

GRAIN STOCKS REPORT PROFILE 2024

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**United States
Department of
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Please make corrections to name, address and ZIP Code, if necessary.

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1. Please review the attached sheet. Verify that the list of facilities is correct and complete.

Does the attached sheet reflect your firm?

xxxx 1 Yes 3 No

(Interviewer: If No, make appropriate deletions, additions, and/or capacity changes. Re-verify the list and continue.)

(Interviewer: For firms with one facility, go to item 1b, firms with more than one facility, continue below.)

a. Considering all the facilities listed, how would this firm prefer to report? (select one)

xxxx 1 Headquarters reports all facilities separately.

2 Headquarters reports combined total reported for all facilities.

i. Does this firm store any commodities in **other states**? xxx 1 Yes 3 No

ii. If Yes, can you report totals by state? xxx 1 Yes 3 No

3 Each facility reports individually.

4 Some other combination.

Please list which facilities this firm would like combined for reporting purposes

b. Does this firm lease additional storage capacity from another firm not listed?

xxxx 1 Yes - (**Interviewer:** If Yes, document facilities and capacities to listing.)

3 No - Go to item 1d

c. Will this firm exclude commodities in storage leased from another licensed grain elevator?

xxxx 1 Yes, firms should exclude grain stored at another firm.

3 No, please explain:

xxxx

d. Does this firm lease storage capacity to another firm not listed?

xxxx 1 Yes - (**Interviewer:** If Yes, document facilities and capacities to listing.)

3 No - Go to item 2

e. Will this firm report commodities in storage leased to another licensed grain elevator?

xxxx 1 Yes, firms should include grain stored in their facilities regardless of ownership.

3 No, please explain:

xxxx

2. What is the total rated storage capacity of all facilities that will be reported by your firm?

INCLUDE

- capacity of all facilities if this is a Headquarters unit
- storage capacity of all structures normally used by elevators, warehouses, terminals, merchant mills, other storage (e.g. ground piles), and oilseed crushers to store whole grains, oilseeds, or pulse crops
- both bulk and sacked capacity in the rated storage capacity

EXCLUDE storage capacity leased from another licensed grain elevator

STORAGE CAPACITY	UNIT (circle one)				
xxxx	xxxx	1 Bu.	2 Lbs.	3 Tons	4 Cwt.

a. Does this firm have any "temporary" or "emergency" storage capacity?

xxxx 1 Yes - Continue 3 No - Go to item 3

b. What is the "temporary" or "emergency" storage capacity?

TEMPORARY or EMERGENCY STORAGE CAPACITY	UNIT (circle one)			
xxxx	xxxx 1 Bu.	2 Lbs.	3 Tons	4 Cwt.

c. Was the "temporary" or "emergency" storage capacity included in the total rated storage capacity in item 2?

xxxx 1 Yes 3 No

3. Including all facilities, does this firm expect to store any of the following commodities during the next 12 months?

INCLUDE:

- all whole grains, pulse crops and oilseeds stored in your facilities and/or piles (temporarily stored) regardless of ownership for farmers, elevators, millers, processors, farmer owned reserve, under loan, and the Government Commodity Credit Corporation
- grain to be used for seed
- both domestic and imported stocks

EXCLUDE grain owned that is stored at another licensed grain elevator

Commodities	YES	NO	Commodities	YES	NO
Barley xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Rapeseed xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Canola xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Rye xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Chickpeas (Large) xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Safflower xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Chickpeas (Small) xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Sorghum for Grain xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Corn (Whole) xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Soybeans xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Dry Edible Peas xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Sunflower (Non-oil varieties) xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Flaxseed xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Sunflower (Oil varieties) xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Lentils xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Wheat (Durum) xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Mustard Seed xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>	Wheat (Other than Durum) xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Oats xxxx	1 <input type="checkbox"/>	3 <input type="checkbox"/>			

Next, we would like to discuss some reporting guidelines for the quarterly Grain Stocks Report:

Each quarter in March, June, September, and December, your firm will be asked to report stocks on the 1st of the month, or as accurate as possible relative to the 1st of the month.

Each quarter we will mail this firm a quarterly Grain Stocks Report to complete. We will also include a copy of the reporting instructions for reference. This firm may also fill this report out on the Internet. Instructions will be made available as to how to access the report. If you have reporting preferences, please indicate below.

4. Which method would this firm prefer to report? Select one.

- xxxx
- 1 Mail
- 2 Telephone
- 3 Web (via agcounts.usda.gov)
- 4 Fax
- 5 Email (spreadsheet, PDF, etc.)

5. Who will be the **primary contact** at this firm for completing the quarterly Grain Stocks Report?

8705	Name: _____	8706	Position: _____
8707	Telephone: () _____	Check if cell phone <input type="checkbox"/>	8708 Fax: () _____
8709	Email: _____		

6. Who will be the **alternate contact** at this firm for completing the quarterly Grain Stocks Report?

8715	Name: _____	8716	Position: _____
8717	Telephone: () _____	Check if cell phone <input type="checkbox"/>	8718 Fax: () _____
8719	Email: _____		

Thank you so much for your assistance today and for your continued help in completing the Grain Stocks Report Profile. 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	9901	1-Op/Mgr	9902	1-PASI (Mail)	9903	9998	9900	9985	9989 _____ - _____ - _____	
2-R		2-Spouse		2-PATI (Tel)						
3-Inac		3-Acct/Bkpr		3-PAPI (Face-to-Face)						
4-Office Hold		4-Partner		6-Email					Optional Use	
5-R – Est		9-Other		7-Fax					9921	9907
6-Inac – Est				19-Other					9908	9906
7-Off Hold – Est									9916	
S/E Name										