

HAWAII ANNUAL SEED CROP SURVEY - 2022

OMB No. 0535-0002
 Approval Expires: xx/xx/20xx
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USDA/NASS - Hawaii
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Please make corrections to name, address and ZIP Code, if necessary

We are asking for your cooperation in providing information about your seed operation. Your response will enable our agency to publish a statewide summary of seed crop statistics. 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 to this survey 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 0535-0002. The time required to complete this information collection is estimated to average 15 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.

INSTRUCTIONS: If seed crops are being grown on more than one island, please complete a separate questionnaire for each island. If you have any questions about this questionnaire or survey, please call our office at 1-808-522-8080 or toll free at 1-800-804-9514.

Please complete and return this questionnaire by Friday, March 30th.

Please select the location of your field:

- Hawaii
 Maui
 Molokai
 Oahu
 Kauai

SECTION 1 ACREAGE

Please supply acreage information for all seed crops that your operation grew during the 2020 - 2021 season and the current 2021 - 2022 season. Write in the names of crops other than seed corn. If exact figures are not available, please provide your best estimate.

| | 2020 – 2021 Season | | | 2021 – 2022 Season | | |
|--|--------------------|-------------------|---------|--------------------|-------------------|---------|
| | Seed Corn | Other seed crops: | | Seed Corn | Other seed crops: | |
| | | specify | specify | | specify | specify |
| 1. Acres harvested | | | | | | |
| a. Nursery. | . | . | . | . | . | . |
| b. Seed Increase. | . | . | . | . | . | . |
| 2. Acres used for grow-out or observation. | . | . | . | . | . | . |

(OVER)

SECTION 2 SEED SHIPMENTS

Please make your best estimate if you are unsure of the exact amount. **Please report in pounds.**

| | 2020 – 2021 Season | 2021 – 2022 Season |
|---------------------------------|--------------------|--------------------|
| 3. Out-shipments of seed: | (pounds) | (pounds) |
| a. Seed corn. | | |
| b. Other seed crops: | | |
| specify _____ | | |
| specify _____ | | |
| 4. Total out-shipments. | | |

SECTION 3 TOTAL VALUE

Please provide value estimates for each type of seed crop grown. If there were no sales of products or services, please supply us with an estimate of the gross budget for your Hawaii operation (question 2). **Please report in dollars.**

| | 2020 – 2021 Season | | | 2021 – 2022 Season | | |
|---|--------------------|-------------------|---------|--------------------|-------------------|---------|
| | Seed corn | Other seed crops: | | Seed corn | Other seed crops: | |
| | | specify | specify | | specify | specify |
| 5. Total value by type of seed growing purpose: | (\$) | (\$) | (\$) | (\$) | (\$) | (\$) |
| a. Nursery. | | | | | | |
| b. Seed increase. | | | | | | |
| c. Grow-out or observation. | | | | | | |
| | | (\$) | | | (\$) | |
| 6. Total gross budget for your operation. | | | | | | |

SECTION 4 COMMENTS

Please provide any comments concerning weather conditions, pest problems, market trends, etc. that affected your operation during the past year.

| | | |
|------------------------|----------------------|--|
| Respondent Name: _____ | 9911 Phone: _____ | 9910 MM DD YY Date: ___ ___ ___ |
|------------------------|----------------------|--|

This completes the survey. Thank you for your help.

| Office Use Only | | | | | | | | | | | | | | |
|------------------|------------|-------------|-------|----------------|---------|--------|---------------------|------|------|------|------|------|------|--|
| Response | Respondent | Mode | Enum. | Eval. | R. Unit | Change | Office Use for POID | | | | | | | |
| 1-Comp | 9901 | 1-Op/Mgr | 9902 | 1-Mail | 9903 | 9998 | 9900 | 9921 | 9985 | 9989 | | | | |
| 2-R | | 2-Sp | | 2-Tel | | | | | | | | | | |
| 3-Inac | | 3-Acct/Bkpr | | 3-Face-to-Face | | | | | | | | | | |
| 4-Office Hold | | 4-Partner | | 4-CATI | | | | | | | | | | |
| 5-R – Est | | 9-Oth | | 5-Web | | | | | | | | | | |
| 6-Inac – Est | | | | 6-e-mail | | | | | | | | | | |
| 7-Off Hold – Est | | | | 7-Fax | | | | | | | | | | |
| | | | | 8-CAPI | | | | | | | | | | |
| | | | | 19-Other | | | | | | | | | | |
| S/E Name _____ | | | | | | | | | | 9907 | 9908 | 9906 | 9916 | |

