

## 20XX CONTRACTOR EXPENSE SURVEY - TURKEYS

OMB No. 0535-0218  
 Approval Expires: 10/31/2015  
 Project Code: 904 QID: 113311  
 SMetaKey: 3311



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We are collecting information on costs and returns and need your help to make the information as accurate as possible. The information you provide will be used for statistical purposes only. In accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107-247, and other applicable Federal laws, your responses will be kept confidential and will not be disclosed in identifiable form to anyone other than employees or agents. By law, every employee and agent has taken an oath and is subject to a jail term, a fine, or both if he or she willfully discloses ANY identifiable information about you or your operation. 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.

- During 20XX, were you a production contractor where you paid a fee to someone else to raise turkeys 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

- For 20XX, please report the average cost of inputs provided to contract growers per head/dozen.

Inputs	Breeder	Brooder	Grow Out	All In / All Out	Hatching Eggs <sup>1/</sup>
a. <b>Total Head/Dozen Under Contract</b>	hd	hd	hd	hd	dz
b. <b>Total Number of Contractees. . . .</b>	#	#	#	#	#
c. <b>Total Cost per Head/Dozen. . . . .</b>	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____
<b>Of the total cost per head/dozen, how much was for--</b>					
(i) fee paid to contractee?. . . . .	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____
(ii) marketing charges?. . . . .	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____
(iii) disinfectants & insecticides?. . . . .	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____
(iv) poults placed on the operation?. . . . .	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____
(v) feed?. . . . .	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____
(vi) litter?. . . . .	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____
(vii) medication, vaccination, debeaking, veterinary & custom services?. . . . .	\$ . ____	\$ . ____	\$ . ____	\$ . ____	\$ . ____

<sup>1/</sup> Please report total dozen under contract (*item a*) and total cost per dozen (*item c*) for hatching egg operations.

**Please continue on back**

Inputs	Breeder	Brooder	Grow Out	All In / All Out	Hatching Eggs
(viii) fuel?					
(a) Diesel Fuel. ....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(b) Gasoline. ....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(c) Natural Gas. ....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(d) LP Gas. ....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(e) Other (Specify: _____) ...	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(ix) utilities?					
(a) Electricity. ....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(b) Water / Other. ....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(x) supplies?.....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(xi) taxes?.....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(xii)hauling?.....	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___
(xiii) other expenses? (Include admin. cost, depreciation, technical services & other.) (Specify: _____) ...	\$ .___	\$ .___	\$ .___	\$ .___	\$ .___

Reported by: \_\_\_\_\_

9911 Telephone (\_\_\_\_) \_\_\_\_\_

Response		Respondent		Mode		Enum	Eval	Rep. Unit	Duplication Adjustor	Date MM DD YY	Optional
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	0098	0100	0921	0922	9910	0003
2-R		2-Sp		2-Tel						____ 14	
3-Inac		3-Acct/Bkpr		3-Face-to-Face						<b>Office Use for POID</b>	
		4-Partner								0789	
		9-Other								_____	
S/E Name											