

Appendix AE.1

Annual 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

Fall 2015 FINI ANNUAL CORE PROGRAM DATA TEMPLATE

APRIL 1, 2015 – MARCH 31, 2016

<p>1. What is the grantee's name? _____</p> <p>2. What is the name of the incentive program? (e.g., double up coupons, fresh bucks, etc.) _____</p> <p>3. Is the incentive program: new, continuation of existing program, expansion of existing program (same incentive structure, but serve more SNAP customers), or a modification of existing program (change in incentives or other services but no change in SNAP customers)? (Check all that apply).</p> <p>New.....1 Continuation of an existing program.....2 Expansion of an existing program.....3 Modification of an existing program.....4</p> <p>4. What is the organizational or management structure for the incentive program? (Please attach a written description and include organizational chart if available).</p> <p>5. At what type of outlets was the incentive program offered? (Check all that apply).</p> <p>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</p>	<p>6. How many outlets did your organization operate (include outlets that offer and don't offer FINI incentives)? _____</p> <p>4a. At how many of these outlets was the incentive offered? _____</p> <p>7. What tracking systems were used by the outlets to monitor SNAP and incentive distribution and redemption? (Check all that apply).</p> <p>Manual1 Excel or other computer program.....2 Web based form.....3 Other.....4 (SPECIFY) _____</p> <p>8. How is the incentive provided to SNAP customers? (Check all that apply).</p> <p>Provided at SNAP office.....1 Provided at outlet.....2 Mailed to participants at home.....3 Added to electronic benefit transfer (EBT) card.....4 Added to electronic incentive card.....5 Other.....6 (SPECIFY) _____</p> <p>9. What was your source of initial funding to establish the incentive program? (Check all that apply).</p> <p>FINI grant.....1 Matching grant.....2 Other.....3 (SPECIFY) _____</p> <p>10. Between April 1, 2015 and March 31, 2016, how much money was spent by your organization to operate the incentive program (include funding from all streams; do not include costs incurred by the outlet) \$ _____</p>
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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 15 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. What was this money spent on? (Check all that apply).

- Purchase equipment.....1
- Purchase token, scrip, etc.....2
- Hire Staff.....3
- Train Staff.....4
- Outreach activities.....5
- Education activities.....6
- Pay outlet staff.....7
- Other.....8
- (SPECIFY)

12. How many people were involved in the administration (management) of the incentive program? (Include grantee staff who work at the outlets to assist them in operating the program). _____

3a. Of these, how many were full time? _____

3b. Of these, how many were part-time? _____

3c. Of these, how many were volunteers? _____

13. Contact information of the person completing this form:

NAME: _____

TITLE: _____

EMAIL: _____

PHONE NUMBER: _____