

## Appendix B. Cost Data Collection for Time Measurement Study

The public reporting burden for this collection of information is estimated to be up to 20 hours for assembling the information and for responding to interview questions from the study team. HUD may not collect this information, and you are not required to complete this Form, unless it displays a currently valid OMB Control Number. The OMB Control Number for this data collection is XXXX-XXXX, expiring on MM/DD/YY. This collection is authorized by 12.U.S.C. 1701z-1, which authorizes HUD to undertake studies of this type.

### Documents to be Provided Prior to Cost Data Collection

Please provide the following documents in advance of the site visit/telephone interview:

- PHA-wide organizational chart.
- Detailed organizational/staffing chart for the Housing Choice Voucher (HCV) program.
- Detailed organizational /staffing chart for overhead portions of the agency, such as the Central Office Cost Center (COCC), if applicable, or the Executive Director, finance, IT, and other staff (including staff shared with other agencies) that perform overhead functions.
- Cost allocation plan, if applicable.
- Year-end general ledger used to support the HCV program as reported in HUD's FASS-PH system for the most recent FYE (fiscal year end).
- Year-end general ledger used to support the COCC or any overhead departments as reported in HUD's FASS-PH system for the most recent FYE.
- HCV Budget for most recent FYE.
- Cost allocation plans, used to support FYE financial statement / FASS-PH reporting, especially any cost allocation plan that are specifically used to support costs associated with the HCV program and COCC or any overhead departments.

Please complete the following tables in advance of the site visit/telephone interview or provide the study team with the information to complete the table.

**COCC/Overhead Payroll and Benefits Table**

Please complete the table (also provided in Excel) for each PHA staff member that is reported in the COCC for the most recently completed FY. The table should list all staff who have been charged to the COCC, even if only a portion of their time is charged to the COCC. The salary and benefits section of the table should reflect that person's total salary and benefits earned for the fiscal year, regardless of how much of their time was charged to the COCC. For non-COCC agencies, please include all overhead staff in the PHA. The Amount Program/Activity Charged section should break down each person's total compensation into the programs to which he/she was charged. If the PHA does not want to provide names, initials or an anonymous ID can be used instead.

COCC/Overhead Payroll and Benefits Table			Salary and Benefits (FYE)						Amount Program/Activity Charged							
Employee Name	Position/Title	Hours per Week	Salary (without benefits)	Health Premium	Retirement Contribution	Health Savings Account	Other Benefits	Total Compensation	COCC/Overhead	Public Housing	UCV	Business Activities within COCC	Business Activities	State/Local	All Other Programs	Total Compensation

**HCV Staff Payroll and Benefits, Fiscal Year**

Please complete the table (also provided in Excel) for all PHA staff who provide work support to the HCV program, for the most recently completed fiscal year. The table should include any and all staff who work in the PHA (i.e., full-time, part-time, and allocated staff). Make sure the information is provided for each staff individually. If multiple staff work in a given position, add more rows for that position. You may add as many rows as necessary. If you do not want to provide names, initials or an anonymous ID can be used instead. You may provide the information electronically via alternate reports (e.g., salary roster) as long as these reports contain the requested information. The research team will then populate this table based on the provided information and review it with you.

HCV Payroll and Benefits Table (Fiscal Year)			Salary and Benefits (FYE)						Amount Program/Activity Charged							
Employee Name	Position/Title	Hours per Week	Salary (without benefits)	Health Premium	Retirement Contribution	Health Savings Account	Other Benefits	Total Compensation	COCC/Overhead	Public Housing	HCV	Business Activities within COCC	Business Activities	State/local	All Other Programs	Total Compensation

***HCV/RMS Staff Payroll and Benefits, Current for the RMS Data Collection Period***

Please complete the table (also provided in Excel) for all HCV staff involved in the RMS data collection. The payroll and benefit information provided should be annualized based on the current fiscal year end. Please provide actual salary and benefits data (PHA's share only) for the portion of the fiscal year that has already occurred and estimate the salary and benefit data for the remaining time frame, taking into account any changes in benefit costs, pay raises, etc.

For staff hired during the fiscal year or transferred or reassigned to the HCV program, the information provided should be from the date the employee started working in the HCV program. Similarly, for staff that left the PHA or were transferred or reassigned to other programs prior to the start of the RMS collection period; please provide information from the beginning of the fiscal year until the employee stopped working on the HCV program RMS collection. For those staff that left the PHA, please ensure that any payroll costs associated with liquidation of leave or any other severance payout are included. The estimated payroll and benefits should include any costs associated other post-employment benefits (OPEB).

Employee Name	Position/Title	Staff Changes <sup>1</sup>	Average Hours per Week	Base Salary (without Benefits)	Cash Bonus and Awards	Employee FICA	Retirement Contribution	Health Benefits	All Other Benefits	Total Compensation

<sup>1</sup> If new hire, note start date. If terminated/resigned, note termination/resignation date. If reassigned into or out of HCV program, note change and effective date.

**Interview Questions: Personnel Costs**

1. Are there any staff from any other source (State or Local agency) that spend time on the HCV program?
  - a. If so, what position?
  - b. How is that staff persons' time paid?
    - By the State/Local agency?
    - Is the time an "in-kind" service provided to the PHA?
  - c. What tasks does that person perform for the HCV program?
  
2. Do you use any contract staff for any program activities? *(For both the contractor and temporary staff question, can use different time period than month if easier for respondent. Just be clear what the time period is and record it.)*

Activity	Contract Out (Y/N)	Service Provided	Estimated Hrs. per Month of Labor	Amount Contractor Paid per Month
IT				
Legal Services				
Human Resources				
Janitorial				
Security				
Accounting				
Inspections				
Other (SPECIFY)				

3. Do you use temporary staff for the HCV program?
  - a. If so, what positions?
  - b. How many hours per month do you usually use temporary staff?
  - c. How much do you pay per month for temporary staff?
  - d. Are the temporary staff paid out of the HCV budget? If not, what program/entity are they paid from?

Temporary Staff Position(s)	Number of hours per month	Amount paid per month	All paid from the HCV budget (Y/N)	Amount paid by other programs

4. How do you cover the work for someone who is out sick or on vacation for a week or longer?
  
5. Are staff represented by a Union or are they civil service?

6. Are there currently any positions vacant in the HCV program?
  - a. If so, which?
  - b. When do you expect them to be filled?
7. Does the PHA have complete discretion in determining the benefits provided?
  - a. If not – describe the limitations (e.g., part of Gov. agency that has standard benefit package)
8. Has the staffing of the HCV program changed in any way since the end of the most recently completed FY? If yes, explain the changes.

### **Interview Questions: Overhead Costs**

*All the cost data collected in this section will be for the most recently completed FY.*

1. How do you determine the overhead charges made to the HCV program? (*Select one.*)
  - a. Fee-for-service (COCC) arrangement as allowed by HUD under Asset Management?
  - b. Cost allocation system as directed by HUD under the rules of asset management?
  - c. Cost allocation system but not using the requirement of HUD's allocated overhead as required under asset management?
2. *If overhead costs are charged through a fee for service (COCC) method, how is the fee rate determined?*
  - a. For a HCV management fee, HUD allows a maximum rate of \$12.00 per leased voucher or 20% of HUD's administrative fee.
    - What option and rate is the PHA using?
    - How/why did the PHA choose this option and rate?
    - What was the annual HCV management fee that was charged to the HCV program in the most recently completed FY?
  - b. For a HCV bookkeeping fee, HUD allows a maximum rate of \$7.50 per leased voucher.
    - Is the HCV program charged a bookkeeping fee and at what rate?
    - How/why did the PHA choose this rate?
    - What was the annual HCV bookkeeping fee that was charged to the HCV program in the most recently completed FY?
  - c. Is this management / bookkeeping fee more than, lower than, or about the same of the overhead costs charged to the HCV program prior to the establishment of a COCC?

3. *If overhead costs are charged through a cost allocation system (allocated overhead FDS Line 91810) as directed by HUD under the rules of asset management:*
  - a. How does your agency determine the amount of costs charged to the HCV program?
  - b. What costs are included in the cost pool that is allocated? Are these costs compliant with HUD's guidance as to the establishment of what constitutes front-line vs. fee expenses?
  - c. When your agency reports its financial data to HUD (FASS\_PH submission) does the PHA report its overhead on the allocated overhead FDS line item?
  - d. Can you provide a report that shows the detailed costs associated with the cost pool prior to the amount being allocated out to the different programs?
  - e. Are there costs in the cost pool that are being allocated to the HCV program that should not (for example new MIS software upgrade that is for public housing)?
  - f. Can you provide a copy of your current cost allocation plan?
  - g. What was the latest annual overhead cost charged to the HCV program?
  
4. *If overhead costs are charged through a cost allocation plan but PHA does not use requirement of HUD's allocated overhead as required under asset management:*
  - a. How does your agency determine the amount of overhead costs charged to the HCV program?
  - b. Does your accounting system differentiate between allocated overhead costs and allocated costs that are considered front-line expenses of the program?
  - c. Can you provide a report that shows the detailed costs associated with the cost pool prior to the amount being allocated out to the different programs?
  - d. Are there costs in the cost pool that are being allocated to the HCV program that should not?
  - e. Can you provide a copy of your current cost allocation plan?
  - f. What was the latest annual overhead cost charged to the HCV program?
  
5. Does the PHA provide direct operating services or overhead services to the HCV program for which it does not charge the program? If so, what are these services or costs? Why aren't these charged?
  
6. Does local or state government or another third party provide additional services or direct funding to specifically supplement the administrative fees of the HCV program?
  - a. If yes, who provides the services or direct funding?
  - b. What are these services or how much direct funding is provided?
  - c. For the direct funding, is it for a specific purpose or purposes, or to generally provide more funding for program administration? If for a specific purpose, what is that purpose?



**Interview Questions: Other Program Costs**

All the cost data collected in this section will be for the most recently completed fiscal year.

**Office Building Costs**

The PHA will be asked to complete the following table in advance (or provide the information in the form of a trial balance). The questions will be used to confirm the information provided and understand how the costs were allocated to HCV program.

Office Building Costs (FY ending: _____)	Total Cost to PHA	Cost Charged to HCV	How Cost to HCV Was Determined
Annual lease payment on leased space			
Annual principal and interest payment on owned space			
Annual Payment in Lieu of Taxes (PILOT) on owned space			
Utilities (water, sewer, electric, gas, garbage, other)			
File Storage (if PHA rents additional space)			
Building/office repairs			
Maintenance (includes grounds, janitorial)			
Capital expenses of buildings and grounds			
Security costs			
Costs related to EIV compliance			
<b>Total</b>	<b>\$</b>	<b>\$</b>	

1. What is the approximate square footage of space used by the HCV program, including file storage?
2. Is the space used exclusively by the HCV program, or are other PHA programs located in the same space? If shared, what is the total square footage of space used by the PHA as a whole?
3. Is the building owned by the HCV program, the PHA, or is the space rented?
4. If the HCV program or PHA OWNS the building:
  - a. If the PHA (or HCV program) owns its own building purchased through debt, what is the annual principal and interest payment for the whole building and what is the amount paid by the HCV program?
  - b. Does the PHA (or HCV program) pay PILOT (payment in lieu of taxes) on this building and if so how much is the annual PILOT payment for the agency as a whole and paid by the HCV program?
  - c. If the PHA owns the building, how much rent is charged to the HCV program? And how is that determined?
  - d. If the HCV program owns its own building does it rent out space to other PHA programs or other outside entities? If so, what is the rent charged?

- e. If the HCV program owns its own building, does the building have extra capacity that is not being leased to other programs or outside entities?
- 5. If the PHA (or HCV program) RENTS the building, how much is the annual rent charged to the PHA as a whole and to the HCV program?
- 6. What utility types (i.e., water, sewer, electric, gas) are charged to the HCV program?
- 7. What is the annual cost for each utility type for the PHA as a whole and for the HCV program? How is the share of costs charged to the HCV program determined?
- 8. How is the HCV program charged for maintenance and upkeep costs (building/office repairs, maintenance expenses, grounds, janitorial services, garbage, etc.) that are associated with the building? What is the total cost for the PHA as a whole and what is charged to the HCV program?
- 9. What are the average annual costs associated with capital expenses of the building and grounds for the PHA as a whole? What is the amount charged to the HCV program?
- 10. How are these initial capital outlays paid for and how does the HCV program get charged or contribute to funding these costs?
- 11. Are costs charged to the HCV program for security for the PHA office?
- 12. Who provides the security (PHA employees or contract) and what security service are provided?
- 13. What is the annual cost of security charged to the HCV program and how are these costs determined? What is the total security cost for the PHA as a whole?
- 14. Were there costs to the HCV program associated with retrofitting office access security for EIV compliance?

**Office Expenses**

*The PHA will be asked to complete the following table in advance (or provide the information in the form of a trial balance). The questions will be used to confirm the information provided and understand how the costs were allocated to HCV program.*

Office Expenses (FY ending: _____)	Total Cost to PHA	Cost Charged to HCV	How Cost to HCV Was Determined
IT/Telephone costs			
Supplies and other costs			
Services and fees (including audit costs)			
Membership and training			
<b>Total</b>	<b>\$</b>	<b>\$</b>	

15. What are the annual costs associated with offices supplies and expenses to the PHA? What amount is charged to the HCV program? How are these costs determined?
16. What are the annual costs of office equipment, including new purchases, maintenance contracts on copiers, printers, and fax machines, etc., to the PHA? What amount is charged to the HCV program? How are these costs determined?
17. What are the annual costs of telephones, blackberries, cells phones and other communication devices, including new purchases and maintenance contracts, to the PHA? What amount is charged to the HCV program? How are these costs determined?
18. What are the annual costs of servers, computers, software, software licensing, internet access, and other like costs to the PHA? What amount is charged to the HCV program? How are these costs determined?
19. What are the annual postage and other mailing costs for the PHA? What amount is charged to the HCV program? How are these costs determined?
20. What, if any, are the annual costs, if any associated with Limited English Proficiency (LEP), 504 compliance, fair housing laws, translation of documents, and interpretation services, for the HCV program? If there are costs for the PHA as a whole, how is the share charged to HCV determined?
21. What, if any are the annual banking fees for the HCV program, including cost associated with services such as direct deposits, costs of check runs (both to property owners and utility reimbursement checks to eligible tenants)? If this amount is based on costs for PHA as a whole, how is the share charged to HCV determined?
22. What, if any are the off-site storage costs for archiving and retrieval of records, for the PHA as a whole and for the HCV program? How are the costs to the HCV program determined?
23. What, if any are the costs of shredding sensitive records containing social security or other sensitive information, for the PHA as a whole and for the HCV program? How are the costs to the HCV program determined?
24. What was total cost of PHA's last audit?
25. What was the cost of the audit charged to the HCV program?
26. How was the amount charged to the HCV program determined?
27. What if any are the annual costs of training / conferences / professional association affiliation; publications and administrative expenses associated with pertinent training, conferences and membership in affiliated associations for the PHA as a whole and for the HCV program? How are the costs to the HCV program determined? This cost should also include any amounts associated with travel costs.

**Vehicle Expenses**

The PHA will be asked to complete the following table in advance (or provide the information in the form of a trial balance). The questions will be used to confirm the information provided and understand how the costs were allocated to HCV program.

Vehicle Expenses (FY ending: _____)	Total Cost to PHA	Cost Charged to HCV	How Cost to HCV Was Determined
Annual Lease Payment (if PHA leases vehicle(s))			
Total expenses associated with vehicles (i.e. gas, maintenance, etc.)			
<b>Total</b>	<b>\$</b>	<b>\$</b>	

28. Does the HCV program have any automobile and trucks? If so how many vehicles are in the fleet used by the HCV program?
29. Does the HCV program own or lease/rent these vehicles?
30. If the HCV program leases/rents the vehicles what is the annual lease payment?
31. If the HCV program purchases its vehicles, what is the typical cost (at purchase) of a vehicle?
32. If the HCV program purchases its vehicles, how many years on average does the HCV program keep the vehicle?
33. How are gas and insurance costs for these vehicles charged to the HCV program?
34. How are maintenance costs associated with these vehicles charged to the HCV program?
35. What are the annual costs associated with the HCV vehicle fleet?

**Insurance Expenses**

The PHA will be asked to complete the following table in advance (or provide the information in the form of a trial balance). The questions will be used to confirm the information provided and understand how the costs were allocated to HCV program.

Vehicle Expenses (FY ending: _____)	Total Cost to PHA	Cost Charged to HCV	How Cost to HCV Was Determined
Property Insurance			
Liability Insurance			
Worker's Compensation			
Other (specify)			
<b>Total</b>	<b>\$</b>	<b>\$</b>	

36. What insurance costs are billed directly to the HCV program? How are the insurance costs charged against the HCV program determined?

**Interview Questions: Impact of Reductions in Administrative Fees**

1. Do you currently have any administrative fee reserves (unrestricted net assets, UNA)?
  - a. If so, what is the balance?
  - b. Will your UNA increase or decrease this year?
  - c. If decrease, when will the reserves run out?
  - d. Are you using UNA to cover HCV admin expenses?
2. Did you have to take any actions as a result of the reduced administrative fee for 2011?
3. *If actions were taken*, what actions were taken in response to the 2011 fee cuts? What was the impact of those actions (if any) on the quality of your service delivery?
4. What will happen to program operations and compliance when the admin fee reserves run out and/or admin fee are continued to be reduced?
5. What areas of your program operations would you invest in if you had additional administrative fees?
  - a. Why those areas?
  - b. What would the effect be? (*Describe in detail the program investments and what the effects would be.*)