Positive Health Check Evaluation

Aim 3: Cost Analysis

Instrument: PHC non-labor cost questionnaire

Section 1.

Materials, Travel, Services, and Equipment Expenditures

Note: This form should be completed by the PHC Cost Data Collection Coordinator each month.
In the table below, please record information for materials, travel, services, and equipment purchased to support PHC activities over the course of the month.

Q1a.

Enter the month and year for which costs are being reported: (mm/yyyy)

[   ]

Q1b.

Column A: Date. Enter the date the purchased was made (this field is optional).

Column B: Description. Enter a brief description of the item or service purchased. You do not need to separately list each item purchased. For example, if office supplies were purchased to support PHC activities, you do not need to separately list each item included in that purchase; you can simply report the entire purchase. Examples of materials/travel/services/equipment purchased may include travel to trainings, supplies for cleaning of mobile devices, printer cartridges, paper, and other office supplies.

Please include items or services that are used for the intervention but were purchased before the intervention began.

For travel costs, please specify if the cost is for transportation, lodging, per diem, or other costs. Travel time should be reported in the labor questionnaire and not here.

Column C: PHC Funded. Was the item paid for by the PHC grant funds?

Column D: Quantity. Enter the quantity of the items purchased. For an order containing multiple items, you can enter a quantity of 1 and enter the total purchase price in column E.

Column E: Unit Price. Enter the unit price of the item (price per quantity of 1). If you entered an order of multiple items in column B and quantity of 1 in column D, enter the amount for the entire order in this column. If price is not known, estimate market value. If the item was purchased prior to the beginning of the intervention, enter the remaining value used for the intervention.

Column F: Total Cost. Do not enter anything in this column. Total cost is automatically calculated by multiplying quantity (column D) and unit price (column E).

Column G: Activity. From a drop down menu, select the activity that the item was used to support.

	Date (Optional)		Click to write Column 1	C. PHC Funded?		Click to write Column 3	Click to write Column 4	Click to write Column 5	G. Activity
	Month (1-12)	Year (YYYY)	B. Description	Yes	No	D. Quantity	E. Unit Price (S)	F. Total Cost (S)	
1				○	○				▾
2				○	○				▾
3				○	○				▾
4				○	○				▾
5				○	○				▾
6				○	○				▾
7				○	○				▾
8				○	○				▾
9				○	○				▾
10				○	○				▾

1b. Do you have any additional items to enter?

○ Yes
○ No

Section 2: Indirect/Overhead Costs

Below please record the total indirect/overhead amount that was charged to the PHC grant this month. If no amount was charged, enter $0. If the amount charged this month included more than the monthly portion of the overhead/indirect expenditures, still enter the entire amount charged.

Types of costs that can be included in the indirect/overhead costs may include: rent, repairs/maintenance, network connection/maintenance, phone service, shared office equipment. Note: do not duplicate costs reported here and in Section 1 (materials, travel, services, and equipment) of the questionnaire. For example, if costs for phone use are included in the total overhead amount, do not also report those costs in Section 1.

Q2. Month and Year: (mm/yyyy)

Q3. What is the total indirect/overhead dollar amount that was charged to the PHC grant during this month?

($)