Supplemental Nutrition Assistance Program Employment & Training Costs Workbook

[Grantee Agency Workbook / Service Provider Workbook]

Introduction and Instructions

The cost-benefit analysis component of the Evaluation of the Supplemental Nutrition Assistance Program (SNAP) Employment & Tra (E&T) Pilot will provide Congress and other stakeholders with information about the overall, per participant, and per component cos providing pilot services, and whether the benefits of each pilot exceed its costs. This workbook collects information about the cost o implementing your SNAP E&T pilot to inform these analyses. The evaluation team will also collect information on pilot benefits thro other sources.

What is this workbook about?

This workbook is for SNAP E&T pilot [specify: grantees, their selected partners, and service providers]. It asks questions about the co implementing the SNAP E&T pilot [specify treatment/control as appropriate]. This workbook is intended to gather information on to pilot costs, including costs that are paid with SNAP E&T funds, costs that are paid with funds from other funding sources, and the monetary value of donations (e.g., donated facilities or volunteer labor). This purpose of this workbook is *not* to monitor pilot grant spending; collected data are for research purposes only.

How is the workbook organized?

The workbook is divided into eight (8) sections, labeled A through H. Each section asks questions about the costs of specific resource such as staff, facilities, and payments for services, and appears in a separate tab in this workbook. You can access each section by cli on the tabs at the bottom of this page. You should complete the questions in all sections. Please save this file after completing each section. [Note: This section will require some customization based on which tabs of the workbook are sent to which respondent typ

What time period does the workbook cover?

Please report costs for the most recently completed quarter, **[specify reporting period]**, when completing the workbook.

What information should I use to complete the workbook?

You will need information about agency use of resources (such as facilities and equipment), and payments made to use these resour to complete the workbook. Please use **actual payment records** rather than budgets to complete workbook questions. It may be hel review the entire workbook before starting to identify the kinds of information that are required.

Who from my organization should complete the workbook?

A person familiar with the costs of pilot resources and agency and accounting records should have primary responsibility for comple the workbook. This person may need to consult with other people in the agency to gather information required to address some questions.

What do I do after I complete the workbook?

Please complete the workbook within two (2) weeks of receiving it. When you have completed the workbook, please save the file, a submit via the evaluation File Transfer Protocol site using the instructions provided.

How will the information that I provide be used?

Information gathered through this workbook will be secure to the extent permitted by law. Only members of the research team will access to workbook information. The study team will generate estimates of overall pilot costs to each grantee, the costs of different components and activities, and costs per pilot participant. The research team will compare these cost estimates to measured pilot impacts on participant outcomes as part of a cost-benefit analysis.

<u>Thank you for your participation in this important study.</u>

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0584-####]
 [X/XX/20XX]

WORKSHEET A: YOUR AGENCY [to be completed by all respondents]

This worksheet requests basic information about your agency.

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1) What is the official name of your agency?

[Click here and start typing.] *Study team will pre-fill after first round of data collection.*

2) Please provide contact information for the person primarily responsible for completing this workbook.

Name	[Click here and start typing.] *Study team will pre-fill after first round of data collection.*
Title	
Email	
Phone	

3) If any unusual circumstances may have affected pilot costs during the reporting period, [specify reporti
changes in agency operations), please use the space below to describe them.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

ng period] (e.g., unusually high turnover or

WORKSHEET B1: STAFF [to be completed by all respondents]

This worksheet requests information about the staff from your agency who worked on the SNAP E&T pilot

1) **Using the table below, please provide information about salaries and fringe benefits for those staff from**
who worked on the pilot (last name, first initial), including those staff whose salaries are paid with funds fr
in another tab.

   ➢Use the dropdown list to indicate each person's primary responsibility or responsibilities on the SNA

   ➢Enter their salary or wage, and use the dropdown list to indicate if the amount entered is a hourly, we

   ➢Indicate the value of payroll taxes and fringe benefits that your organization paid for each person, ei
these benefits and taxes might include.

   ➢Indicate the approximate percentage of each person's salary or wage that is paid for with SNAP E&T

   ➢Specify each person's pilot start date and the number of hours they work in a typical week (some pe
spent doing work for the SNAP E&T pilot during the reporting period, [specify reporting period]. Estima

   ➢Use the dropdown list to note whether the person's status on the SNAP E&T pilot has changed durin
this worksheet. [Not asked during first round of data collection; asked as part of all subsequent cost dat

| Title | Primary SNAP E&T Pilot Responsibilities | | | |
	Primary Responsibility #1	Primary Responsibility #2	Salary/Wage	Salary/Wage is per..
Study team will pre-fill after first round of data collection.	[Click here and select from list.] Study team will pre-fill after first round of data collection.	[Click here and select from list.] Study team will pre-fill after first round of data collection.	Study team will pre-fill after first round of data collection.	[Click here and select from list.] Study team will pre-fill after first round of data collection.

2) Please indicate which payroll taxes and benefits are included in the fringe figures reported in the table a

Social Security (FICA)	[Click here and select from list.] *Study team will pre-fill after first round of data collection.*
Unemployment Insurance	
Health Insurance	
Life Insurance	
Pension/Retirement	
Workers Compensation	
Disability	
Other	

3) If any unusual circumstances may have affected staffing or staff costs during the reporting period, [speci

[Click here and start typing.] [After the first round of data collection, will ask about changes (staff transi note which, if any, staff transitioned on to or off of the SNAP E&T pilot and the reason for the transition status in the above table.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

during the reporting period, [specify reporting period].

_____

your agency who did work for the SNAP E&T Pilot during the reporting period, [specify reporting perio
om other funding sources (i.e., staff that provide in-kind services to the pilot). You'll provide information

P E&T pilot.

eekly, monthly, or annual amount.

ither as a dollar amount of a percentage of their salary or wage. Scroll down to item 2 of this worksheet fo

pilot funds.

ople might work more hours per week than scheduled). Note the approximate percentage of each perso
te the % of each person's pilot time that was spent on evaluation-related activities.

g the reporting period (e.g., if they are new staff, or if they left the project). You will explain any status ch
ta collections.]

Salary/Wage					Ti During Rep
Value of Payroll Taxes and Fringe Benefits			**% of Annual Salary/Wage Funded with SNAP E&T Pilot Grant**	**Pilot Start Date**	**Hours Worked per Week**
% of Salary	**or**	**$ Amount**			
Study team will pre-fill after first round of data collection. Cell formatted to collect % not #.	*or*	*Study team will pre-fill after first round of data collection.*	*Study team will pre-fill after first round of data collection.*	*Study team will pre-fill after first round of data collection.*	*Study team will pre-fill after first round of data collection.*
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bove.

fy reporting period], please describe these in the box below.

tions or turnover) indicated in the above staff table. Respondent will be asked to
 or to otherwise explain their reason for noting a change in a person's SNAP E&T

d]. List all staff
about volunteers

or a list of what

n's time that they

anges in item 3 of

me orting Period			Changes to SNAP E&T Pilot Status
	% of Time Spent on Pilot	% of Pilot Time Spent on Evaluation Activities	
	Study team will pre-fill after first round of data collection.		[Click here and select from list.]

WORKSHEET C: SERVICE PROVIDER CONTRACTS [to be complet

This worksheet requests information about entities that your agency c

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1) **Did your agency contract with one or more entities to provide SN**

[Click here and select from list.] *Study team will pre-fill after fir*

2) **If you answered YES to the above question, please use the table**
period, [specify reporting period].

⬜➢List service providers.

⬜➢Briefly note which services the entity is contracted to provic

⬜➢Report the amount that you paid to the service provider du

⬜➢Use the dropdown list to indicate whether the provider's st
providing SNAP E&T pilot services). You will explain any status
collections.]

Name of Service Provider
[Click here and start typing.] *Study team will pre-fill after first round of data collection.*

3) **Please use the space below to describe what, if any, unusual circums**

[Click here and start typing.] [After the first round of data colle
the respondent to otherwise explain their reason for noting a d

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

contracts with to implement the SNAP E&T pilot.

_____

IAP E&T pilot services during the reporting period, [specify reporting period]?

st round of data collection.

below to enter information on the entities that your agency contracted with to provide SNAP E&T s

de.

ring the reporting period, [specify reporting period]. Note: this column asks for actual amount paid, *not* va

atus has changed during the reporting period, [specify reporting period] (e.g., if they are a new SNAP E&T

changes in the next section of this worksheet. [Not asked during first round of data collection; asked as pa

Services Provided	$ Amount Paid to Service Provider
[Click here and start typing.] *Study team will pre-fill after first round of data collection.*	[Click here and start typing.]

stances may have affected service provider contracts during the reporting period, [specify reporting peri

ection, will ask about changes to individual service provider contracts during the reporting period and for change in a contract in the above table.]

ervices during the reporting

lue of services provided.
provider, or they are no longer
t of all subsequent cost data

Changes to SNAP E&T Pilot Status
[Click here and select from list.]

od].

WORKSHEET D: FACILITIES USED TO PROVIDE SNAP E&T PILOT SERVICES

This worksheet requests information about the facilities used by your agency to provide SNAP E&T pilot

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1) **Please use the table below to report information about the facilities regularly used by your agency** [period], **including facilities that are donated or that you do not pay to use.** For each:

   ➤ Provide the facility's name. A "facility" is any space used to provide SNAP E&T pilot services; t

   ➤ Use the dropdown list to indicate the type of facility (e.g., administrative office building, Ame

   ➤ Indicate whether your agency rents, leases, or owns the facility, or if it is donated / your agen

   ➤ Report the total facility cost during the reporting period, [specify reporting period]. Use drop

   ➤ Indicate the percentage of each facility's cost that was paid for with SNAP E&T pilot funds.

   ➤ Approximate the percentage of the facility's total space that was used by the SNAP E&T pilot

   ➤ Use the dropdown list to indicate how many months the facility was used by the SNAP E&T pi

   ➤ Use the dropdown list to indicate whether there has been a change in your agency's use of t started to use the facility to implement the pilot during the reporting period, or stopped using th [Not asked during first round of data collection; asked as part of all subsequent cost data collecti

Facility	Type of Facility	Facility is...	Total Facility Cost
Study team will pre-fill after first round of data collection.	[Click here and select from list.] *Study team will pre-fill after first round of data collection.*	[Click here and select from list.] *Study team will pre-fill after first round of data collection.*	

2) **Please use the table below to report the utility costs for the facilities listed in the table above duri**

   ➤ phone, internet, and other telecommunications utilities

   ➤ heat, water, and electricity

   ➤ all other utilities

   Report the % of these utility costs that were paid for with SNAP E&T pilot grant funds.

Facility	Total $ Amount Paid for Utilities			% o SN
	Phone / Internet / Other Telecom.	Heat / Water / Electricity	Other Utilities	
Will autofill as the above table is completed.				

3) **Please use the space below to describe what, if any, unusual circumstances may have affected facilitie**

[Click here and start typing.] [After the first round of data collection, will ask about changes to faciliti during the reporting period and for the respondent to otherwise explain their reason for noting a ch above.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

services during the reporting period, [specify the reporting period].

to provide SNAP E&T pilot services during the reporting period, [specify reporting

his might include a building or a portion of a building (e.g., an office suite).

rican Job Center, etc.).

cy does not pay to use it.

down list to indicate if the cost is weekly, monthly, etc.

during the reporting period, [specify reporting period].

ilot during the reporting period, [specify the reporting period].

the facility to implement the SNAP E&T pilot during the reporting period, [specify reporting period] (e.g., if you
e facility during the reporting period). You will explain any status changes in the next section of this worksheet.
ons.]

Facility Costs		Facility Usage		Changes to SNAP E&T Pilot Status
Reported Cost is...	% of Cost Paid for with SNAP E&T Pilot Funds	Approximate % of Facility Used by SNAP E&T Pilot	Months Used by SNAP E&T Pilot	
[Click here and select from list.]		*Study team will pre-fill after first round of data collection.*	[Click here and select from list.]	[Click here and select from list.]

ng the reporting period, [specify reporting period]. Indicate the

**f Cost Paid for with
AP E&T Pilot Funds**

es costs during the reporting period, [specify reporting period].

ies / facility costs
ange in the table

WORKSHEET E: SERVICES [to be completed by service providers only]

This worksheet requests information about the non-labor costs associated with some of the services

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1) Supportive Services: If your agency provided supportive services to SNAP E&T pilot customers during pilot customers, skip to item 4 below.

•List each supportive service provided by your agency to SNAP E&T pilot customers during the rep

•Report the total cost of each service during the reporting period. This cost might include paymer providers to provide the service, etc. This DOES NOT include labor costs incurred by your agency,

•Report the total number of SNAP E&T pilot customers that received the service during the repor

•Indicate the approximate percentage of the reported cost that was paid for with SNAP E&T pilot

Type of Supportive Service	Total Cost of Service During Reporting Period
[Click here and start typing.]	[Click here and start typing.]

2) Other Services: Please complete the table below, which requests information about other service each of these services that your agency provided:

•Report the total cost of providing each service during the reporting period, [specify the reporting by your agency, which were recorded in tab B. Staff.

•Briefly describe the costs you reported; i.e., indicate if they were for the purchase of any materia

•List the approximate percentage of the reported costs that were paid for with SNAP E&T pilot fu

•Report the number of SNAP E&T pilot customers that received the service during the reporting p

Service	Total Cost
1) Formal Assessments ➢ Assessments of customers' skills, aptitudes, and interests ➢ E.g. TABE, CareerScope, or WorkKeys, etc. ➢ Costs might include: purchase of testing materials (e.g., test booklets) and/or payment of licensing fees/agreements (required for some computer-based assessments, etc.)	
2) Structured Group Activities ➢ Workshops or other structured group activities / seminars ➢ E.g. job readiness workshop series, resume or interviewing workshops, financial assistance seminars, job clubs, etc. ➢ Costs might include: purchase of workbooks or curricula, payments to third-party vendors to provide the service, etc.	

3) Education (non-training) ➤ Remedial education focused on things like reading, literacy and math ➤ E.g. ABE, GED, ESL ➤ Costs might include: purchase of workbooks or curricula, payments to third-party vendors to provide the service, etc.	
5) Vocational Skills Training ➤ Classroom-based training on the skills required to obtain employment in a particular industry or occupation ➤ Costs might include: purchase of workbooks or curricula to directly provide training; payments to customers (in the form of vouchers); payments to third-party training providers.	
6) Work-Based Learning ➤ Education or training received at the work place or on the job ➤ E.g. on-the-job training (OJT), apprenticeship, internships, paid work experience, etc. ➤ Costs might include: subsidized wages paid, payments to employers, etc.	

3) **If your agency provided <u>Structured Group Activities</u> to SNAP E&T pilot customers during the re**

  a) **Approximately how many structured group activities (e.g., workshops) did you provide to S same activity.**

  [   ]

  b) **How long (hours) was a group activity, on average?**

  [   ]

  c) **How many customers attended each activity, on average? If the activities were also attende**

  [   ]

  d) **How many staff provided each workshop?**

  [   ]

4) **Please use the space below to describe what, if any, unusual circumstances may have affected**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

that your agency provides to SNAP E&T pilot customers.

the reporting period, [specific reporting period], please complete the table below. If you did not provide

porting period, [specify reporting period] (e.g., transportation, childcare).

nts made directly to customers (through vouchers or gift cards), or payments made to third-party service
which were recorded in tab B. Staff.

ting period, [specify reporting period].

funds.

# of SNAP E&T Customers that Received Service	% of Cost Paid for with SNAP E&T Pilot Funds
[Click here and start typing.]	[Click here and start typing.]

es that your organization might provide to SNAP E&T pilot customers during the reporting period, [specify

period]. See examples of what these costs might include listed alongside each service. This DOES NOT inc

als or supplies, payments to third-party service vendors, etc.

nds.

period, [specify the reporting period].

Costs Incurred During Reporting Period, [specify reporting period]	
Brief Description of Costs	% of Costs Paid for with SNAP E&T Pilot Funds
[Click here and start typing.]	
[Click here and start typing.]	

[Click here and start typing.]	
[Click here and start typing.]	
[Click here and start typing.]	

porting period, [specify reporting period], please answer the following questions.

NAP E&T pilot customers during the reporting period? Include in this count multiple sessions of the

ed by customers from other programs, please include them in the count provided.

service costs during the reporting period, [specify reporting period].

supportive services to

reporting period]. For

lude labor costs incurred

# of Customers that Received Service During the Reporting Period

WORKSHEET F: GENERAL SUPPLIES & EQUIPMENT/CAPITAL ASSETS [to be complete
This worksheet requests information about general office supplies and durable equipment and

1) **Using the table below, please indicate the cost or estimated value of general office sup**
   [need to add examples; would include purchase of MIS systems].

   ➢List the supply or material, including supplies and materials that have been donated

   ➢Indicate the cost (purchase price) or replacement value of each material or supply.

   ➢Report the approximate percentage (%) of the cost that was paid for with SNAP E&T

Type of Supply / Material	Purchase Price or Estimated Value

2) **Please use the table below to report information about equipment/assets used by your**
   and capital assets are items with an expected useful life of more than one year; this might

   ☐➢The type of equipment/asset.

   ☐➢The year the equipment/asset was purchased (if available).

   ☐➢The original purchase price or estimated value of the equipment/asset.

   ☐➢The equipment/asset's expected useful life, in years.

   ☐➢The percentage of the equipment/asset's purchase price that was paid for with SN

Type of Equipment	Primary Use
Study team will pre-fill after first round of data collection.	*Study team will pre-fill after first round of data collection.*

3a) **Did your agency <u>rent or lease</u> any equipment for use by the SNAP E&T pilot during t**

[Click here and select from list.]

3b) **If you answered YES to question 3a, please complete the table below with informat [specify reporting period].**

Type of Equipment	Total Rent / Lease Costs During the Reporting Period

4) **Please use the space below to provide any explanatory notes about the materials, supplies,**

[Click here and start typing.]

<u>PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.</u>

l capital assets used by your agency to implement the SNAP E&T pilot.

plies and materials used by your agency's SNAP E&T pilot program. For the purposes of this worksheet, supp

l to your agency. DO NOT list any service-specific materials or supplies already listed in the previous workshee

l pilot funds. Note "0%" from the list if the item was donated.

% of Cost Paid for with SNAP E&T Pilot Funds

SNAP E&T pilot during the reporting period, [specify the reporting period]**.** For the purposes of this workboo
t include [specify examples]. Please indicate:

IAP E&T grant funds.

Year Purchased	Purchase Price or Estimated Value	Expected Useful Life (Years)	% of Purchase Price Paid with SNAP E&T Pilot Funds
Study team will pre-fill after first round of data collection.	*Study team will pre-fill after first round of data collection.*	*Study team will pre-fill after first round of data collection.*	*Study team will pre-fill after first round of data collection.*

:he reporting period, [specify reporting period].

ion about rented or leased equipment used by the SNAP E&T pilot during the reporting period,

% of Costs Paid with SNAP E&T Pilot Funds

or equipment listed in the tables above.

lies and materials are

t (E. Services).

ɔk, durable equipment

WORKSHEET G: VOLUNTEERS [to be completed by service providers only]

This worksheet requests information about the value of any labor donated to the SNAP E&T

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1) **Did volunteers help your agency to provide SNAP E&T pilot services during the reporting pe**

[YES/NO]

2a) **If you answered YES to question 1, please use the table below to estimate the value of the**
your agency provide SNAP E&T Pilot during the reporting period, [specify reporting period]

  ➤ Their position (job title)
  ➤ Each volunteer's primary responsibility or responsibilities on the SNAP E&T pilot.
  ➤ The number of hours they volunteered per week.
  ➤ The number of months they volunteered during the reporting period, [specify reportin
  ➤ The estimated hourly wage for a paid employee in each position.

| Position | Primary SNAP E&T Pilot Responsibilities | | Tir |
	Primary Responsibility #1	Primary Responsibility #2	Hours Worked per Week
Study team will pre-fill after first round of data collection.	[Click here and select from list.] *Study team will pre-fill after first round of data collection.*	[Click here and select from list.] *Study team will pre-fill s first round of data collection.*	

2b) **Please describe the source of your estimates for hourly wages.**

[Click here and start typing.]

3) **Please use the space below to enter any explanatory notes on the information provided in**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

during the reporting period, [specify reporting period].

riod, [specify reporting period]?

labor donated by the volunteers that helped
. For each volunteer, please enter:

ig period].

ne	
Months Worked	Estimated Hourly Wage for Paid Employee
Study team will pre-fill after first round of data collection.	

this section.

WORKSHEET H: MISCELLANEOUS COSTS [to be completed by all respondents]

This worksheet requests information about other costs incurred by your agency in implementing t

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1) **INDIRECT COSTS: Did your agency calculate an indirect cost rate for the SNAP E&T pilot duri**

[Click here and select from list.]

a) **If you answered YES to question 1, indicate whether the indirect cost rate was an estal**

[Click here and select from list.]

b) **If you answered YES to question 1, please enter the indirect cost rate (%) that your age**

[Enter percentage (%).]

c) **If you answered YES to question 1, please report the $ amount paid for indirect costs d**

[Enter $ amount.]

d) **If you answered YES to question 1, please list the expenses to which the indirect cost r**

[Click here and start typing.]

2) **TRAVEL: Complete the table below if your agency paid the SNAP E&T pilot-related travel of**

➢ Indicate the type of travel expense (e.g., gasoline reimbursement for travel to job sites, etc.
➢ Report your expenses ($) for each type of travel during the reporting period, [specify repor
➢ Report the approximate percentage (%) of the expense that was paid for with SNAP E&T pil

Type of Travel Expense	Expense Cost
[Click here and start typing.] *Study team will pre-fill after first round of data collection.*	

3) **OTHER COSTS: Using the table below, please enter the cost or estimated value ($) of any ite**
during the reporting period, [specify reporting period], that are not already listed in this wo

➢ List the type of each item.
➢ Report the item's cost (e.g., purchase price) or estimated value ($).
➢ Report the approximate percentage (%) of the cost that was paid for with SNAP E&T pilot fu

Type of Item or Service Purchased for / Donated to the SNAP E&T Pilot	Cost or Estimated Value ($)

[Click here and start typing.] *Study team will pre-fill after first round of data collection.*	

END OF WORKBOOK. THANK YOU FOR YOUR PARTICIPATION. PLEASE SAVE AND SUBM

he SNAP E&T pilot that are not already recorded in the other tabs of this workbook.

ing the reporting period, [specify reporting period]?

blished rate (e.g., federally negotiated) or if your agency calculated the rate some other way.

ency used during the reporting period, [specify reporting period].

luring the reporting period, [specify reporting period].

ate is applied?

any staff during the reporting period, [specify the reporting period].

.).

ting period].

lot funds.

% of Cost Paid with SNAP E&T Pilot Funds

ims purchased by or donated to your agency for use by the SNAP E&T pilot
orkbook.

unds. Note "0%" if the item was donated.

% of Cost Paid with SNAP E&T Pilot Funds

Worksheet B1: Staff (Salary)

Primary Responsibilities	Salary is per	SNAP E&T Pilot Status
[TBD; will vary by pilot]	hour	no change
[TBD; will vary by pilot]	week	changes (explained below)
[TBD; will vary by pilot]	month	
[TBD; will vary by pilot]	year	

Worksheet C: Service Provider Contracts

Contracts	SNAP E&T Pilot Status
YES	no change
NO	changes (explained below)

Worksheet D: Facilities

Type of Facilitiy	Facility is...	Reported cost is...
[TBD; will vary by pilot]	owned	weekly
[TBD; will vary by pilot]	leased	monthly
[TBD; will vary by pilot]	rented	annual
[TBD; will vary by pilot]	donated	

Worksheet F: Gen. Supplies & Equipment

Rent/Lease
YES
NO

Worksheet G: Volunteers

Primary Responsibilities
[TBD; will vary by pilot]
[TBD; will vary by pilot]
[TBD; will vary by pilot]
[TBD; will vary by pilot]

Worksheet H: Misc.

Indirect Rate	Established Rate
YES	YES
NO	NO

Payroll Taxes and Fringe
Benefits

YES

NO

Months Used	SNAP E&T Pilot Status
1	no change
2	changes (explained below)
3	
4	