

[Cooperative Agreement]: Resource Use and Cost Inventory Tool

Introduction to Cost Study

Thank you for taking the time to complete this Resource Use and Cost Inventory tool. Please follow the instructions in this tool to provide cost data related to the implementation and operation of the <insert Cooperative Agreement>. The data collected with this tool will be used to (1) estimate the overall costs of implementing the <insert Cooperative Agreement> and (2) determine the costs of implementation by different cost categories (personnel, supplies, etc.).

Completion of this Resource Use and Cost Inventory Tool is voluntary and it will not in any way impact the funding or technical assistance you receive from CDC. You will spend approximately 2.5 hours completing the tool, including time to retrieve information you may need to fill the form. You may save a partially completed tool and return to complete it at a different time.

Review the Instructions page for additional information on completing this tool.

The Comprehensive Evaluation Team is available to address any questions you may have and provide additional guidance to support completion of this tool. You may email **the Comprehensive Evaluation Team**, hdsp_nofu_eval@cdc.gov with questions.

Note: Public reporting burden of this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control

[Cooperative Agreement: Resource Use and Cost Inventory Tool

Introduction to Cost Study

Thank you for taking the time to participate in the <insert Cooperative Agreement> Resource Use and Cost Inventory Tool. We are conducting a program cost analysis, which estimates the overall costs of implementing the program. You will spend approximately 2.5 hours completing the tool, including time to retrieve information you may need to fill the form. You will have until {cost tool close date} to submit your response.

Your participation in this program cost analysis is completely voluntary and it will not in any way impact the funding or technical assistance you receive from CDC. If you have any questions about the study or the tool, please contact the Comprehensive Evaluation Team, hdsp_nofo_eval@cdc.gov.

Note: Public reporting burden of this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Instructions

Each of the corresponding worksheets have their own specific instructions. Note that boxes shaded in **yellow** do not need to be filled out by the respondent as these cells will automatically populate based on the Excel formula within these cells. Some information and costs have been pre-populated with data based on documents submitted to the CDC. Please review and adjust any data that is incorrect for your organization. To support your review and completion of each tab, it may be helpful to have the following information readily available for the <insert Cooperative Agreement reporting period>:

- 1) CDC budget documents (Budget narrative, budget markup, FFR)
- 2) Workplans
- 3) APRs
- 4) Other recipient/partner documents that describe implementation
- 5) Other recipient/partner documents that describe costs or resources used for each sub-strategy

Key Program Activities by Sub-strategy

Below is a summary of the program activities for each sub-strategy you are implementing during <Program Year 1/Program Year 2>. Please refer back to this list as you review and input data throughout this tool. Please adjust the descriptions if needed to capture additional detail important to understand the implementation costs and resources reported. *[Note the following list of sub-strategies will be updated and tailored for each cooperative agreement and recipient]*

- 1A: Summary of Sub-strategy 1A activities
- 1B: Summary of Sub-strategy 1B activities
- 1C: Summary of Sub-strategy 1C activities
- 1D: Summary of Sub-strategy 1D activities
- 1E: Summary of Sub-strategy 1E activities
- 2A: Summary of Sub-strategy 2A activities
- 2B: Summary of Sub-strategy 2B activities
- 2C: Summary of Sub-strategy 2C activities
- 3A: Summary of Sub-strategy 3A activities
- 3B: Summary of Sub-strategy 3B activities
- 3C: Summary of Sub-strategy 3C activities
- 3D: Summary of Sub-strategy 3D activities

Suggestion for Ease of Use

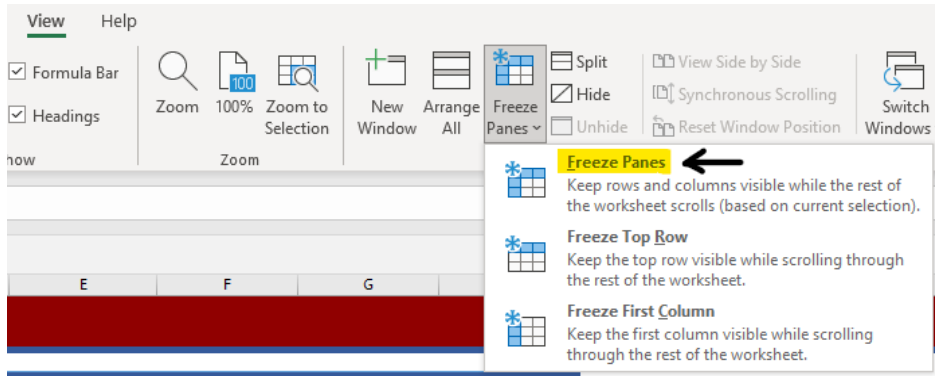
To freeze header rows for improved table readability and cell navigation as you scroll:

1. Find the table that you want to "freeze" so that you can always see the first column and the first row (the row with colorful heading) as you move the left and right on the sheet.
2. Select the cell in the first row and the first column of the table as shown by the highlighted cell in the example here.

List position names of all staff (insert extra rows if there is not enough)

Job Title	Site	Full-Time Employee (FTE) or Part-Time Employee (PT) (Dropdown)
Staff 1 (e.g. Program Manager)	Site 1	FTE
Staff 2 (e.g. Data Analyst)	Site 1	FTE

3. Select the view tab, then Freeze Panes as highlighted below:



4. Check that it worked by scrolling left to right, then up and down in the table. The first row and the first column should now always visible as you scroll.



[Cooperative Agreement]: Resource Use and Cost I

Resource Tot

Instructions: Recipient, Reporting Period, and Cost Study Component information on th automatically be populated due to the Excel formula within each cell. Totals will update information listed on this page.

Recipient

Reporting Period

\$ 623,574.09

Total <insert Cooperative Agreement> Spending Amount

Tabs	Cost Study Component
1	Parameters
2	Personnel
3	Contractors and Subcontractors
4	Facilities and Utilities
4	Equipment, Supplies, Materials
5	Travel
6	Other Funding Sources

7	Other Costs and Resources
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Inventory Tool

Totals

This page has been pre-populated. Items in yellow (Totals) will be as you complete the tool. **There is no need to fill out any of the**

Total	
	N/A
\$	156,000.00
\$	445,000.00
\$	16,380.00
\$	6,194.09
\$	-
	N/A





[Cooperative Agreement]: Resource Use and Costs

Instructions: Recipient, Reporting Period, and Total [insert Cooperative Agreement

For the table, review the sub-strategies your program is implementing (Column A). The maturity of sub-strategy drop-down options include Development, Start-up, Growth (0% mature); Start-up: initiation of sub-strategy for the first time under the <insert Cooperative Agreement> participation from target audience (50% mature); Expansion: sub-strategy has not only been implemented under <insert Cooperative Agreement> perhaps under another NOFO or in

Recipient

	-
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Reporting Period

\$	623,574.09
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Total <insert Cooperative Agreement> Funding Amount

The National CVH Program

Is the recipient implementing this sub-strategy?	
1A	Advance the adoption and use of electronic health records (EHR) or health information technology (HIT), to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes for patients at highest risk of cardiovascular disease (CVD) with a focus on hypertension and high cholesterol.
1B	Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.
2A	Advance the use of health information systems that support team-based care to monitor population health with a focus on health disparities, hypertension, and high cholesterol
2B	Assemble or create multidisciplinary teams (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers, and community-based workers) to identify patients' social services and support needs and to improve the management and treatment of hypertension and high cholesterol.

2C	Build and manage a coordinated network of Multidisciplinary partnerships that address identified barriers to social services and support needs (e.g., childcare, transportation, language translation, food assistance, and housing) within populations at highest risk of CVD
3A	Create and enhance community-clinical links to identify SDOH (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs of populations at highest risk of CVD with a focus on hypertension and high cholesterol.
3B	Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social services and support needs leading to optimal health outcomes
3C	Promote use of self-measured blood pressure monitoring (SMBP) with clinical support within populations at highest risk of hypertension

The Innovative CVH Program

Is the recipient implementing this sub-strategy?	
1A	Advance the adoption and use of electronic health records (EHR) or health information technology (HIT), to identify, track, and monitor measures for clinical and social services and support needs to address health care disparities and health outcomes within approved populations of focus.
1B	Promote the use of standardized processes or tools to identify the social services and support needs of patient populations at highest risk of CVD, with a focus on hypertension and high cholesterol, and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.
2A	Advance the use of health information systems that support team-based care to monitor and address hypertension and high cholesterol within approved populations of focus.
2B	Assemble or create multidisciplinary teams to identify social services and support needs within approved populations of focus.
2C	Build and manage a coordinated network of multidisciplinary partnerships that address identified barriers and needs within approved populations of focus, related to their social services and support needs (e.g., childcare, transportation, language translation, food assistance, and housing).
3A	Create and enhance community-clinical links to identify SDOH (e.g., housing, transportation, access to care, and community resources) and respond to the individual social services and support needs within approved populations of focus.
3B	Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social needs leading to optimal health outcomes within approved populations of focus.
3C	Promote use of self-measured blood pressure monitoring (SMBP) with clinical support within approved populations of focus.

	Is the recipient implementing this sub-strategy?
1A	Provide cardiovascular disease (CVD) risk assessment to under- and uninsured participants in the priority age range of 35- 64 years during the baseline, follow-up, and reassessment office visits, as appropriate.
1B	Use electronic health record (EHR) and health information technology (HIT) data to query, monitor, and track clinical and social services and support needs data for improved identification, management, referrals, treatment, and outcomes of those at risk of CVD, particularly hypertension.
1C	Use standardized procedures to identify social services and support needs of participants and monitor and assess the referral and utilization of those services, such as food assistance, transportation, housing, childcare, etc.
1D	Use metrics from program data to guide quality improvement activities, e.g., Plan Do Study Act (PDSA) cycles, participant and partner feedback, etc., to increase program enrollment, retention, and referrals to additional services.
1E	Use EHR, HIT or program data to identify health care disparities and address health outcomes within their WISEWOMAN population.
2A	Engage program participants, health professionals, community health workers, social workers, patient navigators, pharmacists, and other members of the care team in community settings outside of health care facilities to enhance participant follow-up and communication and coordination among the care team.
2B	Build and maintain a network of state, regional, and local social services and support based on social determinants of health within the recipient's jurisdiction.
3A	Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support.
3B	Collaborate with community groups who represent and serve the priority population, provide evidence-informed HBSS, and refer participants to those HBSS.
3C	Use evidence-based and evidence-informed strategies to ensure participants are actively engaged in HBSS.
3D	Refer participants to appropriate social services and support; track and monitor use.

st Inventory Tool

Parameters

] Funding Amount in yellow will automatically be populated due to the Exce

For each sub-strategy, please identify the level of maturity of sub-strategy (c
n, Expansion, and Maintenance. These are defined as follows: Development:
Cooperative Agreement> (25% mature); Growth: sub-strategy is gaining trac
nly gained traction but has now expanded to desired size and reach (75% m
initiative, activities are established (100% mature).

(Yes/No) (Dropdown)	Level of Maturity of Sub-strategy (Dropdown)
Yes	
Yes	
Yes	
Yes	

[illegible]



I formula within each cell.

column E) using the drop-down. Level of sub-strategy is under the design phase tion, increasing number of sites, ature); Maintenance: continuation of sub-

[illegible]

TOTAL	N/A	\$ 10,000.00

**Provide additional
information or
clarification here:**

Inventory Tool

Personnel Costs

It will automatically be populated due to the Excel formula within each cell.

he <insert Cooperative Agreement> within Column B, starting in row 18. Insert extra rows to identify the percent of time allocated for work on the <insert Cooperative Agreement> s and the justification of personnel costs/categories not accounted for in the table.

-
-
156,000.00

ositions)

[illegible]

	\$	-	
	\$	-	
	\$	-	
	\$	-	
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	\$	-	
	\$	-	
	\$	-	
\$	3,000.00	\$ 13,000.00	N/A

Write if there is not enough space to list all staff positions. Please list the sub-strategies. If staff do not have benefits (i.e. are temporary) please write

[illegible]

		\$ -	
		\$ -	
		\$ -	
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		\$ -	
		\$ -	
		\$ -	
		\$ -	
N/A	N/A	\$ 156,000.00	N/A

[illegible]

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N/A	N/A	N/A	-	N/A	N/A

[illegible]



Total Personnel Costs (Annually) per sub-strategy

[illegible]

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52,800.00	-	-	16,800.00	16,800.00	-	16,800.00

[illegible]

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16,800.00	-	-

[Cooperative Agreement]: Resource Use and Cost In

Contractors, Subcontractors

Instructions: Recipient, Reporting Period, Total Costs and items in yellow will automatic

Please fill out the information in the table by first filling out the name of the contractor/ individuals or firms who are being paid to implement <insert Cooperative Agreement> v being paid to implement the work is a contractor/subcontractor/consultant/other partn columns I-S, please select the sub-strategies the contractor has been paid to implement consultants and other partners

Recipient:
Reporting Period:
Total Costs for Contractors,
Subcontractors,
Consultants, and Other
Partners:

\$

List names of all contractors, subcontractors, consultants or other partner (insert extra rows if

Name of Contractor/Subcontractor/Consultant/Other partner	Type of entity paid to implement activity (Dropdown)	Method of Selection for Contractor, Subcontractor, or Partner (Sole Source/Competed) (Dropdown)
Partner Clinic City #1	Contractor	Sole Source
University Partner	Contractor	Sole Source
Pharmacy Association	Contractor	Sole Source
Pharmacy Site	Subcontractor	Sole Source

Inventory Tool

s, Consultants, and Other Partners

ally be populated due to the Excel formula within each cell.

subcontractor/consultant/other partner starting in column B, row 17. After identifying the work, use the dropdown menu in each cell of column C and column D to select whether the entity is a contractor, subcontractor, consultant, or other partner and their method for selection. For column F please fill out the corresponding values. For column G, please fill out the corresponding values. Insert extra rows if there is not enough space to report all contractors, subcontractors,

-
-
445,000.00

Provide an estimate

Note: If the entity is a contractor, subcontractor, consultant, or other partner, they will be working on the strategy they are working on.

(there is not enough space)

Total Award Amount (Annual)	Total Amount Spent to Date (Annual)	Total Amount Unspent (Annual)	# of sub-strategies implemented (calculated)	1A	1B
\$ 160,000.00	\$ 150,000.00	\$10,000.00	2	50%	50%
\$ 125,000.00	\$ 125,000.00	\$0.00	3	0%	0%
\$ 60,000.00	\$ 60,000.00	\$0.00	1	0%	0%
\$ 100,000.00	\$ 50,000.00	\$50,000.00	1	0%	0%
		\$0.00	0		
		\$0.00	0		
		\$0.00	0		

[illegible]



Rate for the percent of funding allocated to each sub-strategy over the course of the reporting period.

supported multiple sub-strategies, provide the best estimate for each sub-strategy. If the entity reported all sub-strategies equally, divide the total amount equally across each sub-strategy. Use 0% for any sub-strategy the entity did not support during the reporting period.
(Write-In)

[illegible]

[illegible]



Total Contractors, Subcontractors, Consultants, Other Partner Costs (Annually) per

1B	1C	1D	2A	2B	2C	3A
\$ 80,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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80,000.00	-	-	-	160,000.00	-	31,250.00



sub-strategy		
3B	3C	3D
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\$ 31,250.00	\$ 31,250.00	\$ 31,250.00
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31,250.00	31,250.00	31,250.00

[Cooperative Agreement]: Resource Use and Cost Inv

Instructions: Recipient, Reporting Period, Total Costs and items in yellow will automatically be populated. Examples of office and facility-related expenditures are provided in Table 1 (starting at row 20). In the Reporting Period, provide the name of city/town the site is located so that the evaluation team can estimate value of space.

Recipient:	-
Reporting Period:	-
Total Costs for Buildings & Facilities:	\$ 16,380.00

Table 1. Building-, Facility-, and Utility-Related Expenditures

The items below are examples of building/facility related expenditures - please update as needed.

Site (e.g., Recipient organization locations, Partner sites)	Type of Building/Facility Expense	Annual Cost per Unit	Quantity (Annually)
Site 1	e.g. Office rental	\$ 18,000.00	1
Site 1	e.g. Office phone/internet utilities	\$ 1,200.00	1
Site 1	e.g. Office water/electricity utilities	\$ 2,500.00	5
Site 1	e.g. Annual maintenance/repair	\$ 1,500.00	5
Site 2	e.g. Office space	NA	1
Site 2	e.g. Office phone/internet utilities	\$ 1,800.00	1
Site 2	e.g. Office water/electricity utilities	\$ 3,200.00	1
Site 2	e.g. Annual maintenance/repair	\$ 2,000.00	1

TOTAL	N/A	N/A	N/A

Inventory Tool

Buildings, Facilities, Utilities

ted due to the Excel formula within each cell.

column for Space in Building/Facility, please provide overall square footage if available. If ar
space/utility by using the commercial rates within a given area. Please add additional items to

te with additional building/facility expenditures and per each site.

Space in Building/Facility (Sq. ft)	% of Space used for Program Activities	Total costs (Annual)	Sq. Footage used for Program Activities	Name of City/Town, State (fill only if facility cost is not available)
1500	40%	\$ 7,200.00	600	
1500	40%	\$ 480.00	600	
1500	40%	\$ 5,000.00	600	
1500	40%	\$ 3,000.00	600	
2000	10%	\$ -	200	Birmingham, AL
2000	10%	\$ 180.00	200	Birmingham, AL
2000	10%	\$ 320.00	200	Birmingham, AL
2000	10%	\$ 200.00		
		\$ -		

		\$ -		
N/A	N/A	\$ 16,380.00	N/A	N/A



Annual cost per unit of building/facility expenditure is not available, please
Table 1 as needed.

Comments	Provide an estimate for the percent of facility during the Note: If the site costs align with multiple sub-strategy. If the site costs align with all sub-strategy, use 100%. If the site costs align with none of the sub-strategies, use 0%. Use 0% for any sub-strategy that is not selected.				
	1A	1B	1C	1D	2A
Monthly cost not available, facility space is provided in-kind					

N/A	N/A	N/A	N/A	N/A	N/A

						\$ -	\$ -	\$ -	\$ -
N/A	N/A	N/A	N/A	N/A	N/A	-	-	-	-



Total Facilities Costs (Annually) per sub-strategy

[illegible]

\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
-	-	-	-	-	-	-

[Cooperative Agreement]: Resource Use and Cost In

Instructions: Recipient, Reporting Period, and Total Costs and items in yellow will automatically be

Please fill out Tables 1-3 below. For Table 1 (starting at row 20), some office equipment and non-m items are provided. If the equipment is a long-term asset (has a useful life greater than one year), p long-term or short-term. <For WISEWOMAN recipients, Table 2 should also include HBSS cost brea

Recipient: _____
Reporting Period: _____
Equipment & \$ _____

Table 1. Office Equipment and Non-medical Expenditures

Office equipment is defined as assets such as computers, printers, copiers, paper, c

Resource/Equipment	Long-Term Asset? (use for >1 year?)	INSTRUCTION: FILL CO
		Total Years of Useful Life (if equipment is long-term)
e.g. Laptop computer	Yes	6
e.g. Desktop computer	Yes	8
e.g. Ink cartridge	No	
e.g. Paper	No	

TOTAL		
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Table 2. Medical Equipment and Health-Related Expenditures

Medical equipment is defined as devices or tools used in the provisioning of health

Resource/Equipment <For WISEWOMAN recipients, this will include HBSS cost breakdowns>	Long-Term Asset? (use for >1 year?)	INSTRUCTION: FILL CO
		Total Years of Useful Life (if equipment is long-term)
e.g.stethoscope	Yes	10
e.g.echo cardiogram	Yes	15
e.g.electro cardiogram	No	
e.g.screening materials	No	
e.g.stress test equipment	No	
e.g.(clinic) blood pressure monitors	Yes	
e.g.(patient) blood pressure cuffs	No	
TOTAL		

Table 3. In-Kind Contributions

Resource/Equipment	Quantity (annual)	% of Time in Year item/resource is made available (if applicable)
e.g. Transport Vouchers	50	
e.g. blood pressure cuffs	1	
TOTAL	N/A	N/A

Inventory Tool

Equipment, Supplies, Materials

populated due to the Excel formula within each cell.

Medical items are provided for guidance; for Table 2 (starting at row 36), some medical equipment items are provided for guidance. Please provide additional information on acquisition of asset and estimated years of useful life for each item. Please add additional items to Tables 1-3 as needed.

Medical items are provided for guidance; for Table 2 (starting at row 36), some medical equipment is provided for guidance. Please provide additional information on acquisition of asset and estimated years of useful life for all items. Please add additional items to Tables 1-3 as needed.

-	
-	
6,194.09	

artridges, etc. The items below are examples of office equipment - please

COLUMNS HIGHLIGHTED GREEN BELOW BASED ON WHETHER EQUIPMENT IS LONG-TERM:

Purchase Price (if equipment is long-term)	Annual maintenance costs (if equipment is long-term)	Annual Cost per Unit (if equipment is NOT long-term)
\$ 1,200.00	\$ 20.00	
\$ 900.00	\$ 10.00	
		\$ 12.00
		\$ 0.05

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care services. The items below are examples of medical equipment - please

COLUMNS HIGHLIGHTED GREEN BELOW BASED ON WHETHER EQUIPMENT IS LONG-TERM:		
Purchase Price (if equipment is long-term)	Annual maintenance costs (if equipment is long-term)	Annual Cost per Unit (if equipment is NOT long-term)
\$ 150.00		\$ -
\$ 1,400.00	\$ 12.00	\$ -
		\$ 1,500.00
		\$ -
		\$ -
		\$ 75.00
		\$ 30.00

Site (e.g., Recipient organization, Partner site)	Description of In-Kind Contribution	Note: If the resource/equipment is not long-term, please provide the estimated useful life of the equipment.
		1A
N/A	N/A	N/A



equipment and health-related items are provided; and for Table 3 (starting at row 54), some ir
ful life to facilitate calculations of depreciation. Fill in columns colored green based on wheth

update with office equipment used.

Quantity (Annually)	Site (e.g., Recipient organization, Partner site)	Annuity Factor	Total costs (Annual)
12	Site 1	5.08	\$ 3,077.05
5	Site 1	6.46	\$ 746.25
5	Site 2	0.00	\$ 60.00
1500	Site 2	0.00	\$ 75.00
		0.00	\$ -
		0.00	\$ -
		0.00	\$ -
		0.00	\$ -
		0.00	\$ -

	N/A	N/A	\$ 3,958.30
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se update with key medical equipment used.

Quantity (Annually)	Site (e.g., Recipient organization, Partner site)	Annuity Factor	Total costs (annual)
3		7.72	\$ 58.28
4		10.38	\$ 587.52
1	Site 1	0.00	\$ 1,500.00
		0.00	\$ -
		0.00	\$ -
15	Site 2	0.00	\$ -
3	Site2	0.00	\$ 90.00
		0.00	\$ -
		0.00	\$ -
		0.00	\$ -
		0.00	\$ -
N/A	N/A	N/A	\$ 2,235.79

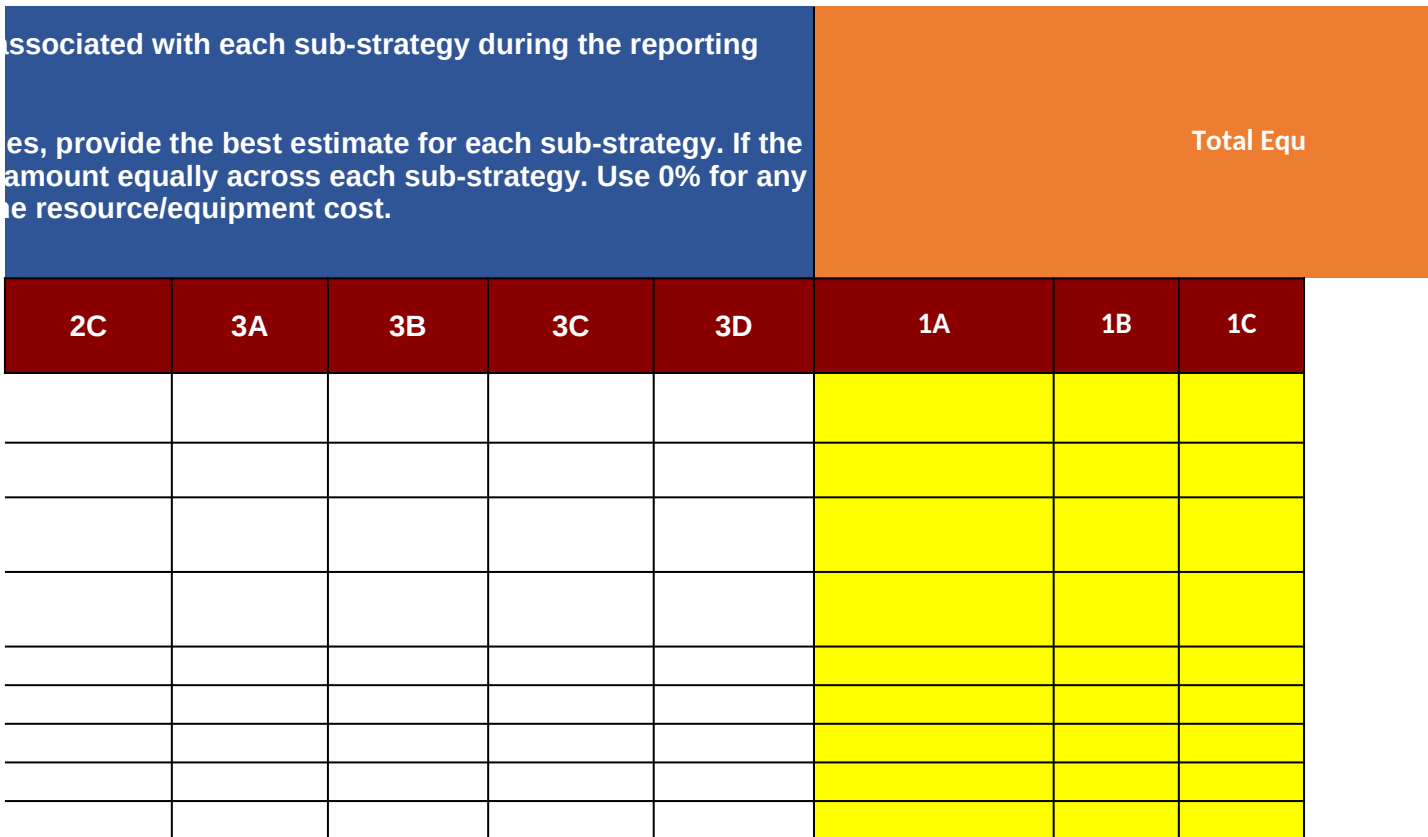
Provide an estimate for the percent of resource/equipment costs associated with each sub-strategy. If equipment costs align with multiple sub-strategies, provide the best estimate for each sub-strategy and ensure the total amount equals 100% across each sub-strategy. Use 0% for any sub-strategy that is not applicable. (Write-In)

1B	1C	1D	2A
N/A	N/A	N/A	N/A



in-kind contribution
over the asset is

[illegible]



N/A	N/A	N/A	N/A	N/A	-	-	-
-----	-----	-----	-----	-----	---	---	---

associated with each sub-strategy during the reporting es, provide the best estimate for each sub-strategy. If the amount equally across each sub-strategy. Use 0% for any e resource/equipment cost.					Total Equ		
2C	3A	3B	3C	3D	1A	1B	1C
N/A	N/A	N/A	N/A	N/A	-	-	-



Equipment/Resource Costs (Annually) per sub-strategy

[illegible]

-	-	-	-	-	-	-	-
---	---	---	---	---	---	---	---

Equipment/Resource Costs (Annually) per sub-strategy							
1D	2A	2B	2C	3A	3B	3C	3D
-	-	-	-	-	-	-	-

[Cooperative Agreement]: Resource Use and Cost In

Instructions: Recipient, Reporting Period, and Total Costs and items in yellow will auto

Please fill out the following table for <insert Cooperative Agreement>-related travel or <insert Cooperative Agreement>; site visits; meetings with sites, partners, etc. For colu

Recipient:	
Reporting Period:	
Total Travel Costs:	\$0.00

[illegible]

TOTAL	N/A	N/A

Provide additional
information or clarification
here:

Inventory Tool

Travel Costs

atically be populated due to the Excel formula within each cell.

ly. Travel for <insert Cooperative Agreement> may include, but is not limited to: c
mns Y to AI please indicate whether the travel supported any of the <insert Coop

ily. Travel for <insert Cooperative Agreement> may include, but is not limited to: c
 urns Y to AI please indicate whether the travel supported any of the <insert Coop

	-
	-

[illegible]

[illegible]

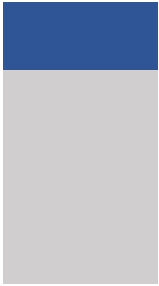
conferences where the attendee is attending/presenting for
 erative Agreement> sub-strategies.

\$ -			\$ -	
\$ -			\$ -	
\$ -			\$ -	
\$ -			\$ -	
\$ -			\$ -	
\$ -			\$ -	
\$ -			\$ -	
\$ -			\$ -	
\$ -	N/A	N/A	\$ -	N/A

\$ -			\$ -			\$ -
\$ -			\$ -			\$ -
\$ -			\$ -			\$ -
\$ -			\$ -			\$ -
\$ -			\$ -			\$ -
\$ -			\$ -			\$ -
\$ -			\$ -			\$ -
\$ -	N/A	N/A	\$ -	N/A	N/A	\$ -

	\$ -		\$ -	\$ -		
	\$ -		\$ -	\$ -		
	\$ -		\$ -	\$ -		
	\$ -		\$ -	\$ -		
	\$ -		\$ -	\$ -		
	\$ -		\$ -	\$ -		
	\$ -		\$ -	\$ -		
N/A	\$ -	N/A	\$ -	\$ -	N/A	N/A

N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

[illegible]

[illegible]

[Cooperative Agreement]: Resource Use and Cost Inv

Other Fu

Instructions: Recipient, Reporting Period, and Total Costs and Totals in yellow will autom

For the other funding sources table, it is encouraged that you coordinate with other staff programs as in-kind funding may overlap with <insert Cooperative Agreement> activities.

For the other funding sources table, it is encouraged that you coordinate with other staff programs as in-kind funding may overlap with <insert Cooperative Agreement> activities.

Reporting Period:

Total Additional Funding:

List of Other Funding Source(s) (State budget, other CDC program, other Federal program, Other in-kind, Funding for unallowable grant costs, other funding) (Write-In)	Total Amount (\$) (Write-In)
TOTAL	\$ -

**Provide additional information or clarification
here:**

Inventory Tool

Funding Sources

atically be populated due to the Excel formula within each cell.

in your organization (e.g., principal investigators) in charge of other heart-disease prevention

	-
	-
	\$0.00

Provide an estimate for the percent of Other Funding So

Note: If the funding sources aligns with multiple sub-strategies, with all sub-strategies equally, divide the total amount equally for th

List Services/ Programs Supported (i.e. YMCA, Million Hearts, etc.) (Write-In)	1A	1B	1C	1D	2A
N/A	N/A	N/A	N/A	N/A	N/A



sources associated with each sub-strategy during the reporting period.

provide the best estimate for each sub-strategy. If the funding sources align across each sub-strategy. Use 0% for any sub-strategy that is not applicable to the funding source.

(Write-In)

2B	2C	3A	3B	3C	3D
N/A	N/A	N/A	N/A	N/A	N/A

[Cooperative Agreement]: Resource Use and Cost Inventory

Other Costs and Resources

Instructions: Recipient, Reporting Period and Totals in yellow will automatically be populated due to

Please fill out the information below by first identifying other costs and resources used for <insert> that have not been categorized or reported in other tabs of this tool. After indentifying the cost or resource, enter the amount, and use columns E-O to select the sub-strategies associated with the reported cost/resource.

Recipient:	-
Reporting Period:	-
Total Other Costs & Resources:	\$ -

Provide a
Note: If the
Cost/Resou

List of Other Cost/Resource (Write-In)	Other Cost/Resource Description (Write-in)	Total Amount (\$) (Write-In)	1A
TOTAL	N/A	\$ -	

**Provide additional
information or clarification
here:**

--

My Tool

to the Excel formula within each cell.

Cooperative Agreement> implementation that have briefly describe the cost/resource, associated dollar source.

to the Excel formula within each cell.

Cooperative Agreement> implementation that have
briefly describe the cost/resource, associated dollar
source.

Best estimate for the percent of the Other Cost/Resource associated with each sub-strategy during the reporting period. If the Other Cost/Resource aligns with multiple sub-strategies, provide the best estimate for each sub-strategy. If the Other Cost/Resource aligns with all sub-strategies equally, divide the total amount equally across each sub-strategy. Use 0% for sub-strategy that is not applicable for the Other Cost/Resource.
(Write-In)

Best estimate for the percent of the Other Cost/Resource associated with each sub-strategy during the reporting period. If the Other Cost/Resource aligns with multiple sub-strategies, provide the best estimate for each sub-strategy. If the Other Cost/Resource aligns with all sub-strategies equally, divide the total amount equally across each sub-strategy. Use 0% for sub-strategies that are not applicable for the Other Cost/Resource.
(Write-In)

Best estimate for the percent of the Other Cost/Resource associated with each sub-strategy during the reporting period. If the Other Cost/Resource aligns with multiple sub-strategies, provide the best estimate for each sub-strategy. If the Other Cost/Resource aligns with all sub-strategies equally, divide the total amount equally across each sub-strategy. Use 0% for sub-strategy that is not applicable for the Other Cost/Resource.
(Write-In)

[illegible]

