

Instructions

Thank you for completing the Home Visiting Program Cost Reporting Tool. Please go through the tabs at the bottom of the excel workbook to provide the requested information. For all cost information please provide your actual expenses in the previous fiscal year. The tool includes help popups throughout to provide additional information about how to complete each section. Please contact your technical assistance liaison if you have any questions about the information needed in each section.

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Salary

In this section, please list the job title and annual salary (including benefits) for all staff out of MIECHV funds and if partially funded, by approximately what percentage. For activity categories. Many staff may spend time on just one activity, but for staff that percentage of time spent on each activity. The total percentage of time spent on all : category.

Job Title	Number of Staff	Annual Salary (including benefits)	Is this position MIECHV funded?	Percent MIECHV Funded (if partial)
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 Yes
 No
 Partial Yes
 No
 Partial Yes
 No
 Partial Yes
 No
 Partial Yes
 No
 Partial Yes
 No
 Partial

- Yes
- No
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- Yes
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- Yes
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- Yes
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- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

and Personnel

staff members in your organization. Report whether each staff member was fully or part-time. For each staff member please also provide the approximate amount of time spent or to be spent on multiple activities (e.g. service delivery and outreach) list the approximate percentage of time each activity should add to 100%. You can click on each activity for a description of work

Staff Activity Categories

Service Delivery

Outreach

Program Management/
Coordination

Supervising

Admin/Data entry

% Time Allocations

partially funded each of the staff estimate that falls into that			
Executive	Other	Total Allocation not enter data)	(Do

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

0.00%

In this section, please provide information about your organization's overhead and infrastructure costs differently, so use the most appropriate category. For general overhead expenses, include total annual costs for things like rent, utilities, and maintenance separately from indirect costs. Specify if fully or partially funded out of MIECHV funds and if partially, what falls into that category.

Annual Expenditures	Is this expense MIECHV funded?
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Overhead Costs

Institutional Indirect Costs	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial
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Unallowable Indirect Costs	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial
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Infrastructure Expenses

Office Rent	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial
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Utilities and Maintenance	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial
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Overhead and Infrastructure

organization's overhead and infrastructure costs in the previous fiscal year. Organizational method that is most appropriate for your organization. If your organization has an infrastructure, list those expenses in the overhead costs portion. If your organization tracks infrastructure costs, list those expenses in the infrastructure section. For all expenses, please also indicate the percentage of total costs that are MIECHV funded, by approximately what percentage. You can click on each cost category

Percent MIECHV Funded
(if partial)

ons charge for some
ndirect rate that covers
cture expenses such as
report whether it was
for a description of

In this section, please provide information about your organization for each of the contracted service categories below. For all expenses, please indicate by approximately what percentage. You can click on each contract

Annual Expenditures

Is this expense
MIECHV funded?

Contracted Services

Screening Services

- Yes
- No
- Partial

Data Services

- Yes
- No
- Partial

Outreach Services

- Yes
- No
- Partial

Service Delivery

- Yes
- No
- Partial

Model Consultation

- Yes
- No
- Partial

Other Consultation

- Yes
- No
- Partial

Contracted Services

tion's expenses on contracted services in the previous fiscal year. Please enter the total expenses, please also report whether it was fully or partially funded out of MIECHV funds and if partially funded, please report the category for a description of what falls into that category.

Percent MIECHV Funded
(if partial)

enditure for
rtially funded,

In this section, please enter data on fees that your organization previous fiscal year. Model fees include the startup fee and annual training tuition should be listed in the consultant services and t MIECHV funds and if partially funded, by approximately what p

Annual Expenditures

Model Fees

Startup Model Fee

Annual Model Fee

Assessment, Tools, and Curricula

Startup Model Curricula Fees

Annual Model Curricula Fees

Additional curricula fees

Developmental screening, assessment, and outcome measurement tools

Model Costs, Tools, and Curricula

... paid to the home visiting model developer and expenses related to assessment, ...
... annual ongoing fees. Additional fees not covered in the overall fee such as additional ...
... training sections. For all expenses, please also report whether it was fully or partial ...
... percentage. You can click on each category for a description of what falls into that ...

Is this expense
MIECHV funded?

Percent MIECHV Funded
(if partial)

Yes
No
Partial

Yes
No
Partial

Yes
No
Partial

Yes
No
Partial

Yes
No
Partial

Yes
No
Partial

tools and curricula in the
consultation fees or
funded out of
category.

In this section, please provide information about your organization's training categories below. For all expenses, please also report approximately what percentage. You can click on each training

Annual Expenditures

Training

Professional Development

Staff Replacement

Home visitor initial training tuition

Supervisor initial training tuition

Administration orientation tuition

Other training tuition

Training

ation's expenses on training in the previous fiscal year. Please enter the total ex
port whether it was fully or partially funded out of MIECHV funds and if partially
g category for a description of what falls into that category.

Is this expense
MIECHV funded?

Percent MIECHV
Funded (if partial)

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

penditure for each of
funded, by

Cons

In this section, please provide information about your organization's expenses and expenditure for each of the supply categories below. For all expenses, please indicate if they are fully or partially funded, by approximately what percentage. You can click on each supply category to expand the form.

Annual Expenditures	Is this expense MIECHV funded?	Percent MIECHV Funded (if partial)
<u>Administrative Supplies</u>		
Startup supply costs	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial	
Consumable administrative supplies	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial	
<u>Service Delivery Materials</u>		
Client support materials	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial	
Consumable programmatic materials	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Partial	

Consumable Supplies

Report on consumable supplies in the previous fiscal year. Please enter the total amount and also report whether it was fully or partially funded out of MIECHV funds and if applicable, provide a supply category for a description of what falls into that category.



Non-cor

In this section, please provide information about your organization's expenses on non-consumable supplies every year, so we ask you to report the purchase price and the annualized value of the supplies. Non-consumable supplies include computers, printers, copiers, and other office equipment. This also includes the maintenance costs associated with any vehicles. For all expenses, whether fully funded by MIECHV funds and if partially funded, by approximately what percentage.

Non-consumable equipment
or supplies

Purchase Price

Expected years of use
Is this expense
MIECHV funded?

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
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- Yes
- No
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- Yes
- No
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- Yes
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- Partial

- Yes
- No
- Partial

Consumable Supplies

on non-consumable supplies. Organizations may not make purchases of specific
ice and typical years of use and will automatically use these values to compute the
s and other electronics equipment, computer software, phones, automobiles, etc.
supplies, please also report whether it was fully or partially funded out of MIECHV

Percent MIECHV
Funded (if partial)



In this section, please provide information about your organization's travel categories below. For all expenses, please also report what percentage. You can click on each travel category for a d

Annual Expenditures

Travel

Mileage to families for service delivery

Mileage for outreach

Travel to trainings and meetings

Travel

ation's expenses on travel in the previous fiscal year. Please enter the total expense whether it was fully or partially funded out of MIECHV funds and if partially funded, a description of what falls into that category.

Is this expense
MIECHV funded?

Percent MIECHV
funded (if partial)

- Yes
- No
- Partial

- Yes
- No
- Partial

- Yes
- No
- Partial

enditure for each of the
ed, by approximately

Questionnaire

In this section, please answer these questions about your organization's services.

Questionnaire

For how many years has your agency been implementing each model (list each model implemented by your organization)
Please list below all of the funding sources for your agency and the approximate percentage funding from each source.

Does your agency provide other services as well or share facilities with an agency that provides other services?

If yes, approximately what percentage of budget does your agency spend providing the services for this model?

Does your agency receive outreach services from another organization free of charge?

In the past fiscal year, what percentage of your agency's home visits took place in rural areas?

In the past fiscal year, what percentage of your agency's home visits took place in frontier areas?

In the past fiscal year, what percentage of your agency's home visits were successfully completed (i.e. services were provided)?

In the past fiscal year, what percentage of the families that you served required services in a language other than English?

In the past fiscal year, what percentage of the families that you served were below 200% of the federal poverty line?

In the past fiscal year, what percentage of the families that you served were below 100% of the federal poverty line?

In the past fiscal year, what percentage of the families that you served were below 50% of the federal poverty line?

In the past fiscal year, what was your average monthly caseload?

In the past fiscal year, how many visits did a family receive each month on average?

How many home visitors usually attend each visit with a family?



Answers Column1

Funding Source

Funding Percentage

Yes
 No

Yes
 No