

# GRAINS, OILSEEDS and PULSE CROPS OPERATION PROFILE for PRICES RECEIVED by FARMERS 2020

OMB No. 0535-0003  
Approval Expires: 10/31/2020  
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 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 provisions of Title V, Subtitle A, Public Law 107-347 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		UNITS (Circle one)			
				<sup>1</sup> Bu.	<sup>2</sup> Lbs.	<sup>3</sup> Tons	<sup>4</sup> Cwt.
Corn (yellow and white)..... 0102	1	3	0103				
Oats..... 0128	1	3	0129				
Soybeans..... 0126	1	3	0127				
Other - Specify: _____	1						
Other - Specify: _____	1						

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 CAPACTIY	UNIT (Circle one)			
		0227 1 Bu.	2 Lbs.	3 Tons	4 Cwt.
	0226				

**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 (shrunken) weight basis (that is standard moisture content)?

0185 1  Yes  
 5  N/A  
 3  No - Ask: 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  
 5  N/A  
 3  No - Ask: What percent of this firms monthly purchases are from non-farmers? 0188 \_\_\_\_\_ %

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

5  N/A

3  No - Ask: 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

5  N/A

3  No - Ask: 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

5  N/A

3  No - Ask: 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--**

<b>subtracting</b> 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
<b>subtracting</b> 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
<b>subtracting</b> 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
<b>adding</b> 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
<b>adding</b> 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 1  Yes - Go to question 15, back page

5  N/A - Go to question 15, back page

3  No - Ask: What percent of this operation's monthly purchases are contract purchases?..... 0221 \_\_\_\_\_ %

a. Does this change after harvest?..... 0222 1  Yes 3  No

b. On a monthly basis, will this operation estimate contract purchases delivered (settled, closed) and include these purchases in the total quantity and gross value reported?..... 0223 1  Yes 3  No

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

0224 1  Yes

3  No From: \_\_\_\_\_ To: \_\_\_\_\_

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Telephone: (     )     -     Fax: (     )     -  
 Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Telephone: (     )     -     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:	9911 Phone (     )     )	9910    MM    DD    YY Date:    _ _    _ _    _ _
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**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									
5-R – Est		9-Other		7-Fax									
6-Inac – Est				19-Other									
7-Off Hold – Est													
									Optional Use				
									9921	9907	9908	9906	9916
S/E Name													