Attachment 6a. Draft CTG Cost Study Instrument (CSI)

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

# Log In Screen:

		<u>8</u> 0			Form Approved OMB No. 0920-xxxx Exp. Date xx/xx/xxxx
Community	Transformatio	n Grants			
, and the second s					
Awardee Login					
Username:	Password:	Log In			
Change Password					
Need help logging in?					
and reviewing the collection	on of information. An agency may no	t conduct or sponsor, and a person is not requ	ired to respond to a collection of information u	ing existing data sources, gathering and maintaining th nless it displays a currently valid OMB control number. er, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 31	Send comments regarding
			angle Institute. All Rights Reserved. de name of Research Triangle Institute.		
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## Home Page:



#### Community Transformation Grants

Home Awardee Information Awardee CTIP Awardee Costing Tool Partner Costing Tool Confirmation Logout testgrantee Grant Reporting Period: Y2 Q2

You are logged in with:

username: testgrantee

grantee: Test and Demo Grantee



Please click on the dictionary icon to access the CSI User's Manual and Frequently Asked Questions.

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#### **Awardee Information:**



Awardee Information

You are logged in as Test and Demo Grantee

grantee: Test and Demo Grantee Contact Name:

#### <u>okhavjou@rti.org</u>

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Please contact Olga Khavjou from RTI International (email: okhavjou@rti.org) by email, or by phone at (919) 541-6689 if you have any questions or concerns.

## Awardee CTIP:



#### CTG Implementation Plan

Objectives ?	Strategic Directions	Interventions ?
Objecitve 1	Tobacco-Free Living	Tobacco-Free Living
	Active Living and Healthy Eating	Intervention 1
A	Quality Clinical and Other Preventive Services	Intervention 2
	Social and Emotional Wellness	Intervention 3
	Healthy and Safe Physical Environment	Active Living and Healthy Eating
		Intervention 4
-		Intervention 5
		Intervention 6
		Quality Clinical and Other Preventive Services
		Intervention 7
		Intervention 8
		Intervention 9
		Social and Emotional Wellness
		Intervention 10
		Intervention 11
		Intervention 12
		Healthy and Safe Physical Environment
		Intervention 13
		Intervention 14
		Intervention 15
1		

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### **Manage Partners:**



Manage Partner Information Partner information for the entire five-year CTG contract

Show All Objectives / Interventions

Delete	Partners ?	Total Amt. Funded <mark>?</mark>	Funding Type <mark>?</mark>	Objective / Intervention
Delete Row	Partner 1	\$0.00	<ul><li>Funded</li><li>Unfunded</li></ul>	<u>+ Show Interventions</u>
Delete Row	Partner 2	\$3.00	<ul> <li>Funded</li> <li>Unfunded</li> </ul>	<u>+ Show Interventions</u>

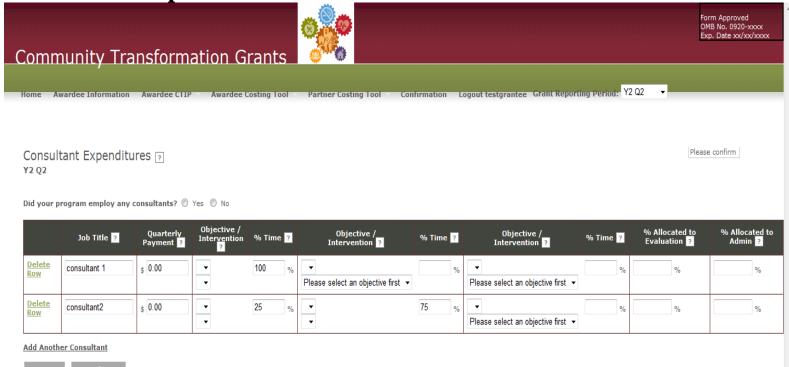
Add Another Partner



### **Awardee Costing Tool: Labor/Personnel Expenditures**



### **Consultant Expenditures:**



# Materials, Travel, Services:

			nation Grants	Partner Cos	ting Tool Confirmation Log	gout testgrant	ee Grant Reporting Period: Y2	Q2 🗸	Form Approv OMB No. 09 Exp. Date xi	20-xxxx
Expenditures Associated with Materials, Travel and Services Y2 Q2 Did your program accrue any expenditures associated with materials, travel, or services?  Yes No										
	Description ?	Quarterly Payment <mark>?</mark>	Objective / Intervention ?	% ?	Objective / Intervention ?	% ?	Objective / Intervention ?	% ?	% Allocated to Evaluation ?	% Allocated to Admin ?
<u>Delete</u> <u>Row</u>	item1	\$ 0.00	•	100 %	▼ Please select an objective first ▼	%	▼ Please select an objective first ▼	%	%	100
<u>Delete</u> <u>Row</u>	item7	\$ 0.00	▼ Please select an objective first ▼	%	▼ Please select an objective first ▼	%	▼ Please select an objective first ▼	%	25 %	75
<u>Delete</u> <u>Row</u>	S-Travel In-state	\$ 0.00	▼ Please select an objective first ▼	%	▼ Please select an objective first ▼	%	▼ Please select an objective first ▼	%	%	
Add Anot	her Expenditure Confirm	·								
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## **Administrative Expenditures:**



Home Awardee Information Awardee CTIP A

Awardee Costing Tool

Partner Costing Tool Confirmation Logout testgr

#### Administrative Expenditures

Y2 Q2

1. Total program administrative or overhead costs (Please indicate amount paid) ? \$ 0.00

2. /	Ilocation methodology ?	
$\bigcirc$	Fixed Dollar Amount	

Allocated as a percent of direct cost

Other

Uther

#### 3. Types of costs included in the administrative or overhead costs ?

Rent for office space (including	water, gas, electricity)	O Yes	🔘 No	If no, provide amount \$	0.0
	Repairs/maintenance	O Yes	🔘 No	If no, provide amount \$	0.0
Network connection/maintenance (i.e. inter	rnet connection charge)	O Yes	© No	If no, provide amount \$	0.0
Phone Service (i.e. local phone service, long distance	or cell phone charges)	O Yes	◎ No.	If no, provide amount \$	0.0
s	hared office equipment	O Yes	© No	If no, provide amount \$	0.0
Other administrative costs not included in the indirect	cost total:				
Specify:				provide amount \$	0.00
Specify:				provide amount \$	0.00
Specify:				provide amount \$	0.00
Specify:				provide amount \$	0.00

4. Adjusted total program administrative or overhead costs ? \$ 0.00

Save C

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#### **In-Kind Contributions:**

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Home Awardee Information Awardee CTIP Awardee Costing Tool Partner Costing Tool Confirmation Logout testgrantee Grant Reporting Period: Y2 Q2 🔹

In-Kind Contributions: Labor ? Y2 Q2

Did your program receive any in-kind labor contribution? O Yes O No

	Source of in-kind contributions ?	Hours ?	Objective / Intervention ?	% ?	Objective / Intervention ?	% ?	Objective / Intervention ?	% ?	% Allocated to Evaluation ?	% Allocated to Admin ?
Delete Row		0.00		%		%	▼ Please select an objective first ▼	%	%	%
			Please select an objective linst •		Please select an objective linst		Please select an objective lirst			

Add Another Labor Contribution

In-Kind Contributions: Non-Labor ?

Did your program receive any in-kind non-labor contribution? O Yes O No

	Source of in-kind contributions ?	\$ Amount ?	Objective / Intervention ?	% ?	Objective / Intervention ?	% ?	Objective / Intervention ?	% ?	% Allocated to Evaluation ?	% Allocated to Admin <mark>?</mark>
<u>Delete</u> <u>Row</u>		\$ 0.00	Please select an objective first	%	▼ Please select an objective first ▼	%	▼ Please select an objective first ▼	%	%	%
Add Another Non-Labor Contribution										

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Save Confirm

## **Partner Costing Tool:**



Quarterly Funding Summary for Partners ? Y2 Q2

Partners	No Funding This Quarter? ?	Amount Paid this Quarter <mark>?</mark>	Unpaid Labor ?	Non-labor donations 🔋
Partner 1		\$ 100.00	Did the partner provide any unpaid labor? Yes No	Did the partner provide donated nonlabor resources (e.g., free media time, donated supplies, etc.)? © Yes © No
Partner 2		\$	Did the partner provide any unpaid labor? Yes   No	Did the partner provide donated nonlabor resources (e.g., free media time, donated supplies, etc.)? © Yes © No
Save	Confirm		·	

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# **Partner Costing Allocation:**

Community Transformation Grants	
Home Awardee Information Awardee CTIP Awardee Costing Tool	Partner Costing Tool       Confirmation       Logout testgrantee       Grant Reporting Period:       Y2 Q2       •         Partner 1            •
Costing Allocation for Partner 1 ? Allocation for Y2 Q2: \$100.00 % Allocated to Evaluation % Allocated to Admin % Save Confirm	
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#### Attachment 6b. CTG Cost Study Instrument User's Manual

**Under Development**