

## 20XX CONTRACTOR EXPENSE SURVEY - LAYERS

OMB No. 0535-0218  
 Approval Expires:  
 Project Code: 904 QID: 113309  
 SMetaKey: 3309



**USDA/NASS - Iowa**  
 Upper Midwest Region  
 210 Walnut St., #833  
 Des Moines, IA 50309  
 Phone: 1-800-772-0825  
 Fax: 1-855-271-9802  
 E-mail: NASSRFOUMR@nass.usda.gov

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. Your responses 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 provisions of Title V, subtitle A, Public Law 107-347 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**. 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 20XX, were you a production contractor where you paid a fee to someone else to raise layers 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 20XX, please report the average cost of inputs provided to contract growers per dozen.

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

**Please continue on back**

| Inputs   | Hatching Eggs | Table 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,<br>depreciation, technical services & other.)<br>(Specify: _____) ..... | \$ . ___      | \$ . ___   |

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

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

| Response |      | Respondent  |      | Mode           |      | Enum | Eval | Rep. Unit | Duplication Adjustor | Date<br>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 |      |             |      |                |      |      |      |           |                      |                            |          |