

Supplement Five – EH DSI Cost Methodology Forms

Supplement Five contains the Bureau of Environmental Health Cost Methodology forms that are used in the Bureau's current EH Program business processes to gather staff time and costs to determine appropriate fees.

- Method 1
- Method 2

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**Cost Methodology Forms
Method 1**

Certification of Cost Analysis (M-1)

Department	
Address:	
Name(s) of Person(s) completing the Cost Analysis:	
Name:	
Title	
Phone	
Name:	
Title:	
Phone:	
Name:	
Title:	
Phone:	
	Fiscal Year Used
#DIV/0!	% Support Cost for Risk (Not to exceed 30% per ORC)
#DIV/0!	% Support Cost for Mobile (Not to exceed 30% per ORC)
#DIV/0!	% Support Cost for Vending (Not to exceed 30% per ORC)
#DIV/0!	% Support Cost for Temporary (Not to exceed 30% per ORC)
#DIV/0!	Average number of sanitarian hours per Risk Classified Operation (9 maximum)
#DIV/0!	Average number of sanitarian hours per Mobile Classified Operation
#DIV/0!	Average number of sanitarian hours per Vending Classified Operation
#DIV/0!	Average number of sanitarian hours per Temporary per day Classified Operation
#DIV/0!	Average number of sanitarian hours per Temporary per event Classified Operation

Signature certifying review and acceptance:

Health Commissioner

COST ANALYSIS TOTALS TABLE (A) RISK (M-1)

Department		
RISK PROGRAM COMPONENT		
Support Costs:		
	Method 1: Itemized	
	Enter amount from line 4 of Table D (M-1), Itemized Program Support Costs for the Risk Program Component on line 1 below.	
1.	Enter amount calculated.	
Sanitarian Costs:		
2.	Enter the amount from line 11 of each Sanitarian Cost Table B (M-1) on the appropriate line below.	
	a. Sanitarian #1	
	b. Sanitarian #2	
	c. Sanitarian #3	
	d. Sanitarian #4	
	e. Sanitarian #5	
	f. Sanitarian #6	
	g. Sanitarian #7	
	h. Sanitarian #8	
	i. Sanitarian #9	
	j. Sanitarian #10	
	k. Sanitarian #11	
	l. Sanitarian #12	
	m. Sanitarian #13	
	n. Sanitarian #14	
	o. Sanitarian #15	
	p. Sanitarian #16	
	q. Sanitarian #17	
	r. Sanitarian #18	
	s. Sanitarian #19	
	t. Sanitarian #20	
	u. Sanitarian #21	
	v. Sanitarian #22	
	w. Sanitarian #23	
	x. Sanitarian #24	
	y. Sanitarian #25	
	z. Sanitarian #26	
	aa. Sanitarian #27	
	bb. Sanitarian #28	
	cc. Sanitarian #29	
	dd. Sanitarian #30	
3.	Sum lines 2a through 2dd and enter total.	
Laboratory costs:		
4.	Sample costs	
Anticipated costs:		
5.	From Anticipated Costs Table F (M-1) enter the amount from line 1d.	
Total Program Component Cost		
6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the risk component.	
7.	Enter the amount from the anticipated worksheet of anticipated cost that was not incurred.	
8.	Subtract line 7 from line 6. This is the corrected total program cost for the Risk Component.	

Table A Risk (M-1)

COST ANALYSIS TOTALS TABLE (A) MOBILE (M-1)	
Department	
MOBILE PROGRAM COMPONENT	
Support Costs:	
Method 1: Itemized	
	Enter amount from line 8 of Table D (M-1), Itemized Program Support Costs on line 1 below.
1.	Enter amount calculated.
Sanitarian Costs:	
2.	Enter the amount from line 11a of each Sanitarian Cost form Table B (M-1) on the appropriate line below.
	a. Sanitarian #1
	b. Sanitarian #2
	c. Sanitarian #3
	d. Sanitarian #4
	e. Sanitarian #5
	f. Sanitarian #6
	g. Sanitarian #7
	h. Sanitarian #8
	i. Sanitarian #9
	j. Sanitarian #10
	k. Sanitarian #11
	l. Sanitarian #12
	m. Sanitarian #13
	n. Sanitarian #14
	o. Sanitarian #15
	p. Sanitarian #16
	q. Sanitarian #17
	r. Sanitarian #18
	s. Sanitarian #19
	t. Sanitarian #20
	u. Sanitarian #21
	v. Sanitarian #22
	w. Sanitarian #23
	x. Sanitarian #24
	y. Sanitarian #25
	z. Sanitarian #26
	aa. Sanitarian #27
	bb. Sanitarian #28
	cc. Sanitarian #29
	dd. Sanitarian #30
3.	Sum lines 2a through 2dd and enter total.
Laboratory costs:	
4.	Sample costs
Anticipated costs:	
5.	From Anticipated Costs Table F (M-1) enter the amount from line 2d.
Total Program Component Costs:	
6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the mobile component.
7.	Enter the amount from the anticipated worksheet of anticipated cost that was not incurred.
8.	Subtract line 7 from line 6. This is the corrected total program cost for the Mobile Component.

Table A Mobile (M-1)

		COST ANALYSIS TOTALS TABLE (A) VENDING (M-1)	
Department			
VENDING PROGRAM COMPONENT			
Support Costs:			
	Method 1: Itemized		
		Enter amount from line 12 of Table D (M-1), Itemized Program Support Costs on line 1 below.	
	1.	Enter amount calculated from Method 1.	
Sanitarian Costs:			
	2.	Enter the amount from line 11b of each Sanitarian Cost Table B (M-1) on the appropriate line below.	
	a.	Sanitarian #1	
	b.	Sanitarian #2	
	c.	Sanitarian #3	
	d.	Sanitarian #4	
	e.	Sanitarian #5	
	f.	Sanitarian #6	
	g.	Sanitarian #7	
	h.	Sanitarian #8	
	i.	Sanitarian #9	
	j.	Sanitarian #10	
	k.	Sanitarian #11	
	l.	Sanitarian #12	
	m.	Sanitarian #13	
	n.	Sanitarian #14	
	o.	Sanitarian #15	
	p.	Sanitarian #16	
	q.	Sanitarian #17	
	r.	Sanitarian #18	
	s.	Sanitarian #19	
	t.	Sanitarian #20	
	u.	Sanitarian #21	
	v.	Sanitarian #22	
	w.	Sanitarian #23	
	x.	Sanitarian #24	
	y.	Sanitarian #25	
	z.	Sanitarian #26	
	aa.	Sanitarian #27	
	bb.	Sanitarian #28	
	cc.	Sanitarian #29	
	dd.	Sanitarian #30	
	3.	Sum lines 2a through 2dd and enter total.	
Laboratory costs:			
	4.	Sample costs	
Anticipated costs:			
	5.	From Anticipated Costs Table (F)) enter the amount from line 3d.	
Total Program Component Costs:			
	6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the vending component.	
	7.	Enter the amount from the anticipated worksheet of anticipated cost that was not incurred.	
	8.	Subtract line 7 from line 6. This is the corrected total program cost for the Vending Component.	

Table A Vending (M-1)

COST ANALYSIS TOTALS TABLE A TEMPORARY (M-1)

Department

TEMPORARY PROGRAM COMPONENT

Support Costs:

Method 1: Itemized

Enter amount from line 16 of Table D (M-1), Itemized Program Support Costs on line 1 below.

1. Enter amount calculated.

Sanitarian Costs:

2. Enter the amount from line 11c of each Sanitarian Cost form Table B (M-1) on the appropriate line below.

a. Sanitarian #1

b. Sanitarian #2

c. Sanitarian #3

d. Sanitarian #4

e. Sanitarian #5

f. Sanitarian #6

g. Sanitarian #7

h. Sanitarian #8

i. Sanitarian #9

j. Sanitarian #10

k. Sanitarian #11

l. Sanitarian #12

m. Sanitarian #13

n. Sanitarian #14

o. Sanitarian #15

p. Sanitarian #16

q. Sanitarian #17

r. Sanitarian #18

s. Sanitarian #19

t. Sanitarian #20

u. Sanitarian #21

v. Sanitarian #22

w. Sanitarian #23

x. Sanitarian #24

y. Sanitarian #25

z. Sanitarian #26

aa. Sanitarian #27

bb. Sanitarian #28

cc. Sanitarian #29

dd. Sanitarian #30

3. Sum lines 2a through 2dd and enter total.

Laboratory costs:

4. Sample costs

Anticipated costs:

5. From Anticipated Costs Table F (M-1) enter the amount from line 4d.

Total Program Component Costs:

6. Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the temporary program component.

7. Enter the amount from the anticipated worksheet of anticipated cost that was not incurred.

8. Subtract line 7 from line 6. This is the corrected total program cost for the Temporary Component.

Table A Temporary (M-1)

SANITARIAN COST TABLE B (M-1)

Department		
Sanitarian		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by sanitarian.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total annual wages or salary paid.	
5	Fringe benefits paid:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Mileage paid to sanitarian	
	b. Agency vehicle expense (lease, owned, rental, etc.)	
	c. Miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Inspection Equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of sanitarian to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-1).	
11a	Multiply line 10 by line 3a and enter total cost of sanitarian to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-1).	
11b	Multiply line 10 by line 3b and enter total cost of sanitarian to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-1).	
11c	Multiply line 10 by line 3c and enter total cost of sanitarian to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-1).	

SANITARIAN COST ANTICIPATED TABLE B-A (M-1)

Department

Sanitarian

	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by sanitarian.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total increase in annual wages or salary paid.	
	5	Amount of increase for each Fringe benefits:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Amount of Increase in Travel Costs:	
	a.	Mileage paid to sanitarian	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of sanitarian to the Risk component. Sum all line 11's and enter total on line 1a of Anticipated Costs Table F (M-1).	
	11a	Multiply line 10 by line 3a and enter total cost of sanitarian to the Mobile component. Sum all line 11a's and enter total on line 2a of Anticipated Costs Table F (M-1).	
	11b	Multiply line 10 by line 3b and enter total cost of sanitarian to the Vending component. Sum all line 11b's and enter total on line 3a of Anticipated Costs Table F (M-1).	
	11c	Multiply line 10 by line 3c and enter total cost of sanitarian to the Temporary component. Sum all line 11c's and enter total on line 4a of Anticipated Costs Table F (M-1).	

SUPPORT STAFF COST TABLE C (M-1)		
Department		
Staff name		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by staff.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total annual wages or salary paid.	
5	Fringe benefits paid:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
8	Sum lines 4, 6, and 7 and enter total.	
9	Multiply line 8 by line 3 and enter total cost of this person to the Risk component here and on the appropriate line 1a-1j of itemized Program Support Costs Table D (M-1).	
9a	Multiply line 8 by line 3a and enter total cost of this person to the Mobile component here and on the appropriate line 5a-5j of itemized Program Support Costs Table D (M-1).	
9b	Multiply line 8 by line 3b and enter total cost of support staff to the Vending component here and on the appropriate line 9a-9j of itemized Program Support Costs Table D (M-1).	
9c	Multiply line 8 by line 3c and enter total cost of support staff to the Temporary component here and on the appropriate line 13a-13j of itemized Program Support Costs Table D (M-1).	

		SUPPORT STAFF COST ANTICIPATED TABLE C-A (M-1)	
Department			
Staff Name			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by staff.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total additional annual wages or salary paid.	
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Estimated increases in travel costs:	
	8	Sum lines 4, 6, and 7 and enter total.	
	9	Multiply line 8 by line 3 and enter total cost of this person to the Risk component here and on the appropriate line 1a-1j of itemized Program Support Costs Anticipated Table D-A (M-1).	
	9a	Multiply line 8 by line 3a and enter total cost of staff to the Mobile component here and on the appropriate line 3a-3j of itemized Program Support Costs Anticipated Table D-A (M-1).	
	9b	Multiply line 8 by line 3b and enter total cost of staff to the Vending component here and on the appropriate line 5a-5j of itemized Program Support Costs Anticipated Table D-A (M-1).	
	9c	Multiply line 8 by line 3c and enter total cost of staff to the Temporary component here and on the appropriate line 7a-7j of itemized Program Support Costs Anticipated Table D-A (M-1).	

ITEMIZED SUPPORT STAFF COST TABLE D (M-1)

Department

RISK PROGRAM COMPONENT

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	1.	Enter the amount from line 9 of each Support Staff Cost Table C (M-1) on the appropriate line below.		
		a. Support Staff #1		
		b. Support Staff #2		
		c. Support Staff #3		
		d. Support Staff #4		
		e. Support Staff #5		
		f. Support Staff #6		
		g. Support Staff #7		
		h. Support Staff #8		
		i. Support Staff #9		
		j. Support Staff #10		
	2.	Sum lines 1a through 1j and enter total.		

Overhead Costs:

	3.	Enter the amount from line 12 of the Overhead Cost Table E (M-1).		
	4.	Sum lines 2 and 3; enter amount here and on line 1 of Cost Analysis Totals Table A Risk (M-1).		

MOBILE PROGRAM COMPONENT

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	5	Enter the amount from line 9a of each Support Staff Cost Table C (M-1) on the appropriate line below.		
		a. Support Staff #1		
		b. Support Staff #2		
		c. Support Staff #3		
		d. Support Staff #4		
		e. Support Staff #5		
		f. Support Staff #6		
		g. Support Staff #7		
		h. Support Staff #8		
		i. Support Staff #9		
		j. Support Staff #10		
	6.	Sum lines 5a through 5j and enter total.		

Overhead Costs:

	7.	Enter the amount from line 24 of the Overhead Cost Table E (M-1).		
	8.	Sum lines 6 and 7; enter amount here and on line 1 of Cost Analysis Totals Table A Mobile (M-1).		

ITEMIZED SUPPORT STAFF COST TABLE D (M-1)

Department

VENDING PROGRAM COMPONENT

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	9.	Enter the amount from line 9b of each Support Staff Cost Table C (M-1) on the appropriate line below.		
		a. Support Staff #1		
		b. Support Staff #2		
		c. Support Staff #3		
		d. Support Staff #4		
		e. Support Staff #5		
		f. Support Staff #6		
		g. Support Staff #7		
		h. Support Staff #8		
		i. Support Staff #9		
		j. Support Staff #10		
	10.	Sum lines 9a through 9j and enter total.		

Overhead Costs:

	11.	Enter the amount from line 36 of the Overhead Cost Table E (M-1).		
	12.	Sum lines 10 and 11; enter amount here and on line 1 of Cost Analysis Totals Table A Vending (M-1).		

TEMPORARY PROGRAM COMPONENTS

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	13.	Enter the amount from line 9c of each Support Staff Cost Table C (M-1) on the appropriate line below.		
		a. Support Staff #1		
		b. Support Staff #2		
		c. Support Staff #3		
		d. Support Staff #4		
		e. Support Staff #5		
		f. Support Staff #6		
		g. Support Staff #7		
		h. Support Staff #8		
		i. Support Staff #9		
		j. Support Staff #10		
	14.	Sum lines 13a through 13j and enter total.		

Overhead Costs:

	15.	Enter the amount from line 48 of the Overhead Cost Table E (M-1).		
	16.	Sum lines 14 and 15; enter amount here and on line 1 of Cost Analysis Totals Table A Temporary (M-1).		

ITEMIZED SUPPORT STAFF COST ANTICIPATED D-A (M-1)

Department

RISK PROGRAM COMPONENT

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	1.	Enter the amount from line 9 of each Support Staff Cost Anticipated Table C-A (M-1) on the appropriate line below.	
	a.	Support Staff #1	
	b.	Support Staff #2	
	c.	Support Staff #3	
	d.	Support Staff #4	
	e.	Support Staff #5	
	f.	Support Staff #6	
	g.	Support Staff #7	
	h.	Support Staff #8	
	i.	Support Staff #9	
	j.	Support Staff #10	
	2.	Sum lines 1a through 1j and enter total.	

MOBILE PROGRAM COMPONENT

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	3.	Enter the amount from line 9a of each Support Staff Cost Anticipated Table C-A (M-1) on the appropriate line below.	
	a.	Support Staff #1	
	b.	Support Staff #2	
	c.	Support Staff #3	
	d.	Support Staff #4	
	e.	Support Staff #5	
	f.	Support Staff #6	
	g.	Support Staff #7	
	h.	Support Staff #8	
	i.	Support Staff #9	
	j.	Support Staff #10	
	4.	Sum lines 3a through 3j and enter total.	

ITEMIZED SUPPORT STAFF COST ANTICIPATED D-A (M-1)

Department

VENDING PROGRAM COMPONENT

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	5.	Enter the amount from line 9b of each Support Staff Cost Anticipated Table C-A (M-1) on the appropriate line below.	
		a. Support Staff #1	
		b. Support Staff #2	
		c. Support Staff #3	
		d. Support Staff #4	
		e. Support Staff #5	
		f. Support Staff #6	
		g. Support Staff #7	
		h. Support Staff #8	
		i. Support Staff #9	
		j. Support Staff #10	
	6.	Sum lines 5a through 5j and enter total.	

TEMPORARY PROGRAM COMPONENT

Support Staff (health commissioner, director of environmental health, secretary, clerks, etc.)

	7.	Enter the amount from line 9c of each Support Staff Cost Anticipated Table C-A (M-1) on the appropriate line below.	
		a. Support Staff #1	
		b. Support Staff #2	
		c. Support Staff #3	
		d. Support Staff #4	
		e. Support Staff #5	
		f. Support Staff #6	
		g. Support Staff #7	
		h. Support Staff #8	
		i. Support Staff #9	
		j. Support Staff #10	
	8.	Sum lines 7a through 7j and enter total.	

OVERHEAD COSTS TABLE E (M-1)

Department

RISK PROGRAM COMPONENT

The costs that are entered on the lines below must be attributable to the RISK component.

1.	Rent	
2.	Postage	
3.	Advertising	
4.	Supplies	
5.	Equipment	
6.	Telephone	
7.	Audit	
8.	Insurance (other than liability, health)	
9.	Computer Services	
10.	Utilities:	
	a. Electric	
	b. Gas	
	c. Water	
	d. Sewer	
11.	Miscellaneous	
12.	Sum lines 1 through 11 and enter total. This amount is the overhead cost attributable to the RISK program component. Enter this amount on line 3 of Itemized Program Support Costs Table D (M-1).	

MOBILE PROGRAM COMPONENT

The costs that are entered on the lines below must be attributable to the MOBILE component.

13.	Rent	
14.	Postage	
15.	Advertising	
16.	Supplies	
17.	Equipment	
18.	Telephone	
19.	Audit	
20.	Insurance (other than liability, health)	
21.	Computer Services	
22.	Utilities:	
	a. Electric	
	b. Gas	
	c. Water	
	d. Sewer	
23..	Miscellaneous	
24.	Sum lines 13 through 23 and enter total. This amount is the overhead cost attributable to the MOBILE program component. Enter this amount on line 7 of Itemized Program Support Costs Table D (M-1).	

OVERHEAD COSTS TABLE E (M-1)

Department

VENDING PROGRAM COMPONENT

The costs that are entered on the lines below must be attributable to the VENDING component.

	25.	Rent	
	26.	Postage	
	27.	Advertising	
	28.	Supplies	
	29.	Equipment	
	30.	Telephone	
	31.	Audit	
	32.	Insurance (other than liability, health)	
	33.	Computer Services	
	34.	Utilities:	
		a. Electric	
		b. Gas	
		c. Water	
		d. Sewer	
	35.	Miscellaneous	
	36.	Sum lines 25 through 35 and enter total. This amount is the overhead cost attributable to the VENDING program component. Enter this amount on line 11 of Itemized Program Support Costs Table D (M-1).	

TEMPORARY PROGRAM COMPONENT

The costs that are entered on the lines below must be attributable to the TEMPORARY component.

	37.	Rent	
	38.	Postage	
	39.	Advertising	
	40.	Supplies	
	41.	Equipment	
	42.	Telephone	
	43.	Audit	
	44.	Insurance (other than liability, health)	
	45.	Computer Services	
	46.	Utilities:	
		a. Electric	
		b. Gas	
		c. Water	
		d. Sewer	
	47.	Miscellaneous	
	48.	Sum lines 37 through 47 and enter total. This amount is the overhead cost attributable to the TEMPORARY program component. Enter this amount on line 15 of Itemized Program Support Costs Table D (M-1).	

OVERHEAD ANTICIPATED COSTS TABLE E-A (M-1)

Department

RISK PROGRAM COMPONENT

The known increases in costs that are entered on the lines below must be attributable to the RISK component.

	1.	Rent	
	2.	Postage	
	3.	Advertising	
	4.	Supplies	
	5.	Equipment	
	6.	Telephone	
	7.	Audit	
	8.	Insurance (other than liability, health)	
	9.	Computer Services	
	10.	Utilities:	
		a. Electric	
		b. Gas	
		c. Water	
		d. Sewer	
	11.	Miscellaneous	
	12.	Sum lines 1 through 11 and enter total. This amount is the anticipated overhead cost attributable to the RISK program component. Enter this amount on line 1b of Anticipated Costs Table F (M-1).	

MOBILE PROGRAM COMPONENT

The known increases in costs that are entered on the lines below must be attributable to the MOBILE component.

	13.	Rent	
	14.	Postage	
	15.	Advertising	
	16.	Supplies	
	17.	Equipment	
	18.	Telephone	
	19.	Audit	
	20.	Insurance (other than liability, health)	
	21.	Computer Services	
	22.	Utilities:	
		a. Electric	
		b. Gas	
		c. Water	
		d. Sewer	
	23.	Miscellaneous	
	24.	Sum lines 13 through 23 and enter total. This amount is the anticipated overhead cost attributable to the MOBILE program component. Enter this amount on line 2b of Anticipated Costs Table F (M-1).	

OVERHEAD ANTICIPATED COSTS TABLE E-A (M-1)

Department _____

VENDING PROGRAM COMPONENT

The known increases in costs that are entered on the lines below must be attributable to the VENDING component.

	25.	Rent	
	26.	Postage	
	27.	Advertising	
	28.	Supplies	
	29.	Equipment	
	30.	Telephone	
	31.	Audit	
	32.	Insurance (other than liability, health)	
	33.	Computer Services	
	34.	Utilities:	
		a. Electric	
		b. Gas	
		c. Water	
		d. Sewer	
	35.	Miscellaneous	
	36.	Sum lines 25 through 35 and enter total. This amount is the anticipated overhead cost attributable to the VENDING program component. Enter this amount on line 3b of Anticipated Costs Table F (M-1).	

TEMPORARY PROGRAM COMPONENT

The known increases in costs that are entered on the lines below must be attributable to the TEMPORARY component.

	37.	Rent	
	38.	Postage	
	39.	Advertising	
	40.	Supplies	
	41.	Equipment	
	42.	Telephone	
	43.	Audit	
	44.	Insurance (other than liability, health)	
	45.	Computer Services	
	46.	Utilities:	
		a. Electric	
		b. Gas	
		c. Water	
		d. Sewer	
	47.	Miscellaneous	
	48.	Sum lines 37 through 47 and enter total. This amount is the anticipated overhead cost attributable to the TEMPORARY program component. Enter this amount on line 4b of Anticipated Costs Table F (M-1).	

		ANTICIPATED COSTS TABLE F (M-1)	
Department			
RISK PROGRAM COMPONENT			
	1a.	Enter amount of anticipated additional cost from all line 11's of Sanitarian Cost Anticipated Table B-A (M-1).	
	1b.	Enter amount of anticipated additional cost from line 12 of Overhead Cost Anticipated Table E-A (M-1).	
	1c.	Enter amount of anticipated additional cost from line 2 of Itemized program Support Costs Anticipated Table D-A (M-1).	
	1d.	Sum lines 1a, 1b, 1c, and enter total here and on line 5 of Cost Analysis Totals Table A Risk (M-1).	
MOBILE PROGRAM COMPONENT			
	2a.	Enter amount of anticipated additional cost from line 11a of Sanitarian Cost Anticipated Table B-A (M-1).	
	2b.	Enter amount of anticipated additional cost from line 24 of Overhead Cost Anticipated Table E-A (M-1).	
	2c.	Enter amount of anticipated additional cost from line 4 of Itemized program Support Costs Anticipated Table D-A (M-1).	
	2d.	Sum lines 2a, 2b, 2c, and enter total here and on line 5 of Cost Analysis Totals Table A Mobile (M-1).	
VENDING PROGRAM COMPONENT			
	3a.	Enter amount of anticipated additional cost from line 11b of Sanitarian Cost Anticipated Table B-A (M-1).	
	3b.	Enter amount of anticipated additional cost from line 36 of Overhead Cost Anticipated Table E-A (M-1).	
	3c.	Enter amount of anticipated additional cost from line 6 of Itemized program Support Costs Anticipated Table D-A (M-1).	
	3d.	Sum lines 3a, 3b, 3c, and enter total here and on line 5 of Cost Analysis Totals Table A Vending (M-1).	
TEMPORARY PROGRAM COMPONENT			
	4a.	Enter amount of anticipated additional cost from line 11c of Sanitarian Cost Anticipated Table B-A (M-1).	
	4b.	Enter amount of anticipated additional cost from line 48 of Overhead Cost Anticipated Table E-A (M-1).	
	4c.	Enter amount of anticipated additional cost from line 8 of Itemized program Support Costs Anticipated Table D-A (M-1).	
	4d.	Sum lines 4a, 4b, 4c, and enter total here and on line 5 of Cost Analysis Totals Table A Temporary (M-1).	

Table F (M-1)

PROGRAM REVENUE TABLE G (M-1)		
Department		
License fees collected for Risk Classified Facilities.		
Commercial:		
1.	Level 1, less than 25,000 sq. ft.	
2.	Level 2, less than 25,000 sq. ft.	
3.	Level 3, less than 25,000 sq. ft.	
4.	Level 4, less than 25,000 sq. ft.	
5.	Level 1, 25,000 sq. ft. and over	
6.	Level 2, 25,000 sq. ft. and over	
7.	Level 3, 25,000 sq. ft. and over	
8.	Level 4, 25,000 sq. ft. and over	
Noncommercial (if applicable):		
9.	Level 1, less than 25,000 sq. ft.	
10.	Level 2, less than 25,000 sq. ft.	
11.	Level 3, less than 25,000 sq. ft.	
12.	Level 4, less than 25,000 sq. ft.	
13.	Level 1, 25,000 sq. ft. and over	
14.	Level 2, 25,000 sq. ft. and over	
15.	Level 3, 25,000 sq. ft. and over	
16.	Level 4, 25,000 sq. ft. and over	
RISK FACILITIES		
17.	Sum lines 1 through 16 and enter amount.	
18.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
19.	Sum lines 17 and 18 and enter amount. This total represents the total program revenue for the risk classified facilities.	
20.	Enter amount from line 6 of Cost Analysis Totals form Table A Risk (M-1).	
21.	Subtract line 20 from line 19 and enter amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	

		PROGRAM REVENUE TABLE G (M-1)	
Department			
MOBILE FACILITIES			
	22.	Enter mobile facilities license fees collected.	
	23.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
	24.	Sum lines 22 and 23 and enter amount. This total represents the total program revenue for mobile facilities.	
	25.	Enter amount from line 6 of Cost Analysis Totals form Table A Mobile (M-1).	
	26.	Subtract line 25 from line 24 and enter the amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	
VENDING FACILITIES			
	27.	Enter vending license fees collected.	
	28.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
	29.	Sum lines 27 and 28 and enter amount. This total represents the total program revenue for vending facilities.	
	30.	Enter amount from line 6 of the Cost Analysis Totals Table A Vending (M-1).	
	31.	Subtract line 30 from line 29 and enter amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	
TEMPORARY FACILITIES			
	32.	Enter temporary license fees collected.	
	33.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
	34.	Sum lines 32 and 33 and enter amount. This total represents the total program revenue for temporary facilities.	
	35.	Enter amount from line 6 of Cost Analysis Totals Table A Temporary (M-1).	
	36.	Subtract line 35 from line 34 and enter the amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	

LICENSE FEE CALCULATION TABLE H (M-1)

Department		
Licenses Issued in Each Category:		
Commercial: less than 25,000 sq. ft.		
1.	Level 1	
2.	Level 2	
3.	Level 3	
4.	Level 4	
Commercial: 25,000 sq. ft. or more		
5.	Level 1	
6.	Level 2	
7.	Level 3	
8.	Level 4	
Noncommercial: less than 25,000 sq. ft. (If LHD chooses to not have a noncommercial fee, enter "0" for each.)		
9.	Level 1	
10.	Level 2	
11.	Level 3	
12.	Level 4	
13.	Multiply line 9 by 0.5 and enter the amount.	
14.	Multiply line 10 by 0.5 and enter the amount.	
15.	Multiply line 11 by 0.5 and enter the amount.	
16.	Multiply line 12 by 0.5 and enter the amount.	
Noncommercial: 25,000 sq. ft. or more. (If LHD chooses to not have a noncommercial fee, enter "0" for each.)		
17.	Level 1	
18.	Level 2	
19.	Level 3	
20.	Level 4	
21.	Multiply line 17 by 0.5 and enter the amount.	
22.	Multiply line 18 by 0.5 and enter the amount.	
23.	Multiply line 19 by 0.5 and enter the amount.	
24.	Multiply line 20 by 0.5 and enter the amount.	
25.	Sum lines 1 to 8, 13 to 16, 21 to 24 and enter total.	
Calculated inspection period:		
26.	Multiply line 1 by (1) and by (1) and enter the amount.	
27.	Multiply line 2 by (1) and by (1.25) and enter the amount.	
28.	Multiply line 3 by (2) and by (1.64) and enter the amount.	
29.	Multiply line 4 by (2) and by (2.21) and enter the amount.	
30.	Multiply line 5 by (1) and by (1.88) and enter the amount.	
31.	Multiply line 6 by (1) and by (2.03) and enter the amount.	
32.	Multiply line 7 by (2) and by (4.84) and enter the amount.	
33.	Multiply line 8 by (2) and by (5.16) and enter the amount.	
34.	Multiply line 13 by (1) and by (1) and enter the amount.	
35.	Multiply line 14 by (1) and by (1.25) and enter the amount.	
36.	Multiply line 15 by (2) and by (1.64) and enter the amount.	
37.	Multiply line 16 by (2) and by (2.21) and enter the amount.	
38.	Multiply line 21 by (1) and by (1.88) and enter the amount.	
39.	Multiply line 22 by (1) and by (2.03) and enter the amount.	
40.	Multiply line 23 by (2) and by (4.84) and enter the amount.	
41.	Multiply line 24 by (2) and by (5.16) and enter the amount.	
42.	Sum lines 26 through 41 and enter total.	

LICENSE FEE CALCULATION TABLE H (M-1)

Department		
Cost per calculated Inspection period:		
43.	Enter program component cost from line 8 of the Cost Analysis Totals Table A (M-1)	
44.	Enter program support cost from line 1 of the Cost Analysis Totals Table A (M-1).	
45.	Subtract line 44 from line 43 and enter the amount.	
46.	Divide line 45 by line 42 and enter amount.	#DIV/0!
Support cost per facility:		
47.	Divide line 44 by line 25 and enter amount.	#DIV/0!
Calculated Inspection period amount:		
48.	Multiply line 46 by (1) and by (1) and enter the amount.	#DIV/0!
49.	Multiply line 46 by (1) and by (1.25) and enter the amount.	#DIV/0!
50.	Multiply line 46 by (2) and by (1.64) and enter the amount.	#DIV/0!
51.	Multiply line 46 by (2) and by (2.21) and enter the amount.	#DIV/0!
52.	Multiply line 46 by (1) and by (1.88) and enter the amount.	#DIV/0!
53.	Multiply line 46 by (1) and by (2.03) and enter the amount.	#DIV/0!
54.	Multiply line 46 by (2) and by (4.84) and enter the amount.	#DIV/0!
55.	Multiply line 46 by (2) and by (5.16) and enter the amount.	#DIV/0!
RISK CLASSIFIED LICENSE FEES		
56.	Add the amount on line 47 to the amount on line 48 and enter this total. This equals the maximum license fee that may be adopted for the Level 1, less than 25,000 sq. ft. category.	#DIV/0!
57.	Add the amount on line 47 to the amount on line 49 and enter this total. This equals the maximum license fee that may be adopted for the Level 2, less than 25,000 sq. ft. category.	#DIV/0!
58.	Add the amount on line 47 to the amount on line 50 and enter this total. This equals the maximum license fee that may be adopted for the Level 3, less than 25,000 sq. ft. category.	#DIV/0!
59.	Add the amount on line 47 to the amount on line 51 and enter this total. This equals the maximum license fee that may be adopted for the Level 4, less than 25,000 sq. ft. category.	#DIV/0!
60.	Add the amount on line 47 to the amount on line 52 and enter this total. This equals the maximum license fee that may be adopted for the Level 1, 25,000 sq. ft. and over category.	#DIV/0!
61.	Add the amount on line 47 to the amount on line 53 and enter this total. This equals the maximum license fee that may be adopted for the Level 2, 25,000 sq. ft. and over category.	#DIV/0!
62.	Add the amount on line 47 to the amount on line 54 and enter this total. This equals the maximum license fee that may be adopted for the Level 3, 25,000 sq. ft. and over category.	#DIV/0!
63.	Add the amount on line 47 to the amount on line 55 and enter this total. This equals the maximum license fee that may be adopted for the Level 4, 25,000 sq. ft. and over category.	#DIV/0!

LICENSE FEE CALCULATION TABLE H (M-1)		
Department		
MOBILE LICENSE FEE CALCULATION		
64.	Total number of mobile facilities.	
65.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Mobile (M-1).	
66.	Divide line 65 by line 64 and enter amount. This represents the maximum amount that the licensor may adopt as a mobile facility license fee.	#DIV/0!
*VENDING LICENSE FEE CALCULATION		
67.	Total number of licensed vending operations.	
68.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Vending (M-1).	
69.	Divide line 68 by line 67 and enter amount. This represents the maximum amount* that the licensor may adopt as a vending license fee.	#DIV/0!
*License fee shall not be increased by more than the percentage of increase in the Consumer Price Index.		
TEMPORARY FACILITY LICENSE FEE CALCULATION (DAY)		
70.	Number of days for which temporary licenses were issued last year.	
71.	Number of days for which noncommercial temporary licenses were issued last year.	
72.	Multiply line 71 by 0.5 and enter amount.	
73.	Sum of lines 70 and 72.	
74.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Temporary (M-1).	
75.	Divide line 74 by line 73 and enter amount. This represents the maximum amount that the licensor may adopt as a temporary facility license fee per day of operation.	#DIV/0!
OR		
TEMPORARY FACILITY LICENSE FEE CALCULATION (EVENT)		
76.	Number of temporary licenses issued last year.	
77.	Number of noncommercial temporary licenses issued last year.	
78.	Multiply line 77 by 0.5 and enter amount.	
79.	Sum of lines 76 and 78.	
80.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Temporary (M-1).	
81.	Divide line 80 by line 79 and enter amount. This represents the maximum amount that the licensor may adopt as a temporary facility license fee per event.	#DIV/0!

ANTICIPATED WORKSHEET (M-1)

Department

RISK PROGRAM COMPONENT

- | | | |
|---|----|---|
| | 1. | Previous year sanitarian cost for the risk component (taken from line 3 of Table A Risk (M-1)). |
| | 2. | Previous year anticipated sanitarian cost for the risk component (taken from line 1a of Table F (M-1)). |
| | 3. | Sum lines 1 and 2. This is the total sanitarian cost from the previous year for the risk component. |
| | 4. | Current sanitarian cost from line 3 of Table A Risk (M-1). |
| 0 | 5. | This is the amount of anticipated sanitarian cost of the risk component that was not incurred from the previous year. |

MOBILE PROGRAM COMPONENT

- | | | |
|---|-----|---|
| | 6. | Previous year sanitarian cost for the mobile component (taken from line 3 of Table A Mobile (M-1)). |
| | 7. | Previous year anticipated sanitarian cost for the mobile component (taken from line 2a of Table F (M-1)). |
| | 8. | Sum lines 6 and 7. This is the total sanitarian cost from previous year for the mobile component. |
| | 9. | Current sanitarian cost from line 3 of Table A Mobile (M-1). |
| 0 | 10. | This is the amount of anticipated sanitarian cost of the mobile component that was not incurred from the previous year. |

VENDING PROGRAM COMPONENT

- | | | |
|---|-----|--|
| | 11. | Previous year sanitarian cost for the vending component (taken from line 3 of Table A Vending (M-1)). |
| | 12. | Previous year anticipated sanitarian cost for the vending component (taken from line 3a of Table F (M-1)). |
| | 13. | Sum lines 11 and 12. This is the total sanitarian cost from the previous year for the vending component. |
| | 14. | Current sanitarian cost from line 3 of Table A Vending (M-1). |
| 0 | 15. | This is the amount of anticipated sanitarian cost of the vending component that was not incurred from the previous year. |

TEMPORARY PROGRAM COMPONENT

- | | | |
|---|-----|--|
| | 16. | Previous year sanitarian cost for the temporary component (taken from line 3 of Table A Temporary (M-1)). |
| | 17. | Previous year anticipated sanitarian cost for the temporary component (taken from line 4a of Table F (M-1)). |
| | 18. | Sum lines 16 and 17. This is the total sanitarian cost from previous year for the temporary component. |
| | 19. | Current sanitarian cost from line 3 of Table A Temporary (M-1). |
| 0 | 20. | This is the amount of anticipated sanitarian cost of the temporary component that was not incurred from the previous year. |

**Cost Methodology Forms
Method 2**

Certification of Cost Analysis (M-2)

Department	
Address:	
Name(s) of Person(s) completing the Cost Analysis:	
Name:	
Title	
Phone	
Name:	
Title:	
Phone:	
Name:	
Title:	
Phone:	
	Fiscal Year Used
#DIV/0!	% Support Cost for Risk (Not to exceed 30% per ORC)
#DIV/0!	% Support Cost for Mobile (Not to exceed 30% per ORC)
#DIV/0!	% Support Cost for Vending (Not to exceed 30% per ORC)
#DIV/0!	% Support Cost for Temporary (Not to exceed 30% per ORC)
#DIV/0!	Average number of sanitarian hours per Risk Classified Operation (9 maximum)
#DIV/0!	Average number of sanitarian hours per Mobile Classified Operation
#DIV/0!	Average number of sanitarian hours per Vending Classified Operation
#DIV/0!	Average number of sanitarian hours per Temporary Classified Operation per day
#DIV/0!	Average number of sanitarian hours per Temporary Classified Operation per event

Signature certifying review and acceptance:

Health Commissioner

COST ANALYSIS TOTALS TABLE (A) RISK (M-2)	
Department	
RISK PROGRAM COMPONENT	
Support Costs:	
	Method 2: Indirect Cost Rate
	a. Go to Sanitarian Cost Table B (M-2) and sum all lines 13 and enter this total.
	b. Multiply amount on line (a) by 30% and enter amount on line 1 below.
1	Enter amount.
Sanitarian Costs:	
2	Enter the amount from line 11 of each Sanitarian Cost Table B (M-2) on the appropriate line below.
	a. Sanitarian #1
	b. Sanitarian #2
	c. Sanitarian #3
	d. Sanitarian #4
	e. Sanitarian #5
	f. Sanitarian #6
	g. Sanitarian #7
	h. Sanitarian #8
	i. Sanitarian #9
	j. Sanitarian #10
	k. Sanitarian #11
	l. Sanitarian #12
	m. Sanitarian #13
	n. Sanitarian #14
	o. Sanitarian #15
	p. Sanitarian #16
	q. Sanitarian #17
	r. Sanitarian #18
	s. Sanitarian #19
	t. Sanitarian #20
	u. Sanitarian #21
	v. Sanitarian #22
	w. Sanitarian #23
	x. Sanitarian #24
	y. Sanitarian #25
	z. Sanitarian #26
	aa. Sanitarian #27
	bb. Sanitarian #28
	cc. Sanitarian #29
	dd. Sanitarian #30
3	Sum lines 2a through 2dd and enter total.
Laboratory costs:	
4	Sample costs
Anticipated costs:	
5	From Anticipated Costs Table F (M-2) enter the amount from line 1d.
Total Program Component Costs:	
6	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the risk component.
7	Enter the amount from line 6 of the anticipated worksheet. This is the amount of anticipated cost that was not incurred.
8	Subtract line 7 from line 6. This is the corrected total program cost for the Risk Component.

Table A Risk (M-2)

COST ANALYSIS TOTALS TABLE (A) MOBILE (M-2)

	COST ANALYSIS TOTALS TABLE (A) MOBILE (M-2)	
Department		
MOBILE PROGRAM COMPONENT		
Support Costs:		
	Method 2: Indirect Cost Rate	
	a. Go to Sanitarian Cost Table B (M-2) and sum all lines 13a and enter this total.	
	b. Multiply amount on line (a) by 30% and enter amount on line 1 below.	
	1.	Enter amount.
Sanitarian Costs:		
	2.	Enter the amount from line 11a of each Sanitarian Cost Table B (M-2) on the appropriate line below.
	a.	Sanitarian #1
	b.	Sanitarian #2
	c.	Sanitarian #3
	d.	Sanitarian #4
	e.	Sanitarian #5
	f.	Sanitarian #6
	g.	Sanitarian #7
	h.	Sanitarian #8
	i.	Sanitarian #9
	j.	Sanitarian #10
	k.	Sanitarian #11
	l.	Sanitarian #12
	m.	Sanitarian #13
	n.	Sanitarian #14
	o.	Sanitarian #15
	p.	Sanitarian #16
	q.	Sanitarian #17
	r.	Sanitarian #18
	s.	Sanitarian #19
	t.	Sanitarian #20
	u.	Sanitarian #21
	v.	Sanitarian #22
	w.	Sanitarian #23
	x.	Sanitarian #24
	y.	Sanitarian #25
	z.	Sanitarian #26
	aa.	Sanitarian #27
	bb.	Sanitarian #28
	cc.	Sanitarian #29
	dd.	Sanitarian #30
	3.	Sum lines 2a through 2dd and enter total.
Laboratory costs:		
	4.	Sample costs
Anticipated costs:		
	5.	From Anticipated Costs Table F (M-2) enter the amount from line 2d.
Total Program Component Costs:		
	6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the mobile component.
	7.	Enter the amount from line 12 of the anticipated worksheet. This is the amount of anticipated cost that was not incurred.
	8.	Subtract line 7 from line 6. This is the corrected total program cost for the Mobile Component.

Table A Mobile (M-2)

COST ANALYSIS TOTALS TABLE (A) VENDING (M-2)	
Department	
VENDING PROGRAM COMPONENT	
Support Costs:	
Method 2: Indirect Cost Rate	
	a. Go to Sanitarian Cost Table B (M-2) and sum all lines 13b and enter this total.
	b. Multiply amount on line (a) by 30% and enter amount on line 1 below.
1.	Enter amount.
Sanitarian Costs:	
2.	Enter the amount from line 11b of each Sanitarian Cost Table B (M-2) on the appropriate line below.
	a. Sanitarian #1
	b. Sanitarian #2
	c. Sanitarian #3
	d. Sanitarian #4
	e. Sanitarian #5
	f. Sanitarian #6
	g. Sanitarian #7
	h. Sanitarian #8
	i. Sanitarian #9
	j. Sanitarian #10
	k. Sanitarian #11
	l. Sanitarian #12
	m. Sanitarian #13
	n. Sanitarian #14
	o. Sanitarian #15
	p. Sanitarian #16
	q. Sanitarian #17
	r. Sanitarian #18
	s. Sanitarian #19
	t. Sanitarian #20
	u. Sanitarian #21
	v. Sanitarian #22
	w. Sanitarian #23
	x. Sanitarian #24
	y. Sanitarian #25
	z. Sanitarian #26
	aa. Sanitarian #27
	bb. Sanitarian #28
	cc. Sanitarian #29
	dd. Sanitarian #30
3.	Sum lines 2a through 2dd and enter total.
Laboratory costs:	
4.	Sample costs
Anticipated costs:	
5.	From Anticipated Costs Table F (M-2) enter the amount from line 3d.
Total Program Component Costs:	
6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the vending component.
7.	Enter the amount from line 18 of the anticipated worksheet. This is the amount of anticipated cost that was not incurred.
8.	Subtract line 7 from line 6. This is the corrected total program cost for the Vending Component.

Table A Vending (M-2)

COST ANALYSIS TOTALS TABLE (A) TEMPORARY (M-2)

Department		
TEMPORARY PROGRAM COMPONENT		
Support Costs:		
	Method 2: Indirect Cost Rate	
	a. Go to Sanitarian Cost Table B (M-2) and sum all lines 13c and enter this total.	
	b. Multiply amount on line (a) by 30% and enter amount on line 1 below.	
1.	Enter amount.	
Sanitarian Costs:		
2.	Enter the amount from line 11c of each Sanitarian Cost form Table B (M-2) on the appropriate line below.	
	a.	Sanitarian #1
	b.	Sanitarian #2
	c.	Sanitarian #3
	d.	Sanitarian #4
	e.	Sanitarian #5
	f.	Sanitarian #6
	g.	Sanitarian #7
	h.	Sanitarian #8
	i.	Sanitarian #9
	j.	Sanitarian #10
	k.	Sanitarian #11
	l.	Sanitarian #12
	m.	Sanitarian #13
	n.	Sanitarian #14
	o.	Sanitarian #15
	p.	Sanitarian #16
	q.	Sanitarian #17
	r.	Sanitarian #18
	s.	Sanitarian #19
	t.	Sanitarian #20
	u.	Sanitarian #21
	v.	Sanitarian #22
	w.	Sanitarian #23
	x.	Sanitarian #24
	y.	Sanitarian #25
	z.	Sanitarian #26
	aa.	Sanitarian #27
	bb.	Sanitarian #28
	cc.	Sanitarian #29
	dd.	Sanitarian #30
3.	Sum lines 2a through 2dd and enter total.	
Laboratory costs:		
4.	Sample costs	
Anticipated costs:		
5.	From Anticipated Costs Table F (M-2) enter the amount from line 4d.	
Total Program Component Costs:		
6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the temporary program component.	
7.	Enter the amount from line 24 of anticipated worksheet. This is the amount of anticipated cost that was not incurred.	
8.	Subtract line 7 from line 6. This is the corrected total program cost for the Temporary Component.	

Table A Temporary (M-2)

SANITARIAN COST TABLE B (M-2)

Department			
Sanitarian			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by sanitarian.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to sanitarian	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of sanitarian to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of sanitarian to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of sanitarian to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of sanitarian to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4 and 6	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

SANITARIAN COST ANTICIPATED TABLE B-A (M-2)

Department			
Sanitarian			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by sanitarian.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total increase in annual wages or salary paid.	
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of sanitarian to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of sanitarian to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of sanitarian to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of sanitarian to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4 and 6	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

		ANTICIPATED COSTS TABLE F (M-2)	
Department			
RISK PROGRAM COMPONENT			
	1a.	Enter amount of anticipated additional cost from all of the lines 11 of Sanitarian Cost Anticipated Table B-A (M-2).	
	1b.	Known additional support costs: Sum all of the lines 13 of all Sanitarian Cost Anticipated Table B-A (M-2) and enter amount.	
	1c.	Multiply the amount on line 1b by 30% and enter amount.	
	1d.	Sum lines 1a and 1c, and enter total here and on line 5 of Cost Analysis Totals Table A Risk (M-2).	
MOBILE PROGRAM COMPONENT			
	2a.	Enter amount of anticipated additional cost from all of the lines 11a of Sanitarian Cost Anticipated Table B-A (M-2).	
	2b.	Known additional support costs: Sum all of the lines 13a of all Sanitarian Cost Anticipated Table B-A (M-2) and enter amount.	
	2c.	Multiply the amount on line 2b by 30% and enter amount.	
	2d.	Sum lines 2a and 2c, and enter total here and on line 5 of Cost Analysis Totals Table A Mobile (M-2).	
VENDING PROGRAM COMPONENT			
	3a.	Enter amount of anticipated additional cost from all of the lines 11b of Sanitarian Cost Anticipated Table B-A (M-2).	
	3b.	Known additional support costs: Sum all of the lines 13b of all Sanitarian Cost Anticipated Table B-A (M-2) and enter amount.	
	3c.	Multiply the amount on line 3b by 30% and enter amount.	
	3d.	Sum lines 3a and 3c, and enter total here and on line 5 of Cost Analysis Totals Table A Vending (M-2).	
TEMPORARY PROGRAM COMPONENT			
	4a.	Enter amount of anticipated additional cost from line 11c of Sanitarian Cost Anticipated Table B-A (M-2).	
	4b.	Known additional support costs: Sum all of the lines 13c of all Sanitarian Cost Anticipated Table B-A (M-2) and enter amount.	
	4c.	Multiply the amount on line 4b by 30% and enter amount.	
	4d.	Sum lines 4a and 4c, and enter total here and on line 5 of Cost Analysis Totals Table A Temporary (M-2).	

PROGRAM REVENUE TABLE G (M-2)		
Department		
License fees collected for Risk Classified Facilities.		
Commercial:		
1.	Level 1, less than 25,000 sq. ft.	
2.	Level 2, less than 25,000 sq. ft.	
3.	Level 3, less than 25,000 sq. ft.	
4.	Level 4, less than 25,000 sq. ft.	
5.	Level 1, 25,000 sq. ft. and over	
6.	Level 2, 25,000 sq. ft. and over	
7.	Level 3, 25,000 sq. ft. and over	
8.	Level 4, 25,000 sq. ft. and over	
Noncommercial (if applicable):		
9.	Level 1, less than 25,000 sq. ft.	
10.	Level 2, less than 25,000 sq. ft.	
11.	Level 3, less than 25,000 sq. ft.	
12.	Level 4, less than 25,000 sq. ft.	
13.	Level 1, 25,000 sq. ft. and over	
14.	Level 2, 25,000 sq. ft. and over	
15.	Level 3, 25,000 sq. ft. and over	
16.	Level 4, 25,000 sq. ft. and over	
RISK FACILITIES		
17.	Sum lines 1 through 16 and enter amount.	
18.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
19.	Sum lines 17 and 18 and enter amount. This total represents the total program revenue for the risk classified facilities.	
20.	Enter amount from line 8 of Cost Analysis Totals Table A Risk (M-2).	
21.	Subtract line 20 from line 19 and enter amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	

PROGRAM REVENUE TABLE G (M-2)		
Department		
MOBILE FACILITIES		
22.	Enter mobile facilities license fees collected.	
23.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
24.	Sum lines 22 and 23 and enter amount. This total represents the total program revenue for mobile facilities.	
25.	Enter amount from line 8 of Cost Analysis Totals Table A Mobile (M-2).	
26.	Subtract line 25 from line 24 and enter the amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	
VENDING FACILITIES		
27.	Enter vending license fees collected.	
28.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
29.	Sum lines 27 and 28 and enter amount. This total represents the total program revenue for vending facilities.	
30.	Enter amount from line 8 of the Cost Analysis Totals Table A Vending (M-2).	
31.	Subtract line 30 from line 29 and enter amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	
TEMPORARY FACILITIES		
32.	Enter temporary license fees collected.	
33.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
34.	Sum lines 32 and 33 and enter amount. This total represents the total program revenue for temporary facilities.	
35.	Enter amount from line 8 of Cost Analysis Totals Table A Temporary (M-2).	
36.	Subtract line 35 from line 34 and enter the amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	

LICENSE FEE CALCULATION TABLE H (M-2)

Department

Licenses Issued in Each Category:

Commercial: less than 25,000 sq. ft.		
1.	Level 1	
2.	Level 2	
3.	Level 3	
4.	Level 4	
Commercial: 25,000 sq. ft. or more		
5.	Level 1	
6.	Level 2	
7.	Level 3	
8.	Level 4	
Noncommercial: less than 25,000 sq. ft. (If LHD chooses to not have a noncommercial fee, enter "0" for each.)		
9.	Level 1	
10.	Level 2	
11.	Level 3	
12.	Level 4	
13.	Multiply line 9 by 0.5 and enter the amount.	
14.	Multiply line 10 by 0.5 and enter the amount.	
15.	Multiply line 11 by 0.5 and enter the amount.	
16.	Multiply line 12 by 0.5 and enter the amount.	
Noncommercial: 25,000 sq. ft. or more. (If LHD chooses to not have a noncommercial fee, enter "0" for each.)		
17.	Level 1	
18.	Level 2	
19.	Level 3	
20.	Level 4	
21.	Multiply line 17 by 0.5 and enter the amount.	
22.	Multiply line 18 by 0.5 and enter the amount.	
23.	Multiply line 19 by 0.5 and enter the amount.	
24.	Multiply line 20 by 0.5 and enter the amount.	
25.	Sum lines 1 to 8, 13 to 16, 21 to 24 and enter total.	
Calculated inspection period:		
26.	Multiply line 1 by (1) and by (1) and enter the amount.	
27.	Multiply line 2 by (1) and by (1.25) and enter the amount.	
28.	Multiply line 3 by (2) and by (1.64) and enter the amount.	
29.	Multiply line 4 by (2) and by (2.21) and enter the amount.	
30.	Multiply line 5 by (1) and by (1.88) and enter the amount.	
31.	Multiply line 6 by (1) and by (2.03) and enter the amount.	
32.	Multiply line 7 by (2) and by (4.84) and enter the amount.	
33.	Multiply line 8 by (2) and by (5.16) and enter the amount.	
34.	Multiply line 13 by (1) and by (1) and enter the amount.	
35.	Multiply line 14 by (1) and by (1.25) and enter the amount.	
36.	Multiply line 15 by (2) and by (1.64) and enter the amount.	
37.	Multiply line 16 by (2) and by (2.21) and enter the amount.	
38.	Multiply line 21 by (1) and by (1.88) and enter the amount.	
39.	Multiply line 22 by (1) and by (2.03) and enter the amount.	
40.	Multiply line 23 by (2) and by (4.84) and enter the amount.	
41.	Multiply line 24 by (2) and by (5.16) and enter the amount.	
42.	Sum lines 26 through 41 and enter total.	

LICENSE FEE CALCULATION TABLE H (M-2)

Department			
Cost per calculated inspection period:			
43.	Enter program component cost from line 8 of the Cost Analysis Totals Table A Risk (M-2).		
44.	Enter program support cost from line 1 of the Cost Analysis Totals Table A Risk (M-2).		
45.	Subtract line 44 from line 43 and enter the amount.		
46.	Divide line 45 by line 42 and enter amount.		#DIV/0!
Support cost per facility:			
47.	Divide line 44 by line 25 and enter amount.		#DIV/0!
Calculated inspection period amount:			
48.	Multiply line 46 by (1) and by (1) and enter the amount.		#DIV/0!
49.	Multiply line 46 by (1) and by (1.25) and enter the amount.		#DIV/0!
50.	Multiply line 46 by (2) and by (1.64) and enter the amount.		#DIV/0!
51.	Multiply line 46 by (2) and by (2.21) and enter the amount.		#DIV/0!
52.	Multiply line 46 by (1) and by (1.88) and enter the amount.		#DIV/0!
53.	Multiply line 46 by (1) and by (2.03) and enter the amount.		#DIV/0!
54.	Multiply line 46 by (2) and by (4.84) and enter the amount.		#DIV/0!
55.	Multiply line 46 by (2) and by (5.16) and enter the amount.		#DIV/0!
RISK CLASSIFIED LICENSE FEES			
56.	Add the amount on line 47 to the amount on line 48 and enter this total. This equals the maximum license fee that may be adopted for the Level 1, less than 25,000 sq. ft. category.		#DIV/0!
57.	Add the amount on line 47 to the amount on line 49 and enter this total. This equals the maximum license fee that may be adopted for the Level 2, less than 25,000 sq. ft. category.		#DIV/0!
58.	Add the amount on line 47 to the amount on line 50 and enter this total. This equals the maximum license fee that may be adopted for the Level 3, less than 25,000 sq. ft. category.		#DIV/0!
59.	Add the amount on line 47 to the amount on line 51 and enter this total. This equals the maximum license fee that may be adopted for the Level 4, less than 25,000 sq. ft. category.		#DIV/0!
60.	Add the amount on line 47 to the amount on line 52 and enter this total. This equals the maximum license fee that may be adopted for the Level 1, 25,000 sq. ft. and over category.		#DIV/0!
61.	Add the amount on line 47 to the amount on line 53 and enter this total. This equals the maximum license fee that may be adopted for the Level 2, 25,000 sq. ft. and over category.		#DIV/0!
62.	Add the amount on line 47 to the amount on line 54 and enter this total. This equals the maximum license fee that may be adopted for the Level 3, 25,000 sq. ft. and over category.		#DIV/0!
63.	Add the amount on line 47 to the amount on line 55 and enter this total. This equals the maximum license fee that may be adopted for the Level 4, 25,000 sq. ft. and over category.		#DIV/0!

LICENSE FEE CALCULATION TABLE H (M-2)		
Department		
Mobile Facility License Fee Calculation		
64.	Total number of mobile facilities.	
65.	Enter total cost for this program component from line 8 of the Cost Analysis Totals Table A Mobile (M-2).	
66.	Divide line 65 by line 64 and enter amount. This represents the maximum amount that the licensor may adopt as a mobile facility license fee.	#DIV/0!
*VENDING LICENSE FEE CALCULATION		
67.	Total number of licensed vending operations.	
68.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Vending (M-2).	
69.	Divide line 68 by line 67 and enter amount. This represents the maximum amount* that the licensor may adopt as a vending license fee.	#DIV/0!
*License fee shall not be increased by more than the percentage of increase in the Consumer Price Index.		
TEMPORARY FACILITY LICENSE FEE CALCULATION (DAY)		
70.	Number of days for which temporary licenses were issued last year.	
71.	Number of days for which noncommercial temporary licenses were issued last year.	
72.	Multiply line 71 by 0.5 and enter amount.	
73.	Sum of lines 70 and 72.	
74.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Temporary (M-2).	
75.	Divide line 74 by line 73 and enter amount. This represents the maximum amount that the licensor may adopt as a temporary facility license fee per day of operation.	#DIV/0!
OR		
TEMPORARY FACILITY LICENSE FEE CALCULATION (EVENT)		
76.	Number of temporary licenses issued per year.	
77.	Number of noncommercial temporary licenses issued per year.	
78.	Multiply line 77 by 0.5 and enter amount.	
79.	Sum of lines 76 and 78.	
80.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Temporary (M-2).	
81.	Divide line 80 by line 79 and enter amount. This represents the maximum amount that the licensor may adopt as a temporary facility license fee per event.	#DIV/0!

ANTICIPATED WORKSHEET (M-2)

Department

RISK PROGRAM COMPONENT

	1.	Previous year sanitarian cost taken from line 3 of Table A Risk (M-2)
	2.	Previous year anticipated sanitarian cost taken from line 1a Table F Risk (M-2)
	3.	Sum lines 1 and 2. This is the total sanitarian cost from the previous year
	4.	Current sanitarian cost from line 3 of Table A Risk (M-2)
0	5.	This is the amount of anticipated sanitarian cost of the risk component that was not incurred from the previous year.

MOBILE PROGRAM COMPONENT

	6.	Previous year sanitarian cost taken from line 3 of Table A Mobile (M-2)
	7.	Previous year anticipated sanitarian cost taken from line 2a Table F Mobile (M-2)
	8.	Sum lines 6 and 7. This is the total sanitarian cost from previous year
	9.	Current sanitarian cost from line 3 of Table A Mobile (M-2)
0	10.	This is the amount of anticipated sanitarian cost of the risk component that was not incurred from the previous year.

VENDING PROGRAM COMPONENT

	11.	Previous year sanitarian cost taken from line 3 of Table A Vending (M-2)
	12.	Previous year anticipated sanitarian cost taken from line 1a Table F Vending M-2)
	13.	Sum lines 11 and 12. This is the total sanitarian cost from previous year
	14.	Current sanitarian cost from line 3 of Table A Vending (M-2)
0	15.	This is the amount of anticipated sanitarian cost of the risk component that was not incurred from the previous year.

TEMPORARY PROGRAM COMPONENT

	16.	Previous year sanitarian cost
	17.	Previous year anticipated sanitarian cost
	18.	Sum lines 16 and 17. This is the total sanitarian cost from previous year
	19.	Current sanitarian cost from line 3 of Table A Temporary (M-2)
0	20.	This is the amount of anticipated sanitarian cost of the risk component that was not incurred from the previous year.