

ATTACHMENT 5a. Cost Assessment Tool

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Colorectal Cancer Control Program Annual Cost Assessment Tool

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RTI International

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Public reporting burden of 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-24, Atlanta, GA 30333.

1. PROGRAM DETAILS

1A. Name	
1B. Address	
1C. Primary contact person	
	Name
	Telephone
	Email

To be populated with site name in Web-CAT

<u>Comments:</u>

2. TOTAL EXPENDITURE

2A. CRCCP Funds

Type of CRCCP funds	\$Amount	Comments
Total CRCCP funding for current year*		
Unobligated CRCCP funds carried forward from previous year		
Amount of CRCCP funds unspent for the current year		
Total CRCCP funds expended:	-	

2B. Other Funds

Source of other funds	\$ Amount	Activity (if applicable)	Comments
(e.g.) CDC Comprehensive Cancer Control Program (CCCP) Funds			
(e.g.) State funds			
Total funds expended:	\$	-	

Total expenditure	\$	#REF!
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NOTES:

* CRCCP funds are defined as those funds that were awarded directly through the program in the program announcement.

Comments:

3. IN-KIND CONTRIBUTION (Excluding for clinical services to patients: i.e. screening and diagnostic tests etc.)

3A. In-Kind Contributions--Labor

Source of in-kind contributions*	Hours contributed	\$ Amount	CRCCP Activity (if applicable)	Method used to estimate \$ value	Other Methods Explanation/Comments
Nurse	25	\$3,000	Providing screening and diagnostic services	Percentage of staff salary	
Physician - Scientific Advisory Board	6	\$900	Quality Assurance	Other	Estimate (based on hourly rate of \$150)
Total:		-			

3B. In-Kind Contributions--Non Labor (eg. materials, equipment etc.)

Source of in-kind contributions	\$ Amount	CRCCP Activity (if applicable)	Method used to estimate \$ value	Other Methods Explanation/Comments
Computer and other electronics	\$1,500		Market Price	
Total:		-		

Total in-kind contributions		-
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4. PERSONNEL EXPENDITURE

								% Salary Paid by Sources:				
	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 all activities)			% Salary paid by CRCCP	% Salary paid by CDC CCCP	% Salary paid by the state	% Salary paid by other source	Comments
					Base	Fringe	Total					
ex 1	Project Manager	100%	38	12	40,000	15,000	55,000	50%		50%		
ex 2	Data Manager	50%	19	8	15,000	5,000	20,000	100%				
1							-					
2							-					
3							-					
4							-					
5							-					
6							-					
7							-					
8							-					
9							-					
10							-					
11							-					
12							-					
13							-					
14							-					
15							-					

Total staff cost:

Comments:

5. PERSONNEL ACTIVITIES

Please indicate proportion of time spent on all CRCCP activities regardless of funding source. Refer to Appendix A of user's guide for description of activities.

(e.g.) Project Manager									
(e.g.) Data Manager	0	0	0	0	0	0	0	0	0

Program Management	50%								
Screening Promotion Activities									
- client reminders									
- small media									
- provider assessment and feedback									
- provider reminders									
- reduction in structural barriers									
- patient navigation and support									
- reduction in out-of-pocket costs									
- enrolling in insurance programs									
- other screening promotion activities									
Screening Provision Activities									
- establishing provider contracts and billing systems									
- providing screening and diagnostic services									
- ensuring appropriate treatment for complications and cancers									
Quality Assurance and Professional Development									
Partnership Development and Maintenance	50%								
Clinical and Cost Data Collection and Tracking		85%							
Program Monitoring and Evaluation		15%							
Other Activities									

100%	100%	0%	0%	0%	0%	0%	0%	0%	0%
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Comments:

6. CONSULTANT EXPENDITURE

	Job Title	Annual Payment	Activity 1	% Time Activity 1	Activity 2	% Time Activity 2	Activity 3	% Time Activity 3	Total Percent Time
ex 1	Public Relations	\$30,000	Small media	100%					
1									0
2									0
3									0
4									0
5									0
6									0
7									0
8									0
9									0
10									0
11									0
12									0
13									0
14									0
15									0

Total cost of consultants: -

Comments:

7. SCREENING AND DIAGNOSIS COSTS

Cost of Screening and Diagnostic Tests

	\$ Amount							
	FOBT	FIT	Sigmoidoscopy	Colonoscopy	DCBE	CT colonography	Other: Specify	
Pre-screening exams								
Electrocardiogram (EKG)								
Blood work								
Office visit fee								
Other								
Bowel preparation								
Screening tests								
Take-home fecal occult blood test (FOBT)								
Take-home fecal immunochemical test (FIT)								
Sigmoidoscopy								
Colonoscopy								
Double-contrast barium enema (DCBE)								
CT colonography (Virtual colonoscopy)								
Anesthesia fee								
Facility fees								
Other								
Diagnostic follow-up tests								
Bowel preparation								
Colonoscopy with biopsy								
Colonoscopy without biopsy								
Double-contrast barium enema (DCBE)								
Pathology fees								
Anesthesia fee								
Facility fees								
Other								
Total cost of screening and follow-up								

Cost of Surveillance Colonoscopy



7B. SCREENING AND DIAGNOSIS IN-KIND COSTS

In-Kind Contribution of Screening and Diagnostic Tests

		\$ Amount (In-Kind Contribution)						
		FOBT	FIT	Sigmoidoscopy	Colonoscopy	DCBE	CT colonography	Other: Specify
Pre-screening exams								
Electrocardiogram (EKG)								
Blood work								
Office visit fee								
Other								
Bowel preparation								
Screening tests								
Take-home fecal occult blood test (FOBT)								
Take-home fecal immunochemical test (FIT)								
Sigmoidoscopy								
Colonoscopy								
Double-contrast barium enema (DCBE)								
CT colonography (Virtual colonoscopy)								
Anesthesia fee								
Facility fees								
Other								
Diagnostic follow-up tests								
Bowel preparation								
Colonoscopy with biopsy								
Colonoscopy without biopsy								
Double-contrast barium enema (DCBE)								
Pathology fees								
Anesthesia fee								
Facility fees								
Other								
Total cost of screening and follow-up								

Cost of Surveillance Colonoscopy



7C. NUMBER OF PEOPLE SCREENED AND NUMBER OF PEOPLE ENROLLED IN INSURANCE PROGRAMS

Number of Individuals Screened (All funding sources: CRCCP and other funds)

	FOBT	FIT	Sigmoidoscopy	Colonoscopy	DCBE	CT colonography	Other: Specify	Total
Total number of individuals screened								0
Total number of screening tests performed								0
Total number of follow-up colonoscopies								0
Total number of adenomatous polyps/lesions detected								0
Total number of cancers detected								0
Total	0	0	0	0	0	0	0	0

Total Number of Individuals Undergoing Surveillance	
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Total Number of Individuals Enrolled in Insurance Programs	
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8. CONTRACTS, TRAVEL, MATERIALS OR SERVICES PURCHASED (Excluding clinical services)

	Type of Service Purchased	CRCCP Activity	Amount (\$)	Cost Calculation	Funding Source
ex 1	Sub-award to local health department	Client reminders	\$10,000	Actual	Other
ex 2	Travel for Reverse Site Visit	Program Management	\$5,000	Actual	CRCCP
	Total cost of contracts, travel, materials and supplies		-		

9. ADMINISTRATIVE COSTS

9A. Allocation Methodology		Y/N	\$ Amount
Proportion of direct cost		<input type="checkbox"/>	0
Please indicate percent of direct cost used			%
Lump-sum payment		<input type="checkbox"/>	0
Other: specify _____		<input type="checkbox"/>	0

9B. Types of costs included in the administrative or overhead costs reported above:		Y/N	\$ Amount
Rent for office space (including water, gas, electric, etc)		<input type="checkbox"/> if no, provide amount	
Repairs/maintenance		<input type="checkbox"/> if no, provide amount	
Network connection/maintenance (i.e. internet connection charge)		<input type="checkbox"/> if no, provide amount	
Phone Service (i.e. local phone service, long distance or cell phone charges)		<input type="checkbox"/> if no, provide amount	
Shared office equipment		<input type="checkbox"/> if no, provide amount	
Other costs: Specify:		<input type="checkbox"/> provide amount	

Total administrative/indirect cost **0**

10. SUMMARY OF DATA

Cost by Budget Categories

	<u>Amount (\$)</u>	<u>Percent of Total (%)</u>
Labor		#DIV/0!
Consultants	0	#DIV/0!
Screening, Diagnosis and Surveillance		#VALUE!
Materials & Contracts	0	#DIV/0!
Administrative		#DIV/0!
Total Cost Allocated to Program Activities	0	

Total Expenditures	0
Total Cost Allocated to Program Activities	0
Difference	0
In-kind Contributions	0

Click on this button to generate an excel report that can be saved/printed for future reference. Please note that the report may take a few moments to generate.

[Excel Report](#)

Please verify that all relevant fields have been completed on all 12 CAT screens. Once completed, please confirm that your cost data is ready for use by CDC by clicking below.

Confirm Cost Data Complete

Date last confirmed:

1/2/2009 2:20PM

Drop Down Box Categories

Program activities:

- Program Management
- Screening Promotion Activities
 - client reminders
 - small media
 - provider assessment and feedback
 - provider reminders
 - reduction in structural barriers
 - patient navigation and support
 - reduction in out-of-pocket costs
 - enrolling in insurance programs
 - other screening promotion activities
- Screening Provision Activities
 - establishing provider contracts and billing systems
 - providing screening and diagnostic services
 - ensuring appropriate treatment for complications and cancers
- Quality Assurance and Professional Development
- Partnership Development and Maintenance
- Clinical and Cost Data Collection and Tracking
- Program Monitoring and Evaluation
- Other Activities

Source of Non-Federal Funds:
American Cancer Society (ACS)
State funds

In-Kind--Labor:
IT Support
M&M
Provider Services

In-Kind-- Non Labor:
Computer and Other
Electronics
Furniture
Office Supplies

Value Estimation Method for In-Kind Contribution:
Market Price
Percentage of Staff Salary
Other

Job Titles:

- Senior Manager
- Executive Director
- Project Director
- Chief Medical Officer
- Epidemiologist
- Data Manager
- Health Educator
- Patient Navigator
- Project Nurse
- Sr. Administrative Assistant
- Administrative Assistant
- Project Coordinator
- IT Specialist
- Fiscal Assistant
- Accountant
- Health Surveillance Specialist
- Practice Manager
- Case Manager
- Clinic Manager
- Social Worker
- Graduate Intern
- Family and General Practitioner
- Internist (Gastroenterologist)
- Surgeon
- Nurse

Consultants:

- Outreach Specialist
- Public Health Nurse
- Social Worker
- Co-ordinator
- Media/marketing Specialist
- Info Tech Specialist

Local Colorectal Cancer Control Programs

- Alabama
- Alaska Native Tribal Health Consortium (Tribal Organization in Alaska)
- Arizona
- Arctic Slope Native Association (Tribal Organization in Alaska)
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Iowa
- Maine
- Maryland
- Massachusetts
- Minnesota
- Missiana
- Nebraska
- New Hampshire
- New Mexico
- New York
- Oregon
- Pennsylvania
- South Dakota
- South Puget Intertribal Planning Agency (Tribal Organization in Washington)
- Southcentral Foundation (Tribal Organization in Alaska)
- Utah
- Washington

dichotomous responses

- yes
- no

Funding Source

- CRCCP
- State
- Other

Numerals

- I
- II
- III
- IV
- V
- VI
- VII
- VIII
- IX
- X
- XI
- XII
- XIII
- XIV
- XV
- XVI
- XVII
- XVIII
- XIX
- XX

Type of Staff or Volunteer

- CRCCP-Funded
- Provider
- M&M
- Other

Cost Calculation

- Actual
- Estimate