#### Attachment 3a. CPPW Cost Study Instrument (CSI)

## **CPPW Cost Study Instrument (CSI)**

Log In Screen:

Communities Putting Prevention to Work

Form Approved OMB No. XXXX-XXXX Exp. Date: XX/XX/20XX

Communities Putting Prevention to Work.

Username: Password: Log In

Change Password

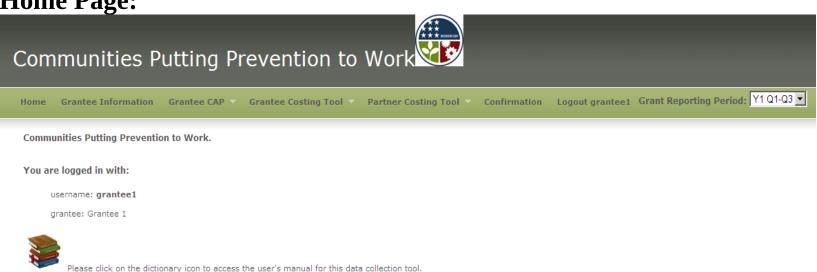
Need help logging in?

According to the Paperwork Reduction Act of 1995, no persons are 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 0990-. The time required to complete this information collection is estimated to average 11 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



Please click on the dictionary icon to access the user's manual for this data collection tool.

## **Home Page:**



#### **Grantee Information:**

# Communities Putting Prevention to Work

Grantee Information Grantee CAP V Grantee Costing Tool V Partner Costing Tool V

Grantee Information

You are logged in as Grantee 1

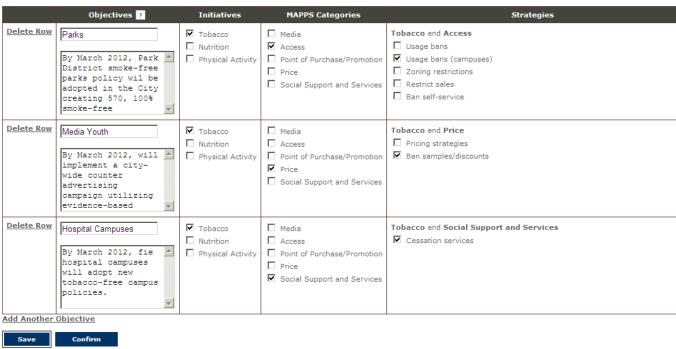
Grantee: Grantee 1 **Contact Name:** 

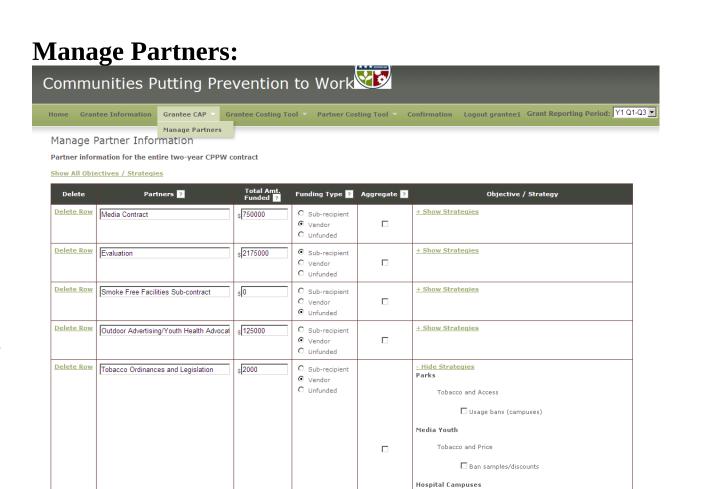
Please contact Olga Khavjou from RTI International (email: okhavjou@rti.org) if you have any questions or concerns.

#### **Grantee CAP:**



Grantee Community Action Plan (CAP)





Add Another Partner

Save Confirm

Tobacco and Social Support and Services

**Grantee Costing Tool: Quarterly Expenditure Summary** 

Communities Putting Prevention to Work
Home Grantee Information Grantee CAP V Grantee Costing Tool V Partner Costing Tool V Confirmation Logout grantee1 Grant Reporting Period: Y1 Q1-Q3 V
Quarterly Expenditure Summary  Total Expenditures this Quarter \$ 0.00  Total Amount to Partners this Quarter \$ 0.00  Save Confirm
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**Labor/Personnel Expenditures:** 

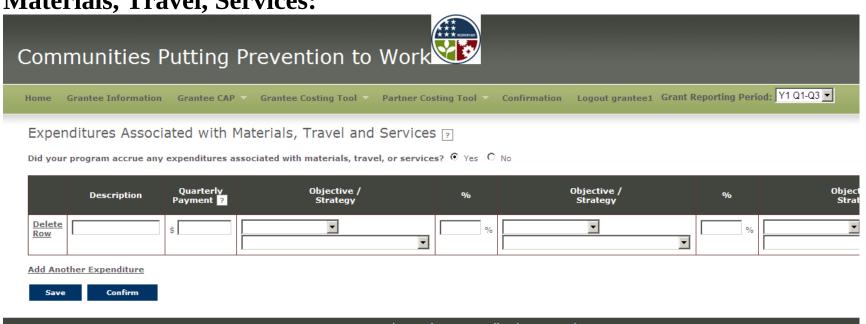


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**Consultant Expenditures:** 



# **Materials, Travel, Services:**



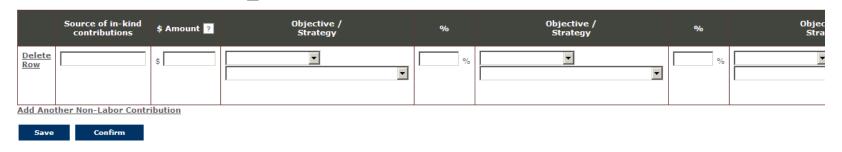
10

# **Administrative Expenditures:**

Communities	Putting Prevention to Work
Home Grantee Information	n Grantee CAP V Grantee Costing Tool V Partner Costing Tool V
Administrative Expe	enditures
1. Total program administra	tive or overhead costs (Please indicate amount paid) ? \$ 0.00
2. Allocation methodology ?	
	Percentage
	Fixed dollar amount O Yes O No
Allocated as a pe	ercent of direct cost (indicate %) C Yes C No
Other (specify) 0	C Yes C No
3. Types of costs included in	the administrative or overhead costs ?
Rent for	office space (including water, gas, electricity) C Yes C No.
	Repairs/maintenance O Yes O No.
Network connection/r	maintenance (i.e. internet connection charge) O Yes O No.
Phone Service (i.e. local phone	service, long distance or cell phone charges) C Yes C No.
	Shared office equipment C Yes C No.
Other costs:	
Specify:	provide amount \$ 0.00
4. Adjusted total program ac	dministrative or overhead costs ? \$ 0.00



In-Kind Contributions: Non-Labor 🔋



# **Partner Costing Tool:**



Quarterly Funding Summary for Partners [2] Contract Y1 Q1-Q3

Partners	No Funding This Quarter? ?	Amount Paid this Quarter ?	Unpaid Labor ?	Non-labor donations ?	Subcontracts ?
Media Contract	V	\$ 0	Did the partner provide any unpaid labor?  • Yes • No How many hours?	Did the partner provide donated nonlabor resources (e.g., free media time, donated supplies, etc.)?  © Yes C No Approximate value: \$ 500	Did the partner retain any subcontractors?  O Yes O No
Evaluation		\$ 25000	Did the partner provide any unpaid labor?  C Yes © No	Did the partner provide donated nonlabor resources (e.g., free media time, donated supplies, etc.)?  C Yes  No	Did the partner retain any subcontractors?  • Yes • No
Smoke Free Facilities Sub-contract	V	\$ 0	Did the partner provide any unpaid labor?  • Yes • No How many hours? 100	Did the partner provide donated nonlabor resources (e.g., free media time, donated supplies, etc.)?  • Yes C No  Approximate value: \$ 2500	Did the partner retain any subcontractors? C Yes © No
Outdoor Advertising/Youth Health Advocate		\$ 30000	Did the partner provide any unpaid labor?  O Yes • No	Did the partner provide donated nonlabor resources (e.g., free media time, donated supplies, etc.)?  O yes O No	Did the partner retain any subcontractors?  O Yes O No
Tobacco Ordinances and Legislation		\$ 150000	Did the partner provide any unpaid labor?  C Yes © No	Did the partner provide donated nonlabor resources (e.g., free media time, donated supplies, etc.)?  C Yes © No	Did the partner retain any subcontractors?  C Yes © No

**Partner Costing Allocation:** 



## **Confirmation of Data:**



Confirmation of Data

**Grantee Costing Tool** 

Category	Quarterly Expenditures	Confirmation Status
Labor / Personnel	\$12,345.00	Confirmed
Consultant Expenditures	\$23,456.00	Confirmed
Materials, Travel, Services	\$34,567.00	Please Confirm
Administrative Expenditures	\$45678.00	Please Confirm

#### Partner Costing Tool

Partner	Category	Quarterly Expenditures	Confirmation Status
Outdoor Advertising/Youth Health Advocate	Simple Costing Tool	\$57,142.86	Please Confirm
Smoke Free Facilities Sub-contract	Simple Costing Tool	\$64,285.71	Please Confirm

Confirm Cost Data Complete