



**Cost Benefit Analysis Financial Information**

Please see line by line instructions at: <http://vendornet.state.wi.us/vendornet/doaforms/CBAInstructions.doc>

To request Cost Benefit Analysis approval, please complete DOA-3821a CBA Project Summary (Word) and DOA-3821b CBA Financial Information (Excel). Route the documents for approval within your agency as defined by your agency policy. Submit approved documents to the State Bureau of Procurement at: **DOAcba@wisconsin.gov** and appropriate Union Representatives.

Only enter information in the areas shaded yellow. Please do not alter formulas in blue cells. If more room is needed for any line number, insert new rows in the middle of the shaded area so the formulas are still valid. The Cost Benefit Analysis Summary at the end is populated with the totals from each of the sections below.

Department:  Date:  Agency Tracking Number:

Contact:  Phone Number:

Project/Program Title:

**Part One - State Employee Costs**

**Line 1. Part A:** Identify all permanent state staff needed to carry out the function described in this CBA. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

<u>Job Classifications from OSER - Permanent positions</u>	<u>Hourly Pay</u>	<u>Number of Staff Needed</u>	<u>Annual Hours</u>	<u>Total Year 1</u>	<u>Total Year 2</u>	<u>Total Year 3</u>	<u>Total Year 4</u>	<u>Total Year 5</u>
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				

**Sub-total State Employee Wage and Salary Costs for Line 1 Part A Permanent positions**      \$0      \$0      \$0      \$0      \$0

**Line 1. Part B:** Identify all limited term staff needed to carry out the function described in this CBA. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

<u>Job Classifications from OSER-Limited Term positions</u>	<u>Hourly Pay</u>	<u>Number of Staff Needed</u>	<u>Annual Hours</u>	<u>Total Year 1</u>	<u>Total Year 2</u>	<u>Total Year 3</u>	<u>Total Year 4</u>	<u>Total Year 5</u>
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				

<b>Sub-total State Employee Wage and Salary Costs for Line 1 Part B Limited Term positions</b>	\$0	\$0	\$0	\$0	\$0
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<b>Total State Employee Wage and Salary Costs for Line 1 Part A and Part B (Permanent &amp; LTE)</b>	\$0	\$0	\$0	\$0	\$0
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<b>Please describe your assumptions for the total number of Permanent and LTE staff requested and designated classifications. Also describe your assumptions for any proposed annual increases.</b>	
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**Line 1. Part C:** The Leave Adjustment Factor accounts for benefits that a state employee earns but does not use. A standard 15% was calculated by OSER based on its survey of state agencies. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

	Hourly Pay	Number of Staff Needed	Leave Factor Hours at 15%	Total Year 1	Total Year 2	Total Year 3	Total Year 4	Total Year 5
	\$0.00	0	0	\$0				
	\$0.00	0	0	\$0				
	\$0.00	0	0	\$0				
	\$0.00	0	0	\$0				
	\$0.00	0	0	\$0				

**Total State Employee Leave Adjustment Factor Costs for Line 1 Part A** \$0 \$0 \$0 \$0 \$0

Please describe your assumptions. Documentation is only needed if you vary from the State average leave factor.

**Line 2. Fringe** calculated at appropriate percentage of wages included in Line 1 Part A and Part B. Contact your budget office for the appropriate rate. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

	Total Year 1	Total Year 2	Total Year 3	Total Year 4	Total Year 5
Benefit Rate for Permanent positions					
Benefit Rate for LTE positions					
Benefit Amount for Permanent positions	\$0	\$0	\$0	\$0	\$0
Benefit Amount for LTE positions	\$0	\$0	\$0	\$0	\$0
<b>Total Fringe Benefits Costs for Line 2</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Line 3. Annual State Employee Administrative Overhead Costs. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

	Total Year 1	Total Year 2	Total Year 3	Total Year 4	Total Year 5
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Total Individual Overhead Costs	\$0	\$0	\$0	\$0	\$0
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Total number of employees needed from Line 1 Part A and Line 1 Part B	
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Total Administrative Overhead Costs for line 3	\$0	\$0	\$0	\$0	\$0
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Please describe your assumptions.

Line 4. Other Operating Costs. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

	Total Year 1	Total Year 2	Total Year 3	Total Year 4	Total Year 5

Total Other Operating Costs for line 4 \$0 \$0 \$0 \$0 \$0

Please describe your assumptions.

Line 5 is the Total State Employee Costs ( Automatic sum of lines 1 through 4) and is included on the summary page at the end.

**Part Two - Contracting Costs**

**Line 6. Contract Price:** You must identify the cost of this contract in either a lump sum amount or by modeling the positions used when calculating the state employee costs. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

Position description or Project Description	Hourly Pay	Number Requested	Annual Hours	Total Year 1	Total Year 2	Total Year 3	Total Year 4	Total Year 5
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				

**Total Contract Price for line 6** \$0 \$0 \$0 \$0 \$0

Please describe your assumptions for the total number of staff requested and designated classifications or the total contract cost.

**Line 7. Contract Monitoring and Contract Creation Costs:** These costs include all activities that take place from the time a decision is made by the program area to contract out until the contract is fully executed and final payment is made. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

	Hourly Rate	Number of Staff requested	Annual Hours	Total Year 1	Total Year 2	Total Year 3	Total Year 4	Total Year 5

**Total Contract Monitoring for line 7** \$0 \$0 \$0 \$0 \$0

Please describe your assumptions for the total number of positions requested and designated classifications.



**Part Three - Cost Benefit Analysis Summary**

Do not alter information on this page. You should review each summary item to ensure that previously entered data is accurately represented. SEE INSTRUCTIONS FOR DETAILED GUIDANCE.

Department:	Date:	Agency Tracking Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact:		Phone number
<input type="text"/>		<input type="text"/>
Project/Program Title		
<input type="text"/>		

State Employee Cost Compared to Contracting Out for Services Costs

Contract Length

Line #	State Employee Costs	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1.	Wage and Salary Costs	\$0	\$0	\$0	\$0	\$0	\$0
2.	Fringe Benefits Costs	\$0	\$0	\$0	\$0	\$0	\$0
3.	Administrative Overhead Costs	\$0	\$0	\$0	\$0	\$0	\$0
4.	Other Operating Costs	\$0	\$0	\$0	\$0	\$0	\$0
5.	Total State Employee Costs (Automatic Sum of Lines 1 through 4)	\$0	\$0	\$0	\$0	\$0	\$0
<b>Contracting Costs</b>							
6.	Contract Price	\$0	\$0	\$0	\$0	\$0	\$0
7.	Contract Monitoring	\$0	\$0	\$0	\$0	\$0	\$0
8.	One-Time Conversion Costs	\$0	\$0	\$0	\$0	\$0	\$0
9.	Total Contract Costs (Automatic Sum of Lines 6 through 8)	\$0	\$0	\$0	\$0	\$0	\$0
<b>Cost Analysis ( Automatic calculations )</b>							
10.	Average annual Savings/(Cost)						#DIV/0!
11.	Average annual State Employee Costs						#DIV/0!
12.	Average Annual Savings/Cost Percentage						#DIV/0!