

Appendix AD.1
Quarterly Core Program Data Form
English Only



OMB Approval No. 0584-XXXX
Expiration Date: XX/XX/20XX



Evaluation Technical Assistance for the Food Insecurity Nutrition Incentive Grant Program

APRIL - JUNE 2015 FINI QUARTERLY CORE PROGRAM DATA TEMPLATE

ABOUT YOUR OUTLET AND FINI PROJECT

1. What is the outlet's name?

2. What is the outlet's address?
ADDRESS 1: _____
ADDRESS 2: _____
CITY: _____
STATE: _____
ZIP CODE: _____
3. 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
4. In what year did this outlet receive its SNAP authorization?

5. What is your SNAP authorization number?

6. 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
7. What was your source of funding to establish the incentive program? (Mark all that apply.)
FINI Grant.....1
Matching Grant.....2
Other.....3
(SPECIFY) _____
8. How much money was spent on the incentive program? (Include funding from all sources).

9. What was the money spent on? (Mark all that apply.)
Purchase equipment.....1
Purchase token, scrip, etc.....2
Hire new staff3
Train staff.....4
Outreach activities.....5
Education activities.....6
Pay outlet.....7
Other.....8
(SPECIFY) _____
10. How many paid staff and volunteers were involved in establishing the incentive program?
Paid Staff: _____ Volunteers:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The time required to complete this information collection is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

11. 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 incentives redeemable on purchase of

Any SNAP eligible item...1 (SKIP 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: _____				

13. Is the incentive provided to the customers in the form of:

	<u>YES</u>	<u>NO</u>
a. A token.....	1.....	2.....
b. Scrip (certificate of money).....	1.....	2.....
c. Electronic format.....	1.....	2.....
d. Some other form.....	1.....	2.....

(SPECIFY) _____

14. What is the minimum denomination for the incentive? (e.g. \$2 tokens, \$0.50 scrip)

15. Is this incentive limited to:

	<u>YES</u>	<u>NO</u>
a. Organic produce.....	1.....	2.....
b. Local produce.....	1.....	2.....

16. What is the ratio of SNAP spending to incentive match offered to the customer? (e.g. for \$10 SNAP purchase, offer \$5 incentive)

17. What is the frequency of incentive offered to the customer?

Daily (each shopping visit).....1
 Weekly.....2
 Monthly.....3
 Seasonal.....4
 Other.....5
 (SPECIFY) _____

18. Is there a maximum incentive limit per customer?

Yes.....1
 No.....2 → (SKIP TO Q21)

19. What is the maximum incentive limit in dollars per customer?

20. How is the maximum incentive set?

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

Other, please specify: _____					
Other, please specify: _____					

INCENTIVE IMPLEMENTATION THIS QUARTER

21. Was the outlet open this quarter?
 Yes.....1
 No.....2 (SKIP TO 37)
22. In what months in this quarter did this outlet operate?
 (Mark all that apply.)
 April.....1
 May.....2
 June.....3
23. On how many total days did the outlet operate in the current quarter?
 ____ days
24. 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
25. In the current quarter, what is the average number of hours the outlet was open each day of operation?
 ____ hours per day
26. What time of day did the outlet typically operate in the current quarter?
 AM only.....1
 PM only.....2
 Both AM and PM.....3
27. Does the outlet's operating schedule vary...?
 By week.....1
 By month.....2
 Does not vary.....3
28. How many SNAP transactions at this outlet were processed in the current quarter?

30. What is the average incentive value redeemed at this outlet in the current quarter?
 \$ _____
31. What is the value of incentives issued at this outlet in the current quarter?
 \$ _____
32. What is the value of incentives redeemed at this outlet in the current quarter?
 \$ _____
33. Was the incentive offered on all operating days this quarter?
 Yes.....1
 No.....2
 ↘ (IF NO:) How many days was the incentive offered?

34. 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?

35. 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) _____

<p>_____</p> <p>29. What is the value of SNAP reimbursements made to vendors at this outlet in the current quarter?</p> <p>\$ _____</p>	
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<p>36. Which of these education activities were offered by the outlet in the current quarter? (Mark all that apply).</p> <p>Federally funded SNAP-Ed nutrition programs and activities.....1</p> <p>EFNEP and/or Education extension offered nutrition education/ activities.....2</p> <p>Other.....3 (SPECIFY) _____</p>	<p>CONTACT INFORMATION</p> <p>37. What is the name, title, email address and phone number of the person completing this form?</p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>EMAIL: _____</p> <p>PHONE NUMBER: _____</p>
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