

**Public Health Services Costing Tool for Mandatory Services in North Carolina**

Thank you for your willingness to participate in this survey.  
The goal of this research project is to cost environmental health services provided by health departments in North Carolina.

**This survey covers the time period July 1, 2011- June 30, 2012**

If you have any questions about any of the questions/elements in this survey [please email Ashley Tucker, tuckera@ecu.edu](mailto:tuckera@ecu.edu)

**.1. Agency and respondent information:**

**.1.a Agency information**

Please provide the following information about your local health department:

Name of local health department:

Names of counties served:

Total number of FTE employees **in the agency overall:**

**Please complete the survey on the following two tabs using data for fiscal year 2011/2012**

Please report **ACTUAL**, rather than **BUDGETED** spending for all items.

**If your agency serves more than one county, please provide summary information for all counties you serve (rather than breaking out costs etc. by county).**

**.1.b Respondent information**

How many staff members were involved in completing this survey?

Please list the position titles of the staff members involved in completing this survey:

What is your best estimate of the total time it took to complete this survey?

hours



Clerical/administrative support for environmental health (do not include general admin staff here)											
Other (please list position(s) below; include additional rows if needed)											
<b>Total</b>											

Did you estimate for Environmental Health Director, Environmental Health Supervisor, or Clerical/Admin Support? If so, please use the box below to explain your rationale for estimation.

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

**.4. Non-labor**

Please provide the total non-labor costs for the services defined in Part 2.

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

- Buildings yes/no
- Supplies, materials, and equipment yes/no
- Subcontracts yes/no
- Miscellaneous yes/no
- Indirect/overhead yes/no

Please provide additional detail on non-labor costs by completing the sections below.  
If you cannot provide this 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, 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 defined in Part 2.

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 travel using own vehicle, please provide the cost of reimbursing staff for using their own vehicle.

Description	Cost
Materials/supplies	
Office materials/supplies	
Field materials/supplies	
Other materials/supplies	
Vehicles	
County or state vehicles	
Staff travel using own vehicle	
Other equipment	

**.4.C. Subcontract**

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

**.4.D. Miscellaneous**

Please provide information about miscellaneous costs incurred in providing the services defined in Part 2.

Description	Cost
Utilities	
Insurance	
Non-payroll taxes	
Communication	
Patient transportation	
Dues, memberships, fees	
Staff training	
Any other costs not yet accounted for	

**.5. Indirect / Overhead**

Please provide the total administrative costs (also known as overhead costs) in your health department.  
 Please include administrative/clerical staff directly working in environmental health in Part 3 rather than here!

Administrative cost (i.e., cost of health director, finance department etc.)

Please provide the amount and/or percent of administrative costs allocated to the services defined in Part 2:

Amount of administrative cost allocated to services defined in Part 2:   
 Percent of administrative cost allocated to services defined in Part 2:

**ONSITE WATER**

**.2. Service counts**

Please provide the total number of services provided for all services defined by the following activity codes:

<b>Activity code (On-Site Waste Water Program)</b>	<b>Number of services</b>
<b>S-1</b> Site Visits (includes all OSWW field activities not included below)	
<b>S-1E</b> Site Evaluated (includes sites evaluated or re-evaluated for any purpose)	
<b>S-3</b> Improvement Permits Issued- New or Revision w/ Plat (non-expiring)	
<b>S-4</b> Improvement Permits Issued- New or Revision w/ Site Plan (valid 60 mos)	
<b>S-4A</b> Improvement Permits Issued- Relocation w/ Site Plan (valid 60 mos)	
<b>S-5</b> Improvement Permits Issued- Expansion of Existing System (valid 60 mos)	
<b>S-6</b> Improvement Permits Issued- Repair/Replacement of Malfunctioning System	
<b>S-7</b> Improvement Permits Denied	
<b>S-8</b> Construction Authorizations- New, Revision, Or Relocation	
<b>S-9</b> Constuction Authorizations- Expansion	
<b>S-10</b> Construction Authorizations- Repair/Replacement Of Malfunctioning System	
<b>S-11</b> Construction Authorizations Denied (Documented)	
<b>S-12</b> Authorizations- Mobile Home Parks	
<b>S-13</b> Authorizations For System Reuse Other Than in MHP	
<b>S-13D</b> Authorizations For System Reuse-Denied	
<b>S-14A</b> Table V Inspections W/ Reports Prepared	
<b>S-14B</b> Migrant Housing Inspections W/ Reports Repaired	
<b>S-15</b> Notices Of Violation Issued	
<b>S-16</b> Legal Remedies-Injunctions, Criminal Misdemeanor, Administrative Penalties	
<b>S-17</b> Permits Revoked (NOTICE)	
<b>S-18</b> Permits Suspended (NOTICE)	
<b>S-19</b> Operation Permits Issued	
<b>S-25</b> Sewage Complaints Investigated	
<b>S-26</b> Tank Yard Inspections Performed	
<b>S-27</b> On-Site Consultative Contacts	
<b>Other</b>	
<b>Other</b>	
<b>Other</b>	

If no code is listed for a certain activity, please add and describe.

<b>Activity code (Water Supplies)</b>	<b>Number of services</b>
<b>W-1</b> Well-Site Evaluated	
<b>W-2</b> Grouting Inspection	
<b>W-3</b> Well Site Consultative Visits	
<b>W-4</b> Well Head Inspected	
<b>W-4A</b> Well Head Approved	
<b>W-4D</b> Well Head Disapproved	
<b>W-5</b> Well Abandonment Observed	
<b>W-6</b> Well Construction Permit Issued-New	
<b>W-7</b> Well Construction Permit Issued- Repair	
<b>W-8</b> Well Abandonment Permit Issued	
<b>W-9</b> Well Permit Denied	
<b>W-10</b> Well Certificate of Completion Issued- New	
<b>W-10D</b> Well Certificate of Completion Denied-New	
<b>W-11</b> Well Certificate of Completion Issued- Repair	
<b>W-11D</b> Well Certificate of Completion Denied- Repair	
<b>W-12</b> Well Abandoned Based on Permit Condition(s)	
<b>W-13</b> Bacteriological Sample Collected	
<b>W-14</b> Other Sample Collected	
<b>W-15</b> Well Complaint Investigated	
<b>W-16</b> Well Consultative Contacts	
<b>W-18</b> Legal Remedies Taken	
<b>W-19</b> Permits Revoked Notice	
<b>W-20</b> Permits Suspended Notice	
<b>W-21</b> Well Camera or Geophysical Inspection Performed	
<b>Other</b>	
<b>Other</b>	
<b>Other</b>	

If no code is listed for a certain activity, please add and describe.

**.3. Direct Labor**

Please provide information about the employees involved in providing the services defined in Part 2.  
 For colums 7 to 11, please provide information at the level of each position if possible. If you are unable to provide this information, please provide it in total for all positions.

Position	Number of FTEs	Number of full-time employees	Number of part-time employees	Total salary cost	Total cost of benefits and fringes	Total salaries, benefits and fringes 6=4+5	% of total salaries, benefits and fringes supported by				
							Local funding 7	State funding 8	Fees 9	Grants 10	Other 11
Environmental health director											
Environmental health supervisor											
Environmental health programs specialist											
Environmental health specialist											
Environmental health technician											
Clerical/administrative support for environmental health (do not include general admin staff here)											
Other (please list position(s) below; include additional rows if needed)											
<b>Total</b>											

**Did you estimate for Environmental Health Director, Environmental Health Supervisor, or Clerical/Admin Support? If so, please use the box below to explain your rationale for estimation.**

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

**.4. Non-labor**

Please provide the total non-labor costs for the services defined in Part 2.

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

- Buildings yes/no
- Supplies, materials, and equipment yes/no
- Subcontracts yes/no
- Miscellaneous yes/no
- Indirect/overhead yes/no

Please provide additional detail on non-labor costs by completing the sections below.  
 If you cannot provide this 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, provide this information here:

If you do not know your total expenditures for **Environmnetal 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 defined in Part 2.  
 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 travel using own vehicle, please provide the cost of reimbursing staff for using their own vehicle.

Description	Cost
Materials/supplies	
Office materials/supplies	
Field materials/supplies	
Other materials/supplies	
Vehicles	
County or state vehicles	
Staff travel using own vehicle	
Other equipment	

**.4.C. Subcontract**

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

**.4.D. Miscellaneous**

Please provide information about miscellaneous costs incurred in providing the services defined in Part 2.

Description	Cost
Utilities	
Insurance	
Non-payroll taxes	
Communication	
Patient transportation	
Dues, memberships, fees	
Staff training	
Any other costs not yet accounted for	

**.5. Indirect / Overhead**

Please provide the total administrative costs (also known as overhead costs) in your health department.  
 Please include administrative/clerical staff directly working in environmental health in Part 3 rather than here!

Administrative cost (i.e., cost of health director, finance department etc.)

Please provide the amount and/or percent of administrative costs allocated to the services defined in Part 2:

Amount of administrative cost allocated to services defined in Part 2:

Percent of administrative cost allocated to services defined in Part 2: