

Program Details		Comments	Highlighting Key
1A. Program Name			Purple = Enter program information
			Yellow = Automatically populated and/or to be entered by CDC
1B. Program Director			Blue - Enter any comments, feedback, or questions
Name			
Telephone			
Email			
1C. Primary financial/administrative contact person			
Name			
Telephone			
Email			

Worksheet for Recording the Total Funds Allocated to Your Program Per Award Year (All Funds Including CDC Core SIPP Award and Funds Allocated to Core SIPP Strategies and Topics)

Year 1 (08/01/2021 - 07/31/2022)		
2A. CDC Core SIPP Funding	\$ Amount	Comments
Total CDC Core SIPP funding for current year*		
Unobligated funds carried forward from previous year	N/A	
Amount of fund unspent for the current year		
Total CDC Core SIPP funding allocated:	\$0.00	

* Core SIPP funds are defined as those funds that were awarded directly by CDC through the CDC-RFA-CE21-2101 program announcement

Year 1 (08/01/2021 - 07/31/2022)		
2B. Source of other funding (other federal or non-federal) allocated to Core SIPP Strategies and Topics	\$ Amount	Strategy
(e.g.) Non-CDC Federal Funds	\$100,000.00	Data and Surveillance
(e.g.) Private Grants	\$5,000.00	Assessment and Evaluation
Total other funds:	\$0.00	
Total funds allocated: \$	\$0.00	

Note: While cost sharing or matching funds were not required for this program, leveraging other resources and related ongoing efforts to promote sustainability was strongly encouraged in the NOFO.

and Other Federal or Non-Federal Funds

ments

Topic	Comments
Child Abuse and Neglect	
All Topics	

Worksheet for Estimating Personnel Costs Per Award Year

Year 1 (08/01/2021 - 07/31/2022)		FTE % (a full-time employee is 100%)	% Time Spent on Core SIPP Strategies	% Time Spent on CORE SIPP Topics	Salary (salaries are the total annual salaries earned by staff and not only amounts related to Core SIPP activities)			% Salary Paid by Sources		Comments
Personnel				Base	Fringe	Total	% Salary paid by CDC Core SIPP funding	% Salary paid by other source		
(e.g.) Project Director	100%	75%	50%	50,000	15,000	\$65,000.00	50%	50%		
(e.g.) Epidemiologist	50%	25%	100%	30,000	15,000	\$45,000.00	100%			
1						\$0.00				
2						\$0.00				
3						\$0.00				
4						\$0.00				
5						\$0.00				
6						\$0.00				
7						\$0.00				
8						\$0.00				
9						\$0.00				
10						\$0.00				

Comments

Worksheet for Estimating Consultant Costs Per Award Year

Year 1 (08/01/2021 - 07/31/2022)

Year 1 (08/01/2021 - 07/31/2022)								Comments
Job Title	Description	Annual Payment	Strategy	% Time	Topic	% Time		
(e.g.) Software Developer	Developed internal program software	\$10,000	Data and Surveillance	60%	ACEs	100%		
			Assessment and Evaluation	40%				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
	Total:	\$0.00						

Worksheet for Estimating Contracts Per Award Year

Year 1 (08/01/2021 - 07/31/2022)

	Type of Good/Service Purchased	Strategy	Topic	Amount (\$)
	(e.g.) Sub-award to University for evaluation	Assessment and Evaluation	ACEs	\$30,000
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
		Total :		\$0.00

Comments

Worksheet for Estimating Training and Material Costs Per Award Year

Year 1 (08/01/2021 - 07/31/2022)

Category	Type of Good/Service Purchased	# Units	Cost per Unit (\$)	Total Cost	Total Cost (Enter total here only if units and cost per unit unknown)	Strategy	Topic	Comments
Office Equipment	(e.g.) Dell Computers	5	\$1,200.00	\$6,000.00	\$6,000.00	All strategies	All Topics	
Postage	(e.g.) Stamps	500	\$0.45	\$225.00	\$225.00	All strategies	All Topics	
Software	(e.g.) NVivo	2	\$400.00	\$800.00	\$800.00	Assessment and Evaluation	ACEs	
Travel (Meetings/Conference/Tr	(e.g.) Travel to APHA	2	\$1,500.00	\$3,000.00	\$3,000.00	All strategies	Child Abuse and Neglect	
Incentives/Stipends	(e.g.) Gift Cards	50	\$20.00	\$1,000.00	\$1,000.00	Partnerships and Collaboration	Traumatic Brain Injury	
Training Fees	(e.g.) ACEs Training	1	\$300.00	\$300.00	\$300.00	Data and Surveillance	All Topics	
1				\$0.00				
2				\$0.00				
3				\$0.00				
4				\$0.00				
5				\$0.00				
6				\$0.00				
7				\$0.00				
8				\$0.00				
9				\$0.00				
10				\$0.00				
11				\$0.00				
12				\$0.00				
13				\$0.00				
14				\$0.00				
15				\$0.00				
16				\$0.00				
17				\$0.00				
18				\$0.00				
19				\$0.00				
20				\$0.00				
21				\$0.00				
22				\$0.00				
23				\$0.00				
24				\$0.00				
25				\$0.00				

			Total :		\$0.00				
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Worksheet for Estimating Administrative (Overhead) Costs Per Award Year

Year 1 (08/01/2021 - 07/31/2022)

10A. Allocation Methodology	Y/N	%	\$ Amount	Comments
Proportion of direct cost?				
— Please indicate indirect cost rate (%) or dollar amount in column				
Lump-sum payment				
Other: specify _				
		Total :	\$0.00	
10B. If lump sum payment, indicate if the following costs are included in the administrative or overhead costs reported above. If these are paid for as specific line item charges in addition to the administrative costs, please provide the dollar amounts.	Y/N		\$ Amount	
		If no, provide amount		
Rent for office space				
Utilities (Water, Gas, Electric)				
Repairs/maintenance				
Network connection/maintenance (i.e. internet connection charge)				
Phone Service (i.e. local phone service, long distance or cell phone charges)				
Shared office equipment				
Other costs: Specify				
		Total :	\$0.00	

Source:

Program Name:

Arizona
Colorado
Georgia
Hawaii
Illinois
Kentucky
Louisiana
Maryland
Massachusetts
Michigan
Minnesota
Nebraska
New York
North Carolina
Oklahoma
Ohio
Oregon
Rhode Island
Tennessee
Utah
Virginia
Washington
Wisconsin

Other Funding Sources:

Non-Core SIPP CDC Funds
Non-CDC Federal Funds
State Government Funds
City or County Funds
Private Grants
Corporate Sponsors/Donors
Forfeiture Funds
Other (please specify)

Strategies:

Data and Surveillance
Collaborations and Partnerships
Assessment and Evaluation
All Strategies

Topics:

ACEs
Child Abuse and Neglect
Intimate Partner/Sexual Violence
Transportation Safety
Traumatic Brain Injury
All Topics
Other (please specify)

Personnel:

Administrative Assistant
AmeriCorps Volunteer
Community Health Liaison
Community Health Worker
Community Outreach Coordinator
Community Outreach Worker
Data Manager
Data Specialist
Economist
Epidemiologist
Evaluation Coordinator
Evaluator
Fellow
Health Educator
Health Policy Analyst
Health Program Administrator
Health Program Coordinator
Injury Prevention Specialist
Management Analyst
Office Manager
Prevention Manager
Program Aide
Program Assistant
Program Director
Program Manager
Program Site Liaison
Program Specialist
Project Coordinator
Project Director
Project Manager
Public Health Specialist
Student Intern
Trainer
Violence Prevention Advocate
Violence Prevention Specialist
Youth Coordinator
Other (please specify)

Training and Material Cost Categories:

Capital materials (1-time expense or major purchase)
Contracts
Consultants
Continuing Education/Professional Development
Curriculum/Educational Materials
Food and Drinks
Incentives/Stipends
Marketing/Promotional Materials
Meeting Space
Membership Fees
Office Equipment
Postage
Small Office Supplies
Software
Training Fees
Translation Services
Transportation (local)
Travel (Meetings/Conferences/Trainings)
Other Supplies (please specify)

Transportation Categories:

Bicycle/Scooter
Bus
Personal Vehicle
Rental Car
Taxi/Uber/Lyft
Train