

SNAP Incentive Waiver Request

This information is being collected to assist the Food and Nutrition Service to streamline the request process for an incentive waiver. This is a voluntary collection and FNS will use the information to assess the eligibility of entities to offer incentives to SNAP households to increase their overall purchasing power for the purchase of healthy foods. This collection does not request any personally identifiable information under the Privacy Act of 1974.

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 0584-NEW.

The time required to complete this information collection is estimated to average 2:00 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-NEW). Do not return the completed form to this address.

Your store must apply for a waiver ¹ of the SNAP equal treatment rule provisions ([7 CFR 274.7\(f\)](#) and [7 CFR 278.2\(b\)](#)). The SNAP equal treatment provisions require that you treat SNAP recipients as you do your other customers. These provisions prohibit both negative treatment (such as discriminatory practices) and preferential treatment (such as incentive projects).

Requestor Information

Name *

Organization *

Street Address *

City/Town *

State/Province *

ZIP/Postal Code *

Phone *

Email *

Funding Source (select all that apply) *

- Retailer
- State
- Local Government
- Non-profit
- For-profit (non-retailer)

Will participation in the incentive project be limited to SNAP participants? *

Dates of Operation

From



To



Retailer Locations

Names of Participating Retailers: *

(If multiple retailer banners will be participating, please indicate the number of retailer locations participating under each retailer banner; e.g. store banner A- 2 locations, store banner B- 5 locations)

Total number of retailer locations where the incentive project will operate: *

State(s) where incentive project will operate: *

Foods being Incentivized

In accordance with "[What foods can be incentivized?](#)", please select all the food categories your program will incentivize: *

- Fruits
- Vegetables, including legumes (beans and peas), starchy, and other
- Dairy
- Whole grains

I confirm that the incentivized foods will meet the criteria outlined on "[What foods can be incentivized?](#)". *

You must select 'Yes' to continue.

Please indicate if you plan to apply additional criteria to the qualifying incentive foods for your incentive program. (e.g., must be fresh fruits and vegetables, locally-grown produce, etc.).

Incentive Model

Is the household required to make a SNAP purchase to receive the incentive? *

- Select -

Please indicate the incentive model for this program. *

- Dollar-for-dollar match for additional qualifying incentive foods
- Percentage/dollar discount at the point of purchase
- Percentage/dollar off coupon or funds for a future qualifying purchase
- Other

Does the SNAP household need to register for the project to receive the incentive? *

- Select -

Will the incentives be limited to certain groups of SNAP households? *

- Select -

Will outreach be conducted differently for different SNAP households? *

- Select -

At the point of purchase, how will the incentive be **triggered**?

- Automatically by the point-of-sale device with every SNAP purchase of qualifying incentive foods
- Cashier Intervention (i.e, the cashier must identify qualifying incentive purchases and trigger the incentive manually)

Customer Intervention (e.g., input loyalty membership information)

Other

At the point of purchase, how will the incentive be **delivered**?

Automatic discount

Voucher/Coupon

Gift card that can only be used for eligible SNAP or qualifying incentive foods

Loyalty card

EBT card

Other

Is there a maximum incentive amount that a household can earn? *

- Select -

Which food items can the earned incentives buy? *

Additional qualifying incentive foods (i.e, the same foods that trigger the incentive)

Any SNAP eligible food

Other

Does the incentive expire? *

- Select -

Describe the overall process from outreach to redemption. Be sure to add any other information about the incentive model that you deem relevant. *

Goal

Please describe the goal of the incentive project: *

How will information be collected and analyzed to measure project impact? *

Other Information

Is there any additional information regarding your incentive project that you would like to share at this time?

If you have any questions or concerns on retailer incentive programs, please email FNS at SM.FN.incentiveprogram@usda.gov.

¹ FNS is seeking Office and Management and Budget approval for the waiver application process under the Paperwork Reduction Act. A Federal Register (FR) notice for this new information collection was [published](#) on May 11, 2020 (85 FR 27709), and SNAP will publish a follow-up FR Notice in January. The information collection request is in progress under an expedited schedule.

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