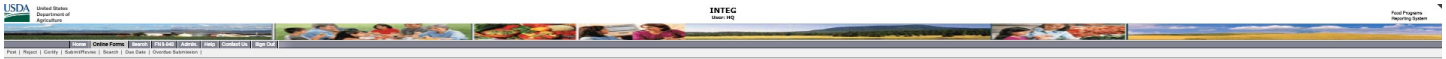

Print | Reject | Certify | Submit/Review | Search | Due Date | Overdue Submission |

Submission Studio

Form Name: FNS-759 (3-17)
Form Description: Supplemental Nutrition Assistance Program Education (SNAP-Ed) EARS Reporting Form
Program: Supplemental Nutrition Assistance Program Education
State: AR
Agency Code: 0000301801 **Agency Name:** University of Arkansas at Pine Bluff
Program Time: September 2018
Submission Type: Annual **Revision:** 1
Submission Status: New Submission

Analyze | Save | Edit Check | Print | Delete | Quit

[Excel] [History] [Audit]

Click here for additional resources and information on the Education and Administrative Reporting System

DIRECT EDUCATION | **INTERVENTIONS** | PARTNERSHIPS | Remarks

INTERVENTIONS

This item collects data on all three types of interventions, specifically direct education (denoted by DE), social marketing (denoted by SM), and policy, systems, and environmental changes (denoted by PSE)

ITEM 3 - Interventions - characterizing implementation

Add Intervention (Alt-A)

	A. Name or Descriptive Title for the Intervention	B. Intervention Type: (s) (DE, SM and/or PSE) (Select All That Apply)	C. Year	D. Implementation Stage (Use Codes)	E. Priority Population(s) (Use Codes)	F. Estimated Number of SNAP-Ed Participants Reached	G. Data Sources (Select All That Apply)	H. Intervention Settings (Use Codes) and Number of Sites For Setting	H. Eat If Other, please specify	H. Learn If Other, please specify	H. Live If Other, please specify	H. Play If Other, please specify	H. Shop If Other, please specify	H. Work If Other, please specify	I. Indirect Intervention Channels (Use Codes)	I. If Other, please specify	J. Intervention Topic (s)	J. Individual knowledge and skills If Other, please specify	J. Engagement in physical activity If Other, please specify
[Delete]			of														A,B,C,E,G,H,M,O		
[Delete]			of														A,B,C,F,G,H,O		
[Delete]			of														A,F,G,H		
[Delete]			of														A,B,C,E,G,H,M,O		
[Delete]			of														A,B,F,G,L,O		
[Delete]			of														A,F,G		
[Delete]			of														A,B,C,E,G,H,M,O		
[Delete]			of														A,F,G		
[Delete]			of														A,F,G		
[Delete]			of														A,B,C,F,G,O		
[Delete]			of														A,F,G		

Add Intervention (Alt-A)

Please provide a brief description of the estimated reach for each intervention, including methods used and any assumptions made

Explanation of Reach Calculations and Any Assumptions Made - 5,000 character limit