

SRCP Partner Cost Survey

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SRCP Partner Cost Survey

Thank you for participating in this survey of partners in the Sodium Reduction in Communities Program (SRCP). The purpose of this survey is to gain a greater understanding of the costs that partners bear as a result of your sodium reduction efforts. SRCP partners are critical to the success of the program and contribute significant resources to program activities. With this survey we are seeking to understand the resources and effort you have contributed to SRCP. All your responses will be kept confidential and will only be reported in aggregate analysis of all surveys. We greatly appreciate your input.

Does your organization contract with a vendor to provide cafeteria and/or vending services?

If yes, the following questions may be best answered by the contractor. Please let us know if you would like us to contact them directly.

A. Organizational Food Service Characteristics

1. How many food service venues does your organization run (food service venues can include cafeterias, cafés, markets, and vending)?

____ venues

2. What is the square footage of the food service venues your organization runs that have been involved implementing sodium reduction strategies?

____ square feet

3. How many people do you serve in your food service venues during an average week? Please refer to your weekly sales records if available.

____ people

4. How many full and part-time employees do you employ in your food service operations?

____ Full time Employees

____ Part-time employees

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5. How many months have you worked on sodium reduction efforts as part of SRCP?

_____ months

6. What fraction of total staff time would you estimate has been devoted to working on sodium reduction efforts for SRCP over that time?

_____%

B. Nutrition Guidelines

1. Did your organization work on establishing nutrition guidelines that included sodium as part of your sodium reduction efforts?

i. If yes, please fill out the table below for approximately how many staff hours were devoted to establishing nutrition guidelines that included sodium each month, how many months were spent by each staff member, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

Staff Type	Number of Staff	Average Monthly Hours per Staff Member	Number of Months	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Nutritionist				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____				<input type="checkbox"/> Yes	___ Months	<input type="checkbox"/> The same

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				_ No	Or __ Regular business operations	<input type="checkbox"/> Different: __% of current hours
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C. Lower Sodium Food Product/Recipe Development or Modification

1. Did your organization work on nutritional analysis and recipe development as part of your sodium reduction efforts?
 - i. If yes, please fill out the table below for approximately how many staff hours were devoted to nutritional analysis and recipe development each month, how many months were spent by each staff member, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

Staff Type	Number of Staff	Average Monthly Hours per Staff Member	Number of Months	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Nutritionist				_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours
Chef				_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours
Other: _____				_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours
Other: _____				_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours
Other: _____				_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours

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- ii. If yes, please fill out the table below for the approximate amount of expenditures each devoted to nutritional analysis and recipe development for each of the following categories

Expenditure Type	Expenditure Amount
Nutrition Analysis Software	
Test ingredients	
Other: _____	
Other: _____	
Other: _____	

2. Did your organization work on finding new lower sodium ingredients as part of your sodium reduction efforts (note this includes research efforts)?
- i. If yes, please fill out the table below for approximately how many staff hours were devoted to finding new lower sodium ingredients each month, how many months were spent by each staff member, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

Staff Type	Number of Staff	Average Monthly Hours per Staff Member	Number of Months	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Nutritionist				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Manager				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Chef				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____				_ Yes _ No	___ Months Or	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours

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					__ Regular business operations	
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3. Are there any other activities your organization engaged in related to developing new lower sodium offerings or altering existing offerings as part of your sodium reduction efforts?
- i. If yes, please provide a description of the activity

Staff Type	Number of Staff	Average Monthly Hours per Staff Member	Number of Months	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Nutritionist				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Chef				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours

- ii. If yes, please fill out the table below for approximately how many staff hours were devoted to other activities for developing new lower sodium offerings or altering existing offerings each month, how many months were spent by each staff member, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

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- iii. If yes, please fill out the table below for the approximate amount of expenditures each devoted to other activities for developing new lower sodium offerings or altering existing offerings for each of the following categories

Expenditure Type	Expenditure Amount
Nutrition Analysis Software	
Test ingredients	
New Kitchen Equipment	
Other: _____	
Other: _____	
Other: _____	

D. Food Preparation

1. Did your organization hold trainings for new recipes or techniques as part of your sodium reduction efforts?
 - i. If yes, please fill out the table below for approximately how many staff hours devoted to training (including staff attending the training) over the sodium reduction project, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

Staff Type	Number of Staff	Average Hours per Staff Member	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Food Service Manager			<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Staff			<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Trainer			<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours

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				__ Regular business operations	
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- ii. If yes, please fill out the table below for the approximate amount of expenditures each devoted to training for each of the following categories

Expenditure Type	Expenditure Amount
Training Materials	
Ingredients (only for training)	
Equipment	
Other: _____	
Other: _____	
Other: _____	

2. Do your staff have to spend additional time cooking for new product offerings as a result of implementing sodium reduction strategies?

- i. If yes, please fill out the table below for approximately how many staff hours are required for extra food preparation time each month?

Staff Type	Number of Staff	Average Monthly Hours per Staff Member
Food Service Manager		
Food Service Staff		
Other: _____		
Other: _____		
Other: _____		

3. What was your average monthly cost of purchasing ingredients/food to be served **before** implementing sodium reduction strategies?

\$ _____

4. What is your average monthly cost of purchasing ingredients/food to be served **after** implementing sodium reduction strategies?

\$ _____

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E. Healthy Food Promotion

1. Did your organization work on healthy food promotion as part of your sodium reduction efforts?
 - i. If yes, please fill out the table below for approximately how many staff hours were devoted to healthy food promotion each month, how many months were spent by each staff member, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

Staff Type	Number of Staff	Average Monthly Hours per Staff Member	Number of Months	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Nutritionist				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Manager				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Staff				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				_ Yes _ No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours

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- i. If yes, please fill out the table below for the approximate amount of expenditures each devoted to healthy food promotion for each of the following categories, whether these expenditures will be ongoing, and if so for how long and at what level of monthly expenditures.

Expenditure Type	Expenditure Amount	Will these Expenditures be Ongoing?	How long will these Expenditures Continue?	Will monthly expenditures be the same or different in the future
Signs and other displays		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Handouts		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours

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F. Additional Meetings Time

1. Did your organization hold meetings with staff and other stakeholders (additional to their time spent on activities from previous questions) as part of your sodium reduction efforts?
 - i. If yes, please provide a brief description of the most common reasons for additional meetings (e.g. coordinating staff activities, informing stakeholders, etc.)

Staff Type	Number of Staff	Average Monthly Hours per Staff Member	Number of Months	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Nutritionist				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Staff				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other:_____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours

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- ii. If yes, please fill out the table below for approximately how many staff hours were devoted to holding meetings with staff and other stakeholders each month, how many months were spent by each staff member, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

G. Other Activities

1. Are there any other activities where your organization has incurred labor or materials costs as a result of implementing sodium reduction strategies?

- i. If yes please describe this activity:

- ii. If yes, please fill out the table below for approximately how many staff hours were devoted to this activity each month, how many months were spent by each staff member, whether these activities will be ongoing, and if so for how long and at what level of monthly hours.

Staff Type	Number of Staff	Average Monthly Hours per Staff Member	Number of Months	Will these Activities be Ongoing?	How long will these Activities Continue?	Will the number of monthly hours be the same or different in the future
Nutritionist				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Manager				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Food Service Staff				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Chef				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or ___ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours
Other: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	___ Months Or	<input type="checkbox"/> The same <input type="checkbox"/> Different: ___% of current hours

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					__ Regular business operations	
Other: _____				_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours

- i. If yes, please fill out the table below for materials that were purchased to support this activity, the approximate amount of expenditures, whether the expenditure will be ongoing, and if so for how long and at what level of monthly expenditures.

Expenditure Type	Expenditure Amount	Will these Expenditures be Ongoing?	How long will these Expenditures Continue?	Will monthly expenditures be the same or different in the future
		_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours
		_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours
		_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours
		_ Yes _ No	__ Months Or __ Regular business operations	<input type="checkbox"/> The same <input type="checkbox"/> Different: __% of current hours

H. Overall Revenue and Profit

Revenue

1. What was your average monthly revenue from food sales **before** implementing sodium reduction strategies?

\$ _____

2. What is your average monthly revenue from food sales **after** implementing sodium reduction strategies?

\$ _____

Profit

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3. What was your average monthly profit (i.e. revenue minus costs) from food sales **before** implementing sodium reduction strategies?

\$_____

4. What is your average monthly profit (i.e. revenue minus costs) from food sales **after** implementing sodium reduction strategies?

\$_____