

If you have any questions about this workbook or how to complete it, please contact [assigned cost-benefit liaison] at [phone] or [email].

OMB Cont

Exp

## Supplemental Nutrition Assistance Program Employment & Training Costs Workbook [Grantee Agency Workbook / Service Provider Workbook]

### Introduction and Instructions

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The cost-benefit analysis component of the Evaluation of the Supplemental Nutrition Assistance Program (SNAP) Employment & Training (E&T) Pilot will provide Congress and other stakeholders with information about the overall, per participant, and per component costs of providing pilot services, and whether the benefits of each pilot exceed its costs. This workbook collects information about the cost of implementing your SNAP E&T pilot to inform these analyses. The evaluation team will also collect information on pilot benefits through 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 costs of implementing the SNAP E&T pilot [specify treatment/control as appropriate]. This workbook is intended to gather information on total 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 resources such as staff, facilities, and payments for services, and appears in a separate tab in this workbook. You can access each section by clicking 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 type]

#### 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 resources to complete the workbook. Please use **actual payment records** rather than budgets to complete workbook questions. It may be helpful to 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 completing 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, and 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.

**Thank you for your participation in this important study.**

**Public Burden Statement**

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 OMB control number. The valid OMB control number for this information collection is 0584-0604. The time required to complete this information collection is estimated to average 15 minutes including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Policy Support, Food and Nutrition Service, USDA, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.

•  
0584-0604]

[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 report changes in agency operations], please use the space below to describe them.

[Click here and start typing.]

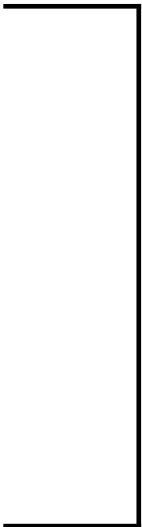
**PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.**

According to the Paperwork Reduction Act of 1995, an agency may not display a valid OMB control number. The valid OMB control number for this collection of information is estimated to average 120 minutes including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and revising the collection of information, and completing and reviewing the collection of information. Send comments to Washington, DC 20503. Send comment to 3101 Park Center Drive, Room 1014, Alexandria, VA 22302.

OMB Control No.: [0584-0604]

Exp. Date: [X/XX/20XX]

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



**Public Burden Statement**

conduct or sponsor, and a person is not required to respond to, a collection of information unless it  
or this information collection is 0584-0604 The time required to complete this information collection  
structions, searching existing data sources, gathering and maintaining the data needed, and  
is regarding this burden estimate to the Office of Policy Support, Food and Nutrition Service, USDA,




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.] <i>Study team will pre-fill after first round of data collection.</i>
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.





	or				
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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  
i or to otherwise explain their reason for noting a change in a person's SNAP E&T





### 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 provi
- ?> 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 circum

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

[Large empty text box for describing unusual circumstances]



**PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.**

**ed by grantee agency respondents only]**

contracts with to implement the SNAP E&T pilot.

**IAAP 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 pilot s**

de.  
 uring the reporting period, [specify reporting period]. Note: this column asks for actual amount paid, *not val*  
 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 par**

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 perio**

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



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**services during the reporting**

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

<b>Changes to SNAP E&amp;T Pilot Status</b>
[Click here and select from list.]

ed].



**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

- 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
<i>Study team will pre-fill after first round of data collection.</i>	[Click here and select from list.] <i>Study team will pre-fill after first round of data collection.</i>	[Click here and select from list.] <i>Study team will pre-fill after first round of data collection.</i>	

- 2) Please use the table below to report the utility costs for the facilities listed in the table above during the reporting period:
  - 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			% of SN
	Phone / Internet / Other Telecom.	Heat / Water / Electricity	Other Utilities	
<i>Will autofill as the above table is completed.</i>				


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

[Click here and start typing.] [After the first round of data collection, will ask about changes to facilities during the reporting period and for the respondent to otherwise explain their reason for noting a change 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).  
 ican Job Center, etc.).  
 icy 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].

he facility to implement the SNAP E&T pilot during the reporting period, [specify reporting period] (e.g., if you  
 ie 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

<p><b>% of Cost Paid for with SNAP E&amp;T Pilot Funds</b></p>


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

ies / facility costs ange in the table
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**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

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 reporting period.
- 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 reporting period.
- Indicate the approximate percentage of the reported cost that was paid for with SNAP E&T pilot customers.

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 services each of these services that your agency provided:

- Report the total cost of providing each service during the reporting period, [specify the reporting period 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 materials.
- List the approximate percentage of the reported costs that were paid for with SNAP E&T pilot customers.
- Report the number of SNAP E&T pilot customers that received the service during the reporting period.

Service	Total Cost
<p>1) <b>Formal Assessments</b></p> <ul style="list-style-type: none"> <li>➤ Assessments of customers' skills, aptitudes, and interests</li> <li>➤ E.g. TABE, CareerScope, or WorkKeys, etc.</li> <li>➤</li> </ul> <p>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.)</p>	
<p>2) <b>Structured Group Activities</b></p> <ul style="list-style-type: none"> <li>➤ Workshops or other structured group activities / seminars</li> <li>➤ E.g. job readiness workshop series, resume or interviewing workshops, financial assistance seminars, job clubs, etc.</li> <li>➤ Costs might include: purchase of workbooks or curricula, payments to third-party vendors to provide the service, etc.</li> </ul>	

<p><b>3) Education (non-training)</b></p> <ul style="list-style-type: none"> <li>➤ Remedial education focused on things like reading, literacy and math</li> <li>➤ E.g. ABE, GED, ESL</li> <li>➤</li> </ul> <p>Costs might include: purchase of workbooks or curricula, payments to third-party vendors to provide the service, etc.</p>	
<p><b>5) Vocational Skills Training</b></p> <ul style="list-style-type: none"> <li>➤ Classroom-based training on the skills required to obtain employment in a particular industry or occupation</li> <li>➤</li> </ul> <p>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.</p>	
<p><b>6) Work-Based Learning</b></p> <ul style="list-style-type: none"> <li>➤</li> <li>➤ Education or training received at the work place or on the job</li> <li>➤ E.g. on-the-job training (OJT), apprenticeship, internships, paid work experience, etc.</li> <li>➤ Costs might include: subsidized wages paid, payments to employers, etc.</li> </ul>	

3) If your agency provided Structured Group Activities to SNAP E&T pilot customers during the reporting period, please provide the following information:

a) Approximately how many structured group activities (e.g., workshops) did you provide to SNAP E&T pilot customers during the reporting period?

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

c) How many customers attended each activity, on average? If the activities were also attended by non-pilot customers, please provide the number of non-pilot customers as well.

d) How many staff provided each workshop?

4) Please use the space below to describe what, if any, unusual circumstances may have affected the results of the pilot program.

[Click here and start typing.]

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PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

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

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

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

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

reporting 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.]

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

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

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

payments.

reporting 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.]

reporting 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

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

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

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supportive services to

reporting period]. For  
lude labor costs incurred

# of Customers that Received Service During the Reporting Period






3a) Did your agency rent or lease 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, i

[Click here and start typing.]

**PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.**




the reporting period, [specify reporting period].

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

<b>% of Costs Paid with SNAP E&amp;T Pilot Funds</b>

or equipment listed in the tables above.

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lies and materials are

t (E. Services).

ok, 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 c

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		Time
	Primary Responsibility #1	Primary Responsibility #2	Hours Worked per Week
<i>Study team will pre-fill after first round of data collection.</i>	<i>[Click here and select from list.] Study team will pre-fill after first round of data collection.</i>	<i>[Click here and select from list.] Study team will pre-fill s first round of data collection.</i>	

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 1

[Click here and start typing.]



PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

during the reporting period, [specify reporting period].

period, [specify reporting period]?

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

ig period].

Name	Estimated Hourly Wage for Paid Employee
Months Worked	
<i>Study team will pre-fill after first round of data collection.</i>	

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

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

[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 w

- 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.] <i>Study team will pre-fill after first round of data collection.</i>	

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

the 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.

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

luring the reporting period, [specify reporting period].

ate is applied?

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

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ting period].

lot funds.

% of Cost Paid with SNAP E&T Pilot Funds

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

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

% of Cost Paid with SNAP E&T Pilot Funds
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**4IT VIA THE EVALUATION FTP SITE USING THE INSTRUCTIONS PROVIDED.**

**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 Facility	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

1  
2  
3  
4

SNAP E&T Pilot Status

no change  
changes (explained below)