**Appendix AD.1**

**Quarterly Core Program Data Form**

**English Only**

Evaluation Technical Assistance for the  
Food Insecurity Nutrition Incentive Grant Program



**APRIL – JUNE 2015** FINI QUARTERLY CORE PROGRAM DATA TEMPLATE

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| **ABOUT YOUR OUTLET AND FINI PROJECT**   1. What is the outlet’s name?      1. What is the outlet’s address?   ADDRESS 1:  ADDRESS 2:  CITY:  STATE:  ZIP CODE:   1. What is your outlet type?   Large Chain Grocery Store/Supermarket 1  Discount Superstore 2  Convenience Store 3  Small Store or Corner Store 4  Farmers Market 5  Direct Farm 6  Farm Stand 7  Mobile market at single location 8  Mobile market at multiple locations 9  CSA 10   1. In what year did this outlet receive its SNAP authorization?   \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_   1. What is your SNAP authorization number? | 1. Is the incentive program at this outlet: (Mark all that apply.)   New 1  Continuation of an existing program 2  Expansion of an existing program (serve more SNAP customers) 3  Modification of an existing program  (Change in incentives or other services but no change in number of SNAP customers) 4   1. What was your source of funding to establish the incentive program? (Mark all that apply.)   FINI Grant 1  Matching Grant 2  Other 3  (SPECIFY)   1. How much money was spent on the incentive program? (Include funding from all sources).   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What was the money spent on? (Mark all that apply.)   Purchase equipment 1  Purchase token, scrip, etc. 2  Hire new staff 3  Train staff 4  Outreach activities 5  Education activities 6  Pay outlet 7  Other 8  (SPECIFY)   1. How many paid staff and volunteers were involved in establishing the incentive program?   Paid Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteers: \_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Do SNAP participants receive the incentive when they purchase …   Any SNAP eligible item 1 (SKIP TO 12)  Specific SNAP eligible item 2  11a. Which of the following SNAP eligible items are to purchase by SNAP participants to receive the incentive? (Mark all that apply.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Fresh | Frozen | Canned | Dried | | Fruit |  |  |  |  | | Fruit Juice |  |  |  |  | | Potatoes |  |  |  |  | | Legumes (beans, peas, lentils) |  |  |  |  | | Vegetables (excluding potatoes and legumes) |  |  |  |  | | Vegetable juice |  |  |  |  | | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |   12. Are incnetives redeembale on purchase of  Any SNAP eligible item 1 (SKIP TO TO 13)  Specific SNAP eligible item 2  12a. Which of the following SNAP eligible items can SNAP participants purchase with the incentive? (Mark all that apply.)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Fresh | Frozen | Canned | Dried | | Fruit |  |  |  |  | | Fruit Juice |  |  |  |  | | Potatoes |  |  |  |  | | Legumes (beans, peas, lentils) |  |  |  |  | | Vegetables (excluding potatoes and legumes) |  |  |  |  | | Vegetable juice |  |  |  |  | | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  | | 1. Is the incentive provided to the customers in the form of:   YES NO  a. A token 1 2  b. Scrip (certificate  of money) 1 2  c. Electronic format 1 2  d. Some other form 1 2  (SPECIFY)   1. What is the minimum denomination for the incentive? (e.g. $2 tokens, $0.50 scrip)      1. Is this incentive limited to:   YES NO  a. Organic produce 1 2  b. Local produce 1 2   1. What is the ratio of SNAP spending to incentive match offered to the customer? (e.g. for $10 SNAP purchase, offer $5 incentive)      1. What is the frequency of incentive offered to the customer?   Daily (each shopping visit) 1  Weekly 2  Monthly 3  Seasonal 4  Other 5  (SPECIFY)   1. Is there a maximum incentive limit per customer?   Yes 1  No 2 → (SKIP TO Q21)   1. What is the maximum incentive limit in dollars per customer?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. How is the maximum incentive set?   Per day 1  Per week 2  Per month 3  Per season 4  Other 5  (SPECIFY) |

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| **INCENTIVE IMPLEMENTATION THIS QUARTER**   1. Was the outlet open this quarter?   Yes .1  No 2 (SKIP TO 37)   1. In what months in this quarter did this outlet operate? (Mark all that apply.)   April 1  May 2  June 3   1. On how many total days did the outlet operate in the current quarter?   \_\_\_\_ \_\_\_\_ days   1. On what days did this outlet usually operate during this quarter? (Mark all that apply).   Monday 1  Tuesday 2  Wednesday 3  Thursday 4  Friday 5  Saturday 6  Sunday 7   1. In the current quarter, what is the average number of hours the outlet was open each day of operation?   \_\_\_\_ \_\_\_\_ hours per day   1. What time of day did the outlet typically operate in the current quarter?   AM only 1  PM only 2  Both AM and PM 3   1. Does the outlet’s operating schedule   vary…?  By week 1  By month 2  Does not vary 3   1. How many SNAP transactions at this outlet were processed in the current quarter?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What is the value of SNAP reimbursements made to vendors at this outlet in the current quarter?   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. What is the average incentive value redeemed at this outlet in the current quarter?   $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What is the value of incentives issued at this outlet in the current quarter?   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What is the value of incentives redeemed at this outlet in the current quarter?   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Was the incentive offered on all operating days this quarter?   Yes 1  No 2  ↘ (IF NO:) How many days was the incentive offered?  \_\_\_\_ \_\_\_\_   1. How many people from the outlet were involved in administration (e.g. promotion, outreach, operation) of the incentive program?   \_\_\_\_\_\_\_\_  34a. Of these, how many were paid?  \_\_\_\_ \_\_\_\_  34b. Of these, how many were volunteers?  \_\_\_\_ \_\_\_\_   1. Did the outlet redeem benefits from other nutrition assistance programs in the current quarter? (Mark all that apply.)   No 1  Yes, WIC Farmers Market Nutrition  Program 2  Yes, WIC Cash Value Vouchers 3  Yes, Senior Farmers Market Nutrition  Program 4  Other 5  (SPECIFY) |

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| 1. Which of these education activities were offered by the outlet in the current quarter? (Mark all that apply).   Federally funded SNAP-Ed nutrition  programs and activities 1  EFNEP and/or Education extension  offered nutrition education/  activities 2  Other 3  (SPECIFY) | **CONTACT INFORMATION**   1. What is the name, title, email address and phone number of the person completing this form?   NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |