**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 1  Continuation of an existing program. 2  Expansion of an existing program 3  Modification of an existing program 4   1. 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 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 | 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 1  Excel or other computer program. 2  Web based form 3  Other 4  (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. How is the incentive provided to SNAP customers? (Check all that apply).   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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. What was your source of initial funding to establish the incentive program? (Check all that apply).   FINI grant 1  Matching grant 2  Other 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)   $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- |
| 1. 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)   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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |