**Cost Instrument - Extended (Demonstration Sponsors)**

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**OMB Control # 0584-NEW**

**Expiration Date: xx/xx/20xx**

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**COST DATA COLLECTION INSTRUMENT**

**Sponsor Level Instrument**

Dear [put Full name here]:

As you know, the US Department of Agriculture, Food and Nutrition Services (FNS) is funding demonstration projects to test ideas for reaching greater numbers of children in the summer and making sure that they do not go hungry. FNS has asked Westat to conduct an evaluation of these demonstrations to understand how these ideas are working and how they are carried out. All of the information we collect is meant to provide FNS with valid and objective findings to help them with their policymaking on Federal summer programs.

One of the objectives of this evaluation is to determine and document the total and component costs of implementing and operating the demonstrations, including information on administrative startup costs, ongoing administrative costs of operation, and benefit costs.

As the [position/title] of this sponsor agency, you are an important source of information regarding the costs. For this study, our goal is to identify all the resources used in grant activities.

Below you will find your username and a link to the cost data collection questionnaire. To complete the questionnaire, please click on the following link: add final link here. We ask that you complete the questionnaire **by xx/xx/ 2011**.   
  
  
Login page: |LINK1|  
  
Username: |UDF0|  
  
Password: [insert PASSWORD column here].

If you have any problems with this link or username, or if you have any problems with the online questionnaire, please send an email <to:XXXXXXXXX@WESTAT.COM>.  
  
If you have any questions regarding the content of the survey, please contact Mustafa Karakus ([mustafakarakus@westat.com](mailto:mustafakarakus@westat.com) or 1-800-937-8281, extension 2874) or Lynn Elinson ([lynnelinson@westat.com](mailto:lynnelinson@westat.com) or 412 421-8610) from Westat. IF YOU WOULD PREFER TO COMPLETE THIS QUESTIONNAIRE BY HAND, PLEASE LET US KNOW.

We appreciate you taking the time to complete this questionnaire.

Sincerely,

Mustafa Karakus, Ph.D.

Senior Economist

**Initial set-up Costs**

List all expenditures and source of funding related to resources and staff hours required to set-up the summer demonstration projects.

|  |  |  |
| --- | --- | --- |
| **Type of resources** | **Expenditures** | **Source of funding** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Ongoing Costs**

1. **Personnel expenditures**

List all salaried personnel; include percentage of time devoted to the program, monthly salary and source of funding. Also include the list of unpaid volunteer staff and their average monthly hours of service.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **% of time devoted to the demo** | **Monthly salary** | **Source of funding** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Volunteers** | **Number of hours worked in a month** |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Cost of Contracted Services**

List all expenses and sources of funding for all contracted services such as food preparation, repairs, maintenance, security services, housekeeping, advertising, consultants, and any other services needed for the program including the in-kind services.

|  |  |  |
| --- | --- | --- |
| **Contracted service** | **Expenditures** | **Source of funding** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Food Benefit and Transportation Costs**

List all expenses and source of funding for food benefits (e.g., cost of food items in backpack).

|  |  |  |
| --- | --- | --- |
| **Contracted service** | **Expenditures** | **Source of funding** |
|  |  |  |
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|  |  |  |
|  |  |  |

List all expenses associated with food delivery services (e.g., gas, vehicle insurance, etc.).

|  |  |  |
| --- | --- | --- |
| **Contracted service** | **Expenditures** | **Source of funding** |
|  |  |  |
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1. **Building and facilities**

List all expenses and source of funding for annual lease/rent for the building and facilities used by the summer demonstration project. If the facilities are owned, provide estimated fair market lease or rental price. Also include the percentage of time used for the demonstration program services.

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility** | **% of time used** | **Annual lease/rent value** | **Source of funding** |
|  |  |  |  |
|  |  |  |  |

1. **Other Equipment/supplies/materials**

List all expenses and sources of funding for purchased/leased/rented equipments, supplies (e.g., backpacks, napkins, utensils, office supplies, housekeeping items, etc.) and materials. Provide market value of supplies and materials that were donated or received free of charge.

|  |  |  |
| --- | --- | --- |
| **Equipment / supplies / materials** | **Expenditures** | **Source of funding** |
|  |  |  |
|  |  |  |

1. **Administrative and operational overhead**

List all expenses and source of funding for expenses related to administrative and operational overhead, (e.g., electricity, gas, oil, water and sewer, garbage, insurance, licenses, taxes, telephone, books, subscriptions, regulation fees, travel and other miscellaneous items)

|  |  |  |
| --- | --- | --- |
| **Administrative and operational** | **Expenditures** | **Source of funding** |
|  |  |  |
|  |  |  |

If you are not able to itemize and/or provide dollar value for the overhead expenditures, you can also provide the rate for overhead expenses as a percentage of all other expenses.

|  |  |  |
| --- | --- | --- |
| **Administrative and operational** | **% of all other expenses** | **Source of funding** |
|  |  |  |

1. **Other costs**

List all other expenses and source of funding for resources and miscellaneous items that are not included in items 1 through 6 above.

|  |  |  |
| --- | --- | --- |
| **Other resources** | **Expenditures** | **Source of funding** |
|  |  |  |
|  |  |  |