

APPENDIX D
COST DATA COLLECTION PACKAGE

[LWIA Administrator Name]
[Title]
[Street]
[City, State, Zip]

[Date]

Dear [LWIA Administrator],

Thank you for meeting with [site liaison] on [date(s)] to answer questions for the implementation study component of the WIA Adult and Dislocated Worker Programs Gold Standard Evaluation.

As [he/she] mentioned during [his/her] visit to [LWIA], the study team will also examine data on program costs as part of the evaluation. Without high-quality cost information, policymakers will be unable to judge whether the estimated impacts of the WIA Adult and Dislocated Worker Programs are commensurate with the resources that are invested in them. To that end, a **Program Costs Questionnaire** is attached to this letter. Please complete the form, keeping the following in mind:

- Questions ask for data from the most recent completed program year, PY 2011 (July 1, 2011 through June 30, 2012).
- Where appropriate, specific instructions are provided, along with an example, to assist you in providing the requested information.
- Where exact figures are not available, please complete the item with your best estimate.
- If it is easier to append reports and existing tables rather than completing the attached tables, please feel free to do so as long as the information provided is complete.
- You are also free to provide data electronically. However, as email is not secure, please discuss with your site liaison a secure method of transmitting electronic information.

Also attached is the **Front Line Staff Activity Log**. Data about how front line staff spend their time will be extremely valuable to our analysis of program costs. Please distribute the log to the following randomly selected staff who should complete the log for the week of **XXX**:

- [Staff 1]
- [Staff 2]

- [etc.—up to 15 staff per local area]

[Only complete this paragraph if the site needs evaluation Resource Room Sign-In Sheets; many will not as they have their own.] Estimates of how many customers visit your [local name for American Job Centers (AJCs)] resource rooms will also provide valuable data that will inform our program cost calculations. Please distribute the attached **Resource Room Sign-In Sheet** to each of your [local name for AJCs]. Please have staff place the sheet near the entrance to the resource room where customers can easily see it, and have them ask customers to sign their initials before using the resource room for one week. If the resource room is not attended during some or all open hours, please post a sign asking customers to sign their initials upon entering. If a customer enters the resource room but does not list his or her initials on the sign-in sheet, the resource room attendant may enter “Customer” in the first column.

Please fax the completed **Program Costs Questionnaire** to [name of Benefit-Cost team coordinator] at [fax] by [date]. Please have the [local name for AJCs] do the same with the **Front Line Staff Activity Logs** and **Resource Room Sign-In Sheets**. Feel free to contact the cost data collection technical assistance coordinator, [coordinator name], by phone [(phone number)] or email [(email address)] with any questions about how to fill out the attached forms. If you are unable to collect portions of the requested information, please notify [coordinator name] as soon as possible.

This cost data collection has received approval from the Office of Management and Budget (OMB Control Number xxxx-xxxx). All information provided will be kept private to the extent allowed by federal law and will be used for research purposes only. All cost data will be aggregated in reports and no information will be reported that can identify any staff members or your LWIA.

Thank you,

Sheena McConnell
Study Director