

\_\_\_\_\_  
(State) **QC-Related New Investment Plan FFY** \_\_\_\_\_  
(Year)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [Insert OMB control number]. The time required to complete this information collection is estimated to average 32 hours 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.

This plan is submitted in conjunction with a Settlement Agreement between the \_\_\_\_\_  
(State and Responsible Agency)  
and the United States Department of Agriculture, Food and Nutrition Service, to resolve \_\_\_\_\_'s  
(State)  
payment error rate liability for Federal Fiscal Year (FFY) \_\_\_\_\_. \_\_\_\_\_'s payment  
(Year) (State)  
error rate of \_\_\_\_\_ % resulted in an adjusted liability of \$ \_\_\_\_\_.  
(Rate) (Liability)

Error analyses show that \_\_\_\_\_ % of the State's error cases were attributed to \_\_\_\_\_.  
(Percent of the error rate) (Root cause 1)

Analyses also show that \_\_\_\_\_ % of the State's error cases were attributed to \_\_\_\_\_.  
(Percent of the error rate) (Root cause 2)

Analyses also show that \_\_\_\_\_ % of the State's error cases were attributed to \_\_\_\_\_.  
(Percent of the error rate) (Root cause 3)

- To target and reduce the State's root causes of errors, the following activities will be conducted using State only funds.
1. (Activity 1)
  2. (Activity 2)
  3. (Activity 3)
  4. (Activity 4)

Attached to this submission is an affidavit attesting that reinvestment funds will not replace expenditures already earmarked for ongoing efforts and that the expenditures are not a reallocation of resources.

Printed Name	Signature
Title	State Agency Program Office

**SECTION I: State Agency Information**

State Agency	Liability Year	Required QC-Related New Investment Amount
Signed Settlement Agreement Date	Fiscal Year(s) of New Investment Implementation	

**SECTION II: Identification of Causes of Errors and State's Plan for Addressing those Causes**

**A. Root Cause Analysis of leading causes of errors**  
How did the State arrive at each root cause contributing to its high error rate?

Root Cause 1

Root Cause 2
Root Cause 3
<b>B. The Plan:</b> Include an overall summary of the plan, its expected error reduction impact(s), and anticipated overall cost relative to the required, agreed upon, settlement amount.
<b>1. Details of Activity 1</b> a. Purpose/Description of Activity
b. Root Cause Addressed
c. Expected Outcome
d. Timeline of Implementation
e. Detailed Cost Estimate
<b>2. Details of Activity 2</b> a. Purpose/Description of Activity
b. Root Cause Addressed
c. Expected Outcome
d. Timeline of Implementation
e. Detailed Cost Estimate
<b>3. Details of Activity 3</b> a. Purpose/Description of Activity
b. Root Cause Addressed
c. Expected Outcome

d. Timeline of Implementation

e. Detailed Cost Estimate

**SECTION III: Schedule of Progress Report Submission(s) and Contacts**

**State Estimated Number of Progress Reports Needed**

Anticipated Number of Reports	Federal Fiscal Year State Anticipates Plan Will be Completed
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**List of Contacts Responsible for QC-Related New Investment Activities**

Financial officer providing status reports to FNS regional office:

Name	Title	Phone Number and E-mail
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Technical accountant with primary responsibility for preparing status reports:

Name	Title	Phone Number and E-mail
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Program Manager responsible for directing QC New Investment activities:

Name	Title	Phone Number and E-mail
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*Is information in Column 19 of the SF-425(FNS-778/778A) (refer to 7 CFR 277.11-Financial Reporting Requirements) prepared by someone other than the persons listed above? If so, please provide the person's name, title, phone number and E-mail address.*

Name	Title	Phone Number and E-mail
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**AFFIDAVIT OF ASSURANCE**

As the duly authorized officer responsible for the financial operation and reporting of \_\_\_\_\_ reinvestment activities, I certify that: *(State and Responsible Agency)*

The expenditure of plan of \_\_\_\_\_ for Fiscal Year \_\_\_\_\_ *(State and Responsible Agency)* *(Liability Year)*

Quality Control (QC) Liabilities is funded with State only money and will not claim any Federal matching funds for reinvestment expenditures. The expenditures represented in this plan do not represent a reallocation of ongoing Supplemental Nutrition Assistance Program (SNAP) resources nor do they replace any expenditure already earmarked for existing efforts.

The activities included in the expenditure plan of \_\_\_\_\_ are above *(State and Responsible Agency)*

the minimum SNAP requirements dictated by law and regulation. They are not part of any State Corrective Action Plan.

The requirements for planning and reporting reinvestment activities as described in the Guidelines for State Agencies for Reinvestment of QC Liabilities are known to me.

Signature	Printed Name	Title	Office
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**FOR FNS USE ONLY**

**Plan Review**

Approved By Signature	Date Approved	Title	Office
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<p>1st Progress Report Due:</p> <p><input type="checkbox"/> May 10      <input type="checkbox"/> November 10</p>
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**Instructions**  
**FNS Form 74A - QC-Related New Investment Plan Template**

FNS form 74A is designed to allow for flexibility and should be used as an example of the specific information FNS is requiring for the QC-Related new investment plan, rather than specifying the amount of activities or the method to be used in explaining the plan's details or status.

**Due Date:** QC-Related New Investment Plans are due within ninety (90) days of the effective date of the signed Settlement Agreement related to the plan.

**Structure:** The first part of the plan is an introductory memo, summarizing the State-specific plan details and signed by the State Program official submitting the plan.

Since these new investment plans are designed to specifically target the leading causes of a State's high error rate for a specific Federal fiscal year, FNS' format requests that the plan be separated into three sections:

**Section I** identifies the liability year related information;

**Section II** is broken into two subsections regarding the causes of errors and the State's plan for addressing those root causes. Subsection A requests an explanation of the analysis that led to the determination of the root causes that had a significant impact on the State's error rate, and Subsection B requests details about the State's plan for addressing those root causes by each activity being implemented; and

**Section III** is designed as a way for FNS and the State to keep track of when progress reports are due, as well as who in the State Agency will be responsible for implementing the plan as submitted. Section III will be included in the progress reports for updating, as needed. Progress reports are due every six months (on May 10 and November 10) after the first progress report is designated until the plan is complete.

The State's final section to complete is the Affidavit of Assurance signed by the financial officer responsible for the plan.

Finally, the "For FNS Use Only" section is designed to ensure the plan is reviewed and approved by FNS. A copy of the signed approval will be sent back to the State for their record indicating their plan was accepted and informing them of their first progress report due date.

***Special Note:*** Any new investment plan that identifies a State will use an outside vendor to assist with QC-Related activities will require additional documentation. FNS intends to review the contract to ensure the activities proposed are allowable SNAP administrative expenses prior to plan approval.