

## U.S. Department of Agriculture Food and Nutrition Service Promising Practices Submission Form

### 1. Contact Information

Please provide contact information for the person submitting the practice.

First Name, MI, Last Name	
Position	
Organization	
Address	
City, State, Zip	
Telephone	
E-Mail	
Preferred Method of Contact: Phone	
Email	

Please identify a contact person who can provide additional information about the Promising Practice. This contact information will be posted on the FNS public website at <http://www.fns.usda.gov/snap/outreach/default.htm> or <http://www.fns.usda.gov/fns/outreach.htm>.

First Name, MI, Last Name	
Position	
Organization	
Address	
City, State, Zip	
Telephone	
E-Mail	
Preferred Method of Contact: Phone	
Email	

### 2. What is the Promising Practice?

Short Descriptive Title:

Brief description (two sentences):

Long description:

Please include (attach/upload) additional text as necessary.

For which program(s) is this promising practice?

Promising Practice start and end date?

Which clients did this promising practice target?

Please provide a list of stakeholders involved in developing, implementing and evaluating the Promising Practice.

- Were program participants consulted in the development of the Promising Practice?
- Do partners in the program have a memorandum of understanding (MOU) or any other type of written agreement?

What is the geographic scope of your Promising Practice? (Please check all that apply and list the appropriate location names)

<input type="checkbox"/>	City/Municipal	
<input type="checkbox"/>	County	
<input type="checkbox"/>	State	
<input type="checkbox"/>	Regional	
<input type="checkbox"/>	National	
<input type="checkbox"/>	Tribal	
<input type="checkbox"/>	Urban	
<input type="checkbox"/>	Rural	

<input type="checkbox"/>	Suburban	
<input type="checkbox"/>	Internal/Office	
<input type="checkbox"/>	Unknown	
<input type="checkbox"/>	Other (please describe):	

To help users successfully search for this Promising Practice, list any keywords that describe the Promising Practice:

### 3. Objectives and Results

In 2-3 sentences, please describe the issue or problem your Promising Practice addresses.

How does the Promising Practice overcome this issue or problem?

A Promising Practice must meet one or more of the criteria listed below. Please indicate the criterion(a) under which the practice qualifies and describe how it qualifies in the space provided. (Check all that apply).

<input type="checkbox"/>	1. Superior results or performance	
<input type="checkbox"/>	2. New or innovative use of resource(s)	
<input type="checkbox"/>	3. New or innovative partnership.	
<input type="checkbox"/>	4. High level of customer satisfaction.	

What do program participants have to say about your Promising Practice?

Please include (attach/upload) any available empirical evidence attesting to the effectiveness of your practice.

If your project involved the Supplemental Food Nutrition Assistance Program (SNAP), are you receiving reimbursements through your State's outreach plan?

## 5. Lessons Learned

Briefly identify the key resources used to implement the Promising Practice.

Were there any unanticipated costs associated with the practice? Please describe.

Please identify the key factors in making the Promising Practice successful.

What were some of the challenges faced in designing and implementing the Promising Practice and how were they overcome?

Would you do anything differently? Please describe what you would change and why.

Please identify any additional online resources (e.g. URLs, websites, reports or studies) that were used to design or implement your Promising Practice.

Did the State or local agency make policy changes in order to implement this Promising Practice? If so, please describe them.

What advice would you give to other groups interested in replicating your practice?

## 6. Additional Information (OPTIONAL)

Please provide any additional information you would like to share concerning your Promising Practice.

Please feel free to attach any addition relevant information such as photographs, documents, training manuals, outreach materials, etc. that you developed.

[This form can be completed online or can be submitted by email to the Outreach Coalition at [OUTREACH\\_COALITION@fns.usda.gov](mailto:OUTREACH_COALITION@fns.usda.gov), or sent to the Outreach Coalition Promising Practices Committee, Food and Nutrition Service, 3101 Park Center Drive, Room 1441, Alexandria, Virginia 22302.]

***Thank you for your contribution!***

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