

Assessme

OMB Number: 0584-NEW

Expiration Date: MM/DD/20YY

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This information is being collected to voluntary collection, and FNS will use Privacy Act of 1974. According to the displays a valid OMB control number. 7 hours (420 minutes) per response. Department of Agriculture, Food and this address. If you have any question

nt of the Administrative Costs of Electronic Healthy Incentives Projects (eHIP)
State Administrative Cost Templates

Description
List of worksheets with descriptions
Quarterly summary of eHIP project expenses, not including incentives
Descriptions of eHIP activities for reporting personnel hours and breakdown of other costs
Hours or percent of FTE by personnel category/person, eHIP activity, and period
Personnel salaries by salary component
Other direct costs, broken down by type of cost and activity

provide the Food and Nutrition Service (FNS) with key cost information on Electronic Healthy Incentives Projects : the information to examine costs of Electronic Healthy Incentives Projects for SNAP. This collection requests per: Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respor . The valid OMB control number for this information collection is 0584-NEW. The time required to complete this i Send comments regarding this burden estimate or any other aspect of this collection of information, including sug Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (058 1s, please contact the FNS Project Officer for this project, Kathleen Patton, at Kathleen.patton@usda.gov or 703-3

conducted by SNAP State agencies. This is a personally identifiable information under the Privacy Act, a collection of information unless it is determined that the information collection is estimated to average less than one hour per response, including the time for reviewing instructions for reducing this burden, to U.S. citizens (4-NEW). Do not return the completed form to the agency. Form 05-2813.

Quarterly Summary of eHIP Project Expenses

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INSTRUCTIONS: Please enter total quarterly project expenses, by the payment source for that expense. Please enter expenses. Contractual expenses should include only expenses for eHIP work. Contractual expenses to retailer costs. List expenses that are not already specified in the rows under "Other expenses"; please add only one "Other" row can be used to add additional detail describing expenses or explanation of how the expenses were determined. Specify the sources of other funds below the line totalling all expenses.

State:	[insert state name in Quarterly Expenses tab]			
Year:	[insert year in Quarterly Expenses tab]			
Quarter (specify months):	[specify months in Quarterly Expenses tab]			
Type of expense	Grant funds amount	SNAP funds amount	State funds amount	Other funds amount (specify below total)
Personnel				
Regular (full- or part-time state employee)				
Temporary or contracted employee				
Subtotal, personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe benefits (e.g., health insurance, other benefits)				
Contractual expenses (for eHIP work)				
Retailers				
EBT processor				
State MIS (include interagency payments)				
Technical assistance to retailers by contractor				
Other (specify):				
[e.g., payments to farmers]				
Subtotal, contractual	\$0.00	\$0.00	\$0.00	\$0.00
Materials, postage and other communications				
Travel				
Other expenses (list below, not including incentives)				
Subtotal, other expenses not listed elsewhere	\$0.00	\$0.00	\$0.00	\$0.00
Incentives redeemed (exclude incentives earned but not redeemed)				

Indirect expense (based on standard percentage or cost per FTE for overhead or general administration, or cost allocation plan - explain method in notes)				
Total, all expenses	\$0.00	\$0.00	\$0.00	\$0.00

Instructions: list sources of funds other than FNS and State grantee below and provide total for each source

Other sources of funds	Total funds expended	Notes (use of funds, basis for est
Total of other funds	\$ -	

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e. (Optional) Add notes to explain the specific u

timates etc.)

uses of the funds, how the amount was estimated etc.

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INSTRUCTIONS: This sheet describes project activities. Please use these descriptive "Direct Costs by Activity" tabs. The "Project Phase" column indicates when the activity occurs.

Project phase	eHIP activities
Implementation	eHIP promotion
Implementation	EBT systems changes for eHIP
Implementation	Farmers market recruiting, equipment assistance, and startup support for eHIP
Implementation	Retailer recruiting and startup support for eHIP
Implementation	Retailer system changes for eHIP
Implementation, Operations	Project management for eHIP
Implementation, Operations	Settlement and accounting of eHIP incentives and grant funds
Operations	Customer service for eHIP
Operations	Farmers' market support for eHIP
Operations	Fraud prevention and detection for eHIP
Operations	Retailer support for eHIP

This information is being collected to provide the Food and Nutrition Service (FNS) with key data for its agencies. This is a voluntary collection, and FNS will use the information to examine costs and identify identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act, to respond to, a collection of information unless it displays a valid OMB control number. The burden for this collection of information is estimated to average 7 hours (420 minutes) per response, including suggestions for reducing this burden, to U.S. Department of Agriculture, Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-NEW). Do not return this information to the Project Officer for this project, Kathleen Patton, at Kathleen.patton@usda.gov or 703-305-1234.

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on of activities to help you fill out the "Personnel Hours by Activity" and "Other
ivities are expected to occur.

Description
Publicity, mailings, social media, outreach, posters, contacts with community organizations for eHIP . Does not include minimal time spent by local offices or others handing out flyers, brochures, etc.
Design, development, testing of changes to EBT system and SNAP MIS for eHIP
Outreach and negotiating agreements with farmers' markets and farmers, planning for implementation, providing assistance with equipment and payment applications, other technical and operational support during startup, other farmers' market/farmer liaison for eHIP .
Outreach and negotiating agreements with retailers (not including farmers' markets), plans for implementation, other retailer liaison for eHIP
Technical and financial assistance to retailers and their service providers for POS system changes for eHIP .
General eHIP project management not specific to (or not separable from) other activities. Includes progress and financial reporting to FNS and evaluation, meetings with FNS and evaluation, contract negotiation and management.
Reconciliation, settlement, financial reporting activities related to eHIP incentives and grant funds
Assistance to participants regarding eHIP incentives via SNAP hotline, EBT processor hotline, local/county office; resolution of related disputes
Answering questions, trouble-shooting, resolving disputes involving farmers' markets and farmers regarding eHIP incentives .
Reviewing reports of eHIP activity, conducting related investigations, implementing penalties on retailers or participants to prevent, detect, and punish trafficking and other fraudulent activity involving eHIP incentives
Answering questions, trouble-shooting, resolving disputes involving retailers other than farmers' markets and farmers regarding eHIP incentives .

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ne completed form to this address. If you have any questions, please contact the FNS
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INSTRUCTIONS: Please enter personnel hours for all staff that worked on eHIP in the quarter. Hours should be reported corresponding to one activity. Please give staff hours if available, or percent of FTE if hours are not available. Report numbers with the same precision as in the source of the information: for example, 12.5. Do not be included (e.g., if someone not working on eHIP attends a meeting where eHIP is discussed, the meeting should be reflected in the total time for that category. See examples for alternative ways to report.

State: [insert state name in Quarterly Expenses tab]
Year: [insert year in Quarterly Expenses tab]
Quarter (specify months): [specify months in Quarterly Expenses tab]
Hours per FTE per quarter: [specify number of hours per FTE per quarter (13 weeks)]

Personnel category/title	Activity (see list)
[Example: Project director]	Project management for eHIP
[Example: programmer]	EBT systems changes for eHIP
[Example: retailer liaison]	Retailer recruiting and startup support for eHIP
[Example: local agency managers]	eHIP promotion
[insert rows as needed]	
Total hours, all personnel [if available - can be computed by evaluation staff]	

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Personnel Hours by Activity

Hours should be reported by activity (see "Activities" tab); if staff worked on multiple activities, report hours for each activity. If reporting FTEs, specify number of hours per FTE per quarter (13 weeks). Estimates may be whole numbers while actual time may be tracked in .25 hour increments (if individual's time does not need to be included). Hours for multiple personnel in the same

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		(Report hours or % of FTE)		
Period (week, month, quarter)	# of periods worked in quarter	Avg. Hours per period	% of FTE	Source of Funds
Quarter	1		50%	Grant funds
Quarter	1	42.5		Grant funds
Month	3	40		State funds
Week	13	10		Other funds (describe in notes)

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Salaries

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INSTRUCTIONS: Please enter the titles/personnel categories and pay rates for all staff who worked on eHIP in staff categories listed in "Personnel Hours by Activity" should be listed here as well. Please provide EITHER the base pay rate, fringe benefits rate, and overhead/indirect cost rate OR the loaded hourly rate. Pay rate should be amount per period as specified in "Basis Paid". In "Basis paid" column, select yearly, monthly, biweekly, weekly, or hourly. In "Rate" column, select one method: percentage or dollar amount per pay period. For loaded rate enter \$ per hour, fringe rate, and overhead/indirect. If the specific pay rate or loaded rate is unavailable, please provide the salary range for that job category/title.

State: [insert state name in Quarterly Expenses tab]

Year: [insert year in Quarterly Expenses tab]

Quarter (specify months): [specify months in Quarterly Expenses tab]

For each, provide either (1) pay rate, fringe benefits rate, and overhead rate OR (2) loaded hourly rate inclusive of pay, fringe benefits, and overhead cost (if applicable).

Option 1: Provide pay rate, basis paid, fringe benefits rate, overhead/indirect cost rate

[illegible]

in this quarter. All
the pay rate, basis
amount paid per
%. For "Basis of
r including pay
the midpoint in

nd/indirect cost
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**Option 2:
Provide loaded
hourly rate**

Loaded rate (\$ per hour)	
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[illegible]

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INSTRUCTIONS: Please enter non-personnel costs by activity below. Please include all project direct costs, that cover multiple activities can be allocated to activities by estimate. Use the "Notes" tab to provide any (if applicable). Add rows for other contractual expenses and other direct expenses not listed elsewhere as

State: [insert state name in Quarterly Expenses tab]
Year: [insert year in Quarterly Expenses tab]
Quarter (specify months): [specify months in Quarterly Expenses tab]

	Retailer recruiting and startup support	EBT systems changes	Retailer systems changes
Contractual expenses			
EBT processor			
Payments to retailers			
State MIS (include interagency payments)			
Technical assistance to retailers by contractor			
Other (specify)			
Subtotal, contractual expenses	\$ -	\$ -	\$ -
Materials, postage and communications (paid by State; include expenses incurred by contractors above)			
Travel			
Other direct expenses not listed elsewhere (list below and specify)			
Subtotal, other direct expenses	\$ -	\$ -	\$ -
Indirect or overhead expenses			
Total, all expenses	\$ -	\$ -	\$ -

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-Personnel Costs by Activity

whether funded by the eHIP grant or by other sources. Refer to the "Additional Information" section for interpreting the figures, including the basis for needed.

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Activities				
eHIP promotion	Customer service	Accounting	Project management	Total, all activities
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -
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				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -
				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -

ities" tab for information on the activities. Expenses computations or estimates of share of costs by activity

[illegible]