

# [Cooperative Agreement: Partner 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. You are not required to provide any data that is sensitive or proprietary for your organization. All data are optional; if there are any cost or resource data that your organization cannot provide, please leave the cell blank. Your participation will not in any way impact the funding or technical assistance you receive from <insert Recipient and Cooperative Agreement the partner supports>. If you have any questions about the study or the tool, please contact the **Comprehensive Evaluation Team**, [hdsp\\_nofu\\_eval@cdc.gov](mailto:hdsp_nofu_eval@cdc.gov).

## 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 has been pre-populated with examples and with data based on documents from the <insert Cooperative Agreement> recipient that you partner with to implement activities. Please review and adjust any data that is incorrect for your organization.

## Key Program Activities

Below is a summary of the program activities for <sub-strategies the partner supports> 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 partner]*

<Substrategy> : <Summary of partner activities that support the sub-strategy>

## Suggestion for Ease of Use

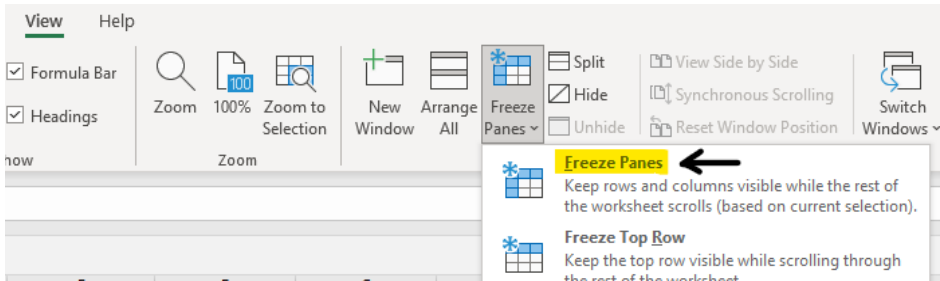
To freeze header rows for improved table readability and cell navigation as you scroll:

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                                                            |
| Staff 3 (e.g. Program Assistant) | Site 2 | 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 be visible as you scroll.

*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 number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-24XXX)*

## [Cooperative Agreement]: Partner Resource Use and

### Resource Totals

**Instructions:** Partner Organization, Recipient, Reporting Period, and Cost Study Component (Totals) will automatically be populated due to the Excel formula within each cell. Total of the information listed on this page.

|                                               |            |
|-----------------------------------------------|------------|
|                                               |            |
| Partner Organization                          |            |
|                                               |            |
| Recipient                                     |            |
|                                               |            |
| Reporting Period                              |            |
|                                               |            |
| \$                                            | 334,574.09 |
| Total [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 |

# ed Cost Inventory Tool

als

ment information on this page has been pre-populated. Items in yellow  
s will update as you complete the tool. **There is no need to fill out any**

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

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





\_\_\_\_\_

Please fill out the information in the table by listing the job titles for those working on the project. Please indicate the actual monthly salary of the specific individual that holds that current position. Please indicate the monthly salary for 0 for their benefits. Use the box below the table to provide additional information or comments.

\_\_\_\_\_

|  |
|--|
|  |
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## Cost Inventory Tool

## Personnel Costs

and items in yellow will automatically be populated due to the Excel formula within each cell.

Insert the <insert Cooperative Agreement> within Column B, starting in row 18. Insert extra rows as needed to identify the percent of time allocated for work on the <insert Cooperative Agreement> s. Add a row for clarification 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 |

## h cell.

As 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 |



<Only the columns as  
that are not applicab

[illegible]

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



Associated with the sub-strategy the partner supports will be included in the tool. Any strategies <Only the column  
related to the partner will be deleted> will be deleted

ge hours dedicated to <insert Cooperative Agreement> (in Column O), what is the estimated  
t of time allocated to each sub-strategy over the course of the reporting period.

member's time is allocated across multiple sub-strategies, provide the best estimate for each sub-strategy they worked on. Use 0% for any sub-strategy the staff member did not work on during the reporting period.

[illegible]

[illegible]

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



s that are not applicable to the partner

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| 16,800.00 | -    | -    |

# [Cooperative Agreement]: Partner Resource Use and Costs

**Instructions:** Partner Organization, Recipient, Reporting Period, Total Costs and items in yellow will all be highlighted in yellow. Examples of office and facility-related expenditures are provided in Table 1 (starting at row 19). In the Reporting Period, provide the name of city/town the site is located so that the evaluation team can estimate value of space.

|                                         |              |
|-----------------------------------------|--------------|
| Partner Organization:                   | -            |
| 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., Partner organization or site locations) | 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          |
|              |                                         |             |            |
|              |                                         |             |            |
| <b>TOTAL</b> | <b>N/A</b>                              | <b>N/A</b>  | <b>N/A</b> |



# Cost Inventory Tool

## Buildings, Facilities, Utilities

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

In the column for Space in Building/Facility, please provide overall square footage if available. If not, please provide the 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.

<Only the columns associated with the sub-str  
Any strategies that are not applicable to the pa

| Comments                                                       | Provide an estimate for the percent of facility strategy partner support                                                                                                                                                                               |    |    |    |    |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|
|                                                                | 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 applicable to the project. |    |    |    |    |
|                                                                | 1A                                                                                                                                                                                                                                                     | 1B | 1C | 1D | 2A |
|                                                                |                                                                                                                                                                                                                                                        |    |    |    |    |
|                                                                |                                                                                                                                                                                                                                                        |    |    |    |    |
|                                                                |                                                                                                                                                                                                                                                        |    |    |    |    |
|                                                                |                                                                                                                                                                                                                                                        |    |    |    |    |
| Monthly cost not available, facility space is provided in-kind |                                                                                                                                                                                                                                                        |    |    |    |    |
|                                                                |                                                                                                                                                                                                                                                        |    |    |    |    |

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| N/A | N/A | N/A | N/A | N/A | N/A |

\_\_\_\_\_

strategy the partner supports will be included in the tool.  
partner will be deleted>

<Only the columns associated with the sub-strategy the p will be deleted>

[illegible]

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



Partner supports will be included in the tool. Any strategies that are not applicable to the partner

### Total Facilities Costs (Annually) per sub-strategy

[illegible]

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| -    | -    | -    | -    | -    | -    | -    |



# [Cooperative Agreement]: Partner Resource Use and

**Instructions:** Partner Organization, Recipient, Reporting Period, and Total Costs and items in yellow

Please fill out Tables 1-3 below. For Table 1 (starting at row 21), 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. Please add additional items to Tables 1-3 as needed.

Partner Organization:   
 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?<br>(use for >1 year?) | INSTRUCTION: FILL CO                                         |
|-----------------------|----------------------------------------|--------------------------------------------------------------|
|                       |                                        | Total Years of Useful Life<br>(if<br>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                                     |                                                              |
|                       |                                        |                                                              |
|                       |                                        |                                                              |
|                       |                                        |                                                              |
|                       |                                        |                                                              |

|              |  |  |
|--------------|--|--|
|              |  |  |
| <b>TOTAL</b> |  |  |

**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 WW, this will include HBSS cost breakdown) | Long-Term Asset?<br>(use for >1 year?) | INSTRUCTION: FILL CO                                      |
|--------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------|
|                                                                    |                                        | Total Years of Useful Life<br>(if equipment is long-term) |
| e.g.stethoscope                                                    | Yes                                    | 10                                                        |
| e.g.echocardiogram                                                 | Yes                                    | 15                                                        |
| e.g.electrocardiogram                                              | 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                                     |                                                           |
|                                                                    |                                        |                                                           |
|                                                                    |                                        |                                                           |
|                                                                    |                                        |                                                           |
|                                                                    |                                        |                                                           |
| <b>TOTAL</b>                                                       |                                        |                                                           |

**Table 3. In-Kind Contributions**

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

## Cost Inventory Tool

## Equipment, Supplies, Materials

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

Medical items are provided for guidance; for Table 2 (starting at row 37), some medical equipment items are provided for guidance. Please provide additional information on acquisition of asset and estimated years of useful life.

|  |          |
|--|----------|
|  | -        |
|  | -        |
|  | -        |
|  | 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<br>(if equipment is long-term) | Annual maintenance costs<br>(if equipment is long-term) | Annual Cost per Unit<br>(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 - plea

| COLUMNS HIGHLIGHTED GREEN BELOW BASED ON WHETHER EQUIPMENT IS LONG-TERM: |                                                         |                                                      |
|--------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------|
| Purchase Price<br>(if equipment is long-term)                            | Annual maintenance costs<br>(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/equip |
|---------------------------------------------------|-------------------------------------|-----------------------------|
|                                                   |                                     | 1A                          |
|                                                   |                                     |                             |
|                                                   |                                     |                             |
|                                                   |                                     |                             |
|                                                   |                                     |                             |
|                                                   |                                     |                             |
|                                                   |                                     |                             |
| N/A                                               | N/A                                 | N/A                         |



equipment and health-related items are provided; and for Table 3 (starting at row 55), 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 |

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 e  
 oment costs align with multiple sub-strategies, provide the best estimate for each sub  
 the total amount equally across each sub-strategy. Use 0% for any sub-strategy that i  
 (Write-In)

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



in-kind contribution  
over the asset is

<Only the columns associated with the sub-strategy the partner supports will be in the partner will be deleted>

[illegible]

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

| Comments | Provide an estimate for the percent of resource/equipment costs a period.<br><br>Note: If the resource/equipment costs align with multiple sub-strategy equipment costs align with all sub-strategies equally, divide the total sub-strategy that is not applicable for the (Write-In) |     |     |     |     |     |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
|          | 1A                                                                                                                                                                                                                                                                                     | 1B  | 1C  | 1D  | 2A  | 2B  |
|          |                                                                                                                                                                                                                                                                                        |     |     |     |     |     |
|          |                                                                                                                                                                                                                                                                                        |     |     |     |     |     |
|          |                                                                                                                                                                                                                                                                                        |     |     |     |     |     |
|          |                                                                                                                                                                                                                                                                                        |     |     |     |     |     |
|          |                                                                                                                                                                                                                                                                                        |     |     |     |     |     |
|          |                                                                                                                                                                                                                                                                                        |     |     |     |     |     |
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|          |                                                                                                                                                                                                                                                                                        |     |     |     |     |     |
| N/A      | N/A                                                                                                                                                                                                                                                                                    | N/A | N/A | N/A | N/A | N/A |

| each sub-strategy during the reporting period.<br><br>-strategy. If the equipment costs align with all sub-strategies equally, divide is not applicable for the resource/equipment cost. |     |     |     |     |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| 2B                                                                                                                                                                                       | 2C  | 3A  | 3B  | 3C  | 3D  |
|                                                                                                                                                                                          |     |     |     |     |     |
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ncluded in the tool. Any strategies that are not applicable to the

<Only the columns associated with the su  
not applicable to the partner will be dele:

associated with <sub-strategy partner supports> during the  
period.

es, provide the best estimate for each sub-strategy. If the amount equally across each sub-strategy. Use 0% for any resource/equipment cost.

## Total Equ

[illegible]

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| <p>associated with each sub-strategy during the reporting</p> <p>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.</p> |     |     |     |     | Total Equ |    |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----------|----|----|
| 2C                                                                                                                                                                                                                  | 3A  | 3B  | 3C  | 3D  | 1A        | 1B | 1C |
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| N/A                                                                                                                                                                                                                 | N/A | N/A | N/A | N/A | -         | -  | -  |



ib-strategy the partner supports will be included in the tool. Any strategies that are ted>

**Equipment/Resource Costs (Annually) per sub-strategy**

[illegible]

|   |   |   |   |   |   |   |   |
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|------------------------------------------------------|----|----|----|----|----|----|----|
| Equipment/Resource Costs (Annually) per sub-strategy |    |    |    |    |    |    |    |
| 1D                                                   | 2A | 2B | 2C | 3A | 3B | 3C | 3D |
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## [Cooperative Agreement]: Partner Resource Use and

**Instructions:** Partner Organization, Recipient, Reporting Period, and Total Costs and Items

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

**Partner Organization:**

**Recipient:**

**Reporting Period:**

**Total Travel Costs:**

**\$0.00**

[illegible]



## Cost Inventory Tool

## Travel Costs

ms in yellow will automatically be populated due to the Excel formula within each

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

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[illegible]

[illegible]



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

[illegible]

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<Only the columns associated with the partner will be deleted

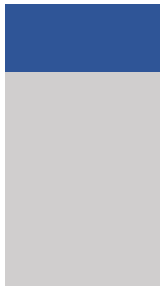
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[illegible]





- ol. Any strategies

[illegible]

[illegible]

## [Cooperative Agreement]: Partner Resource Use and C

Other Fu

**Instructions:** Partner Organization, Recipient, Reporting Period, and Total Costs and Total

For the other funding sources table, please identify any in-kind funding or other funding :  
partner supports> activities.

**Instructions:** Partner Organization, Recipient, Reporting Period, and Total Costs and Total

For the other funding sources table, please identify any in-kind funding or other funding :  
partner supports> activities.

**Partner Organization:**  
**Recipient:**  
**Reporting Period:**  
**Total Additional Funding:**

**Partner Organization:**  
**Recipient:**  
**Reporting Period:**  
**Total Additional Funding:**

**Partner Organization:**  
**Recipient:**  
**Reporting Period:**  
**Total Additional Funding:**

**Partner Organization:**  
**Recipient:**  
**Reporting Period:**  
**Total Additional Funding:**

| <b>List of Other Funding Source(s)</b><br>(State budget, other CDC program, other Federal program,<br>Other in-kind, other funding)<br>(Write-In) | <b>Total Amount (\$)</b><br>(Write-In) |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
|                                                                                                                                                   |                                        |
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|                                                                                                                                                   |                                        |
|                                                                                                                                                   |                                        |
| <b>TOTAL</b>                                                                                                                                      | <b>\$ -</b>                            |

**Provide additional information or clarification  
here:**

# Cost Inventory Tool

## Funding Sources

Cells in yellow will automatically be populated due to the Excel formula within each cell.

List funding sources that support the implementation of <insert Cooperative Agreement and sub-strategy>

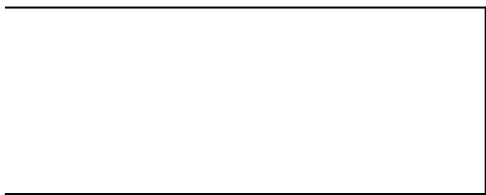
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|  | \$0.00 |

<Only the columns associated with the sub-strategy the partner supports will be deleted>

Provide an estimate for the percent of Other Funding Sources

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

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







upports will be included in the tool. Any strategies that are not applicable to

ources 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  
ne funding source.  
(Write-In)

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

**[Cooperative Agreement]: Partner Resource Use and Cost In**

## Other Costs and Resources

**Instructions:** Partner Organization, Recipient, Reporting Period and Totals in yellow will automatically populate. Please fill out the information below by first identifying other costs and resources used for <insert ICF ID>. After identifying the cost or resource, briefly describe the cost/resource, associated dollar amount:

**Instructions:** Partner Organization, Recipient, Reporting Period and Totals in yellow will automatically populate. Please fill out the information below by first identifying other costs and resources used for <insert ICD-9 code>. After identifying the cost or resource, briefly describe the cost/resource, associated dollar amount:

|                                           |      |
|-------------------------------------------|------|
| <b>Partner Organization:</b>              | -    |
| <b>Recipient:</b>                         | -    |
| <b>Reporting Period:</b>                  | -    |
| <b>Total Other Costs &amp; Resources:</b> | \$ - |

<Only the cc  
applicable to

**Note: If the Cost/Resou**

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

**Provide additional  
information or clarification  
here:**

A large, empty rectangular box with a thin black border, intended for providing additional information or clarification.

## Inventory Tool

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

Cooperative Agreement> implementation that have not been categorized or reported in other tabs of the spreadsheet, and use columns E-O to select the sub-strategies associated with the reported cost/resource.

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

Cooperative Agreement> implementation that have not been categorized or reported in other tabs of the spreadsheet, and use columns E-O to select the sub-strategies associated with the reported cost/resource.

Columns associated with the sub-strategy the partner supports will be included in the tool. Any strategies that are not supported by the partner will be deleted.

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 any 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 any 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 any 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 any sub-strategy that is not applicable for the Other Cost/Resource.

(Write-In)

[illegible]



