**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 1Discount Superstore 2Convenience Store 3Small Store or Corner Store 4Farmers Market 5Direct Farm 6Farm Stand 7Mobile market at single location 8Mobile market at multiple locations 9CSA 101. 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 1Continuation of an existing program 2Expansion of an existing program (serve more SNAP customers) 3Modification of an existing program (Change in incentives or other services but no change in number of SNAP customers) 41. What was your source of funding to establish the incentive program? (Mark all that apply.)

FINI Grant 1Matching Grant 2Other 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 1Purchase token, scrip, etc. 2Hire new staff 3Train staff 4Outreach activities 5Education activities 6Pay outlet 7Other 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 212a. 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 NOa. A token 1 2b. Scrip (certificateof money) 1 2c. Electronic format 1 2d. 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 NOa. Organic produce 1 2b. Local produce 1 21. 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) 1Weekly 2Monthly 3Seasonal 4Other 5(SPECIFY) 1. Is there a maximum incentive limit per customer?

Yes 1No 2 → (SKIP TO Q21)1. What is the maximum incentive limit in dollars per customer?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. How is the maximum incentive set?

Per day 1Per week 2Per month 3Per season 4Other 5(SPECIFY)  |

|  |  |
| --- | --- |
| **INCENTIVE IMPLEMENTATION THIS QUARTER**1. Was the outlet open this quarter?

Yes .1No 2 (SKIP TO 37)1. In what months in this quarter did this outlet operate? (Mark all that apply.)

April 1May 2June 31. On how many total days did the outlet operate in the current quarter?

\_\_\_\_ \_\_\_\_ days1. On what days did this outlet usually operate during this quarter? (Mark all that apply).

Monday 1Tuesday 2Wednesday 3Thursday 4Friday 5Saturday 6Sunday 71. In the current quarter, what is the average number of hours the outlet was open each day of operation?

\_\_\_\_ \_\_\_\_ hours per day1. What time of day did the outlet typically operate in the current quarter?

AM only 1PM only 2Both AM and PM 31. Does the outlet’s operating schedule

vary…?By week 1By month 2Does not vary 31. 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 1No 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 1Yes, WIC Farmers Market Nutrition  Program 2Yes, WIC Cash Value Vouchers 3Yes, Senior Farmers Market Nutrition  Program 4Other 5(SPECIFY)  |

|  |  |
| --- | --- |
| 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 1EFNEP and/or Education extension offered nutrition education/  activities 2Other 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |