

QC-Related New Investment Plan FFY

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Initial Submission Date to RO:

Revision Submission Date:

Amendment to Approval Plan:
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Amendment Submission Date:

This plan is submitted in conjunction with a Settlement Agreement between the _____ *(State and Responsible Agency)* and the United States Department of Agriculture, Food and Nutrition Service, to resolve _____ *(State)*'s payment error rate liability for Federal Fiscal Year (FFY) _____ *(Year)*. _____ *(State)*'s payment error rate of _____ % resulted in an adjusted liability of \$ _____ *(Liability)*.

Error analyses show that _____ % of the State's error cases were attributed to _____ *(Root cause 1)*.
(Percent of the error rate)
Analyses also show that _____ % of the State's error cases were attributed to _____ *(Root cause 2)*.
(Percent of the error rate)
Analyses also show that _____ % of the State's error cases were attributed to _____ *(Root cause 3)*.
(Percent of the error rate)

To target and reduce the State's root causes of errors, the following activities will be conducted using State only funds.

1. (Activity 1)

2. (Activity 2)

3. (Activity 3)

Attached to this submission is an affidavit attesting that new investment funds will not replace expenditures already earmarked for ongoing efforts and that the expenditures are not a reallocation of resources.

Printed Name	Signature
Title	State Agency Program Office

SECTION I: State Agency Information

State Agency	Liability Year	Required QC-Related New Investment Amount
Signed Settlement Agreement Date	Fiscal Year(s) of New Investment Implementation	

SECTION II: Identification of Causes of Errors and State's Plan for Addressing Those Causes

A. Root Cause Analysis of leading causes of errors
How did the State arrive at each root cause contributing to its high error rate?

Root Cause 1

Root Cause 2
Root Cause 3
B. The Plan: Include an overall summary of the plan, its expected error reduction impact(s), and anticipated overall cost relative to the required agreed-upon settlement amount.
1. Details of Activity 1 a. Purpose/Description of Activity
b. Root Cause Addressed
c. Expected Outcome
d. Timeline of Implementation
e. Detailed Cost Estimate
2. Details of Activity 2 a. Purpose/Description of Activity
b. Root Cause Addressed
c. Expected Outcome
d. Timeline of Implementation
e. Detailed Cost Estimate
3. Details of Activity 3 a. Purpose/Description of Activity
b. Root Cause Addressed
c. Expected Outcome

d. Timeline of Implementation

e. Detailed Cost Estimate

SECTION III: Schedule of Progress Report Submission(s) and Contacts

State Estimated Number of Progress Reports Needed

Anticipated Number of Reports	Federal Fiscal Year State Anticipates Plan Will Be Completed
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List of Contacts Responsible for QC-Related New Investment Activities

Financial officer providing status reports to FNS regional office:

Name	Title	Phone Number and E-mail
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Technical accountant with primary responsibility for preparing status reports:

Name	Title	Phone Number and E-mail
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Program Manager responsible for directing QC New Investment activities:

Name	Title	Phone Number and E-mail
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Is information in Column 19 of the SF-425(FNS-778/778A) (refer to 7 CFR 277.11-Financial Reporting Requirements) prepared by someone other than the persons listed above? If so, please provide the person's name, title, phone number and E-mail address.

Name	Title	Phone Number and E-mail
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AFFIDAVIT OF ASSURANCE

As the duly authorized officer responsible for the financial operation and reporting of _____ reinvestment activities, I certify that: (State and Responsible Agency)

The expenditure plan of _____ for Fiscal Year _____
(State and Responsible Agency) (Liability Year)

Quality Control (QC) Liabilities is funded with State only money and will not claim any Federal matching funds for new investment expenditures. The expenditures represented in this plan do not represent a reallocation of ongoing Supplemental Nutrition Assistance Program (SNAP) resources nor do they replace any expenditure already earmarked for existing efforts.

The activities included in the expenditure plan of _____ are above
(State and Responsible Agency)
the minimum SNAP requirements dictated by law and regulation. They are not part of any State Corrective Action Plan.

The requirements for planning and reporting new investment activities as described in 7 CFR 275.13(h) are known to me.

Signature	Printed Name	Title	Office
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Additional comments or explanation for amendment submission (if applicable):

Instructions
FNS Form 74A - QC-Related New Investment Plan Template

FNS form 74A is designed to ensure State agencies provide the specific information required for QC-Related New Investment Plans [See 7 CFR 275.23(h)]. This form does not prescribe the amount of activities needed or number of root causes to address. An attachment may be used for additional activities (more than three) and for any narrative that exceeds the space allowance. Please organize and label attachments to easily correlate where the additional information belongs in relation to the form's design.

Due Date: QC-Related New Investment Plans are due within ninety (90) days of the effective date of the signed Settlement Agreement related to the Plans.

Structure: The first part of the Plan is an introductory memo summarizing the State-specific plan details and signed by the State program official submitting the Plans.

Since these New Investment Plans are designed to specifically target the leading causes of a State's high error rate for a specific FFY, they are separated into three sections:

Section I identifies the liability year-related information;

Section II is broken into two subsections regarding the causes of errors and the State's plan or activities for addressing those Root Causes. Subsection A requests an explanation of the analysis that led to the determination of the Root Causes that had a significant impact on the State's error rate, and Subsection B requests details about the State's plan for addressing those Root Causes by each activity being implemented. A detailed cost analysis is required to ensure the anticipated expenditure(s) for each activity are targeted at addressing the root causes identified in the plan; and

Section III is designed as a way for FNS and the State to keep track of when progress reports are due as well as who in the State Agency will be responsible for implementing the plan as submitted. Section III will be included in the progress reports for updating, as needed. Progress reports are due every six months (on May 10 and November 10) after the first progress report is designated until the Plan is complete.

The State's final section to complete is the Affidavit of Assurance signed by the financial officer responsible for the Plan.

Special Note: Any New Investment Plan that identifies a State will use an outside vendor to assist with QC-related activities will require additional documentation. FNS intends to review the contract to ensure the activities proposed are allowable, SNAP-administrative expenses prior to Plan approval.

Progress reports are required for the duration of the plan's execution and will be due biannually on May 10 and November 10 using the FNS-74B (OMB 0584-0303). Upon approval, FNS will notify the State when the first progress report is due.

Plan Amendments:

- Plan amendments are required for formal approval by FNS whenever a State agency wants to add an additional activity to an already approved QC related new investment plan.
- The 74A must be filled out in its entirety and may be limited to focusing on the new activities being proposed.
 - An additional and its analysis may be introduced, but must be linked to the high errors associated with the FFY of the new investment plan being amended.