

## Interview on Cost Elements of Residential Programs (PBTH and CBRR programs and UC-Shelters)

*The purpose of this interview is to learn the detailed information on residential programs (PBTH, CBRR and Shelters) needed to collect and interpret information on the program's costs. **The guide is intended to help measure costs of housing provided through these programs.***

*This is intended to be an in-person interview. On the basis of the program data collection conducted in 2011 the team should have a detailed description of the program and basic information about data sources for program costs.*

*At the time you set up the interview, ask the interviewee or other staff to send you the program's most recent annual budget documents, annual financial statements, or any other information that will help answer questions on costs. Offer to send this interview guide to help the respondent(s) prepare for the interview.*

### Contact Information

Date \_\_\_\_\_

Respondent/Title \_\_\_\_\_

Agency Name \_\_\_\_\_

Program Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

CoC \_\_\_\_\_

Interviewer \_\_\_\_\_

### Section 1: Housing/facility costs

**Ask questions 1 through 16 for facility-based transitional housing and shelters; for clustered or scattered site/leased housing, skip to Section 2.**

1. Who owns the property where the clients live?

\_\_\_\_\_ Agency owns (*Ask questions 2-8*)

\_\_\_\_\_ Agency leases from a private property owner (*skip to Section 2*)

\_\_\_\_\_ Agency leases from a public entity (e.g., pays rent to a government agency) (*skip to Section 2*)

\_\_\_\_\_ Agency is using rent free space owned by a private owner or public entity (*skip to question 9*)

**Questions 2-8 are for an agency that owns the residential property**

2. When was the property built? \_\_\_\_\_(Year)
3. What is the total finished square footage (estimate is ok) of the property? \_\_\_\_\_ (sq ft)
4. If the property is used for more than this program, what is the estimated square footage used for this program? \_\_\_\_\_ (sq ft)
5. What is the type of construction (e.g., what is the building made out of)?

\_\_\_\_\_Wood Framing   \_\_\_\_\_ Concrete  
 \_\_\_\_\_Brick   \_\_\_\_\_ Other \_\_\_\_\_

6. Do you know the approximate market value of the property?

a. If so, what is the approximate market value of the property? \$\_\_\_\_\_

b. What is the year of the valuation? \_\_\_\_\_ (year)

c. What is the source or documentation for that value?

\_\_\_\_\_Private Appraisal   \_\_\_\_\_ Acquisition price  
 \_\_\_\_\_Tax Assessor Appraisal   \_\_\_\_\_ Other \_\_\_\_\_

7. Has the property been substantially rehabilitated since it was built (that is, done work on major systems that was not covered by the property’s operating budget or replacement reserves)?

\_\_\_\_\_No  
 \_\_\_\_\_Yes.

If yes, what year was the rehabilitation work done?  
 \_\_\_\_\_(Year)

8. What do you consider the remaining viable life of the property—that is, the date when the building will need substantial capital expenditures or rehabilitation (beyond those covered in an annual maintenance budget or reserves)? \_\_\_\_\_ (Year)

(Skip to question 21)

**Questions 9-16 are for an agency that provides shelter/housing in free or donated space**

9. Do all of the facility operating costs (e.g., *utilities costs, taxes, insurance, trash removal, security, maintenance*) for the space appear in the program's operating budget?

Yes

No, or not all. Who can I speak with about the operating costs that do not appear in your budget?

Name of agency/entity \_\_\_\_\_

Contact information \_\_\_\_\_

10. Have you had to rehab the space in order to use it for your program?

Yes

No (skip to Question 21)

11. When did you rehab the property? \_\_\_\_\_(Year)

12. What was the total rehab cost? \$ \_\_\_\_\_

13. Was any portion of the rehab cost a donation—e.g., the building was donated, professional services were donated?

Yes. Please explain.

No

14. Can you provide information on the property's rehab costs—e.g., a pro forma? Other documentation?

Yes (*At the end of the interview, use the pro-forma to complete the development cost form.*)

No

15. What do you consider the remaining viable life of the property—that is, the date when the building will need substantial capital expenditures or rehabilitation (beyond those paid for by the annual maintenance budget or out of reserves)? \_\_\_\_\_ (Year)

16. Can you provide information on the property's on-going capital or replacement costs—e.g., a capital needs assessment, a schedule for contributing to a replacement reserve?

Yes. Please explain and provide documentation.

No

**Section 2: Services Costs ASK FOR ALL PROGRAMS BASED ON INFORMATION ON SERVICES PROVIDED COLLECTED IN 2011 PROGRAM DATA COLLECTION INTERVIEWS**

17. For each of the services provided to participants in the study [use program data collection form to document services provided. I would like to distinguish among services that your residents receive: 1) because they are in your program’s budget, 2) because they are provided to your residents on a preferential basis by another agency, or 3) because you refer your residents to services available in the community to people who need them. [Use the Program screening service chart as a starting tool for this question.]

|  | <b>1<br/>In your budget</b> | <b>2<br/>Part of program,<br/>but provided by<br/>other agency</b> | <b>3<br/>Residents are<br/>referred to<br/>community services</b> |
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18. For services that are in the budget of *[name of program]*, are they in the operating budget or annual financial statement that you have provided/will provide?

*(Go over each service in Column 1 of the table and confirm that it is in the budget or annual financial statement. For any services that are not in the operating budget, ask for another way of documenting the service’s costs.)*

19. For services that are part of the program but are paid for by someone else, how do I find information on the costs of these services for your clients? *(List services from Column 2 of the table and get contact information for each service if you don't already have it.)*

| Name of service | Provider agency | Contact person | Phone number | E-mail |
|-----------------|-----------------|----------------|--------------|--------|
|                 |                 |                |              |        |
|                 |                 |                |              |        |
|                 |                 |                |              |        |

**Section 3: Actual Cost Information**

Go over budget documents with interviewee and fill out the following cost spreadsheets:

- **Annual Program Costs: fill out for all programs**

*As part of the discussion, determine and document the following volunteer/in-kind estimates on the annual cost spreadsheet. Be sure to represent these costs in the volunteer/in-kind column of the spreadsheet rather than the direct cost portion.*

20. Are there any functions provided by volunteers that would otherwise have to be paid for with agency resources (“purchased”)? (We are only concerned with functions that are integral to the admin, operation, or service provision of the program that would have to be replaced by paid staff.)

\_\_\_\_\_Yes Can you provide an estimate of the value of these volunteered services?\_\_\_\_\_

\_\_\_\_\_No

21. Are there other in-kind donations or expenses that we should be aware of that directly offset budgeted expenses?

\_\_\_\_\_Yes Can you provide an estimate of the value of these in-kind or donated expenses? \_\_\_\_\_

\_\_\_\_\_No