

TURFGRASS ECONOMIC SURVEY – 2018

Service Provider Version

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United States
Department of Agriculture

NATIONAL
AGRICULTURAL
STATISTICS
SERVICE



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Please make corrections to name, address, and ZIP Code, if necessary.

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INSTRUCTIONS:

- Report for **all** land operated, including land rented from others, in New Jersey.
- Report for all seasons (winter, spring, summer, and fall) during 2018.

A. Company information

1. Where is your company located?
Primary County: _____ List any additional counties: _____
2. How long has your company been in business? _____ years

3. Are you a member of any of the following professional organizations?
- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Irrigation Association of New Jersey | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| New Jersey Landscape Contractors Association | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| New Jersey Nursery and Landscape Association | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| New Jersey Turfgrass Association | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

4. What was the approximate total area that your company serviced in 2018?
 Total area: _____ acres Turf area: _____ acres

5. What was the approximate total irrigated area that your company serviced in 2018?
 Total area: _____ acres

6. Did your company experience growth in 2018 with respect to the previous year?
 Yes No

7. How much new turf area was established during 2018 by this firm?
 Turf area: _____ acres

8. What percentage of the new turf area was established under the following methods:
 seeding _____ % sodding _____ %

9. What proportion of customers renewed their contracts for your services in 2018? _____%

10. What type of services does your company provide? (Select all that apply).

- | | | |
|--|---|--|
| <input type="checkbox"/> Landscape design | <input type="checkbox"/> Fertilizer application | <input type="checkbox"/> Mowing |
| <input type="checkbox"/> New planting (ornamental) | liquid _____% dry _____% | <input type="checkbox"/> Irrigation |
| <input type="checkbox"/> Pruning | <input type="checkbox"/> Initial laying of grasses: | <input type="checkbox"/> Aeration |
| <input type="checkbox"/> Herbicide application | <input type="checkbox"/> Integrated Pest Management | <input type="checkbox"/> Natural/organic control |
| <input type="checkbox"/> Insecticide application | <input type="checkbox"/> Training | <input type="checkbox"/> Biological control |
| <input type="checkbox"/> Fungicide application | <input type="checkbox"/> Correct drainage | <input type="checkbox"/> Soil testing |
| <input type="checkbox"/> Soil amendments | <input type="checkbox"/> Top-dressing | <input type="checkbox"/> Dethatching |
| <input type="checkbox"/> Edging | <input type="checkbox"/> Clipping removal | <input type="checkbox"/> Overseeding |
| <input type="checkbox"/> Turf selection | <input type="checkbox"/> Snow plowing | <input type="checkbox"/> Other (specify) _____ |

B. Turfgrass Specific

11. Please indicate the percentage of each type of turfgrass among your clients? (Select all that apply)
- | | | |
|----------------------------|----------------------------|--------------------------|
| _____ % Kentucky Bluegrass | _____ % Perennial Ryegrass | _____ % Annual Bluegrass |
| _____ % Fine Fescue | _____ % Tall Fescue | _____ % Bentgrass |
| _____ % Zoysia | _____ % Other/Mixture | _____ Don't know |

12. What are the important sources of information for your turf-related problems? (Select all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Rutgers Cooperative Extension Agent or Specialist | <input type="checkbox"/> Cook College Office of Continuing Professional Education |
| <input type="checkbox"/> Rutgers University (other) | <input type="checkbox"/> Private consultant |
| <input type="checkbox"/> Commercial Tech Rep. | <input type="checkbox"/> Peers |
| <input type="checkbox"/> Industry magazines | <input type="checkbox"/> Professional Organization |
| <input type="checkbox"/> Internet | <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Books | <input type="checkbox"/> Other (specify) _____ |

C. Clients

13. Please indicate the percentage (approximate to the nearest whole number) of the following clients you serve.

- a) Households _____ (%)
- b) Golf Courses _____ (%)
- c) Commercial institutions (eg., businesses, apartments, etc.) _____ (%)
- d) Non-profit institutions (e.g. churches, schools, etc.) _____ (%)
- e) Others (specify) _____ (%)
 _____ (%)
 _____ (%)

14. Based on your company's sales, which of your client groups have experienced the highest rate of growth in the past 5 years? Please rank the top three in descending order.

Fastest growing client group _____
 2nd fastest growing client group _____
 3rd highest growing client group _____

D. Turf and Landscape Problems

15. What do you consider to be difficult turf and landscape related problems facing your industry? (Select all that apply under each category).

a. Regulation

- Local noise ordinances Water restrictions Signposting (chemical applications)
- Pesticide application (amount, type of chemical) Other (specify) _____

b. Management

- Labor availability Immigration laws Employee training
- Health issues due to turf activity (i.e., poisoning, etc.) Language barriers
- Other (specify) _____

c. Turfgrass

- Soil related Diseases Insects
- Weeds Equipment Cost Erosion
- Water related Shade Traffic
- Other (specify) _____

16. Which do you anticipate to be the major turf-related problems 5 years from now? (Select all that apply under each category).

a. Regulation

- Local noise ordinances Water restrictions Signposting (chemical applications)
- Pesticide application (amount, type of chemical) Other (specify) _____

b. Management

- Labor availability Immigration laws Employee training
- Health issues due to turf activity (i.e., poisoning, etc.) Language barriers
- Other (specify) _____

c. Turfgrass

- Soil related Diseases Insects
- Weeds Equipment Cost Erosion
- Water related Shade Traffic
- Other (specify) _____

E. Expenses (Please use previous business year figures to answer sections E and G.)

17. **Best Estimate of annual turf-related service costs during the year 2018 (to the nearest \$1,000):**

- a) Seed..... \$ _____
- b) Sod..... \$ _____
- c) Erosion control (turf related mulches)..... \$ _____
- d) Equipment and Operation (exclude labor)

	Tractors (depreciation).....	\$ _____
	Mowers (depreciation).....	\$ _____
	Irrigation equipment (depreciation).....	\$ _____
	Application equipment (depreciation).....	\$ _____
	Other equipment (depreciation).....	\$ _____
	Vehicles (depreciation).....	\$ _____
	Fuel, lube and electricity.....	\$ _____
	Repairs and maintenance.....	\$ _____
	Equipment rental.....	\$ _____
e)	Chemicals	
	Weed control products.....	\$ _____
	Insect control products.....	\$ _____
	Disease control products.....	\$ _____
	Plant-growth regulators	\$ _____
	Other.....	\$ _____
f)	Fertilizer and Soil Amendments	
	Fertilizer	\$ _____
	Organic Fertilizer	\$ _____
	Lime.....	\$ _____
	Natural/organics.....	\$ _____
	Soil amendments.....	\$ _____
	Other.....	\$ _____
g)	Labor (salaries/wages, not taxes)	
	Production wages/salaries.....	\$ _____
	Supervisory wages/salaries.....	\$ _____
	Mechanics/maintenance.....	\$ _____
	Clerical/sales wages/salaries.....	\$ _____
h)	Services purchased/subcontracts	
	Chemical/fertilizer application.....	\$ _____
	Sod installation.....	\$ _____
	Transport services/trucking/hauling.....	\$ _____
	Irrigation installation.....	\$ _____
	Other contract labor.....	\$ _____
i)	Advertising cost.....	\$ _____
j)	Other direct expenses (Specify).....	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
k)	Total turf-related expenses.....	\$ _____

18. Equipment/supplies purchased in 2018 from vendors outside of New Jersey was _____% of total expense.
19. What was the estimated value of turf-related buildings and land owned and used by this firm as of the end of 2018 (to the nearest \$1,000)? \$ _____
20. What was the estimated value of turf-related equipment owned and used by this firm as of December 2018? (include tractors, mowers, seeders, etc.) \$ _____
21. How many positions did this institution or company have in 2018? _____ employees
22. What percentage of the your company's total workforce do the following categories represent?
 - Year round full-time _____%
 - Seasonal full-time _____%

- Year round part-time _____%
- Seasonal part-time _____%

23. Please indicate the percentage of total hours devoted to turf-related activities by the following employees.
- Year round full-time _____%
 - Seasonal full-time _____%
 - Year round part-time _____%
 - Seasonal part-time _____%

F. Cultural Practices and Equipment

24. What types of lawn mower are primarily used by your company (check all that apply)?
- Riding Walk-behind Push Self-propelled
- Push Other (specify) _____
25. How are grass clippings handled on the majority of your clients' property?
- always bagged and removed collected and composted disposed with trash
- left on ground (rarely or never removed) bagged and removed only for heavy growth
26. What is the typical width/size of the mower used by your company? _____inches
27. What is the average interval between mowings on your clients' property? _____days
28. Please indicate the proportion of your clients' turf area receiving fertilizer applications:
- _____ % 1-2 times per year
- _____ % 3-4 times per year
- _____ % 5-6 times per year
- _____ % 7 or more times per year
29. Please indicate the proportion of your clients' turf area receiving other chemical (e.g., insecticides, herbicides, etc.) applications:
- _____ % 1-2 times per year
- _____ % 3-4 times per year
- _____ % 5-6 times per year
- _____ % 7 or more times per year
30. Do you monitor the water needs of turf on your clients' property?
- Yes No
31. Do you regulate the amount of water being applied to turf on your clients' property?
- Yes No
32. What is the average interval between waterings without rain? _____days Don't know
33. What is the length of time you water when irrigating? _____hours Don't know

G. Sales

34. What was your company's total billing for each of the following during 2018? (to the nearest \$1,000)
- Mowing..... \$ _____
- Turf fertilizer and pest control.....\$ _____
- Turf establishment and renovation..... \$ _____

1 = Excellent 2 = Good 3 = Fair 4 = Unsatisfactory 5 = Don't know

_____ Research _____ Undergraduate Education
_____ Extension/Outreach _____ Web-Page content

48. Would you grow/maintain a genetically modified turfgrass or ornamental plant if it were proved to be safe?
 Yes No Not Sure
49. In the past 5 years, were you affected by water regulations during a time of drought?
 Yes No (skip questions 50 and 51)
50. Please estimate the total loss of business in terms of decreased revenue during the drought. \$ _____
51. Please estimate the number of employees laid off because of water restriction regulations.
_____ full-time employees and _____ part-time employees

I. Ornamental plantings

52. Do you provide services for ornamental plantings?
 Yes No (skip question 53)
53. What were the total billings for services provided for ornamental plantings in 2018 (to the nearest \$1,000)?
- a) Landscape design..... \$ _____
 - b) Installation of plantings (shrubs/trees/flowers)..... \$ _____
 - c) Pruning/cutting..... \$ _____
 - d) Herbicides..... \$ _____
 - e) Insecticides..... \$ _____
 - f) Other pesticides..... \$ _____
 - g) Fertilization in liquids and granules..... \$ _____
 - h) Irrigation parts and accessories (includes sprinklers, valves, hoses, etc)..... \$ _____
 - i) Landscape materials (mulch, hardscaping, rock, fence, others)..... \$ _____
 - j) Training and training materials..... \$ _____
 - k) Other (specify) _____..... \$ _____
 - l) **Total Gross Sales for Ornamental Business..... \$ _____**

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Response		Respondent		Mode		Enum.	Eval.	Change	Office Use for POID				
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-PASI (Mail) 2-PATI (Tel) 33-PAPI (Face-toFace) 6-Email 7-Fax 19-Other	9903	9998	9900	9985	9989				
									_____ - _____ - _____				
									Optional Use				
							R. Unit						
							9921	9907	9908	9906	9916		

S/E Name