

Cost Survey

I. SBHC DEMOGRAPHICS

We will begin by requesting some basic information about your SBHC's demographics and operations. Please use data from your most recently completed fiscal year, which may or may not be the current year.

1. What is the official name of your SBHC?

Sample SBHC One

2. The name of the school/ campus in which the SBHC is located is (for campuses with more than one school served by health center, such as a middle and high school campus, include all schools):

Sample School Name

3. Please provide contact information for the primary individual responsible for completing this survey.

Last Name: Sample **First Name:** Joe

Street Address: 111 Elm Street

City: AnyCity **State:** DC **Zip:** 23434

Phone: 123-555-1111

Fax: --

Email: jsample@domain.com

4. How many months per year is your SBHC in operation?

10

5. Indicate the type of agency that serves as administrator and primary sponsoring health care organization for SBHC.

☐ Local department of health

☒ Community health center

☐ School system

☐ Hospital/medical center

☐ Mental health agency

☐ University [includes: medical, nursing, public health schools(s)]

☐ Private non profit organizations

☐ Tribal government

☐ Other (describe):

6. The geographic location of the community served by the SBHC is described primarily as:

☐ Rural ☒ Suburban ☐ Urban

7. What grades does the school in which your center is located serve?

☐ Pre K ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☒ 6 ☒ 7 ☒ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Post-12

II. HEALTH OPERATIONS

1. In what year did the SBHC open?

2001

2. During the school year, how many days each week is the SBHC open?

5

3. How many hours per week is the SBHC open?

30

4. Indicate when the SBHC is open (*Select all that apply*).

☒ Before the school day begins

☒ After the school day ends

☒ During school work hours

☐ During weekend hours

☐ During summer months

III. SBHC FINANCIAL PARAMETERS & ENCOUNTERS/ OTHER VISITS DATA

It is expected that you will use the actual data available from your most recently completed fiscal year, which may or may not be the current year. Please indicate if your data represent a full year (12 months) of expenses or a lesser amount if your center does not incur expenses over 12 months due to a shorter duration of operations (e.g., closed during summer). Although it is strongly recommended, if you are unable to use actual fiscal data and can only report on budgeted data, please indicate that below.

1. Data reported from fiscal year beginning: 01 /2006 through 12/2006

2. Data reported is based on 12 months

3. Data represents Actual

SBHC Encounters/ Other Visits Data

The questions below request information on the number of encounters and other visits at your SBHC during the fiscal period reported above. Encounters are defined to include a documented, face-to-face contact between a user and a provider who exercises independent judgment in the provision of services to the individual. To be included as an encounter, services rendered must be documented. A provider is the individual who assumes primary responsibility for assessing the patient and documenting services in the patient's record (UDS, 2004). Other visits include all other recorded visits to the SBHC that do not meet the criteria for an encounter

1. What is the total SBHC enrollment? 850

2. How many individuals are registered at the SBHC? 625

3. If data are available, number of primary care encounters during fiscal period reported above. 1550

4. If your SBHC offers mental health services and if data are available, the number of mental health encounters during fiscal period reported above. 650

5. If your SBHC offers dental services and if data are available, the number of dental encounters during fiscal period reported above. 0

6. Total number of all kinds of other visits (as defined above) to the SBHC during fiscal period reported above. 589

7. Total number of all kinds of encounters (e.g. primary care, mental health, dental) to the SBHC during fiscal period reported above. 2789

IV. SALARY EXPENSES

Using the form below, please list each of your SBHC staff by position and indicate their full time equivalent (% FTE), the percent they are charged to the SBHC program, and the current full-time salary for this position. The FTE column can be used to capture both the employment status of the staff member (e.g. full-time versus part-time) as well as the portion of fiscal year that this employee was employed (e.g. worked 3 months of fiscal year). For example, the FTE of an employee who worked 20 hours a week for the whole year would be 0.50, while the FTE of an employee who worked 20 hours a week for 6 months would be 0.25 (.50* .50). Another example would be a full-time employee who was employed for 4 months of the year. In this case, the FTE for this employee would be 33%. If your SBHC does not share any positions with other programs, you will enter 100% in the percent charged to program column for all positions. If your SBHC has positions that are shared by multiple programs, the percent charged to the program represents the percent of this position that is charged back to your SBHC.

Once you have entered the required information, the total salary for the program will be computed automatically.

Staff Position/ Title	% FTE	% Charged to Program	Full-Time salary for position	Total Program Salary
Director	100%	50%	\$55,000.00	\$27,500.00
Health Educator	100%	100%	\$42,650.00	\$42,650.00
Administrative Assistant/ Secretary/ Receptionist	100%	75%	\$28,750.00	\$21,562.50
Social Worker	50%	100%	\$44,000.00	\$22,000.00
Nurse Practitioner	100%	100%	\$58,900.00	\$58,900.00

Total Salary Expenses for all Positions: \$172,612.50

V. FRINGE BENEFITS AS PRECENTAGE OF TOTAL SALARIES

Total Salary Expenses for all Positions	\$172,613.00
Enter Fringe Benefit Percentage	25%
Total Fringe Benefits	\$43,153.25

VI. IN-KIND EXPENSES - DONATED LABOR

One objective of this survey is to estimate the cost of donated labor (volunteers) and materials that are used to keep your SBHC in operation. On this screen, we will request information on donated labor, and on the next screen, we will request information on donated materials.

Using the table below, please estimate the value of any volunteer labor used by your SBHC during the fiscal year.

Staff Position/ Title	# Hours worked per week:	# Weeks worked per year:	Estimated hourly salary* * :	Total:
Nutritionist	5	35	\$25.00	\$4,375.00

Total Labor Expenses: 4,375.00

Please indicate how you estimated the hourly wage used above
hourly rate paid by Health Department

VII . SUPPLIES AND MATERIALS EXPENSES

Please enter your annual cost by category of supplies and materials. If you have a supplies and materials category that is not included in the list provided, please use the “Add Category” section, which is located just below the “next” and “back” arrows at the bottom of the screen. In this section, please: (1) enter the name(s) of the additional line item expense(s) you would like to add and the amount(s); and (2) click on “submit” to include these expenses in the main list of supplies and materials. If you need to edit or delete these new categories you added, you may do so by using the Edit (pencil/paper) or Delete (trash can) buttons, which will appear to the right of the categories in the list of supplies and materials. When you have completed entering information for all additional categories, click on “next” and a new total will automatically be computed that includes any additional expenses you have added along with those you already reported using the standard categories provided.

Office Supplies	\$6,330.00
Computer Supplies	\$1,200.00
Software	\$0.00
Photocopy Supplies	\$2,232.00
Educational Materials/ Supplies	\$4,545.00
Operating Supplies	\$7,781.00
Medical Supplies	\$3,521.00
Minor Equipment/ Furniture	\$326.00
Total Supplies and Materials	\$25,935.00

VIII. CONTRACTED SERVICES

Using your trial balance or account detail statements, please enter the total expenses incurred for each type of contracted services that you utilized. If you have a contracted services category that is not included in the list provided, please use the “Add Category” section, which is located just below the “next” and “back” arrows at the bottom of the screen. In this section, please: (1) enter the name(s) of the additional line item expense(s) you would like to add and the amount(s); and (2) click on “submit” to include these expenses. If you need to edit or delete these new categories you added, you may do so by using the Edit (pencil/paper) or Delete (trash can) buttons, which will appear to the right of the categories in the list of contracted services. When you have completed entering information for all additional categories, click on “next” and a new total will automatically be computed that includes any additional expenses you have added along with those you already reported using the standard categories provided.

Repair/ Maintenance Services	\$0.00
Professional/ Technical Consultants	\$5,000.00
Administrative Services	\$0.00
Temporary Personnel	\$1,125.00
Total Contracted Services	\$6,125.00

IX. BUILDINGS AND FACILITIES UTILIZATION

Please answer the following questions about the building and facilities utilized by your SBHC.

- 1. Total square footage of space used by SBHC: 1250
- 2. Is the space shared by another program? ☒ Yes ☐ No

BUILDINGS AND FACILITIES UTILIZATION

Please enter all of the programs including your SBHC that share this space and the percentage allocated to each of them. Make sure you click on the submit button after entering each program’s information. The total percentage allocated must equal 100%.

If you need to edit or delete these new categories you added, you may do so by using the Edit (pencil/paper) or Delete (trash can) buttons, which will appear to the right of the categories in the list of programs.

Programs sharing space	Percent allocated to program
Sample SBHC One	90%
Sample School	10%

Total Percentage Allocated: 100.00%

ESTIMATED COST OF DONATED SPACE

If your SBHC receives the space it utilizes free of charge, you will need to estimate what the annual cost of that space would be if you had to pay for its use. To obtain this estimate, you will need to determine what the fair market value is of equivalent rental space in a similar location as your SBHC. This amount can be estimated several ways. For example, you can obtain an estimate from a local real estate agent/company that assists organizations in identifying commercial space available for lease or purchase or use cost estimates that your organization or sponsoring agency may incur for similar utilized space.

Total square footage of space utilized by SBHC

1250

Market value per square foot for equivalent rental space	10
Estimated annual cost of space	12500
What method did you use to determine the fair market value of equivalent rental space per square foot?	local advertised commerical rental rates

XI. MISCELLANEOUS EXPENSES

Please enter the total expenses incurred for each type of miscellaneous expenses. If you have a miscellaneous expense category that is not included in the list provided, please use the “Add a Category” section, which is located just below the “next” and “back” arrows at the bottom of the screen. In this section, please: (1) enter the name(s) of the additional line item expense(s) you would like to add and the amount(s) and (2) click on “submit” to include these expenses. Once they are added to the above list if you need to edit or delete these categories you added you may do so by using the Edit (pencil/ paper) or Delete (trash can) buttons, which will appear to the right of them in the list of miscellaneous expenses. When you have completed entering all additional line items and amounts, click on “next” and a new total will automatically be computed that includes any additional expenses you have added along with those you already reported using the standard categories provided.

Electricity/ Natural Gas/ Oil	\$0.00
Water/ Sewer/ Sanitation	\$0.00
Pest Control	\$0.00
Security	\$0.00
Insurance	\$9,950.00
Building Repairs/ Maintenance	\$1,150.00
Equipment Repairs/ Maintenance	\$2,225.00
Dues and Fees	\$1,000.00
Telephone	\$2,464.00
Printing and Duplicating	\$667.00
Postage	\$850.00
Transportation	\$0.00
Staff Travel	\$3,650.00
Staff Training	\$0.00
Advertising	\$684.00
Publications	\$0.00
Total Miscellaneous Expenses	\$22,640.00

XII. INDIRECT EXPENSES

Indirect costs are those that cannot easily be assigned to a particular program but rather benefit multiple programs or activities. These shared costs are typically allocated in accordance with the relative benefits received by each program. There are no universal rules or methods for classifying costs as direct or indirect.

INDIRECT COST BASED ON A FEDERALLY APPROVED NEGOTIATED RATE

Enter your Federally approved indirect cost rate and total indirect costs in the spaces below. Be sure to indicate the cost basis used that the rate is applied to in order to determine your indirect costs.

Federally approved indirect cost rate 13%

Total indirect costs allocated to SBHC \$35,160.00

Indicate the cost basis to which the indirect rate cost rate is applied

- ☐ Total direct salaries and wages
- ☒ Total direct costs
- ☐ Other

XIII. DEPRECIATION

For each of your capital assets, you will need to compute depreciation. Select each of your capital assets from the drop-down list of capital assets provided. For each asset, enter the year the asset was purchased and the total purchase cost of the asset. The depreciation for each asset will be computed automatically. If additional asset categories are needed, click on the Add New Capital Asset function, enter the name of the new asset and its useful life, and then select the new asset after it is added to the drop-down list.

Capital Asset	Original Purchase Cost	Estimated Useful Life	Annual Depreciation	Year Purchased
Computer equipment	\$2,789.00	5	\$558.00	2005
Furniture	\$3,523.00	20	\$176.00	2000
Computer equipment	\$2,156.00	5	\$431.00	2006

Total Depreciation Expense: \$1,165.00

What value do you use as a threshold to capitalize assets?

\$1,000.00

Does your SBHC use any assets that meet or exceed this threshold, but your SBHC does not record depreciation on these assets?

☐ Yes

☒ No

CALCULATING OPPORTUNITY COST OF FUNDS TIED UP IN ASSETS

On the previous screen, you entered information to calculate depreciation on the capital assets used by your SBHC. In the table below, we have calculated the remaining undepreciated value of each of your capital assets for you. From an economics perspective, keeping the undepreciated portion of your assets tied up in capital is a real cost of your SBHC, because these funds could have been invested and earned an interest rate elsewhere. In the table below, we calculate this opportunity cost for you by multiplying the undepreciated value of each of your capital assets by 3 percent, which is a conservative estimate of the rate of interest that could be earned elsewhere.

NOTE: There is no need to enter any data on this screen. The table displayed is for your information only

Capital Asset	Year Purchased	Original Purchase Cost	Estimated Useful Life	Annual Depreciation	Age of Asset	Remaining Undepreciated Value	Opportunity Cost
Computer equipment	2005	\$2,789.00	5	\$558.00	1	\$2,231.00	\$67.00
Furniture	2000	\$3,523.00	20	\$176.00	6	\$2,467.00	\$74.00
Computer equipment	2006	\$2,156.00	5	\$431.00	0	\$2,156.00	\$65.00

Total Opportunity Cost: \$206.00

XIV. IN-KIND EXPENSES - DONATED SUPPLIES, EQUIPMENT AND MATERIALS

Using the table below, please estimate the value of any donated supplies and materials your program received during the fiscal year.

Type/ Description of Donated Material/ Equipment	Estimated Cost	Method Used for Estimating Cost
vaccines	\$18,000.00	actual cost
local telephone costs	\$1,345.00	allocated amount
copying	\$1,198.00	allocated amount
Utilities (electric, water, sewer)	\$2,273.00	allocated amount

Total Donated Expenses: \$22,816.00

XV. REVENUE

Revenue Source	Revenue Type	Amount
State Grant	STATE	\$150,000.00
Private insurance (include managed care)	PATIENT	\$13,550.00
United Way/community campaign	LOCAL	\$25,000.00
Section 330 Community Health Centers	FEDERAL	\$100,000.00
Medicaid (include managed care)	PATIENT	\$18,950.00
Total Revenue:		\$307,500.00