

2012 CONTRACTOR EXPENSE SURVEY – Processed Vegetables

OMB No. 0535-0218
 Approval Expires: 12/31/20##
 Project Code: 904 QID: 113313
 SMetaKey: ####



XXXXX Field Office
 P.O. Box #####
 XXXXX, XX #####
 Phone: ###-###-####
 Fax: 1-800-###-####
 Email: nass-xx@nass.usda.gov

We are collecting information on costs and returns and need your help to make the information as accurate as possible. Authority for collection of information on the Costs and Returns Report is Title 7, Section 2204 of the U.S. Code. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Response is **voluntary**. You may skip any question(s) you prefer not to answer. 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 control number for this information collection is 0535-0218. The time required to complete this information collection is estimated to average 45 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. During 2012, were you a production contractor where you paid a fee to someone else to grow processed vegetables that **you owned**? A production contract is a verbal or written agreement setting terms, conditions, and fees to be paid by the contractor to the operation for the production of crops, livestock, or poultry.
 Yes - Continue No - Record name and telephone number on back page
2. For 2012, please report the average cost of inputs provided to contract growers per acre.

Inputs	Green Peas	Sweet Corn	Snap Beans	Beets	Other, ^{1/} Specify
a. Name of Other Processed Vegetable.					
b. Total Acres Under Contract.					
c. Total Number of Contractees.					
d. Total Cost per Acre.	\$	\$	\$	\$	\$
Of the total cost per acre, how much was for--					
(i) fee paid to contractee?	\$	\$	\$	\$	\$
(ii) marketing charges?	\$	\$	\$	\$	\$
(iii) seeds, sets, plants, transplants?	\$	\$	\$	\$	\$
(iv) fertilizer, nutrients, lime & soil conditioners?	\$	\$	\$	\$	\$
(v) ag chemicals?	\$	\$	\$	\$	\$
(vi) fuel?					
(1) Diesel Fuel.	\$	\$	\$	\$	\$
(2) Gasoline.	\$	\$	\$	\$	\$
(3) Natural Gas.	\$	\$	\$	\$	\$
(4) LP Gas.	\$	\$	\$	\$	\$
(5) Other (Specify: _____)	\$	\$	\$	\$	\$
(vii) utilities?					
(1) Electricity.	\$	\$	\$	\$	\$
(2) Water / Other.	\$	\$	\$	\$	\$
(viii) supplies?	\$	\$	\$	\$	\$
(ix) insurance?	\$	\$	\$	\$	\$
(x) contract labor?	\$	\$	\$	\$	\$
(xi) taxes?	\$	\$	\$	\$	\$
(xii) hauling?	\$	\$	\$	\$	\$
(xiii) other expenses? (Include admin. cost, depreciation, technical services & other.) (Specify: _____)	\$	\$	\$	\$	\$

^{1/} To report additional processed vegetables, use the table on the next page.

Inputs	Other, Specify	Other, Specify	Other, Specify	Other, Specify	Other, Specify
a. Name of Other Processed Vegetable.					
b. Total Acres Under Contract.					
c. Total Number of Contractees.					
d. Total Cost per Acre.	\$	\$	\$	\$	\$
Of the total cost per acre, how much was for--					
(i) fee paid to contractee?	\$	\$	\$	\$	\$
(ii) marketing charges?	\$	\$	\$	\$	\$
(iii) seeds, sets, plants, transplants?	\$	\$	\$	\$	\$
(iv) fertilizer, nutrients, lime & soil conditioners?	\$	\$	\$	\$	\$
(v) ag chemicals?	\$	\$	\$	\$	\$
(vi) fuel?					
(1) Diesel Fuel.	\$	\$	\$	\$	\$
(2) Gasoline.	\$	\$	\$	\$	\$
(3) Natural Gas.	\$	\$	\$	\$	\$
(4) LP Gas.	\$	\$	\$	\$	\$
(5) Other (Specify: _____)	\$	\$	\$	\$	\$
(vii) utilities?					
(1) Electricity.	\$	\$	\$	\$	\$
(2) Water / Other.	\$	\$	\$	\$	\$
(viii) supplies?	\$	\$	\$	\$	\$
(ix) insurance?	\$	\$	\$	\$	\$
(x) contract labor?	\$	\$	\$	\$	\$
(xi) taxes?	\$	\$	\$	\$	\$
(xii) hauling?	\$	\$	\$	\$	\$
(xiii) other expenses? (Include admin. cost, depreciation, technical services & other.) (Specify: _____)	\$	\$	\$	\$	\$

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Reported by: _____ Telephone (_____) _____

Response	Respondent	Mode	Enum	Eval	Rep. Unit	Duplication Adjustor	Date MM DD YY	Optional
1-Comp 2-R 3-Inac	9901 1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Other	9902 2-Tel 3-Face-to -Face	9903 0098	0100	0921	0922	9910 ____ 12 Office Use for POID 0789	0003
S/E Name _____								