

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 Workbook

### Introduction and Instructions

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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 expanding its services and is helpful 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 [\[intervention name\]](#).

#### 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 workbook.

#### 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 responsibility. Please 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 summary 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.**

**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:**

The purpose of this information collection is to evaluate innovative programs serving individuals facing challenges to employment and economic independence to expand the evidence base on effective interventions. The estimated burden for this collection is estimated to average 32 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is not a mandatory collection of information, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The expiration date of this collection is 04/30/2023. If you have any comments on this collection of information, please contact Mathematica at [NextGenProject@mathematica-mpr.com](mailto:NextGenProject@mathematica-mpr.com).

**WORKSHEET A: [intervention name]**

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

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**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.]
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**PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.**

If you have any questions about this workbook or how to use it, please contact the study team.

## 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 (including 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 number

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

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

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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.

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in each month of the REPORTING PERIOD [specify reporting period]? Please include the total number 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

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from selling products or services.



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.






**PLEASE SAVE AND CONTINUE**






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