States Code, which provides for the penalty of a fine of \$10,000 or imprisonment of not more than 5 years, or both.

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 control number for this information collection is 0581-NEW. The time required to complete this information collection is estimated to average 30 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.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW., Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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