

# COMMUNITY PARTNER INTERVIEW DEMONSTRATION

## PERFORMANCE DATE

Name of State:

### REPORTING PERIOD

DATA ELEMENTS		05/1/2015 to 7/31/2015	8/01/2015 to 10/31/2015
Applications Completed	Number of regular application completed.		
	Number of expedited application completed.		
	Total number of applications completed.		
Applications Submitted	Number of regular applications submitted.		
	Number of expedited application submitted.		
	Total number of applications submitted.		
Applications Approved	Number of regular applications approved.		
	Number of expedited applications approved.		
	Total number of applications approved.		
Application Processing Time	Number of regular applications processed within 30 days.		
	Number of expedited applications processed within 7 days.		
	Number of active case errors for regular cases.		

<b>Case Errors</b>	<b>Number of active cases for expedited cases.</b>		
	<b>Number of negative case errors for regular cases.</b>		
	<b>Number of negative cases errors for expedited cases</b>		

Will ad reasons for denial







Eligibility Decision

State Name:

Values below should be the **total for all sites** for the given time period. Data should represent total counts for each site.

DATA ELEMENTS	FY 2015		FY 2016				FY 2017				FY 2018				FY 2019				FY 2020	
	05/01/15 to 06/30/15	7/1/15 to 9/30/15	10/01/15 to 12/31/15	01/01/16 to 03/31/16	04/01/16 to 06/30/16	07/01/16 to 09/30/16	10/01/16 to 12/31/16	01/01/17 to 03/31/17	04/01/17 to 06/30/17	07/01/17 to 09/30/17	10/01/17 to 12/31/17	01/01/18 to 03/31/18	04/01/18 to 06/30/18	07/01/18 to 09/30/18	10/01/18 to 12/31/18	01/01/19 to 03/31/19	04/01/19 to 06/30/19	07/01/19 to 09/30/19	10/01/19 to 12/31/19	01/01/20 to 03/31/20
Applications Approved	Number of regular applications approved																			
	Number of expedited applications approved																			
	Total number of applications approved																			
Applications Denied	Number of days to eligibility decision																			
Number of days to eligibility decision	Regular Apps - Average number of days between app date and approval date																			
	Expedited Apps - Average number of days between app date and approval date																			




FY 2017

FY 2018

FY 2019

October 1, 2019 - April 30, 2020















**Staffing** State Name:

Enter values for **each** site separately for the given time period.

**Name of Site:**

DATA ELEMENTS	May 1, 2015 - September 30, 2015	FY 2016	FY 2017	FY 2018	FY 2019	October 1, 2019 - April 30, 2020
Average number of State merit personnel performing SNAP interviews in the geographic area served by the CBO.						
Total number of community partner staff hours to conduct SNAP interviews for given time period.						
If community partner hours are from a time study, indicate date of time study .						

**Number of State merit personnel performing SNAP interviews** - Give average number of State merit personnel performing SNAP interviews in the specified pilot area for the given time period. Include personnel who perform SNAP interviews as part of combined State applications for multiple benefit programs. Only include merit personnel.

**Number of community partner staff hours to conduct SNAP interviews** - Give TOTAL number of hours spent by community partner staff conducting project activities in the specified pilot area for the given time period. Include hours spent by full time and part time staff. If an employee conducts the interview for a SNAP applicant, count all hours that employee spends assisting that SNAP applicant obtain benefits (e.g. answering questions, helping with verifications, follow-up calls to the State agency etc.).

**Time Study** - To ease data collection burdens, community partners may conduct a time study to assess total number of project hours. The time study should be conducted independently in each site at least once a year.

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# Demonstration Project Costs

State Name:

Values below should reflect total costs **for all project sites** in the given time period.

DATA ELEMENTS		May 1, 2015 - September 30, 2015	FY 2016	FY 2017	FY 2018	FY 2019	October 1, 2019 - April 30, 2020
Total Cost	Total Cost to community partners to conduct projects. Give dollar amount.						
	Share of project costs provided by the State agency including any dollars that pass through the State agency to the community partner. Give total dollar amount of State share here and provide breakdown in dollars by source of funds below.						
State/Federal Share	SNAP Administrative Funds						
	SNAP Outreach funds						
	Other Federal funds (please specify)						
	State funds						
	Other funds (please specify)						
Community Partner Share	Share of project costs provided by community partners. Give dollar amount.						

## Compensation Narrative

Describe below any agreements between the State agency and one or more of the community partners to provide compensation to the community partners for their project services. Include agreements to provide SNAP administrative match, SNAP outreach funding, or any non-SNAP related local, State, or Federal dollars. Use as much space as needed.

May 1, 2015 - September 30, 2015	
FY 2016	

FY 2017	
FY 2018	
FY 2019	
October 1, 2019 - April 30, 2020	