



Egg Entrepreneurship Records

Name _____

4-H Program Year _____

PROJECT GOAL Setting goals and then checking progress on the attainment of those goals is an important part of 4-H.

Complete the boxes 1-3 at the beginning of the year.

Complete the boxes 4-5 before you turn in your Record Book.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>1. Why did you decide to have an egg entrepreneurship project?</p> | |
| <p>2. What is your goal for your egg entrepreneurship project?</p> | |
| <p>3. How will you reach your goal? This is your action plan to attain your goal. Be specific and list each step needed to reach your goal.</p> | |
| <p>4. Did you accomplish your goal? Write about any assistance you received to reach your goal. If you didn't accomplish your goal- what obstacles prevented you from doing so and what did you try to overcome those obstacles?</p> | |

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|-------------------------------------------------------|--|
| 5. For next year . . . How will you change your goal? | |
|-------------------------------------------------------|--|

DESCRIBE YOUR PROJECT Summarize your project in a few sentences.

PROJECT ANIMAL INFORMATION

| | |
|-------------------------|--|
| Breed | |
| Number of hens acquired | |
| Date hens acquired | |
| Owner's name | |
| Other information: | |

PROJECT ACTIVITIES List *special* project meetings or clinics attended or conducted, such as tours, field trips, etc. that you did in your project this year .

| Date | Activity | What did you do? | What did you learn? | Time spent |
|------|----------|------------------|---------------------|------------|
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EQUIPMENT and SUPPLY INVENTORY List the supplies and equipment you used this year.

| Inventory at BEGINNING of Project Year | | | | Inventory at END of Project Year | | | |
|-----------------------------------------------|-----------|--------------------------|-------------|-----------------------------------------|-----------|--------------------------|-------------|
| Item Description (include size) | # of Item | Estimated Value per item | Total Value | Item Description | # of Item | Estimated Value per item | Total Value |
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| Total Beginning Value | | | | Total Ending Value | | | |

TIME SPENT ON PROJECT Record the amount of time you spend with your project during the year.

| | Feeding | Watering | Cleaning pens | Cleaning equipment | Handling eggs | Other activities | | | Total Time Per Month | Comments |
|--------------------|---------|----------|---------------|--------------------|---------------|------------------|--|--|----------------------|----------|
| Jan. | | | | | | | | | | |
| Feb. | | | | | | | | | | |
| Mar. | | | | | | | | | | |
| Apr. | | | | | | | | | | |
| May | | | | | | | | | | |
| Jun. | | | | | | | | | | |
| Jul. | | | | | | | | | | |
| Aug. | | | | | | | | | | |
| Sep. | | | | | | | | | | |
| Oct. | | | | | | | | | | |
| Nov. | | | | | | | | | | |
| Dec. | | | | | | | | | | |
| Total hours | | | | | | | | | | |

Feed Information

You **MUST** check on your chickens every day to make sure they have food and water.
Water **MUST** be changed daily and feed **MUST** be available at all times

Use your Poultry Barn Record to complete the chart below.

| | A | B | C |
|------------------|--------------------------------------------|-------------------------------------------------------------------------------|------------------------------------|
| | Total Pounds of Grain Purchased | Total Amount of supplements Purchased (Vitamins/Oyster shells) | Total Monthly Food Cost |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| Total: | | | |

OTHER INCOME & EXPENSES Do not include feed expenses or health expenses

Income- Use the column headings to describe the sources of income (ex. animals or products sold, inventory sold, etc.)

| | Descriptions of Income | | | Total Monthly Income | Comments |
|----------------------------|------------------------|--|--|----------------------|----------|
| | | | | | |
| Jan. | | | | | |
| Feb. | | | | | |
| Mar. | | | | | |
| Apr. | | | | | |
| May | | | | | |
| Jun. | | | | | |
| Jul. | | | | | |
| Aug. | | | | | |
| Sep. | | | | | |
| Oct. | | | | | |
| Nov. | | | | | |
| Dec. | | | | | |
| Total Yearly Income | | | | | |

Expenses- Use the column headings to describe any project expenses not covered on other sheets

| | Descriptions of Expenses | | | | Total Monthly Expenses | Comments |
|------------------------------|--------------------------|--|--|--|------------------------|----------|
| | | | | | | |
| Jan. | | | | | | |
| Feb. | | | | | | |
| Mar. | | | | | | |
| Apr. | | | | | | |
| May | | | | | | |
| Jun. | | | | | | |
| Jul. | | | | | | |
| Aug. | | | | | | |
| Sep. | | | | | | |
| Oct. | | | | | | |
| Nov. | | | | | | |
| Dec. | | | | | | |
| Total Yearly Expenses | | | | | | |

FINANCIAL SUMMARY This is a summary of your yearly income & expenses for the entire project.

Income Summary

| Item | Amount |
|-----------------------------|---------------|
| Total Yearly Project Income | |
| Total Income | |

Expense Summary

| Item | Amount |
|--------------------------------------------------|---------------|
| Total Yearly Purchase of Chickens | |
| Total Yearly Health Expenses | |
| Total Yearly Feed Expenses | |
| Total Yearly Other Expenses (supplies/equipment) | |
| Total Expenses | |

| | |
|--------------------------------------------------------------------------|--|
| Profit or Loss for Project (total income minus total expenses) | |
|--------------------------------------------------------------------------|--|

YEARLY REVIEW

List new skills you learned this year.

What challenges did you encounter in your project? How did you resolve them?

How will you use what you learned? _____

List at least 2 management decisions you made. How did the decision affect your project? Looking back, would you have made a different decision?

List 2 safety practices that you followed in this project.

Review your financial summary. What did you learn? Would you do anything differently? What advice would you give to another 4-Her in this project?

Attach one or two selected photographs or news articles. (optional)

4-H Poultry Monthly Barn Records

Month _____ Year _____

Record the amount of time you spent daily doing each activity.

| Day | Feeding | Watering | Cleaning pens | Cleaning equipment | Handling eggs for marketing | Time invested | Remarks |
|--------------|---------|----------|---------------|--------------------|-----------------------------|---------------|---------|
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| 31 | | | | | | | |
| Total | | | | | | | |

Make copies for each month

Monthly Egg Record Sheet 4H Egg Entrepreneur Project

Initial number of laying hens (pullets) in the group _____

Month _____, Year 20____

| Day of the Month | Number of hens | Number of eggs | Number of floor eggs | Number of eggs dis-carded | Number of dead birds | Comments |
|------------------|----------------|----------------|----------------------|---------------------------|----------------------|----------|
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| 31 | | | | | | |
| Total for month | | | | | | |

Make copies for each month