

Sub-Application Status

Form Name: 140-700 (2-17)

Form Description: Supplemental Nutrition Assistance Program Education (SNAP-Ed) EARS Reporting Form

Program: Supplemental Nutrition Assistance Program Education

Agency Code: 050220001 **Agency Name:** University of Arkansas at Pine Bluff

Program Year: September 2018

Submission Type: Annual **Revisions:** 1

Submission Status: New Submission

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| DIRECT EDUCATION | | | | | | |
|--|---|---|---|-----------------|---|--|
| ITEM 3 - Direct Education - Information on participation by age and sex | | | | | | |
| Age | Female | Male | Actual Count | Estimated Count | Total | |
| Less than 5 years | | | | | | |
| 5-17 years | | | | | | |
| 18-59 years | | | | | | |
| 60 years or older | | | | | | |
| Total | | | | | | |
| For any estimated counts, please describe the methods used to determine the number of participants | | | | | | |
| Explanation of Estimation Method(s) - 3,000 character limit | | | | | | |
| ITEM 5 - Direct Education - Information on participation by race and ethnicity | | | | | | |
| Ethnicity | Definition of Ethnicity and Race | | Actual Count of SNAP-Ed Participants | | Estimated Count of SNAP-Ed Participants | |
| | | | | | | |
| Race (Select One or More) | Hispanic/Latino | | | | | |
| | Non-Hispanic/Latino | | | | | |
| | American Indian or Alaska Native | | | | | |
| | Asian | | | | | |
| | Black or African American | | | | | |
| | Native Hawaiian or Other Pacific Islander | | | | | |
| | White | | | | | |
| | Total | | | | | |
| ITEM 6 - Direct Education - Characterizing educational levels by race, ethnicity, race, and sex of beneficiaries who benefit | | | | | | |
| Formal | A. Number Estimated | B. Total Range per Session (in minutes) | C. Number of Sessions Delivered Using Informative Method(s) | | | |
| 1. Single Session | | | | | | |
| 2. Series of 2 to 4 Sessions | | | | | | |
| 3. Series of 5 to 9 Sessions | | | | | | |
| 4. Series of 10 or More Sessions | | | | | | |