



Questionnaire  
Quota Implementation Plan  
Project #236152  
July 20, 2023 v6

*The survey may touch issues of process, staff concerns and implementation issues, and program improvements, but not the polarizing inquiry into whether or not the California quota program should continue.*

- Sample: 300+ Milk Producers
  - Letters will be sent to each producer with an invitation to participate in the study and a link to the online survey
  - Hard-copy questionnaires will also be included for those that prefer to mail it back
  - Follow-up postcards will be sent to remind people to complete the survey
- Methodology: Online/mail hybrid methodology, preference determined by respondent
  - Max completion time 10 minutes; average expected at 6-8 minutes based on responses

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**MAIN QUESTIONNAIRE**

Thank you for taking the time to complete this survey! Your opinion matters and we want to know what you think. All responses will be kept strictly confidential and not be reviewed individually, but rather only analyzed when combined with other survey respondent's results.

**SECTION 1: BACKGROUND METRICS**

1. How many dairy farms do you own? (Select one)
  - 1 1
  - 2 2
  - 3 3-4
  - 4 5+
  
2. How many total heads of dairy cow do you own? (Select one)
  - 1 <49
  - 2 50-100
  - 3 101-200
  - 4 201-500
  - 5 501-1,000
  - 6 1,001 – 3,000
  - 7 3,001-5,000
  - 8 5,001 or more
  
3. What is the total approximate size of your dairy farm(s)? (Select one)
  - 1 <50 acres

- 2 50-100 acres
- 3 101 – 300 acres
- 4 301- 400 acres
- 5 401-500 acres
- 6 501 – 700 acres
- 7 701 – 800 acres
- 8 801 or more acres

4. Please indicate which of the following best describes how you sell your product. (Select all that apply)

- 1 Sell to a cooperative
- 2 Sell direct to a processor/handler
- 3 Other, Please specify \_\_\_\_\_

5. Please indicate to which type of processors/handlers you sell your milk? (Select all that apply)

[RANDOMIZE]

- 1 Milk used in fluid products (Class 1)
- 2 Milk used in heavy cream, cottage cheese, yogurt and sterilized products (Class 2)
- 3 Milk used in ice cream and other frozen products (Class 3)
- 4 Milk used in butter and dry milk products, such as nonfat dry milk (Class 4a)
- 5 Milk used in cheese, other than cottage cheese, and dry whey products (Class 4b)

6. What county in California do you live in? (Select one)

- 1. Alameda
- 2. Alpine
- 3. Amador
- 4. Butte
- 5. Calaveras
- 6. Colusa
- 7. Contra Costa
- 8. Del Norte
- 9. El Dorado
- 10. Fresno County
- 11. Glenn
- 12. Humboldt
- 13. Imperial
- 14. Inyo
- 15. Kern
- 16. Lake
- 17. Lassen
- 18. Los Angeles
- 19. Madera
- 20. Marin
- 21. Mariposa
- 22. Mendocino
- 23. Merced

24. Modoc
25. Mono
26. Monterey
27. Napa
28. Nevada
29. Orange
30. Placer
31. Plumas
32. Riverside
33. Sacramento
34. San Benito,
35. San Bernardino
36. San Diego
37. San Francisco
38. San Joaquin
39. San Luis Obispo
40. San Mateo
41. Santa Barbara
42. Santa Clara
43. Santa Cruz
44. Shasta
45. Sierra
46. Siskiyou
47. Solano
48. Sonoma
49. Stanislaus
50. Sutter
51. Tehama
52. Trinity
53. Tulare
54. Tuolumne
55. Ventura
56. Yolo
99. I don't know [ANCHOR]

**SECTION 2: PAYMENT AND REPORTS**

7. Do you currently hold quota as a California milk producer? (Select one)

- 1 Yes
- 2 No

**[IF Q7=1, ASK Q8-12; OTHERWISE SKIP TO Q13]**

8. How long have you or your farm held in the Quota? (Select one)

- 1 < 1 year
- 2 1 -2 years
- 3 3-4 years
- 4 5-9 years
- 5 10-15 years
- 6 Over 15+ years

9. Please indicate your overall level of familiarity with the Quota Implementation Plan (QIP). (Select one)

- 1 Not at all familiar
- 2 Not very familiar
- 3 Neither familiar nor unfamiliar
- 4 Somewhat familiar
- 5 Very familiar

10. Do you know what you are paying into the Quota Implementation Plan (QIP) as an assessment? (Select one)

- 1 Yes
- 2 No
- 3 Not sure

11. Do you know what payments you are receiving each month from the processor/handler? (Select one)

- 1 Yes
- 2 No
- 3 Not sure

12a. Please rate how effective you feel the Quota Implementation Plan (QIP) is in providing *timely* monthly payments from the California Department of Food and Agriculture (CDFA) to the processors/handlers before the payment is sent to you. (Select one)

- 1 Not at all effective
- 2 Not very effective
- 3 Neither effective nor ineffective
- 4 Somewhat effective
- 5 Very effective
- 6 Not familiar with the payment process



12b. How timely are the monthly payments that you receive from the processor/handler? (Select one)

- 1 Not at all timely
- 2 Not very timely
- 3 Neither timely nor untimely
- 4 Somewhat timely
- 5 Very timely
- 6 Not familiar with the payment process

13. Has your monthly payment from the processor/handler ever been late? COMBINE WITH 12a – satisfied? If not satisfied, was it late?

- 1 Yes
- 2 No

14. Did you report this late payment to the Quota Administration Plan (QAP)? (Select one)

- 1 Yes
- 2 No

Section 8 of the QIP states that: Processors/handlers are required to provide each milk producer a monthly report which includes the following: (a) The amount of milk, milk fat, and solids not fat received from the producer or diverted; (b) The amount of product paid for as quota solids not fat and the revenue; (c) The dollar value and applicable rate of quota assessment deducted from the producer; and (d) The rate and amount of Regional Quota Adjuster deducted from the producer.

15. Do you receive these monthly reports from your processor/handler? (Select one)

- 1 Yes
- 2 No
- 3 Not sure

**[IF Q15=1, ASK Q16/17; OTHERWISE SKIP TO Q21]**

16. How well do you understand the information provided in these monthly reports from your processor/handler? (Select one)

- 1 Don't understand it at all
- 2 Don't understand it very well
- 3 Neither understand or don't understand
- 4 Somewhat understand
- 5 Completely understand

17. How satisfied are you with the monthly report you receive from your processor/handler? (Select one)

- 1 Not at all satisfied
- 2 Not very satisfied
- 3 Neither satisfied nor unsatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

18. Please indicate why you are [RESPONSE IN Q14] with the monthly report you receive from your processor/handler.

\_\_\_\_\_ [OE]

19. Which of the following information do you see on your monthly report from your processor/handler? (Select all that apply)

- 1 The amount of milk, milk fat, and solids not fat received from the producer or diverted
- 2 The amount of product paid for as quota solids not fat and the revenue
- 3 The dollar value and applicable rate of quota assessment deducted from the producer
- 4 The rate and amount of Regional Quota Adjuster deducted from the producer

20. What other types of information would you like to see on the monthly report provided by your handler/processor?

\_\_\_\_\_ (open end)

### SECTION 3: HARDSHIPS

Section 500 of the QIP states that: Producers may request relief from hardship to the Producer Review Board, include the basis for which the review is requested, and the extent of relief requested.

21. Have you ever applied for a hardship? (Select one)

- 1 Yes
- 2 No

22. Do you understand the process required to apply for a hardship? (Select one)

- 1 Yes
- 2 No

23. Do you know the criteria required to qualify for a hardship? (Select one)

- 1 Yes
- 2 No
- 3 Not sure

24. What information do you think is missing or do you not understand in the qualifying criteria for a hardship?

\_\_\_\_\_ (open end)

#### [ASK IF Q21=1]

25. Did you have any difficulties when applying to request a hardship consideration? (Select one)

- 1 Yes
- 2 No

**[ASK IF Q25= 1]**

26. Please indicate why you had difficulty requesting a hardship consideration. (Select all that apply.)

[RANDOMIZE]

1. I didn't know how to make the request
2. I didn't know what info to include
3. I didn't know to whom I should submit the application
4. Other (Specify) \_\_\_\_\_ [ANCHOR]

**[ASK IF Q21=1]**

27. How would you rate the experience of your hardship consideration review that involved the Producer Review Board (PRB)? (Select one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very good
- 5 Excellent

**[ASK IF Q27=1]**

28. Please indicate why you rated your hardship consideration experience as POOR. (Select all that apply.) [RANDOMIZE]

- 1 I don't understand the rules
- 2 The rules are not fair or consistent
- 3 It took too long to decide my case
4. Other (Specify) \_\_\_\_\_ [ANCHOR]

**[ASK IF Q21=1]**

29. How satisfied were you with the final outcome of your hardship consideration request? (Select one)

- 1 Not at all satisfied
- 2 Not very satisfied
- 3 Neither satisfied nor unsatisfied
- 4 Somewhat satisfied
- 5 Very satisfied
- 6 It is still in the process of being addressed

30. Please indicate why you rated the outcome of your hardship consideration request as [RESPONSE FROM Q29].

\_\_\_\_\_ [OE]

**[ASK IF Q21 = 2]**

31. Have you ever considered applying for a hardship but ultimately decided not to? (Select one)

- 1 Yes
- 2 No

**[ASK IF Q31=1]**

32. Why did you decide not to apply for the hardship?

\_\_\_\_\_ (open end)



**SECTION 4: QUOTA TRANSFER**

Section 400 of the QIP states that: A transfer of quota shall be made on forms provided by the Plan Administrator and received by the 15th of any month prior to the first of the month on which day the transfer will become effective. Applicants for quota transfers shall certify in the application that all matters relating to the transaction have been fully disclosed and documented.

33. Have you ever made an application to transfer a quota? (Select one)

- 1 Yes
- 2 No

**[ASK IF Q33=1]**

34. How would you rate the ease or difficulty of your application to transfer quota? (Select one)

- 1 Very difficult
- 2 Somewhat difficult
- 3 Neither easy nor difficult
- 4 Somewhat easy
- 5 Very easy

**[ASK IF Q34= 1,2]**

35. Please indicate why you had difficulty with your application to transfer quota. (Select all that apply.)

**[RANDOMIZE]**

- 1. The application was not easily accessible
- 2. The application was difficult to understand/complete
- 3. The application deadline was not clear
- 4. I don't know where to go to find information about eligibility to transfer quota
- 5. I don't know to whom I should submit the application
- 6. Other (Specify) \_\_\_\_\_ **[ANCHOR]**

**[ASK IF Q33=1]**

36. How satisfied are you with the final outcome of your application to transfer quota? (Select one)

- 1 Not at all satisfied
- 2 Not very satisfied
- 3 Neither satisfied nor unsatisfied
- 4 Somewhat satisfied
- 5 Very satisfied
- 6 It is still in the process **[SKIP TO Q38]**

37. Please indicate why you are [RESPONSE IN Q36] with the outcome of your application to transfer quota.

\_\_\_\_\_ **[OE]**



**SECTION 5: CUSTOMER SERVICE**

38. Do you know how to reach a Quota Administration Plan (QAP) representative with any questions you may have regarding the Quota Implementation Plan (QIP)? (Select one)

- 1 Yes
- 2 No

39. Have you ever tried to reach a Quota Administration Plan (QAP) representative? (Select one)

- 1 Yes
- 2 No

**[ASK IF Q39=1]**

40. How would you rate the ease or difficulty of contacting a QAP representative? (Select one)

- 1 Very difficult
- 2 Somewhat difficult
- 3 Neither easy nor difficult
- 4 Somewhat easy
- 5 Very easy

**[ASK IF Q40= 1 OR 2]**

41. Please indicate why you had difficulty contacting a QAP representative. (Select all that apply.)

[RANDOMIZE]

- 1. Don't know where to find the contact information
- 2. Unable to get through on the phone
- 3. Unable to leave a message
- 4. Contact had to forward me to another contact
- 5. Contact did not respond to me in a reasonable time
- 6. I had to wait too long on hold
- 7. Don't know the email address
- 7. Other (Specify) \_\_\_\_\_ [ANCHOR]

**[ASK IF Q39=1]**

42. How satisfied are you with the outcome of your inquiry when you reached out to the QAP representative? (Select one)

- 1 Not at all satisfied
- 2 Not very satisfied
- 3 Neither satisfied nor unsatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

**[ASK IF Q42= 1/2]**

43. Please indicate why you are [RESPONSE IN Q41] with the outcome of your inquiry with the QAP representative.

\_\_\_\_\_ [OE]

Now we have just a few final questions. Please think about everything we just discussed and provide your overall thoughts about the program.

44. Please rate your overall satisfaction with how the Quota Administrative Program (QAP) operates the Quota Implementation Plan (QIP) (Select one)

- 1 Not at all satisfied
- 2 Not very satisfied
- 3 Neither satisfied nor unsatisfied
- 4 Somewhat satisfied
- 5 Very satisfied

45. Please indicate why you are [RESPONSE FROM Q44] with how the Quota Administrative Program (QAP) operates the Quota Implementation Plan (QIP).

\_\_\_\_\_ [OE]

46. If you have any additional ideas for improvement or changes to the Quota Administrative Program (QAP) or the Quota Implementation Plan (QIP) which you've not already shared, please detail them now and we will look at these for future consideration.

\_\_\_\_\_ [OE]

## SECTION 6: DEMOGRAPHICS

Just a few final questions for classification purposes only.

D1. Are you...? (Select one response)

- 1 Male
- 2 Female
- 3 Non-Binary
- 4 Other

D2. Please enter your age. |\_|\_|\_| [ALLOW 18-99, TERMINATE under 18]

**[Programmer: calculate year of birth variable as <DP will determine year> – age]**

D3. What is your zip code? (Please enter only the first five digits)

|\_|\_|\_|\_| [ALLOW ONLY A 5 DIGIT, NUMERIC CODE]

D5. Are you of Hispanic origin? (Select one response)

- 1 Yes
- 2 No
- 3 Decline to answer

**D6.** Do you consider yourself...? (Select one response) **[RANDOMIZE]**

- 1 White/Caucasian
- 2 Black or African-American
- 3 Asian
- 4 American Indian or Alaska Native
- 5 Pacific Islander
- 6 None of the above/Other **[ANCHOR]**
- 7 Prefer not to answer **[ANCHOR]**