If you have any questions about this workbook or how to complete it, please contact [assigned liaison] at [phone] or

Next Generation of Enhanced Employment Strategies (NextGen) Project: Cost Data Collection Work

Introduction and Instructions

As a part of the NextGen project, we would like to estimate the cost of providing [intervention name]. This information will be helpful for your organization if it considers expa
to other organizations that wish to replicate [intervention name].

The goal of the cost collection is to estimate the cost of providing [intervention name] per participant. This workbook asks questions about the costs of implementing [interver

How is the workbook organized?

This workbook contains eight tabs (tabs A-G).
*Tab A collects basic information on [intervention name] and should always be completed.
*Tab B collects the overall costs of [intervention name], and should be completed if not a social enterprise.
*Tabs C through F ask questions about the costs of staff and volunteers, purchased services, overhead, payments to participants and payments to employers, respectively. The
*Tab G is for social enterprises only. [*We will remove this tab for organizations that are not social enterprises]*.
You can access each section by clicking on the tab at the bottom of this page. Please save this file after completing each section to make sure your work is recorded.

What time period does the workbook cover?

Please report costs for [specify reporting period].

What information should I use to complete the workbook?

You will need information about [intervention name]'s actual expenditures for study participants. Please use **actual payment records** rather than budgets to complete this wo

Who from my organization should complete the workbook?

A person familiar with [intervention name]'s expenditure and accounting records and the costs of resources used to provide [intervention name] should have primary respons
consult with other people to gather information required to address some questions.

What do I do after I complete the workbook?

Please complete the workbook by [specify deadline]. When you have completed the workbook, please save the file, and submit to Mathematica via the secure evaluation File

How will you keep the information I provide private and secure?

The detailed information you provide will be kept private and secure. Information gathered through this workbook will be kept private to the extent permitted by law. Only m
information. We will include in the public reports the total overall cost, cost per participant, and cost per participant-month of [intervention name].

Thank you for your participation in this important study.

Public Burden Statement

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
information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 32 hours including the time for reviewing instructions, searching exis
completing and reviewing the collection of information. Send comments regarding this burden estimate to XXXXX. OMB expiration date XX/XX/XXX.

WORKSHEET A: [intervention name]

This worksheet requests contact information and allows space for notes on unusual circumstances.

A1. Please provide the contact information for the person we should reach out to with any questions about this workbook.

Name	[Click here and start typing.]
Title	
Email	
Phone	

A2. If any unusual circumstances may have affected costs during the REPORTING PERIOD, [specify reporting period] (e.g., unusually high turnover or changes in operations), please use the space below to describe them.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

If you have any questions about this workbook or ho

WORKSHEET B: Total Costs

This worksheet requests the total cost of [intervention name] and the number

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B1. **What is the total cost of delivering [intervention name] during the REPORTIN intake staff, etc.), fringe benefits, payroll, administration, overhead, facilities kind donations (including volunteer time), and any other costs incurred while**

[Click here and start typing.]

B2. **How many participants [or households or cases] were in [intervention name] of participants [or households or cases] each month, and if possible, the num**

Study team will replace "Month X" below with the appropriate month and year

	Total participants (whether in study or not)	Study participants- program group only
Month 1	[Click here and start ty	[Click here and start typing.]
Month 2		
Month 3		
Month 4		
Month 5		
Month 6		
Month 7		
Month 8		
Month 9		
Month 10		
Month 11		
Month 12		

B3. **On average, how many months does a typical participant remain active in [in out of the intervention soon after study enrollment.**

[Click here and start typing.]

B4. **What are your funding sources? If relevant, please do not include any revenue**

Funding source	Funding amount (Dollars)	Description or additional notes

Example: Foundation grant	*$20,000.00*	
Example: Private donations	*$10,000.00*	*this money is from numerous private donations*
Example: Government funding	*$500,000.00*	

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

w to complete it, please contact [assigned liaison] at [phone] or [email].

of participants served per month during the REPORTING PERIOD, [specify reporting period].

G PERIOD, [specify reporting period]? Costs include expenditures on staff (front-line staff, managers, costs, equipment costs (computers, cell phones, etc.), payments to participants, the value of any in- providing services.

in each month of the REPORTING PERIOD [specify reporting period]? Please include the total number ber of those that were in the study.

for each intervention.

tervention name]? Please use data over the past 2-3 years if possible. Please include people who drop

e from selling products or services.

If you have any questions about this workbook or how to complete it, please contact [assigned liaison] at [phone] or [email].

WORKSHEET C: STAFF + VOLUNTEERS

This worksheet requests information about the staff (Section C1) and volunteers (Section C2) who worked on [intervention name] during the REPORTING PERIOD, [specify reporting period]. Please report staff and volunteer costs to run the entire program (including costs to serve individuals that are not a part of the evaluation). Please scroll down to make sure that you complete the entire tab.

C1. STAFF

This section requests information about the staff who worked on [intervention name] during the REPORTING PERIOD, [specify reporting period].

i) **Using the table below, please provide information about salaries and fringe benefits for all staff who worked on [intervention name] during the REPORTING PERIOD, [specify reporting period]. This includes administrators, supervisors, managers, direct service staff, intake staff, and other clerical or support staff. If [intervention name] is a social enterprise, also include client-workers/employees. Do not include the employees' names, just list their job titles. EACH staff member should get their own row.**

- **a.** List the title for EACH staff member that worked on [intervention name] during the REPORTING PERIOD, [specify reporting period]. Do NOT list the staff names.
- **b.** Enter the total salary or wage paid to each staff member during the REPORTING PERIOD, [specific reporting period].
- **c.** Indicate the total value of fringe benefits that your organization paid for each person during the REPORTING PERIOD, [specify reporting period], either as a dollar amount or a percentage of their salary or wage. This includes health insurance, life insurance, pensions/retirement, unemployment insurance, social security, disability, etc.
- **d.** Specify the date that each person started work on [intervention name]. If the person has been working on [intervention name] since the study began, please insert [random assignment start date].
- **e.** Specify the date that each person stopped work on [intervention name]. If the person is still working on [intervention name], enter "NA."
- **f.** Estimate the approximate percentage of each person's time that they spent doing work for [intervention name] during the REPORTING PERIOD, [specify reporting period]. Do not include recruiting time or any staff time spent to implement the study (meaning any tasks related to data collection or random assignment).
- g. Estimate the approximate percentage of each person's time that they spent recruiting participants during the REPORTING PERIOD, [specify reporting period].
- h. Estimate the approximate percentage of each person's time that they spent doing work for the study during the REPORTING PERIOD, [specify reporting period]. Study tasks include tasks related to data collection or random assignment.

a. Title	Salary/Wage				Time during REPORTING PERIOD, [specify reporting period]				
	b. Total salary or wages paid to staff member during the REPORTING PERIOD, [specify reporting period]	c. Value of fringe benefits			d. Date person started work on [intervention name] ?	e. Date person stopped work on [intervention name]?	f. When working on [intervention name], what % of time spent on [intervention name]?	g. When working on [intervention name], what % of time spent on recruiting?	h. When working on [intervention name], what % of time spent on study procedures?
		% of salary	or	Total $ amount					
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C2. VOLUNTEERS

This section requests information about the value of any labor donated to [intervention name] during the REPORTING PERIOD, [specify reporting period].

i) **Did volunteers help your intervention by providing support to staff or directly providing [intervention name] services during the REPORTING PERIOD, [specify reporting period]? Please answer yes or no.**

ii) **If you answered NO to question 1, please save and continue to the next section.**

If you answered YES to question 1, please use the table below to estimate the value of the labor donated by the volunteers that helped deliver [intervention name] during the REPORTING PERIOD, [specify reporting period]. For each volunteer, please enter:

- **2a.** Their position (volunteer job title)
- **2b.** Specify what the volunteer did for the intervention.
- **2c.** The number of hours they volunteered during the REPORTING PERIOD, [specify reporting period].
- **2e.** The estimated hourly wage for a paid employee doing similar work.

2a. Position	2b. What did the volunteer do for the intervention?	2c. Hours volunteered during REPORTING PERIOD	2d. Estimated hourly wage for paid employee doing similar work

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

Worksheet D: Contracted services

This section asks questions about contracted services purchased during the REPORTING PERIOD, about services that are provided by contractors and the second question asks about payments to individuals (not just those that are a part of the study).

D1. Use the table below to enter information on the contracted services purchased and their c enter a separate line for each type or category of service, even if a contractor provided mu different services, please enter on one line but describe the different services. If you have for the REPORTING PERIOD, [specify reporting period].

Name of contractor or service provider	Expenditure amount (Dollars)
Example: Contractor XYZ	*$20,000.00*

D2. Use the table below to enter information on any other services and goods purchased on b [specify reporting period]. This could include child care, medical expenses, dental costs, h If the item was donated, please estimate its value in the expenditure amount column and i each type or category of service or good. Do NOT include costs reported elsewhere in this

Name of payment	Expenditure amount (Dollars)
Example: Transportation passes	*$10,000.00*

D3. **Use the table below to enter information on the cost of direct, cash payments to participar could be direct money given to participants as an incentive, stipend, or to reimburse them costs reported elsewhere in this workbook.**

Name of payment	**Expenditure amount (Dollars)**
Example: Incentives	*$5,000.00*

PLEASE SAVE AND CONTINU

complete it, please contact [assigned liaison] at [phone] or [email].

[specific reporting period], to support implementation of [intervention name]. The first question asks
other vendors on behalf of participants. Please include the costs to run the entire program and serve all

ost during the REPORTING PERIOD, [specify reporting period]. Please
ltiple types of services. If you cannot separate out a contractor's
a multi-year contract with a contractor, remember to report just the cost

Description or additional notes
Contractor XYZ provided case management services

ehalf of a participant and its cost during the REPORTING PERIOD,
housing vouchers, education or training programs, licenses, clothes, etc.
nclude a note indicating it was donated. Please enter a separate line for
workbook.

Description or additional notes
Gave bus passes to participants so they could attend training

ıts during the REPORTING PERIOD, [specify reporting period]. This
for the cost of something (clothes, transportation, etc.). Do NOT include

Description or additional notes
Gave $20 to each participant for showing up for each workshop

IE TO THE NEXT SECTION.

Worksheet E: Payments to Employers

This section asks about the costs of payments to employers on behalf of [intervention name] par

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E1. Use the table below to enter information on the cost of payments to employers on behalf c PERIOD, [specify reporting period]. For example, this could include money paid to employ

Name of employer	Total expenditure amount (Dollars) across all participants
Example: ABC Call center	*$20,000.00*

complete it, please contact [assigned liaison] at [phone] or [email].

rticipants during the REPORTING PERIOD, [specific reporting period].

of [intervention name] participants in the study during the REPORTING
ers for participants' training or to subsidize their wages.

Description or additional notes	Number of participants for whom paid
Wage subsidy	*10*

IE TO THE NEXT SECTION.

If you have any questions about this workbook or how to complete it, please contact [assigned liaison] at [phone] or [email].

WORKSHEET F: OTHER OVERHEAD/OPERATING COSTS

This worksheet requests information about the overhead and other ongoing costs incurred by [intervention name] in implementing the intervention that are not already recorded in the other tabs of this workbook for the REPORTING PERIOD, [specify reporting period]. These are the costs of the other resources that might not appear to relate to operations as directly as staff and services, but that are critical to the successful operation of the intervention.

F1. EQUIPMENT: Using the table below, please indicate the cost (purchase price) of newly purchased supplies and equipment (general, not service-specific) purchased for use of [intervention name] during the REPORTING PERIOD, [specify reporting period]. This might include: the cost of a new data/MIS systems, laptops and cellphones purchased for outreach and intake, office equipment or furniture purchased or leased for new-office space, etc.

- **a.** List the item.
- **b.** Indicate the cost (purchase price) of each item.

a. Item	b. Purchase or lease price

F2. FACILITIES: Please use the table below to report information about the facilities regularly used to implement [intervention name] during the REPORTING PERIOD, [specify reporting period]. Please include facilities that are donated or that you do not pay to use. For each:

- **a.** Provide the facility's name. A "facility" is any space used to provide [intervention name] services; this might include a building or a portion of a building (e.g., an office suite).
- **b.** Report the total facility cost during the REPORTING PERIOD, [specify reporting period]. This includes rent or mortgage payment, utilities, and insurance.
- **c.** Approximate the percentage of the facility's total space that was used by [intervention name] during the reporting period, [specify reporting period].

a. Facility	Facility Costs	Facility Usage
	b. Total facility cost (including rent/lease and UTILITIES) during the REPORTING PERIOD	c. Approximate % of facility used by [intervention name]

F3. OTHER OVERHEAD: Please indicate the total amount spent on other direct or indirect overhead costs needed to provide [intervention name] during the REPORTING PERIOD [specify reporting period]? This includes all costs incurred to provide services not already recorded elsewhere in this workbook. For example, travel costs, routine maintenance costs, software, etc.

- **a.** List the total cost of other overhead costs incurred during the reporting period and not already reported in this work. Examples include travel, routine maintenance costs, software, etc. We do not need the cost of each item individually.
- **b.** List the total cost of the items.

a. Description of items included in other overhead cost	b. Total other overhead costs

IF NOT A SOCIAL ENTERPRISE, END OF WORKBOOK. THANK YOU!

If A SOCIAL ENTERPRISE, PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

If you have any questions about this workbook or how to

Worksheet G: Social Enterprise

This section asks the revenue and expenditures of your social enterprise, [social enterprise name

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G1. How much revenue did [social enterprise name] generate during the REPORTING PERIOD, foundation grant) that you may use to supplement the revenue of the social enterprise.

[Click here and start typing.]

G2. What were the expenditures of [social enterprise name] during the REPORTING PERIOD, [run the social enterprise? Please include any services (such as counseling or case manag enterprise

[Click here and start typing.]

G3. If you run a deficit, how do you cover the expenditures that are not covered by the revenue

Funding source	Funding or revenue amount (Dollars)
Example: Foundation grant	*$20,000.00*
Example: Private donations	*$10,000.00*

G4. How many people were employed by [social enterprise name], during the reporting peri Please break that down by employees who are (1) client-employees in the study, (2) clier study, (3) and other employees who help run the social enterprise.

	Total employees
Employees	[Click here and start typing.]

END OF WORKBOOK. THANI

complete it, please contact [assigned liaison] at [phone] or [email].

e], during the REPORTING PERIOD, [specific reporting period].

, [specify reporting period]? Do not include any outside funding (e.g.

specify reporting period]? In other words, what does it cost annually to
ement) you may offer the client-workers/participants in your social

e?

Description or additional notes
this money is from numerous private donations

od, [specify reporting period]?
nt-employees not a part of the

Client-employees in the study	Client-employees not in the study	Other employees who help run the social enterprise
[Click here and start typing.]	[Click here and start typing.]	[Click here and start typing.]

K YOU!