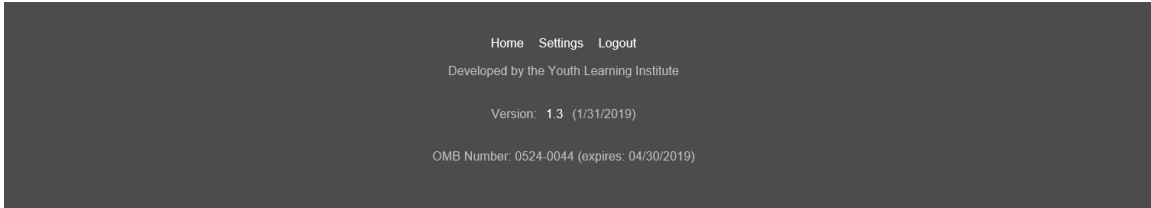# Appendix C – WebNEERS Data Entry Screenshots

**Note: Although not shown in the screen shots that follow, the OMB number and expiration date is at the bottom of every webpage.**

Home    Settings    Logout

Developed by the Youth Learning Institute

Version:  1.3  (1/31/2019)

OMB Number: 0524-0044 (expires: 04/30/2019)

---------------------------------------------------------------------------------------------------

## SCREENSHOT Table of Contents

> **Recent developments to improve the system are highlighted with a blue box**

---------------------------------------------------------------------------------------------------

## A) Adult Data Entry Screens

**test : New Adult**                                                           ⊕ Remarks

| CONTACT INFO | ENTRY DATA | RECALLS | QUESTIONNAIRES | EXIT DATA |

**Staff Member**
`Doe, John | A22  ▼`

**Custom Id** (?)
`test`

**Enrollment Date**
`06/11/2019`  📅

**First Name**          **Last Name**
`Jane`                  `Doe`

**Group Name**
``

**Address**
``
``

**City**          **State**   **ZIP**      **Plus 4**
`Washington`      `DC ▼`      `20024`      ``

**Phone**         **Ext**
``               ``

**Email**
``

`Cancel`  `Save`

---

| CONTACT INFO | ENTRY DATA | RECALLS | QUESTIONNAIRES | EXIT DATA |

**Adult Information**

**Age**
`100`

**Sex**
`Female ▼`

☐ Pregnant

☐ Nursing

**Ethnicity**
`Not Provided          ▼`

**Race**
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☑ Not Provided

**Ethnic Group/Nationality**
`--Ethnic Group/Nationality-- ▼`

**Highest Grade**
`Not Supplied          ▼`

**Residence**
`Farm                         ▼`

**Household Information**

**Household Income ($/month)** (?)
`N/S`
N/S = not supplied

**Children** (?)
``

**Children Age Breakdown**
Ages 0-5: 0
Ages 6-13: 0
Ages 14-19: 0

**Others In Household**
``

**Total Household**
`1`

**Lesson Type**
`Group                         ▼`

**Subgroups**
☑ F: EFNEP        ☐ I: Institution Level   ☐ R: Do you see me?
☐ F: ESWIC             Subgroup
☐ F: SNAP-Ed      ☐ I: test3
☐ F: Team Nutrition
☐ F: Sample

**Public Assistance at Entry**
☐ F: Child Nutrition   ☐ I: new        ☐ R: NEW REGIONAL
☐ F: FDPIR
☐ F: Head Start
☐ F: Other
☐ F: SNAP
☐ F: TANF
☐ F: TEFAP - Commodity
☐ F: WIC/CSFP

**29 : Smith, Sally**                                                                    ⊕ Remarks

| CONTACT INFO | ENTRY DATA | RECALLS | CHECKLISTS | EXIT DATA |

⊕ Add Recall

| Manage | Date | Pregnant | Nursing | Type | # of Meals |
|---|---|---|---|---|---|
| 🔧 🖨 ❌ | 07/02/2014 | ☐ | ☐ | Entry | 1 |
| 🔧 🖨 ❌ | 07/03/2014 | ☐ | ☐ | Exit | 2 |

Cancel  Save

---

**test: Doe, John**

| DIET RECALL DATA | FOODS | TOTALS |

**Recall Date**

06/11/2019  📅

**Recall Type**

Entry ▼
☐ Is Pregnant
☐ Is Nursing
☐ Taking Nutritional
   Supplements

**Amount Spent on Food Last Month (?)**

N/S
N/S = not supplied

**Activity Level**

Not Provided ▼

**Staff Member**
Doe, Jane

**Adult Information**

Age
100

Sex
F

**Number of Meals**
0

**Entry Date**
06/11/2019

**Exit Date**
00/00/0000

Cancel  Save

---

**test: Doe, John**

| DIET RECALL DATA | FOODS | TOTALS |

⊕ Add food    ♀ User Suggested Food Substitutions

| Manage | Meal | Description | Number of Portions | Portions |
|---|---|---|---|---|

Cancel  Save

New algorithms have been created to reduce search time and improve the food recall data entry experience.

## FOOD SEARCH

⟳ Common Selections

SEARCH: ▮

SHOW [All ▾] ENTRIES

| | | Description | Additional Description | Food Code |
|---|---|---|---|---|
| + | ! | Cola with chocolate flavor | | 92411520 |
| + | ! | Lard | | 81202000 |
| + | ! | Water, tap | filtered tap water, well water | 94000100 |
| + | ! | Apple, raw | | 63101000 |
| + | ! | Beans, string, green, canned, low sodium, fat not added in cooking | pole beans, Italian beans, snap beans, french cut beans, green beans, canned, no salt added | 75205120 |
| + | ! | Bread, multigrain | whole grain, NS as to 100%, pre-sliced or not, Sandwich Thins | 51601020 |
| + | ! | Tuna, fresh, raw | ahi, aku, bonito | 26153100 |
| + | ! | Milk, nonfat, fluid, with added vitamin A and vitamin D (fat free or skim) | | 11113000 |
| + | ! | Sandwich, NFS | | 27500050 |
| + | ! | Tuna salad sandwich, with lettuce | | 27550710 |
| + | ! | Chicken feet | | 24198500 |

SHOWING 1 TO 11 OF 12 ENTRIES

FIRST   PREVIOUS   NEXT   LAST

Click done if you are finished adding foods to return to Diet Recall screen   **Done**

---

## SELECT PORTION SIZE - APPLE, RAW

**Meal Type**

Morning meal or snack
Midmorning meal or snack
Noontime meal or snack
Afternoon meal or snack
Evening meal or snack
Late evening meal or snack

**Portion**

1 crabapple
1 cup, NFS
1 cup, sliced
1 cup, quartered or chopped
1 slice
1 oz, with skin, yields
1 ring
Quantity not specified
1 thin slice
1 small (2-3/4" dia)
1 medium (3" dia)
1 large (3-1/4" dia)

**Number of Portions**

0

**Save**

**test : Doe, John**   ⊕ Remarks

| CONTACT INFO | ENTRY DATA | RECALLS | QUESTIONNAIRES | EXIT DATA |

⊕ Add Recall

| Manage | Date | Pregnant | Nursing | Type | # of Meals |
|---|---|---|---|---|---|
| 🔧 🖨 ❌ | 06/11/2019 | ☐ | ☐ | Entry | 1 |

Cancel   Save

---

**test : Doe, John**   ⊕ Remarks

| CONTACT INFO | ENTRY DATA | RECALLS | QUESTIONNAIRES | EXIT DATA |

⊕ Add Questionnaire

| Manage | Questionnaire Type | Date |
|---|---|---|

⚙ Select Additional Questionnaire

Cancel   Save

New 20-item evidence-based questionnaire has replaced the 20+ year old10-item behavior checklist.  The questionnaire was developed by a multi-state research team and tested with program participants.  It is more reflective of what is currently taught in EFNEP.

---

**test : Doe, John**   ⊕ Remarks

| CONTACT INFO | ENTRY DATA | RECALLS | QUESTIONNAIRES | EXIT DATA |

**Status**
Active ▼

**Exit Date**
00/00/0000

**Number of Lessons**
0

**Number of Sessions**
0

**Number of Hours**
0

**Public Assistance at Exit (?)**
- ☐ F: Child Nutrition
- ☐ I: new
- ☐ R: NEW REGIONAL
- ☐ F: FDPIR
- ☐ F: Head Start
- ☐ F: Other
- ☐ F: SNAP
- ☐ F: TANF
- ☐ F: TEFAP - Commodity
- ☐ F: WIC/CSFP

**Technology**

| | Recruitment / Retention | Education |
|---|---|---|
| Low | ☐ | 0 Hours |
| Medium | ☐ | 0 Hours |
| High | ☐ | 0 Hours |

Cancel   Save

**B)   Youth Data Entry Screens**

**test : New Youth Group**

⊕ Remarks

| CONTACT INFORMATION | LEADERS | ENTRY & EXIT DATA | DEMOGRAPHICS | YOUTH QUESTIONNAIRE |

**Name**

Youth Group

**Mailing Name**

**Address**

**City**   **State**   **Zip**   **Plus 4**

Washington   DC ▼   20024

**Phone Number**   **Phone Ext**

**Email**

**Custom ID (?)**

test

**Address Verification**

**County**          **FIPS**

**Congressional ID**          **CBSA**

**Longitude**          **Latitude**

Data can only be validated after this youth group has been saved

Cancel   Save

---

**test : New Youth Group**

⊕ Remarks

| CONTACT INFORMATION | LEADERS | ENTRY & EXIT DATA | DEMOGRAPHICS | YOUTH QUESTIONNAIRE |

**Primary Leader**

Doe, John | A22 ▼

**Additional Leaders**

SEARCH:                              SHOW 10 ▼ ENTRIES

| ID ▲ | ◇ | Staff Name ◇ | Staff Type ◇ |
|------|---|--------------|--------------|
| A22 | ☐ | Doe, John | A |

SHOWING 1 TO 1 OF 1 ENTRIES          ⊕ ⊕

Cancel   Save

---

**test : New Youth Group**

⊕ Remarks

| CONTACT INFORMATION | LEADERS | ENTRY & EXIT DATA | DEMOGRAPHICS | YOUTH QUESTIONNAIRE |

**Start Date**

06/11/2019 📅

**Program**

A | EFNEP ▼

**Delivery**

E | 4-H Club Membership ▼

**Subgroups**

☐ I:Institution Level   ☐ R:Region Level
   Subgroup                Subgroup

**End Date**

📅

**Number of Lessons**

**Number of Sessions**

**Number of Hours**

**Number of Graduates**

Cancel   Save

**test : Youth Group**

⊕ Remarks

| CONTACT INFORMATION | LEADERS | ENTRY & EXIT DATA | **DEMOGRAPHICS** | YOUTH QUESTIONNAIRE |

**Number of Youth in 4-H**

`25`

**Youth By Sex**

| Female | 12 |
|--------|-----|
| Male | 13 |
| Total | 25 |

**Youth By Residence**

| Farm | 25 |
|------|-----|
| < 10,000 & Rural | 0 |
| 10,000-50,000 | 0 |
| Suburbs > 50,000 | 0 |
| City > 50,000 | 0 |
| Total By Residence | 25 |

**Youth By Grade**

| Pre-K | 0 |
|-------|-----|
| K | 0 |
| 1st Grade | 0 |
| 2nd Grade | 0 |
| 3rd Grade | 0 |
| 4th Grade | 0 |
| 5th Grade | 0 |
| 6th Grade | 0 |
| 7th Grade | 0 |
| 8th Grade | 6 |
| 9th Grade | 7 |
| 10th Grade | 9 |
| 11th Grade | 3 |
| 12th Grade | 0 |
| Special | 0 |
| Total by Grade | 25 |

**Total Youth By Race / Ethnicity**

| | | Not Hispanic / Latino | Hispanic or Latino | Not Provided | Total By Race |
|---|---|---|---|---|---|
| Only One Race | AI or AN | 0 | 0 | 0 | 0 |
| | Asian | 0 | 0 | 0 | 0 |
| | Black | 0 | 0 | 0 | 0 |
| | NH or OPI | 0 | 0 | 0 | 0 |
| | White | 0 | 0 | 0 | 0 |
| | Not given | 0 | 0 | 25 | 25 |
| Multiple Races | AI or AN and White | 0 | 0 | 0 | 0 |
| | Asian and White | 0 | 0 | 0 | 0 |
| | Black and White | 0 | 0 | 0 | 0 |
| | AI or AN and Black | 0 | 0 | 0 | 0 |
| | All Others | 0 | 0 | 0 | 0 |
| | Total by Ethnicity | 0 | 0 | 25 | 25 |

⊡ **Ethnic Groups/Nationalities**

**Total Youth with Ethnic Groups/Nationalities**

`0`

Cancel  Save

| test : Youth Group | | | | | ⊕ Remarks |
| --- | --- | --- | --- | --- | --- |

| CONTACT INFORMATION | LEADERS | ENTRY & EXIT DATA | DEMOGRAPHICS | YOUTH QUESTIONNAIRE |

**Questionnaires**

Number of Youth: 25
Number of Questionnaires: 0
Matched Questionnaires: 0

✚ Add Questionnaire    -- Institute Questionnaire-- ▼    -- Federal Questionnaire-- ▼

| Manage | Questionnaire ID | Youth Identifier | Has Entry and Exit | Entry Date | Exit Date |
| --- | --- | --- | --- | --- | --- |

Cancel  Save
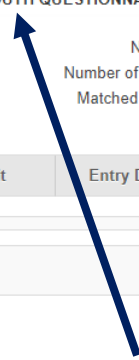
**A youth evaluation research team has been reviewing, developing, testing and recommending new questions to replace previous questions used. K-2 questions were updated and implemented between FY 2013 and FY2015; 3-5 questions were updated and implemented between FY 2016 and FY 2019. Review and testing of 6-8 and 9-12 questions are underway at this time. Burden to participants should be the same or less, since the total number of questions has not changed, and since the current question align better with what is taught.**

**Note: Only one Questionnaire grade range is used for each youth participant. The screenshots below show the respective grade ranges – K-2nd, 3rd-5th, 6th-8th, and 9th-12th**

**Youth Identifier**

test

⊙ The Youth Identifier: "test" is available

**Checklist Entry Date**

06/11/2019 📅

**Checklist Exit Date**

📅

### K-2nd - Entry

| Question | Response | N/R | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.Circle kids being active. | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 2.Circle healthy snacks. | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 3.Circle vegetables. | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 4.Circle dairy foods. | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 5.Circle fruits. | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 6.Circle kids who should wash their hands before eating. | | ○ | ○ | ○ | ○ | ○ | ○ | | | |

### test - Entry

| Question | Response | N/R | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 7.yes | | ○ | | ○ | ○ | ○ | ○ | | | |
| 8.Foods back in the refrigerator within 2 hours? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 9.Yesterday, how many vegetables? | | ○ | ○ | ○ | ○ | ○ | ○ | | | |

### K-2nd - Exit

| Question | Response | N/R | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.Circle kids being active. | | ○ | ○ | ○ | ○ | ○ | ○ | | | |

**Youth Identifier**

test

🌐 The Youth Identifier: "test" is available

**Checklist Entry Date**

06/11/2019 📅

**Checklist Exit Date**

📅

## 3rd-5th - Entry

| Question | Response | N/R | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.Fruit flavored and sports drinks | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 2.Soda or pop | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 3.Eat vegetables | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 4.Eat vegetables as a snack | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 5.Eat fruit as a snack | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 6.Eat vegetables at lunch | | ○ | | ○ | ○ | ○ | ○ | | | |
| 7.Tasting new foods | | ○ | | ○ | ○ | ○ | ○ | | | |
| 8.Reading Nutrition Facts labels | | ○ | | ○ | ○ | ○ | ○ | | | |
| 9.Washing fruits and vegetables | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 10.Cold foods back in refrigerator | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 11.Washing hands | | ○ | | ○ | ○ | ○ | ○ | | | |
| 12.Physical activities frequency | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 13.Physical activities duration | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 14.Non-homework screen time use | | ○ | | ○ | ○ | ○ | ○ | ○ | | |

**Youth Identifier**

`test`

    ✓ The Youth Identifier: "test" is available

**Checklist Entry Date**

`06/11/2019`  📅

**Checklist Exit Date**

📅

### 6th-8th - Entry

| Question | Response | N/R | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.Yesterday, how many vegetables? | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 2.Yesterday, how many fruits? | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 3.Yesterday, how many drinks of milk? | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 4.Yesterday, how many sugary drinks? | | ○ | ○ | ○ | ○ | ○ | | | | |
| 5.How often whole grains? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 6.Choose a low-fat food? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 7.How may days active at least 1 hour? | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 8.How many days very active? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 9.How many hours not active? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 10.Washed my hands before eating? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 11.Wash fruit and vegetables before eating? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 12.Foods back in the refrigerator within 2 hours? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 13.Using measuring cups and spoons? | | ○ | | ○ | ○ | ○ | ○ | | | |
| 14.Following directions in a recipe? | | ○ | | ○ | ○ | ○ | ○ | | | |

**Youth Identifier**

test

✓ The Youth Identifier: "test" is available

**Checklist Entry Date**

06/11/2019 📅

**Checklist Exit Date**

📅

---

**9th-12th - Entry**

| Question | Response | N/R | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1.Yesterday, how many vegetables? | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 2.Yesterday, how many fruits? | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 3.Yesterday, how many drinks of milk? | | ○ | ○ | ○ | ○ | ○ | ○ | | | |
| 4.Yesterday, how many sugary drinks? | | ○ | ○ | ○ | ○ | ○ | | | | |
| 5.How often whole grains? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 6.Choose a low-fat food? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 7.How may days active at least 1 hour? | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 8.How many days very active? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 9.How many hours not active? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 10.Washed my hands before eating? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 11.Wash fruits and vegetables before eating? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 12.Foods back in the refrigerator within 2 hours? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 13.Check the expiration date? | | ○ | | ○ | ○ | ○ | ○ | ○ | | |
| 14.How often do you help? | | ○ | ○ | ○ | ○ | ○ | ○ | ○ | | |

## C) Staff Data Entry Screens

**A22: Doe, John - Professional**

| DEMOGRAPHICS | HOURS |

**First Name**
John

**Last Name**
Doe

**Custom ID (?)**

**Address**

**City**

**State**
AK ▾

**Zip**

**Phone**

**Ext**

**Email**

**Sex**
Female ▾

**Ethnicity**
Not Provided ▾

**Race**
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☑ Not Provided

Cancel   Save

---

**A22: Doe, John - Professional**

| DEMOGRAPHICS | HOURS |

**Annual Hours Spent With Adults and Youth by Program**

| Program | Adult | Youth |
|---|---|---|
| EFNEP | 0 | 0 |
| SNAP-Ed | 0 | 0 |
| State Project | 0 | 0 |
| Other | 0 | 0 |
| Adult / Youth Totals | 0 | 0 |
| Total | 0 | |

Cancel   Save

## D) Annual Budgets Data Entry Screens

> Budget sheet and budget justification narrative have been integrated into a single fillable spreadsheet, which is completed in WebNEERS. An automatic message goes to Extension Directors/Administrators to secure their signatures. This process replaces the hardcopy excel spreadsheet, which was signed and then uploaded into a PDF into WebNEERS. This new process was implemented in FY 2018.

## E) Annual Program Plans Data Entry Screens

**Title:**
**Fiscal Year:**
**Last Modified:**
**Status: Draft**

🖨 Print

🖨 Print with comments

💬 Comments

| General Information & Program Plan | |
|---|---|
| ✏ Contact Info    * Required Data Missing | ⬚ |
| ✏ Situation    * Required Data Missing | ⬚ |
| ✏ Other Inputs    * Required Data Missing | ⬚ |

| Results from Previous Year | |
|---|---|
| ✏ Environmental Settings    * Section is empty | ⬚ |
| ✏ Sectors of Influence    * Section is empty | ⬚ |
| ✏ Impacts    * Section is empty | ⬚ |

| Program Plan & Results from Previous Year | |
|---|---|
| ✏ Budget Inputs    * Section is empty | ⬚ |
| ✏ Program Priorities    * Required Data Missing | ⬚ |
| ✏ Delivery Sites and Partnerships    * Required Data Missing | ⬚ |

**Signature**

✏ Request Director Signature (plan must be completed before signature can be requested)

↩ Back   Your director must approve this report before it can be submitted

## Contact Info

### Annual Update/5-Year Plan Information

**Plan Name**

Test

**Fiscal Year(?)**

2019

### Program Contact

**First Name**

Jane

**Last Name**

Doe

**Phone Number**

**Fax Number**

**Email Address**

**Program Website**

### Extension Director / Administrator

**First Name**

**Last Name**

Cancel    Save    Save and Next

## Situation

### Description of Situation

Provide a general description of the situation in your state/territory that justifies the need for the program. Include any relevant statistics (e.g., poverty levels, obesity rates, etc.) as well as external factors(?) or assumptions(?) that may impact programming now or in upcoming years. The situation should be written so a person unfamiliar with the program can understand. It may include a public value statement. (2000 characters or less)

```
test
```

### Geographic Area

Select the counties/parishes your program will provide education in during the upcoming fiscal year. If you do not provide education, but you have an important partnership in a location, do not check the box in this section. Instead, describe it in brief in the "Description of Geographic Area" section below.

### Description of Geographic Area

For the locations selected above, please briefly describe the reasons they were selected. If there are locations you have partnerships with, but you did not select them above because you do not provide education there, you can briefly describe them here. Please include any plans to expand, eliminate or relocate programming in upcoming years along with an explanation of how and why. (2000 characters or less)

```
test
```

### Target Audience

Define your target audience within programmatic guidelines(?) and briefly describe how you are targeting them. If you intend to change your target audience or your approach to reaching them in upcoming years, briefly describe how and why. (2000 characters or less)

```
test
```

## Other Inputs

### Curricula

Name and briefly describe the key university approved curricula for adult and for youth programming. Describe curricula with respect to audience appropriateness, behavior change emphasis, and evidence-base. Make sure it is clear that each core area(?) is addressed with adults and with youth. If you intend to change or revise curricula in upcoming years, briefly describe how and why. Note: this should not be an exhaustive list of curricula, but rather a list of the primary curricula used across the state/territory. (2000 characters or less)

test

### Technology Use

Please briefly describe your technology plan. Include: 1) the level of technology that is planned (low, medium, or high); 2) the type of technology that will be used (texting, social media, websites, remote learning, computer interactions, etc.); 3) the purpose for using the technology (recruitment, administrative reminders, supplementing, reinforcing, or replacing lessons, etc.); 4) how dosage will be measured – if applicable; and 5) how you will determine success. Also, indicate if this is a new use of technology or if you are continuing or building upon what you are already doing. If more than one level is planned, a description will be needed for both. If you wish to do a high-level plan and have not already been approved by the national office, you will need send a separate proposal with additional details, addressing the respective elements of the technology policy to Helen Chipman, the National Program Leader. (2000 characters or less)

test

NEW! For FY 2020, a Technology Use text box was added to the Program Plan data. Partners were already reporting this information in different sections of the plan and needed a specific space to put this information. This new textbox will allow for greater consistency and clarity in their responses.

**Inter-Organizational Relationships**

Review the list of agencies, organizations, and other partners in the table. For each partner you work with think about the relationship at the state/territory level. If you have more than one type of relationship with a particular agency, organization, or partner determine which type of relationship is primary. Check the radio box in the appropriate column of the table to indicate the primary type of relationship. Options are: Network, Cooperator, Coordinator/Partnership, Coalition, or Collaborator. **If no relationship exists, select "none".**

| Agencies, Organizations and Other Partners | Primary Type of Relationship | | | | | |
|---|---|---|---|---|---|---|
| | None | Network (?) | Cooperator (?) | Coordinator / Partnership (?) | Coalition (?) | Collaborator (?) |
| 1862/1890 Partner Institutions | ◉ | ○ | ○ | ○ | ○ | ○ |
| State Department of Education | ○ | ◉ | ○ | ○ | ○ | ○ |
| State Department of Health | ○ | ○ | ◉ | ○ | ○ | ○ |
| State SNAP Office | ○ | ○ | ○ | ◉ | ○ | ○ |
| State Child Nutrition Programs | ○ | ○ | ○ | ○ | ◉ | ○ |
| State Head Start Association | ○ | ○ | ○ | ○ | ○ | ◉ |
| State Nutrition Network | ○ | ○ | ○ | ○ | ◉ | ○ |
| TEAM Nutrition | ○ | ○ | ○ | ◉ | ○ | ○ |
| WIC | ○ | ○ | ◉ | ○ | ○ | ○ |
| State Dietetic Association | ○ | ◉ | ○ | ○ | ○ | ○ |

**+ Add Other**

**Description of Inter-Organizational Relationships**

Summarize any plans to change, develop/enhance or expand inter-organizational relationships in the upcoming years. Briefly describe with whom, how and why (1000 characters or less).

test

Cancel  Save  Save and Next

---

Note: On the Budget Inputs Screen, the Federal Budget with Justification is now simply a quick link to the Budget information (page 16). These are not additional data entry points.

## Program Priorities

Develop 3-5 SMART (specific, measurable, action-oriented, realistic, timely) program priorities to focus on over the next five years. 2-3 must directly measure Core Areas(?); others may focus on Secondary Areas(?). You may create more than 5 priorities, but a maximum of 5 may be submitted to the National office. Make sure you check the boxes in the select column for those priorities you want to submit to the National Office. Only checked items will be visible at the Federal Level.

**+ Add Priority**

SEARCH: [          ]                                          SHOW 10 ▼ ENTRIES

| Select ⬍ | ID | Options ▾ | Title ⬍ |
|---|---|---|---|
| No data available in table | | | |

SHOWING 0 TO 0 OF 0 ENTRIES

Cancel  Save  Save and Next

**ADD NEW PRIORITY**                                                        ✖

**Title**

Create a brief title that describes the priority.

test

**Focus**

For this priority, think about the subject area(s) it relates to. Select all that apply.

**Core Areas**
☐ Diet Quality
☐ Physical Activity
☐ Food Resource
   Management
☐ Food Safety
☐ Food Security
**Secondary Areas**
☐ Family/Interpersonal
   Relationships
☐ Management/Leadership
☐ Sectors of Influence
☐ Environmental Settings

Save

---

**ADD NEW PRIORITY**                                                        ✖

**Description**

Provide a brief description of the priority and why it was selected. Include details about how you intend to measure your progress over the next five years and what strategies you intend to use to meet your goals. Priorities may relate to: outputs(?), short-term outcomes(?), medium-term outcomes(?), or long-term outcomes(?). (1000 characters or less)

test

Save

**ADD NEW PRIORITY** ✖

**Measurement**

Can this priority be measured quantitatively (numerically)?

Select One ▼

For 5-Year Plan years, enter the baseline value and the targets you plan to reach for each of the next five years. For Annual Update years, enter the actual value for the fiscal year that just ended. Targets for upcoming years may be adjusted, if needed, as long as sufficient justification is provided in the comments section below.

| | Target Description | Actual Description |
|---|---|---|
| Baseline | | |
| 2015 | | |
| 2016 | | |

Save

---

**ADD NEW PRIORITY** ✖

**Comments**

If applicable, provide a brief justification for any targets not met. If targets need to be adjusted or a priority needs to be changed, briefly explain why and how you are changing it.

Save

# Delivery Sites/Locations and Community Partnerships (DSP)

Report the total number of delivery sites and the total number of community partnerships for each type of site/location listed below. If you wish to include the data submitted by your regions, select them from the list below. You can manually change the data, if needed, but you must click "save" to save the changes. If you later check/uncheck a region, your manual changes will be lost. To enter the data at the institution level, return to the home screen, click on Manage Delivery Sites and Partnerships and select add a new Institution level record. After saving, the Institution level record will appear in the list below.

## Regions

If your regions entered data on Delivery Sites/Locations and Community Partnerships you can include their data in your submission. Select one region at a time to preview the data. Select one or more to include the data in your submission. If more than one region is selected, data from those regions will be aggregated. This list will also include any institution level records you created. Institution level records can be selected and aggregated with regional records, as needed.

☐ Highlands
☐ Midlands

**Delivery Sites/Locations and Community Partnerships Chart**

| Types of Sites/Locations | # of Different Delivery Sites/Locations (?) | # of Community Partnerships (?) |
|---|---|---|
| Adult Education & Training Sites | 0 | 0 |
| Adult Rehabilitation Centers | 0 | 0 |
| Churches | 0 | 0 |
| Community Centers | 0 | 0 |
| Emergency Food Assistance Sites | 0 | 0 |
| Extension Offices | 0 | 0 |
| Farmers Markets | 0 | 0 |
| Food Stores | 0 | 0 |
| Head Start Sites | 0 | 0 |
| Health Care Sites | 0 | 0 |
| Libraries | 0 | 0 |
| Other Youth Education Sites | 0 | 0 |

| | | |
|---|---|---|
| Head Start Sites | 0 | 0 |
| Health Care Sites | 0 | 0 |
| Libraries | 0 | 0 |
| Other Youth Education Sites | 0 | 0 |
| Public Housing | 0 | 0 |
| Schools | 0 | 0 |
| Shelters | 0 | 0 |
| SNAP Offices | 0 | 0 |
| WIC Program Sites | 0 | 0 |
| Worksites | 0 | 0 |
| Other | 0 | 0 |

**Description of DSPs**

Summarize any plans to expand, eliminate or relocate program delivery sites/locations or to change, develop/enhance or expand community partnerships in upcoming years. Briefly describe with whom, how, and why. (1000 characters or less)

Cancel    Save    Save and Next

## Environmental Settings

Check all areas in which you are working within an Environmental Setting (Organization/Community Level) to reduce challenges and increase opportunities for low-income individuals, families, and/or households. All outcomes should be helpful to the low-income audience and should support/further the work of low-income nutrition education, whether explicitly stated, or not.

**Short Term Indicators**

Organizations and Communities gain awareness, knowledge, and/or interest.

| Diet Quality | Physical Activity | Food Resource Management | Food Safety | Food Security |
|---|---|---|---|---|

**Community Partnership Impacts**

SEARCH: [          ]                                    SHOW 10 ▼ ENTRIES

| Select ⇕ | Options | Title | ▼ | Stage ⇕ | Term ⇕ | Type ⇕ | Focus ⇕ | Participant Type ⇕ | Site(s) ⇕ |
|---|---|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                                       ⊙ ⊕

**Medium Term Indicators**

Organizations and Communities commit to change.

**Community Partnership Impacts**

SEARCH: [          ]                                    SHOW 10 ▼ ENTRIES

| Select ⇕ | Options | Title | ▼ | Stage ⇕ | Term ⇕ | Type ⇕ | Focus ⇕ | Participant Type ⇕ | Site(s) ⇕ |
|---|---|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                                       ⊙ ⊕

**Long Term Indicators**

Organizations and Communities experience improved conditions. A culture exists for resolving concerns and taking action at a multi-organization/community level.

**Community Partnership Impacts**

SEARCH: [          ]                                    SHOW 10 ▼ ENTRIES

| Select ⇕ | Options | Title | ▼ | Stage ⇕ | Term ⇕ | Type ⇕ | Focus ⇕ | Participant Type ⇕ | Site(s) ⇕ |
|---|---|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                                       ⊙ ⊕

[Cancel] [Save] [Save and Next]

# Sectors of Influence

Check all areas in which you are working within and across sectors of influence (government, media, industry, agriculture, health care, and other systems) to reduce challenges and increase opportunities for low-income individuals, families, and/or households. All outcomes should be helpful to the low-income audience and should support/further the work of nutrition education programs, whether explicitly stated, or not. Our role is to appropriately inform and influence the sectors, specifically:

-Keeping in mind the low-income population for decisions made;
-Considering what is reasonable and practical in decisions made;
-Thinking through how to incorporate/coordinate with what is done through low-income nutrition education efforts; and
-Making our nutrition education programs a part of the solution (e.g. increasing visibility and access to our programs as a "structural" component of solutions and actions taken).

Note - We are not advocating for any specific policy or taking any specific position. The examples below are only examples of what you could be doing. Different actions/approaches and solutions may be appropriate depending on the situation.

## Organizational Involvement

For the examples you select, indicate the number of other organizations involved. Indicate all that apply.

| Type of Organizations | # Involved |
|---|---|
| Universities | 0 |
| Government Agencies | 0 |
| Business/Industry | 0 |
| Non-Profit Agencies | 0 |
| Other | 0 |

## Short Term Indicators

Sector representatives identify and define social structure and policy relevant issues.

| Diet Quality | Physical Activity | Food Resource Management | Food Safety | Food Security |
|---|---|---|---|---|

**Community Partnership Impacts**

SEARCH: [          ]                                          SHOW 10 ▼ ENTRIES

| Select ⇕ | Options | Title ▾ | Stage ⇕ | Term ⇕ | Type ⇕ | Focus ⇕ | Participant Type ⇕ | Site(s) ⇕ |
|---|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                                    ◐ ◑

## Medium Term Indicators

Sector representatives influence action.

**Community Partnership Impacts**

SEARCH: [          ]                                          SHOW 10 ▼ ENTRIES

| Select ⇕ | Options | Title ▾ | Stage ⇕ | Term ⇕ | Type ⇕ | Focus ⇕ | Participant Type ⇕ | Site(s) ⇕ |
|---|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                                    ◐ ◑

## Long Term Indicators

Conditions improve within and across states.

**Community Partnership Impacts**

SEARCH: [          ]                                          SHOW 10 ▼ ENTRIES

| Select ⇕ | Options | Title ▾ | Stage ⇕ | Term ⇕ | Type ⇕ | Focus ⇕ | Participant Type ⇕ | Site(s) ⇕ |
|---|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                                    ◐ ◑

Cancel    Save    Save and Next

## Program Impacts

Submit up to 3 qualitative (narrative/descriptive) examples highlighting the impact of your program. Program impacts are related to work at the individual level (i.e., work with participants or collaborators). Choose ones which: show behavior change, provide evidence of improved quality of life, and best represent the work of your program. Consider tying qualitative program impacts to program priorities. This can be done by clicking the wrench icon to open the impact and checking the box to select the related program priority in the Program Priorities Section (note: this option is only available within the program plan). To add a program impact, return to the home screen and go to the "Manage Program Impacts" section. Make sure you check the boxes in the select column to include impacts in your submission. Only checked items will be visible at the Federal Level. Note: if your program impact is selected for use at the Federal level, the text may be edited to fit the space.

SEARCH: [          ]                                    SHOW [10 ▼] ENTRIES

| Select ⇕ | Options | Title ▼ | Submitted By ⇕ | Keyword(s) ⇕ | People ⇕ | Focus ⇕ | Date ⇕ |
|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                              ◐ ➕

### Community Partnership Impacts

SEARCH: [          ]                                    SHOW [10 ▼] ENTRIES

| Options ⇕ | Title | Stage ▼ | Term ⇕ | Type ⇕ | Focus ⇕ | Participant Type ⇕ | Site(s) ⇕ |
|---|---|---|---|---|---|---|---|
| No data available in table | | | | | | | |

SHOWING 0 TO 0 OF 0 ENTRIES                                              ◐ ➕

[Cancel] [Save]

---

### Program Impact

**Title**

[                                                                    ]

**Date Occurred**

[06/11/2019] 📅

---

#### Focus Areas

Please select which areas this program impact relates to. Select all that apply:

**Core Areas**
- ☐ Diet Quality
- ☐ Physical Activity
- ☐ Food Resource Management
- ☐ Food Safety
- ☐ Food Security

**Secondary Areas**
- ☐ Family/Interpersonal Relationships
- ☐ Management/Leadership
- ☐ Sectors of Influence
- ☐ Environmental Settings

➕ **Add Focus**

#### Key Words

Select any of the following key words that apply to the program impact. Select all that apply:

- ☐ Disease Prevention
- ☐ Weight Management
- ☐ Personal Growth/Confidence
- ☐ Positive Impact on Family
- ☐ Improved Overall Health

➕ **Add Keyword**

#### People

Select the people involved in the program impact story. Select all that apply:

**Staff**
- ☐ Paraprofessional
- ☐ Professional
- ☐ Volunteer
- ☐ Coordinator
- ☐ Partner/Collaborator

**Participant**
- ☐ Adult
- ☐ Pregnant Teen
- ☐ Youth

➕ **Add Person**

---

#### Background

Provide a brief narrative description of the circumstances prior to program involvement and the actions, activities or project milestones that took place during the program that led to the outcomes/impacts. Be clear who is telling the story and include quotation marks where appropriate. Do not use names or personally identifiable information. Include any external factors or assumptions that may have influenced the story. (2000 characters or less)

[                                                                    ]

**Background**

Provide a brief narrative description of the circumstances prior to program involvement and the actions, activities or project milestones that took place during the program that led to the outcomes/impacts. Be clear who is telling the story and include quotation marks where appropriate. Do not use names or personally identifiable information. Include any external factors or assumptions that may have influenced the story. (2000 characters or less)

**Outcomes/Impacts**

Provide a brief narrative description of the direct benefits or indirect/unintended consequences which occurred as a result of participation in the program. As above, be clear who is telling the story and include quotation marks where appropriate. Do not use names or personally identifiable information. The description should demonstrate the need for the program and should describe how participation affected those involved. It may reference benefits at the individual, community, or social level. (2000 characters or less)

Cancel    Save