

## Appendix 5: Screenshots of Data Entry Screens

### A) Adult Data Entry Screens

29 : Smith, Sally Remarks

CONTACT INFO **ENTRY DATA** RECALLS CHECKLISTS EXIT DATA

Staff Member  
Staffer, Samantha I P7

Enrollment Date  
07/02/2014

First Name Last Name  
Sally Smith

Group Name

Address  
467 Henslowe Ln

City State ZIP Plus 4  
West Columbia SC 29170 3880

Phone Ext

Email  
tbrady@hotmail.com

Custom Id (?)  
29

**Address Verification**

County	FIPS
Lexington	45063
Congressional District	CBSA
02	17900
Latitude	Longitude
33.945996	-81.140402

**Address Verification Successful**  
Address was verified on 2015-02-25 15:37:33

Verify Address

Cancel Save

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 0524-0044. The time required to complete this information collection is estimated to average 1158 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.

Native Hawaiian or Other Pacific Islander

White

Not Provided

**Sub Race**

--Sub Race--

**Highest Grade**

Not Supplied

**Residence**

Towns under 10,000 & rural non farms

**Lesson Type**

Individual

**Subgroups**

F: EFNEP

F: ESWIC

F: SNAP-Ed

F: Team Nutrition

F: Sample

I: Institution Level Subgroup

R: Regional Subgroup

**Public Assistance at Entry**

F: Child Nutrition     I: Institution Pub. Asst.     R: Regional Public Asst.

F: FDPIR

F: Head Start

F: Other

F: SNAP

F: TANF

F: TEFAP - Commodity

F: WIC/CSPF

Cancel   Save

**29 : Smith, Sally** Remarks

CONTACT INFO

ENTRY DATA

RECALLS

CHECKLISTS

EXIT DATA

+ Add Recall

Manage	Date	Pregnant	Nursing	Type	# of Meals
	07/02/2014	<input type="checkbox"/>	<input type="checkbox"/>	Entry	1
	07/03/2014	<input type="checkbox"/>	<input type="checkbox"/>	Exit	2

Cancel   Save

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29: Smith, Sally

DIET RECALL DATA    **FOODS**    TOTALS

Recall Date

07/04/2014

Recall Type

Additional

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

Staffer, Samantha

Adult Information

Age

N/S

Gender

F

Number of Meals

0

Entry Date

07/02/2014

Exit Date

07/04/2014

Cancel    Save

29: Smith, Sally

DIET RECALL DATA    **FOODS**    TOTALS

+ Add food

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

Cancel    Save

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 small (2-1/2" dia) (approx 4 per lb)  
1 medium (2-3/4" dia) (approx 3 per lb)  
1 large (3-1/4" dia) (approx 2 per lb)  
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

Number of Portions

0

Save

29 : Smith, Sally Remarks

CONTACT INFO   ENTRY DATA   **RECALLS**   CHECKLISTS   EXIT DATA

[+ Add Checklist](#)

Manage	Checklist Type	Date
	Entry	07/03/2014
	Exit	07/16/2014

[\\* Select Additional Question Set](#)

Cancel   Save

29: Smith , Sally

Checklist Date

Checklist Type

Ten Core Questions

Question	Response	0 N/A	1	2	3	4	5
1. Plan meals ahead	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Compare prices before you buy food	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Run out of food before the end of the month	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Shop with a grocery list	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Let foods sit out for more than two hours	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Thaw frozen foods at room temperature	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Think about healthy food choices	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Prepare foods without adding salt	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Use 'Nutrition Facts' on the label to make food choices	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Children eat within 2 hours of waking up	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Cancel   Save

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29 : Smith, Sally Remarks

CONTACT INFO   ENTRY DATA   RECALLS   CHECKLISTS   EXIT DATA

**Status**  
Staff Vacancy ▾

**Exit Date**

**Number of Lessons**

**Number of Sessions**

**Number of Hours**

**Public Assistance at Exit (?)**

F: Child Nutrition    I: Institution Pub. Asst.    R: Regional Public Asst.

F: FDPIR

F: Head Start

F: Other

F: SNAP

F: TANF

F: TEFAP - Commodity

F: WIC/CSPF

Cancel   Save

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## B) Youth Data Entry Screens

7777 : Sample of Students Remarks

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

**Name**

**Mailing Name**

**Address**

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

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

**Email**

**Custom ID (?)**

**Address Verification**

**County**  **FIPS**

**Congressional ID**  **CBSA**

**Longitude**  **Latitude**

7777 : Sample of Students Remarks

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

**Primary Leader**

**Additional Leaders**

SEARCH:  SHOW 10 ENTRIES

ID	Staff Name	Staff Type
A123456	Professional, Perry	A
P6	Educator, Erin	P
P7	Staffer, Samantha	P
V1234	Volunteer, Vinny	V

SHOWING 1 TO 4 OF 4 ENTRIES

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7777 : Sample of Students Remarks

**CONTACT INFORMATION**   LEADERS   ENTRY & EXIT DATA   DEMOGRAPHICS   **YOUTH CHECKLIST**

**Start Date**  
07/03/2014

**Program**  
A | EFNEP

**Delivery**  
F | 4-H Special Interest / Short-Term Programs

**Subgroups**  
 I: Institution Level Subgroup  
  R: Regional Subgroup

**End Date**  
07/24/2014

**Number of Lessons**  
0

**Number of Sessions**  
0

**Number of Hours**  
0

**Number of Graduates**  
0

Cancel   Save

7777 : Sample of Students Remarks

**CONTACT INFORMATION**   LEADERS   ENTRY & EXIT DATA   DEMOGRAPHICS   **YOUTH CHECKLIST**

**Number of Youth in 4-H**  
3

**Youth By Gender**

Female	3
Male	2
<b>Total</b>	<b>5</b>

**Youth By Residence**

Farm	3
< 10,000 & Rural	2
10,000-50,000	0
Suburbs > 50,000	0
City > 50,000	0
<b>Total By Residence</b>	<b>5</b>

**Youth By Grade**

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

Total Youth By Race / Ethnicity					
		Not Hispanic / Latino	Hispanic or Latino	Not Provided	Total By Race
Only One Race	AI or AN	0	3	0	3
	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	0	0
Multiple Races	AI or AN and White	2	0	0	2
	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	2	3	0	5

Race Subcategories

Total Youth with Subraces

0

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7777 : Sample of Students Remarks

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

**Checklists** Number of Youth: 5  
Number of Checklists: 4

+ Add Checklist | New K-2nd | -- Institute Checklist--

Manage	Checklist ID	Youth Identifier	Has Exit	Entry Date	Exit Date
	1047	q23r	No	2014-07-03	2014-07-24
	1048	223313	No	2014-07-03	2014-07-24
	1049	test	Yes	2014-07-03	2014-07-24
	1051	lkdjflj	No	2014-07-03	2014-07-24

Cancel | Save

**Note: Only one Checklist type is used per youth participant. The screenshots below show each survey type – K-2<sup>nd</sup>, 3<sup>rd</sup>-5<sup>th</sup>, 6<sup>th</sup>-8<sup>th</sup>, and 9<sup>th</sup>-12<sup>th</sup>**

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**Youth Identifier**

jest

**Checklist Entry Date**

07/03/2014

**Checklist Exit Date**

07/24/2014

**K-2nd - Entry**

Question	Response	0	1	2	3	4	5	6	7
1.Circle snacks that are best	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.Circle washing hands	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.Circle the Physical Activities	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.Circle the Vegetables	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.Circle the Fruits	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.Circle the Grains	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.Circle the Dairy (milk)	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.Circle the Proteins (meats and beans)	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.Vegetables to eat?	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.Fruits to eat?	<input type="text" value="0"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3rd-5th - Entry**

Question	Response	0	1	2	3	4	5	6	7
1.Eat Vegetables?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.Eat Fruits?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.Healthy snacks?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.Eat breakfast?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.Do physical activities?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.Being active everyday is fun	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.Being active is good for me	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.Pizza out of the refrigerator overnight?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.Chicken/Rice leftovers in the refrigerator?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.Wash hands before food prep?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.Ask someone to buy fruits/veg?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.Ask someone to buy low-fat milk?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.Ask to have fruits and juices within reach?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.Ask to have vegetables within reach?	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6th-8th - Entry

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

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

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C) Staff Data Entry Screens

A123456: Professional, Perry - Professional

DEMOGRAPHICS HOURS

First Name:  Last Name:

Address:

City:  State:  Zip:

Phone:  Ext:

Email:

Gender:

Custom ID (?):

Ethnicity:

Race:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Not Provided

A123456: Professional, Perry - Professional

DEMOGRAPHICS HOURS

Annual Hours Spent With Adults and Youth by Program

Program	Adult	Youth
EFNEP	<input type="text" value="0"/>	<input type="text" value="0"/>
SNAP-Ed	<input type="text" value="0"/>	<input type="text" value="0"/>
State Project	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult / Youth Totals	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	

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**D) Annual Budgets Data Entry Screens**

Note: Budget sheet is not a data entry screen. It is filled out in an excel spreadsheet, signed, and uploaded as a PDF into WebNEERS.

COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
Expanded Food and Nutrition Education Program (EFNEP)							
State/Territory:						Estimated Carryover	
Institution:						Current Allocation	
Fiscal Year Ending: September 30,						Total Funds Available	\$ -
COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
EFNEP Funding	Salaries		Additional Expenses			Total Amount	
	FTE	Amount	Travel	Equipment	Other Expenses		
<i>Professional</i>						\$ -	
<i>Paraprofessional/Technical</i>						\$ -	
<i>Clerical &amp; Secretarial</i>						\$ -	
<b>TOTAL</b>	<b>0.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>Other Sources of Funding ( university, county, non-tax, etc.)</b>							
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
<b>TOTAL OTHER FUNDS</b>	<b>0.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL ALL FUNDING</b>	<b>0.0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
Approved:							
	<i>(Director or Administrator, State Extension Service)</i>						<i>(Date)</i>
Approved:							
							<i>(Date)</i>

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 0524-0044. The time required to complete this information collection is estimated to average 1158 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.

**Budget Information**

File Name

Fiscal Year

---

**Salaries and Benefits**

**B** *I* U ABC | ↶ ↷ 🗑️ | ☰ ☱ ☲ ☳ ☴ ☵ ☶ ☷

---

**Travel**

**B** *I* U ABC | ↶ ↷ 🗑️ | ☰ ☱ ☲ ☳ ☴ ☵ ☶ ☷

---

**Equipment**

---

**Other Expenses**

**B** *I* U ABC | ↶ ↷ 🗑️ | ☰ ☱ ☲ ☳ ☴ ☵ ☶ ☷

---

**Other Sources of Funding**

**B** *I* U ABC | ↶ ↷ 🗑️ | ☰ ☱ ☲ ☳ ☴ ☵ ☶ ☷

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**Explanation of Carryover**

**B** *I* U ABC | ↶ ↷ 🗑️ | ☰ ☱ ☲ ☳ ☴ ☵ ☶ ☷

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Save

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 0524-0044. The time required to complete this information collection is estimated to average 1158 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.



## E) Annual Program Plans Data Entry Screens

Title: Submission Test  
Fiscal Year: 2016  
Last Modified: 10/07/2015  
Status: Needs Revision

[Print](#)  
[Comments](#)

General Information & Program Plan	Results from Previous Year
<a href="#">Contact Info</a>	<a href="#">Environmental Settings</a>
<a href="#">Situation</a>	<a href="#">Sectors of Influence</a>
<a href="#">Other Inputs</a>	<a href="#">Impacts</a>
Program Plan & Results from Previous Year	Signature
<a href="#">Budget Inputs</a>	<a href="#">Request Director Signature</a>
<a href="#">Program Priorities</a>	
<a href="#">Delivery Sites and Partnerships</a>	

[Back](#) Your director must approve this report before it can be submitted

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 0524-0044. The time required to complete this information collection is estimated to average 1158 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.

## Contact Info

### Annual Update/5-Year Plan Information

Plan Name

Submission Test

Fiscal Year

2016

### Program Contact

First Name

Stephanie

Last Name

Blake

Phone Number

Fax Number

Email Address

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 0524-0044. The time required to complete this information collection is estimated to average 1158 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.

<b>Fax Number</b>
<input type="text"/>
<b>Email Address</b>
<input type="text"/>
<b>Program Website</b>
<input type="text"/>

<b>Extension Director / Administrator</b>
<b>First Name</b>
<input type="text" value="jason"/>
<b>Last Name</b>
<input type="text" value="ike"/>

## 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.

District of Columbia

### 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

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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.

### 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

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

### 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)

testasd

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 [0524-0044](#). The time required to complete this information collection is estimated to average 1158 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.

**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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Department of Education	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Department of Health	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State SNAP Office	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Child Nutrition Programs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Head Start Association	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Nutrition Network	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TEAM Nutrition	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Dietetic Association	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[+ 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).

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Note: On the Budget Inputs Screen, the Federal Budget Sheet and Budget Justification are simply quick links to the budget and justification submitted through the budget section of WebNEERS. These are not additional data entry points.

### Budget Inputs

#### Federal Budget Sheet

Name	Date Created	Type
<a href="#">2015 EFNEP and SNAP-Ed - State Map.pdf</a>	06/04/2015	Final

#### Budget Justifications

Name	Date Created	Type
<a href="#">Test Justification</a>	06/04/2015	Final

#### Other Funds Received

Please enter other sources of funding received during the last Fiscal Year. Do not include funds captures in the Federal Budget Sheet.

Type of Funds	Amount	Source of Funds (optional)
Other Federal (?)	<input type="text" value="112"/>	<input type="text"/>
Other Public (?)	<input type="text"/>	<input type="text"/>
Other Private (?)	<input type="text"/>	<input type="text"/>
In-Kind (?)	<input type="text"/>	<input type="text"/>
Total	\$ 112 <input type="text"/>	

#### Description of Other Funds Received

Please discuss any plans/strategies to maintain or to increase other sources of funds in upcoming years.

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## 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(2); others may focus on Secondary Areas(2). 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  ENTRIES

Select

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.

#### 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

[+ Add Focus](#)

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### 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)

### Measurement

Can this priority be measured quantitatively (numerically)?

Yes  No

### Unit of Measure

Select the unit of measure for the priority. For example, if the data point is: XX% of adults improve XYZ, select "percentage" as the unit of measure.

- Dollars
- Number
- Percentage
- Other (describe)

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.

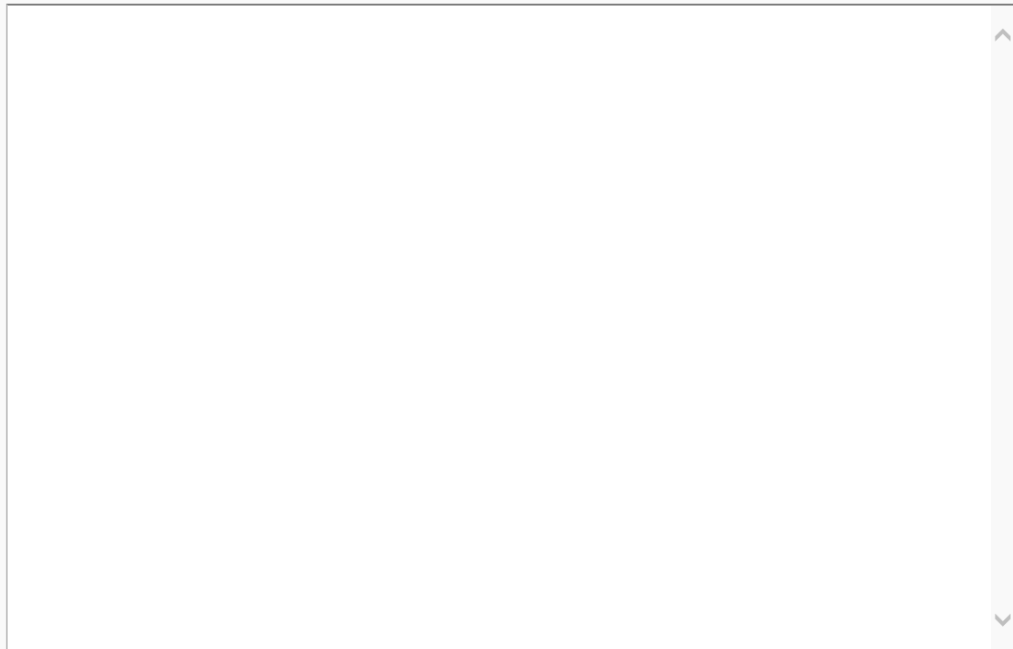
	Baseline	2015	2016	2017	2018	2019
Target	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Actual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Only entry numeric values in the table

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**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.



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### 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
- TEST(institute)

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

Types of Sites/Locations	# of Different Delivery Sites/Locations (?)	# of Community Partnerships (?)
Adult Education & Training Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult Rehabilitation Centers	<input type="text" value="123"/>	<input type="text" value="0"/>
Churches	<input type="text" value="0"/>	<input type="text" value="0"/>
Community Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Emergency Food Assistance Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Extension Offices	<input type="text" value="0"/>	<input type="text" value="0"/>

Farmers Markets	<input type="text" value="0"/>	<input type="text" value="0"/>
Food Stores	<input type="text" value="0"/>	<input type="text" value="0"/>
Head Start Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Health Care Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Libraries	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Youth Education Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
Schools	<input type="text" value="0"/>	<input type="text" value="0"/>
Shelters	<input type="text" value="0"/>	<input type="text" value="0"/>
SNAP Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
WIC Program Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Worksites	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="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)

tset

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 [0524-0044](#). The time required to complete this information collection is estimated to average 1158 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.

## 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
Hold discussions to identify challenges and opportunities for low-income populations that can be addressed from a community context.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commit to collaborate to address identified needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct needs assessment to determine the extent of concern and potential for resolution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form partnerships or coalitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### Medium Term Indicators

Organizations and Communities commit to change.

**DIET QUALITY**

**PHYSICAL ACTIVITY**

**FOOD RESOURCE MANAGEMENT**

**FOOD SAFETY**

**FOOD SECURITY**

- Partnership/Coalition adopts a written plan that contains specific objectives and action steps for diet quality.
- Facilitate the use of more nutritious foods at organization and community events and programs, such as food fairs and public meetings.
- Expand nutrition education opportunities through schools, community education programs, and electronic media.
- Implement consistent messaging and/or local branding.
- Increase nutrition education referrals across programs and agencies.
- Develop access to Community Supported Agriculture shares.
- Reduce disparities in policies that encourage healthy eating.
- Change policies, practices, and physical environment of an organization (e.g., a workplace, health care setting, school/daycare, faith organization, restaurant, or other public eating site to support and improve the quality of foods offered.

[Add Other](#)

**Long Term Indicators**

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

**DIET QUALITY**   
 **PHYSICAL ACTIVITY**   
 **FOOD RESOURCE MANAGEMENT**   
 **FOOD SAFETY**   
 **FOOD SECURITY**

<input type="checkbox"/>	Nutrient-dense foods are offered in schools, restaurants, grocery stores, farmers markets, worksites, food pantries, and other locations.
<input type="checkbox"/>	Transportation infrastructures support access to grocery stores, farmers markets, food assistance offices, etc.
<input type="checkbox"/>	School and worksite wellness policies have been developed and are implemented to provide healthier foods at school and worksite events, in vending machines, etc.

[+ Add Other](#)

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## 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	22 <input type="text"/>
Government Agencies	0 <input type="text"/>
Business/Industry	0 <input type="text"/>
Non-Profit Agencies	0 <input type="text"/>
Other	0 <input type="text"/>

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### 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
Participate in discussions with sector representatives regarding the potential impact of practices, structures, regulations, and policies on low-income audiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convene taskforces, expert committees, or advisory groups to determine the extent of concern and potential for resolution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commit to collaborate and communicate within and across sectors to address identified needs and determine respective roles of responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Medium Term Indicators

Sector representatives influence action.

DIET QUALITY	PHYSICAL ACTIVITY	FOOD RESOURCE MANAGEMENT	FOOD SAFETY	FOOD SECURITY
<input type="checkbox"/>	Adopt an informed written plan that contains specific objectives and action steps for diet quality.			
<input type="checkbox"/>	Establish local or statewide food policy councils to inform key decision makers and to facilitate change across sectors of influence.			
<input type="checkbox"/>	Conduct social marketing campaigns that promote healthy eating environments.			
<input type="checkbox"/>	Communicate the respective actions taken by sectors of influence to improve diet quality and the public's response.			
<input type="checkbox"/>	Make healthier food options more available and accessible to low-income populations.			
<input type="checkbox"/>	Bring affordable grocery stores, farmers markets, etc. to low-income neighborhoods.			
<input type="checkbox"/>	Provide healthier food options at schools, daycares, worksites, universities, hospitals, faith organizations, social events, etc. <sup>(?)</sup>			
<input type="checkbox"/>	Adapt national initiatives to state and local situations.			
<a href="#">+ Add Other</a>				

### Long Term Indicators

Conditions improve within and across states.

DIET QUALITY	PHYSICAL ACTIVITY	FOOD RESOURCE MANAGEMENT	FOOD SAFETY	FOOD SECURITY
<input type="checkbox"/>	Adequate age-appropriate food and nutrition education is available for all students K-12, statewide.			
<input type="checkbox"/>	State-sponsored events reflect a shift to offering more of nutrient-dense foods.			
<input checked="" type="checkbox"/>	Nutrient-dense foods are more readily available statewide where food is purchased/served.			
<input type="checkbox"/>	Smaller portions and lower-calories options are more readily available statewide where food is purchased/served.			
<a href="#">+ Add Other</a>				

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## 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

## Environmental Settings Qualitative Examples

If you checked any of the boxes in the list of medium or long term impacts in the Environmental Settings section, you can include up to 1 qualitative example here. To add a qualitative example, return to the home screen and go to the "Manage Program Impacts" section. Make sure you check the box in the select column to include the example in your submission. Only checked items will be visible at the Federal Level. Note: if your qualitative example is selected for use at the Federal level, the text may be edited to fit the space.

SEARCH:  SHOW 10 ENTRIES

Select	Option	Title	Submitted By	Focus	Date
No data available in table					

SHOWING 0 TO 0 OF 0 ENTRIES

## Sectors of Influence Qualitative Examples

If you checked any of the boxes in the list of medium or long term impacts in the Sectors of Influence section, you can include up to 1 qualitative example here. To add a qualitative example, return to the home screen and go to the "Manage Program Impacts" section. Make sure you check the box in the select column to include the example in your submission. Only checked items will be visible at the Federal Level. Note: if your qualitative example is selected for use at the Federal level, the text may be edited to fit the space.

SEARCH:  SHOW 10 ENTRIES

Select	Option	Title	Submitted By	Focus	Date
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**Program Impact**

Title

Date Occurred

Submit for Institute Use

**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)

**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)

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Director's Email Address

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