

GRAIN STOCKS REPORT PROFILE 2024

OMB No. 0535-0007
Approval Expires: XX/XX/XXXX
Project Code:
SurveyId: 9117



USDA/NASS
National Operations Division
9700 Page Avenue, Suite 400
St. Louis, MO 63132-1547
Phone: 1-888-424-7828
Fax: 1-855-415-3687
Email: nass@usda.gov

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 0535-0007. 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. Please review the attached sheet. Verify that the list of facilities is correct and complete.

Does the attached sheet reflect your firm?

- 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, skip to 1b; firms with more than one facility, continue)

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

- 1 Headquarters reports all facilities separately.
2 Headquarters reports combined total for all facilities.

Does this operation store any commodities in **other states**? 1 [] Yes 3 [] No

IF Yes, can you report totals by state? 1 [] Yes 3 [] No

- 3 Each facility reports individually.
4 Some other combination.

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

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

1 Yes

3 No

(Interviewer: IF Yes, document locations and capacities to listing)

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

1 Yes

3 No

(Interviewer: IF Yes, Firms should exclude grain stored at another firm.)

(Interviewer: IF No, please explain: _____

_____)

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

1 Yes

3 No

(Interviewer: IF Yes, document locations and capacities to listing)

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

1 Yes

3 No

(Interviewer: IF Yes, Firms should include grain stored in their facilities regardless of ownership.)

(Interviewer: IF No, please explain: _____

_____)

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

INCLUDE:

- capacity of all lines if this is a Headquarters unit or a Multi-unit firm where total quantity stored from all lines are reported
- total capacity of whole grains, pulse crops and oilseeds operated by your firm
- capacity for structures normally used such as ground piles (temporarily stored) or warehouses
- both bulk and sacked capacity in the rated storage capacity

EXCLUDE storage capacity leased from another licensed grain elevator.

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

3. Does this firm expect to store any of the following commodities during the next 12 months? Include all facilities.

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.

Crops Collected Every Quarter:	Other Crops Collected During the Year:
Durum Wheat	Sunflower (oil varieties)
Wheat Other than Durum	Sunflower (non-oil varieties)
Barley	Small Chickpeas (Garbanzo Beans that pass through a 20/64 inch round hole screen)
Oats	Large Chickpeas (Garbanzo Beans larger than the 20/64 inch round hole screen)
Whole Corn	Dry Edible Peas (Including Austrian Winter Peas and Wrinkled Seed Peas)
Sorghum Grain	Lentils
Soybeans	Flaxseed
	Canola
	Rapeseed
	Mustard Seed
	Safflower

Yes

No

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 the 1st of the month, or as accurate as possible relative to the 1st of the month.

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

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

Mail

Telephone

Web (via agcounts.usda.gov)

Fax

Email (spreadsheet, PDF, etc.)

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

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

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

Name: _____	Position: _____
Telephone: () _____	Fax: () _____
Check if cell phone <input type="checkbox"/>	
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		4-Partner		6-Email					Optional Use	
Hold 5-R – Est		9-Other		7-Fax					9921	9907
6-Inac – Est				19-Other					9908	9906
7-Off Hold – Est										9916
S/E Name										