



Please provide information about the employees involved in providing the services described above in Part 2. Service Counts.

Position	# of FTEs	# of Full-Time Employees	# of Part-Time Employees	Total Salary Cost	Total Cost Benefits and Fringes	Total Salaries, Benefits, and Fringes
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
EH Director						
EH Supervisor						
EH Programs Specialist						
EH Specialist						
EH Technician						
Clerical/administrative support for EH (do not include general admin staff here)						
Other (please list position(s) below; include additional rows as needed)						

	% of total salaries, benefits and fringes for this program area is supported by:				
	Local Funding	State Funding	Fees	Grants	Other
	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
EH Director					
EH Supervisor					
EH Programs Specialist					
EH Specialist					
EH Technician					
Clerical/administrative support for EH (do not include general admin staff here)					
Other (please list position(s) below; include additional rows as needed)					

If this information is not tracked by program, you may complete the table above by estimating. (For example: For some health departments, it may make sense to assume that the EH Director's time is split equally

between both program areas. In that case, you would enter 0.5 FTE in this tab and 0.5 FTE in the following tab. You would also calculate the salaries, benefits, and fringes accordingly). If you estimated in a similar fashion, please describe your rationale in the box below in as much detail as possible.

**For the sections below- If your health department does not track costs by program area for the remaining sections, please assume each expense is split 50/50 between each program and enter into the survey accordingly.**

**Part 4. Direct Non-labor**

Please provide the total non-labor costs for the services described above in Part 2. Service Counts.

\_\_\_\_\_

Please indicate what costs are included in your total non-labor cost figure (see definitions below)

Buildings	yes/no	_____
Supplies, Materials, & Equipment	yes/no	_____
Subcontracts	yes/no	_____
Miscellaneous	yes/no	_____
Indirect/Overhead	yes/no	_____

Please provide additional detail on non-labor costs by completing the section below. If you cannot provide certain information, please leave the respective boxes blank.

**4.A. Buildings (This information refers to space used for Environmental Health only)**

If you know your total expenditures (rent or mortgage payments) for Environmental Health space used, please provide this information here. \_\_\_\_\_

If you do not know your total expenditures for Environmental Health space used (**or if you don't pay anything**), please provide the following information:

Size of space used in square feet: \_\_\_\_\_  
 Year building was built: \_\_\_\_\_

**4.B. Supplies, Materials, and Equipment**

Please provide information about supplies, materials, and equipment required to provide the services described in Part 2. Service Counts.

For county or state vehicles and for other equipment, please provide the average annual cost (e.g. depreciation expense for vehicles used over multiple years)

For staff traveling using their own vehicle, please provide the cost of reimbursing staff using their own vehicle.

<b>Description</b>	<b>Cost</b>
Materials/Supplies	_____
Office Materials/Supplies	_____
Field Materials/Supplies	_____
Other Materials/Supplies	_____
Vehicles	
County or State Vehicles	_____
Staff Using Own Vehicle	_____
Other Equipment	_____

**4.C. Subcontracts**

If service/part of service is subcontracted, please provide total annual spending on subcontract(s).

\_\_\_\_\_



For the sections below, please report **ACTUAL**, rather than **BUDGETED** spending for all items.

**Part 3. Direct Labor**

Please provide information about the employees involved in providing the services described above in Part 2. Service Counts.

Position	# of FTEs	# of Full-Time Employees	# of Part-Time Employees	Total Salary Cost	Total Cost Benefits and Fringes	Total Salaries, Benefits, and Fringes
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
EH Director						
EH Supervisor						
EH Programs Specialist						
EH Specialist						
EH Technician						
Clerical/administrative support for EH (do not include general admin staff here)						
Other (please list position(s) below; include additional rows as needed)						

	% of total salaries, benefits and fringes for this program area is supported by:				
	Local Funding	State Funding	Fees	Grants	Other
	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
EH Director					
EH Supervisor					
EH Programs Specialist					
EH Specialist					
EH Technician					
Clerical/administrative support for EH (do not include general admin staff here)					
Other (please list position(s) below; include additional rows as needed)					

If this information is not tracked by program, you may complete the table above by estimating. (For example: For some health departments, it may make sense to assume that the EH Director's time is split equally between both program areas. In that case, you would enter 0.5 FTE in this tab and 0.5 FTE in the following tab. You would also calculate the salaries, benefits, and fringes accordingly). If you estimated in a similar fashion, please describe your rationale in the box below in as much detail as possible.

**For the sections below- If your health department does not track costs by program area for the remaining sections, please just assume each expense is split 50/50 between each program and enter into the survey accordingly.**

**Part 4. Direct Non-labor**

Please provide the total non-labor costs for the services described above in Part 2. Service Counts.

\_\_\_\_\_

Please indicate what costs are included in your total non-labor cost figure (see definitions below)

Buildings	yes/no	_____
Supplies, Materials, & Equipment	yes/no	_____
Subcontracts	yes/no	_____
Miscellaneous	yes/no	_____
Indirect/Overhead	yes/no	_____

Please provide additional detail on non-labor costs by completing the section below. If you cannot provide certain information, please leave the respective boxes blank.

**4.A. Buildings (This information is refers to space used for Environmental Health only)**

If you know your total expenditures (rent or mortgage payments) for Environmental Health space used, please provide this information here. \_\_\_\_\_

If you do not know your total expenditures for Environmental Health space used (**or if you don't pay anything**), please provide the following information:

Size of space used in square feet: \_\_\_\_\_  
 Year building was built: \_\_\_\_\_

**4.B. Supplies, Materials, and Equipment**

Please provide information about supplies, materials, and equipment required to provide the services described in Part 2. Service Counts.

For county or state vehicles and for other equipment, please provide the average annual cost (e.g. depreciation expense for vehicles used over multiple years)

For staff traveling using their own vehicle, please provide the cost of reimbursing staff using their own vehicle.

Description	Cost
Materials/Supplies	_____
Office Materials/Supplies	_____
Field Materials/Supplies	_____
Other Materials/Supplies	_____
Vehicles	
County or State Vehicles	_____
Staff Using Own Vehicle	_____
Other Equipment	_____

