

**Attachment 3a  
Cost Assessment Tool**



# **National Program of Cancer Registries (NPCR) Cost Assessment Tool**

Please complete the requested information based on costs incurred during FY XXXX (MM/DD/YYYY to MM/DD/YYYY). Please refer to the data user's manual for detailed instructions to complete this questionnaire. Please send completed instrument to Jyoti Aggarwal, [jaggarwal@rti.org](mailto:jaggarwal@rti.org), by Month/Day/Year.

Public reporting burden for this collection of information is estimated to average 22 hours 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333, ATTN:PRA (0920-XXXX).

**1. REGISTRY DETAILS**

<b>1A. Registry name</b>	
<b>1B. Org. Type (Health Department, Contractor, Private or Other Organizational Type)</b>	
<b>1C. Org. Structure (Centralized or Regional)</b>	
<b>1D. Number of Regions (skip if Centralized)</b>	
<b>1E. Primary contact person</b>	
	<b>Name</b>
	<b>Telephone</b>
	<b>Email</b>
<b><u>Comments:</u></b>	

**2. TOTAL EXPENDITURE**

**2A. NPCR Funds**

<b>Type of NPCR funds</b>	<b>\$Amount</b>	<b>Comments</b>
Total NPCR federal funding for current year*		
Unobligated NPCR federal funds carried forward from previous year		
Amount of NPCR federal funds unspent for the current year		
<b>Total NPCR funds expended:</b>	-	

**2B. Other Federal Funds**

<b>Source of other federal funds</b>	<b>\$Amount</b>	<b>Comments</b>
<i>List other federal funds:</i>		
Total other federal funding for current year**	-	
Unobligated other federal funds carried forward from previous year		
Amount of other federal funds unspent for the current year		
<b>Total other federal funds expended:</b>	-	

**2C. Non-Federal Funds**

Source of non-federal funds	\$ Amount	Activity (if applicable)	Comments
<b>Total non-federal funds expended:</b>	\$	-	
<b>Total expenditure</b>	\$	-	

NOTES:

\* NPCR federal funds are defined as those funds that were awarded directly through the program in the 2060 program announcement.

\*\* Sources of other federal funding include patterns of care studies, other CDC but non-NPCR funds, and any other federal funding source.

**Comments:**



**3B. In-Kind Contributions--Non Labor**

Source of in-kind contributions (non-labor)	\$ Amount	Activity (if applicable)	Method used to estimate \$ value	Other Methods/Comments
Portion of rent contributed by state health department	\$5,000		Market Value	
<b>Total:</b>	<b>\$ -</b>			

<b>Total in-kind contributions</b>	<b>\$ -</b>
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Comments:

**4. PERSONNEL EXPENDITURE**

	Job Title	FTE % (a full-time employee is 100%)	Total hours per week	Months Employed in Fiscal Year	Salary ( based on annual time worked on <u>all</u> activities)			% Salary Paid by Sources:				Time Spent on Activit		Salary allocated to registry activities	Comments
					Base	Fringe	Total	% Salary paid by NPCR	% Salary paid by the state	% Salary paid by SEER	% Salary paid by other source	% Time spent on NPCR activities	% Time spent on all registry activities		
ex 1	Registry Director	100%	38	12	40,000	15,000	55,000	50%	50%			10%	20%	11,000	
ex 2	Data Manager	50%	19	8	15,000	5,000	20,000	100%				90%	100%	20,000	
1							-							-	
2							-							-	
3							-							-	
4							-							-	
5							-							-	
6							-							-	
7							-							-	
8							-							-	
9							-							-	
10							-							-	
11							-							-	
12							-							-	
13							-							-	
14							-							-	
15							-							-	

**Total staff cost:**      -

Comments:



**5. PERSONNEL ACTIVITIES**



Registry Director	Data Manager	0	0	0	0	0	0	0
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**Data enhancement and analysis activities**

- Automatic casefinding using electronic linkage
- Linking records to other state-wide or national databases
- Geocoding cancer cases
- Implementeing a cancer inquiry response system
- Research studies and advanced analysis using registry data
- Publication of research studies using registry data
- Active Follow-up

10%								
5%								

<b>TOTALS</b>	100%	100%	0%	0%	0%	0%	0%	0%
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**Comments:**

**6. CONSULTANT EXPENDITURE**

	Job Title	Annual Payment	Registry Activity 1	% Time Activity 1	Registry Activity 2	% Time Activity 2	Registry Activity 3	% Time Activity 3
ex 1	IT Specialist	\$30,000	Data management	100%				
ex 2	Epidemiologist	\$60,000	Advanced analysis using registry data	70%	Publication of research studies using registry data	30%		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

**Total cost of consultants:** -

Comments:

**7. COSTS ASSOCIATED WITH COMPUTERS, TRAVEL, AND TRAINING**

*7a. HARDWARE*

	Description	Amount (\$)	Cost Calculation Method	Registry Activity (if appropriate)	Comments
ex 1	New server	\$10,000	Actual	n/a	
1					
2					
3					
6					
7					
8					
9					

**Total cost of hardware**      -

*7b. IT SUPPORT*

	Description	Amount (\$)	Cost Calculation Method	Registry Activity (if appropriate)	Comments
ex 1	Web maintenance contract	\$20,000	Actual	n/a	
1					
2					
3					
4					
5					
6					
7					
8					
9					

**Total cost of IT support**      -

*7c. TRAVEL*

	Description	Amount (\$)	Cost Calculation Method	Travel Category	Other Travel Category/Comments
ex 1	Travel to conference	\$750	Actual	Annual Conferences	
1					
2					
3					

<b>Total cost of travel</b>	-
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*7d. FEES*

	Description	Amount (\$)	Cost Calculation Method	Registry Activity (if appropriate)	Fee Categories	Comments
ex 1	Training sessions	\$500	Actual	n/a	Training	
1						
2						
3						
4						
5						
6						
7						
8						
9						

<b>Total cost of fees</b>	-
---------------------------	---

7e. OTHER MATERIALS

	Description	Amount (\$)	Cost Calculation Method	Registry Activity (if appropriate)	Comments
ex 1	Copies of death certificates	\$1,500	Actual	n/a	
1					
2					
3					
4					
5					
6					
7					
8					
9					

**Total cost of other materials**      -

**Total cost of computers, travel, and training**      -

Comments:

**8. COSTS ASSOCIATED WITH SOFTWARE LICENSING**

*8a. CDC SOFTWARE*

	Name of Software	YES/NO	Comments
1	Abstract Plus	no	
2	CRS Plus	no	
3	Link Plus	no	
4	Prep Plus	no	
5	Web Plus	no	
6	Online Help	no	
7	Utility Programs	no	
8	NPCR EDITS	no	
9	EditWriter	no	
10	Application Program Interface (API)	no	
11	GenEDITS	no	
12	GenEDITS Lite	no	

*8b. OTHER SOFTWARE*

	Name of Software	Total Amount of Contract (\$)	Year Contract Started	Length of Contract (years)	Amt. Paid in Current Year (\$)	Cost Calculation Method	Other Software Title/Comments
ex 1	New GIS software package						
	LICENSING FEES	\$ 5,000	2000	6	\$ 5,000	Actual	
	MAINTENANCE/UPGRADE FEES	\$ 750	2003	3	\$ 250	Actual	
	OTHER FEES						
1							
	LICENSING FEES						
	MAINTENANCE/UPGRADE FEES						
	OTHER FEES						
2							
	LICENSING FEES						
	MAINTENANCE/UPGRADE FEES						
	OTHER FEES						
3							
	LICENSING FEES						
	MAINTENANCE/UPGRADE FEES						
	OTHER FEES						



	Name of Software	Total Amount of Contract (\$)	Year Contract Started	Length of Contract (years)	Amt. Paid in Current Year (\$)	Cost Calculation Method	Other Software Title/Comments
4							
	LICENSING FEES						
	MAINTENANCE/UPGRADE FEES						
	OTHER FEES						
5							
	LICENSING FEES						
	MAINTENANCE/UPGRADE FEES						
	OTHER FEES						

Comments

**9. ADMINISTRATIVE COSTS**

<b>9A-1. Allocation methodology I</b>		<b>Y/N</b>	<b>% Amount</b>
Fixed dollar amount			
Allocated as a percent of direct cost (indicate %)			
Other: (Specify)			

<b>9A-2. Allocation methodology II</b>		<b>Y/N</b>	<b>% Amount</b>
Fixed dollar amount			
Allocated as a percent of direct cost (indicate %)			
Other: (Specify)			

<b>9B. Types of costs included in the administrative or overhead costs</b>		<b>Y/N</b>	<b>\$ Amount</b>	
Rent for office space (including water, gas, electric, etc)			if no, provide amount <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>	
Repairs/maintenance			if no, provide amount <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>	
Network connection/maintenance (i.e. internet connection charge)			if no, provide amount <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>	
Phone Service (i.e. local phone service, long distance or cell phone charges)			if no, provide amount <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>	
Shared office equipment			if no, provide amount <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>	
Other costs: Specify:			provide amount <table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>	
<b>Total program administrative or overhead costs</b>				

**Comments:**

**10. OTHER FACTORS AFFECTING COSTS, EFFECTIVENESS, AND DATA COLLECTION**

<b>10A. Abstracts vs. Incidence Cases (Data consolidation effort)*</b>	<b>Number of Abstracts/Cases</b>	<b>Comments</b>
Total number of incident cases (unique person cancer combinations)		
Total number of abstracts received including non-reportable cases		
<b>CONSOLIDATION EFFORT % =</b>	<b>#DIV/0!</b>	

\* Please report abstract and incidence cases diagnosed in 2003.

<b>10B. Total Number of CTRs at Reporting Hospitals</b>	<b>Number of CTRs</b>	<b>Comments</b>
Number of CTRs at Hospital sites		

<b>10C. Quality of Facility Reporting (Overall accuracy rate)</b>	<b>% of Facilities</b>	<b>Comments</b>
Proportion of facilities passing automated edits 100%		
97- 99%		
90-96%		
80-89%		
50-79%		
<50%		
<b>TOTAL % (must equal 100%) =</b>	<b>0%</b>	

<b>10D. Methods of Data Reporting or Collection</b>	<b>% of Reports</b>	<b>Comments</b>
Paper		
Diskettes		
Web-based		
FTP		
Other Electronic linkages		
<b>TOTAL % (must equal 100%) =</b>	<b>0%</b>	

10E. Data Collection Process	%	Comments
% of data abstracted directly from hospital records by central cancer registry staff or hired contractors.		

10F. Reporting non-resident cases and data-exchange caseload	%	Comments
Collecting and reporting non-resident cases? (yes or no)		
If yes, total number of cases exchanged		

**Comments:**

## **Drop Down Box Categories**

### ***Registry activities:***

Management  
Administration  
Training of registry staff  
Training of others by registry staff  
Database management  
IT support  
Case ascertainment  
Death certificated clearance  
Data collection/abstraction  
Quality assurance and improvement  
Developing analytic files  
Analyzing data and generating reports  
Sharing cases  
Reporting requirements to CDC, NAACCR, state  
Electronic case reporting and data encryption  
Automatic casefinding using electronic linkage  
Linking records to other state-wide or national databases  
Geocoding cancer cases  
Implementing a cancer inquiry response system  
Research studies and advanced analysis using registry data  
Publication of research studies using registry data  
Active follow-up

### ***In-Kind--Labor:***

IT Support  
Other Staff Time (Supervisors, Administrative Staff etc.)  
CTR Services

### ***In-Kind-- Non Labor:***

Computer and Other Electronics  
Furniture  
Office Supplies

### ***Value Estimation Method for In-Kind Contribution:***

Market value  
Estimate  
Other

### ***Cost calculation method***

Actual  
Estimate  
Other

**Consultants:**

Epidemiologist (masters)  
Epidemiologist (Ph.D)  
Statistician (masters)  
Statistician (Ph.D).  
Certified Tumor Registrar (CTR)  
IT Specialist

**Registry Program Structure:**

Health Department  
Private or Other Organizational Type  
Health Department w/ Contractor

**Registries**

Alabama  
Alaska  
Arizona  
Arkansas  
California  
Colorado  
Delaware  
District of Columbia  
Florida  
Georgia  
Idaho  
Illinois  
Indiana  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island

South Carolina  
South Dakota  
Tennessee  
Texas  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming

**Organization Structure**

Centralized  
Regional

**Travel Categories**

Annual conferences (NAACCR/CDC meetings, etc.)  
Training  
Other

**Fee Categories**

Training  
Conference  
Other

**Software Packages**

Rocky Mountain Cancer Data System  
C/NET  
ELM (Premier)  
CansurFacs  
IMPAC  
MRS  
OncoLog  
ERS  
Other

**Dichotomous Responses**

yes  
no

<b>Color Coding in the Cost Assessment Tool</b>	
	Enter values or text here
	Select from drop down boxes