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Thank you for completing this form. Your responses will help us understand the costs you incur and the various types of activities you perform when planning and implementing the SNAP mobile payment pilot. We understand that this task requires the investment of your time and we greatly appreciate your participation. Although we have tried to make these forms flexible and straightforward, we would appreciate any suggestions for improvements. Please contact your liaison with the study team with any questions.

State SNAP agency activity	Activity description
The following are examples of costs and activit agency)	ies to include (final topics will be tailored based on discussions with each
Pre-implementation costs	
Staff time	- Planning meetings - Training on mobile payments or for supporting retailers or SNAP participants' use of mobile payments. Trainings could include events to educate staff or retailers or developing resources to assist with the implementation of new mobile payment methods Coordinating with partners (EBT processors, mobile application developers, payment platforms, technology developers, retailers). Coordination includes ongoing activities to prepare for or implement new mobile payment methods, and should not overlap with trainings Troubleshooting would include activities to help retailers, SNAP participants, or other staff to successfully use mobile payments after implementation of the payment method begins. Troubleshooting does not include regular communication about implementation with partners Technology procurement or management
Technology costs	- Contracts with vendors to prepare for mobile payments, including EBT processors, mobile application developers, payment platforms, technology developers - Equipment, including new hardware or software updates, to support mobile payment - Fees for using mobile transactions, such as a standard fee and a per transaction fee that may be charged for use of Apple Pay, Google Pay, or Samsung Pay - Other resources for preparing to accept or process mobile payments
Marketing materials and events	- For SNAP participants, mailed flyers announcing the pilot and instructions on how to participate - For retailers, pamphlets, signage, or stickers alerting retailer customers that SNAP mobile payments are accepted - Onsite engagements at stores or community partners promoting SNAP mobile pay and assisting people with setting it up
Other initial implementation costs	- Overhead and operating costs for the agency, may be charged by allocation or percentage rate.
Ongoing implementation costs	
Staff time	- Implementation meetings - Providing troubleshooting support to retailers or SNAP participants (call centers) - Coordinating with partners (EBT processors, mobile application developers, payment platforms, technology developers)
Technology costs	- Contracts with vendors to offer mobile payments, including EBT processors, mobile application developers, payment platforms, technology developers - Equipment, including new hardware or software updates, to support mobile payment - Fees for using mobile transactions, such as a standard fee and a per transaction fee that may be charged for use of Apple Pay, Google Pay, or Samsung Pay - Other resources for accepting or processing mobile payments
Marketing materials and events	- For SNAP participants, mailed flyers announcing the pilot and instructions on how to participate - For retailers, pamphlets, signage, or stickers alerting retailer customers that SNAP mobile payments are accepted - Onsite engagements at stores or community partners promoting SNAP mobile pay and assisting people with setting it up
Other ongoing implmentation costs	- Overhead and operating costs for the agency, may be charged by allocation or percentage rate.

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Use this form to keep track of staff hours by month spent planning or implementing the SNAP mobile payment pilot. Additional months or activities can be added by inserting columns or rows. Please record activities separately by staffing position (e.g., if two staff of different positions jointly perform an activity, record this activity on two different rows). **Do not include staff names**. Record the number of hours spent on each activity by each staffing position in the "total hours spent during month" columns.

 Evaluation of SNAP Mobile Payment Pilots
 Start of cost period [month]
 [year]

 Time Tracking Log
 End of cost period [month]
 [year]

Please fill out the month and year of the workbook above. Each workbook should represent one quarter (3 months).

		Total hour	Total hours spent during the month		
Staffing position	Activity (select from list)	Month 1	Month 2	Month 3	Notes
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				
	[select from list]				

Note: Click the plus (+) at left to expand for an additional 30 rows. Please let the study team know if you need additional space.

Dates Activity
[year] [select]

2023 Planning or implementation meetings

2024 Training

2025 Coordinating with partners

2026 Technology procurement or management

[month] Marketing activities

January Troubleshooting for retailers or SNAP

February Coordinating with FNS or evaluators

March Other

April May

June
July
August
September
October
November
December

Evaluation of SNAP Mobile Payment Pilots Salary Worksheet [STATE] SNAP AGENCY Start of cost period [month] [year]

End of cost period [month] [year]

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Staffing position (include each staff position listed in time log)	Pay rate (dollars)	Basis paid (select from list)	Fringe benefit percentage /amount	Fringe benefits calculated as:	If fringe in dollar amount, basis paid (select from list)	Notes
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	
		[select from list]		[select from list]	[select from list]	

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Use this form to record the dollar amount of any non-labor costs incurred in planning or implementing the SNAP mobile payment pilot, including direct costs (e.g., printing and mailing, conference calls, outside contractors, etc.) or indirect costs (e.g., management, human resources, building maintenance, etc.). For indirect costs, please note in the description of costs if indirect costs are charged by a percentage rate or allocation basis.

Evaluation of SNAP Mobile Payment Pilots Other Direct Costs (ODC) Worksheet [STATE] SNAP AGENCY

Start of cost period [month] [year]	
End of cost period [month] [year]	

Note: the costs reported in the table below should NOT duplicate the costs reported in the Partner Cost information sheet. These costs should represent State Agency costs alone.

Description of non-labor costs		One-time or recurring		
(include direct and indirect costs)	Amount (dollars)	cost?	Activity (if applicable)	Notes
Technology				
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
Marketing				
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
Overhead or operating				
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
		[select from list]	[select from list]	
Other				
		[select from list]	Other - please describe	
		[select from list]	Other - please describe	
		[select from list]	Other - please describe	
		[select from list]	Other - please describe	
		[select from list]	Other - please describe	

Note: Click the plus (+) at the bottom of each section header to expand for an additional 5 rows per category. Please let the study team know if you need additional space.

Timeframe Technology - activities

[select from list] [select from list]

One-time Any cost related to accepting or processing SNAP mobile payments

Recurring Equipment - Hardware

Equipment - Software
Fees for mobile transactions

Other

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Use this form to record the dollar amount of any non-labor costs incurred in planning or implementing the SNAP mobile payment pilot, including direct costs (e.g., printing and mailing, conference calls, outside contractors, etc.) or indirect costs (e.g., management, human resources, building maintenance, etc.). For indirect costs, please note in the description of costs if overhead costs are charged by a percentage rate or allocation basis.

Evaluation of SNAP Mobile Payment Pilots Other Direct Costs (ODC) Worksheet [STATE] SNAP AGENCY Start of cost period [month] [year]
End of cost period [month] [year]

Description of non-labor costs (include direct and indirect costs)	Amount (dollars)	One-time or recurring cost?	Notes
Partner 1	Amount (donars)	cost.	Hotes
Labor		[select from list]	Note number of staff and total hours
Other direct costs		[select from list]	Note major expenses
Indirect costs		[select from list]	Note indirect cost rate or allocation plan
Total		[select from list]	
Partner 2		•	
Labor		[select from list]	
Other direct costs		[select from list]	
Indirect costs		[select from list]	
Total		[select from list]	
Partner 3			
Labor		[select from list]	
Other direct costs		[select from list]	
Indirect costs		[select from list]	
Total		[select from list]	
Partner 4			
Labor		[select from list]	
Other direct costs		[select from list]	
Indirect costs		[select from list]	
Total		[select from list]	

Note: Click the plus (+) at the bottom of each section header to expand for an additional 5 rows per category. Please let the study team know if you need additional space.

Timeframe

[select from list]

One-time

Recurring