

## Worksheet for eHIP administrative cost reports review

OMB Number: 0584-NEW

Expiration Date: MM/DD/20YY

Organization:

Respondent:

Cost Components

*INTERVIEWER: Fill in ahead of time before interview. E by administrative cost report, P if partially covered,*

Activity	Salaries and wages	Fringe benefits	Contractual expenses	Supplies	Printing & comms
Retailer agreements					
Systems changes					
eHIP promotion					
Customer service					
Accounting					
Project management					
Fraud prevention and detection					
Other funding					

This information is being collected to provide the Food and Nutrition Service (FNS) with key cost information on Electronic Healthy Incentives Projects conducted by SNAP State agencies. This is a voluntary collection, and FNS will use the information to examine costs of Electronic Healthy Incentives Projects for SNAP. This collection requests personally identifiable information under the Privacy Act of 1974. 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 a valid OMB control number. The valid OMB control number for this information collection is 0584-NEW. The time required to complete this information collection is estimated to average 1.5 hours (90 minutes) per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-NEW). Do not return the completed form to this address. If you have any questions, please contact the FNS Project Officer for this project, Kathleen Patton, at [Kathleen.patton@usda.gov](mailto:Kathleen.patton@usda.gov) or 703-305-2813.

enter F if fully covered  
U if not covered

Other direct costs	Indirect costs
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Time estimation worksheet for eHIP stakeholder i

OMB Number: 0584-NEW  
Expiration Date: MM/DD/20YY  
Respondent:  
Organization:  
Activity:  
Sub-activity:

INTERVIEWER: If necessary, complete one worksheet for each sub-activity that contributes to an activity.

Step #	Step description	Worker type	Frequency of step	Per month, quarter, year?	Time to do step once	Total time per period
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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Notes

**OMB Number:** 0584-NEW

**Expiration Date:** MM/DD/20YY

COMPLETE ONE WORKSHEET PER ACTIVITY OR PER SUBACTIVITY

eHIP evaluation  
Salary Worksheet

COMPLETE ONE WORKSHEET PER ACTIVITY OR PER SUBACTIVITY

[illegible]

## Worksheet for estimating unreported non-person

OMB Number: 0584-NEW

Expiration Date: MM/DD/20YY

COMPLETE ONE WORKSHEET PER ACTIVITY OR SUBACTIVITY

Organization:

Respondent:

Activity:

INTERVIEWER: Fill in as needed to  
estimate total

Cost component	Time period	Estimated total	Unit cost	Unit type	Number of units
Fringe benefits					
Contractual expenses					
Supplies					
Printing & comms					
Other direct costs					
Indirect costs					

Examples: for fringe benefits, unit cost may be percentage of salaries and wages, and number of units may be number of employees. For printing and mailing, unit cost may be per piece and number of units may be number of flyers. Indirect costs may be a percentage of some/all direct costs, dollars per FTE, or some other allocation plan.

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inel costs for eHIP

**Basis of estimates/other notes**

*umber of units then would be cost of salaries and wages.  
yers printed and mailed.  
ocation method based on the organization's cost allocation*

### Other funding estimation

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**Organization:**

**Respondent:**

Source of funding	Internal or external?	Amount of funding	Activity
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on  
US will use  
personally  
agency  
displays a  
me  
Send  
questions for  
1320  
o this