**Appendix AE.1**

**Annual Core Program Data Form**

**English Only**

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

|  |  |
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| 1. What is the grantee’s name?

 1. What is the name of the incentive program? (e.g., double up coupons, fresh bucks, etc.)

 1. 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).

New 1Continuation of an existing program. 2Expansion of an existing program 3Modification of an existing program 41. What is the organizational or management structure for the incentive program? (Please attach a written description and include organizational chart if available).
2. At what type of outlets was the incentive program offered? (Check all that apply).

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 10 | 1. How many outlets did your organization operate (include outlets that offer and don’t offer FINI incentives)? \_\_\_\_ \_\_\_\_ \_\_\_\_

4a. At how many of these outlets was the incentive offered? \_\_\_\_ \_\_\_\_ \_\_\_\_ 1. What tracking systems were used by the outlets to monitor SNAP and incentive distribution and redemption? (Check all that apply).

Manual 1Excel or other computer program. 2Web based form 3Other 4(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. How is the incentive provided to SNAP customers? (Check all that apply).

Provided at SNAP office 1Provided at outlet 2Mailed to participants at home 3Added to electronic benefit transfer (EBT) card 4Added to electronic incentive card 5Other 6(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. What was your source of initial funding to establish the incentive program? (Check all that apply).

FINI grant 1Matching grant 2Other 3(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. 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)

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 1. What was this money spent on? (Check all that apply).

Purchase equipment 1Purchase token, scrip, etc. 2Hire Staff 3Train Staff 4 Outreach activities 5Education activities. 6Pay outlet staff 7Other 8(SPECIFY) 1. 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? \_\_\_\_\_ | 1. Contact information of the person completing this form:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |