

APPENDIX C-1

INSTRUCTIONS FOR STATE COST DATA TRACKING LOG

This page has been left blank for double-sided copying.

INSTRUCTIONS FOR STATE TIME AND COST TRACKING LOG

Evaluation of Demonstrations of Direct Certification with Medicaid for Free and Reduced-Price Meals (DCM-F/RP)

Tab 1: Activity Descriptions. This tab describes in detail the activities to consider when completing the Time Log. It also includes a glossary of terms. The State need not enter any information on this tab.

Tab 2: Time Log. In this tab, we are requesting information on the amount of time each staff member (or group of staff members with the same job category) spent on DCM-F/RP during the data collection period, by activity. **Please include only time or costs incurred to implement DCM-F/RP that are in addition to time or costs already associated with other forms of direct certification** for the National School Lunch Program/School Breakfast Program (that is, direct certification through the Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, or other programs). Next, we provide instructions for completing each column.

Column A: Initials or Position of Staff Member. While tracking information on costs, we wish to minimize the amount of personally identifiable information on the forms. Thus, if only a few staff members work on DCM-F/RP, we suggest listing them by initials. If several staff members from a particular job category (such as programmers) work on DCM-F/RP, they can be grouped on one line (assuming similar salary levels). Please include all staff members within your agency who worked on DCM-F/RP, even if the staff member was not specifically from the child nutrition division (for example, IT staff).

Column B: Staffing Position. Please provide a descriptive job title for the person listed in Column A, unless he or she was listed by job title there.

Column C: Activity. Clicking on a cell in Column C will display an arrow on the right that opens a drop-down list of activities. Click on the appropriate activity to select it. The Activity Descriptions tab (Tab 1) defines the activities in more detail. If an activity that was part of the DCM-F/RP process is not listed, click on “Other activities” and describe the activity in Column G (Notes).

Columns D–F: Total Hours Spent During Month: Month 1, Month 2, Month xx. For the person or persons listed in the row and the activity selected in Column C, enter the total hours spent on that activity in each of the months specified in the data collection period (for example, July, August, September, October, and November). If needed, please consult records or speak to the individual(s) or their supervisor. The staff members’ best estimates are fine. To facilitate tracking, we have included a weekly version of the time log for State agencies to use if interested (see **Tab 7: Time Log – Optional Weekly Version**). After the first data collection round, we will provide a form early in the next data collection period that you can use to track costs as they occur, rather than retrospectively.

Column G: Notes. Use this column to record any additional details needed to understand the entries in Columns A–F.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0584-0606. The time required to complete this information collection is estimated to average 180 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Tab 3: Salary Information. In this tab, we are requesting information on the salaries of each staff member (or group of staff members with the same job category) who spent time conducting DCM-F/RP activities during the data collection period. Next, we provide instructions for completing each column.

Column A: Initials or Position of Staff Member, and Column B: Staffing Position. Please complete these columns for each staff member (or group of staff members with similar positions and salaries) who conducted DCM-F/RP activities, as you did in Tab 1. As with the time log, please include all staff members within your agency who worked on DCM-F/RP.

Column C: Pay Rate (dollars). Please enter the dollar amount that the staff member is paid for the time period described in Column D.

Column D: Basis Paid. Please specify (using the drop-down menu) whether the pay rate in dollars refers to dollars per hour, per week, biweekly (26 pay periods), bimonthly (24 pay periods), per month, or per year. If the pay rate is in a different unit than one of these options, please explain in the Notes column. If the staff member received overtime pay, list that rate on a separate line and write “overtime” in the Notes column.

Column E: Fringe Benefit Rate/Amount. If fringe benefits are calculated as a percentage (such as 50 percent of salary), please enter the rate in this column. If fringe benefits are calculated as an amount, please enter the total dollar amount for the staff member(s) in the column. The dollar amount should reflect the same period as the base pay rate.

Column F: Percentage or Amount. Please specify (using the drop-down menu) whether the fringe benefits in Column E are expressed as a percentage or a dollar amount.

Column G: Notes. Use this column to record any additional details needed to understand the entries in Columns A–F.

Tab 4: Other Direct Cost (ODC) Information. In this tab, we are requesting information on any type of nonlabor (“other”) direct costs (ODCs) that are incurred in order to implement DCM-F/RP. These may include printing and mailing costs for materials provided to school districts, charges for conference calls, or amounts paid to outside contractors for work on the project (such as programming or clerical work). Column A asks for the type of cost, Column B asks for the total dollar amount for the data collection period, and Column C provides space for any explanatory notes. If totals by month are easier to report, please record them in the Notes column. If there are no ODCs related to DCM-F/RP, just type “no costs” somewhere on the form so we know nothing is missing.

Tab 5: Indirect Cost Information. This tab (row 10) asks if the agency uses an indirect cost rate. If the answer is no, you do not need to provide any further information. If the answer is yes, please list the indirect cost rate and explain in row 11 what costs are included in indirect rates and how they are allocated. If there are differing indirect cost rates—depending on the type of cost to which it is applied—please provide detailed information on how each is allocated. Then, please estimate in row 12 the total indirect costs associated with the direct costs previously reported.

Tab 6: Contact Information. Please provide the requested information on how to contact the person responsible for completing this form (the person who will be the designated contact for further questions). If multiple individuals contributed to the form, please provide this information for the major contributor(s).

Tab 7: Time Log - Optional Weekly Version. This tab is an optional alternative to **Tab 2: Time Log.**