OMB Number: 0584-NEW **Expiration Date:** MM/DD/20YY

Table of contents

Tab	
<u>Retailer list</u>	
<u>Summary</u>	
Retailer-level incentives	

This information is being collecte collection, and FNS will use the in According to the Paperwork Red The valid OMB control number for comments regarding this burden Office of Policy Support, 1320 Br Project Officer for this project, Ka

Assessment of the Administrative Costs of Electronic Healthy Incentives Projects (eHIP) Incentive Report Template

Perceptions. store type. location. implementation method. and whether participating in GusNIP. Healthy Fluid Milk Incent retailers

Summary monthly incentive figures

Incentive transactions at the retailer and outlet level (if available)

ed to provide the Food and Nutrition Service (FNS) with key cost information on Electronic Healthy Incentives Projects conformation to examine costs of Electronic Healthy Incentives Projects for SNAP. This collection requests personally identification act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information collection is 0584-NEW. The time required to complete this information collection is estimated to average estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of the Electronic Healthy Incentives Projects conformation on Electronic Healthy Incentives Projects conformation required to SNAP. This collection requests personally identified until 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information required to respond to, a collection of information including suggestions for reducing this burden, to U.S. Department of the Electronic Healthy Incentives Projects for SNAP. This collection requests personally identified until 1995, and agency may not conduct or sponsor, and a person is not required to respond to, a collection of information information collection requests personally identified until 1995, and a collection of information is not required to respond to, a collection of information information collection is estimated to average and the collection of information including suggestions for reducing this burden, to U.S. Department of the collection of information including suggestions for reducing this burden, to U.S. Department of the collection of information including suggestions for reducing this burden, and the collection of information including suggestions for reducing the collection of information includin

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INSTRUCTIONS: Please provide the <u>monthly</u> summary figure for each item. Shaded items are de clarify the data (for example, if there are any limitations or cautions about the data). If data are

State: Year: Month:

Eligible food purchases with SNAP (Optional - please provide any available data)

Number of purchases with eligible foods

Total \$ of eligible foods purchased

Number of households with eligible foods purchases (trying to earn incentives)

Number of retailers with eligible foods purchases

Incentive earnings

Number of purchases earning incentives

Total \$ of eligible foods in purchases earning incentives (gross amount before refunds) (Optional - provide if available)

Total \$ of incentives earned on approved purchases (gross amount before refunds)

Number of households earning incentives

Average \$ of incentives earned per household* (Optional - provide if available)

Refunds (Optional but preferred - provide if possible)

Number of refunds with incentives deducted from customer balance

Total \$ of refunds of eligible food purchases that earned incentives

Total \$ of incentives deducted from customer balance due to returns

Expunged incentives

Total \$ Incentives expunged

Number of households with incentives expunged

Outstanding Liability for unredeemed incentives (Optional)

Total value of household incentive balances at the end of the month.

Number of households with incentive balances at the end of the month.

^{*}Per household averages are only for the households with relevant activity (e.g., for incentive ea

This information is being collected to provide the Food and Nutrition Service (FNS) with key cost voluntary collection, and FNS will use the information to examine costs of Electronic Healthy Inc Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not condisplays a valid OMB control number. The valid OMB control number for this information collect average 7 hours (420 minutes) per response. Send comments regarding this burden estimate or to U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Bracompleted form to this address. If you have any questions, please contact the FNS Project Office

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sirable but not necessary. Additional detail should be provided in the Notes column if needed to by cardholder instead of by household, please indicate this in the Notes column.

Washington 2025 June

Count OR \$ total OR Average number OR Average \$	Notes (limitations, clarifications, etc.)

arnings, denominator is number of households earning incentives).

information on Electronic Healthy Incentives Projects conducted by SNAP State agencies. This is a entives Projects for SNAP. This collection requests personally identifiable information under the duct or sponsor, and a person is not required to respond to, a collection of information unless it ion is 0584-NEW. The time required to complete this information collection is estimated to any other aspect of this collection of information, including suggestions for reducing this burden, addock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-NEW). Do not return the er for this project, Kathleen Patton, at Kathleen.patton@usda.gov or 703-305-2813.

Retailer-level incentives

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INSTRUCTIONS: Please provide information on incentive transactions by retailer, and outlet if available. Use or one line for each retailer if outlet-level information is not available. The retailer total line is only needed if outlets by the Outlet ID on the Retailer List worksheet. For the dollar values, please report net amounts after incentives.

State: Washington

Year: 2025 Month: June

	SNAP purchases w/eligible foods (reporting optional)		SN	
Retailer/outlet	purchases with	\$ of eligible foods	Number of purchases earning incentives	
eHIP Retailer 1				
Outlet 123456 (if available)				
[additional outlets]				
Retailer 1 total				
eHIP Retailer n				
Outlet 456789 (if available)				
[additional outlets]				
Retailer n total				
eHIP retailer total	0	0	(

This information is being collected to provide the Food and Nutrition Service (FNS) with key cost information on Electronic Healthy Incentives Projects conducted by SNAP State agencies. This is a voluntary collection, and FNS will use the information to examine costs of Electronic Healthy Incentives Projects for SNAP. This collection requests 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 7 hours (420 minutes) 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 22314 ATTN: PRA (0584-NEW). Do not return the completed form to this address. If you have any questions, please contact the FNS Project Officer for this project, Kathleen Patton, at Kathleen.patton@usda.gov or 703-305-2813.

one line for each retailer outlet if available, outlet-level data is available. Identify deducting refunds and the associated

JAP	purchases	earning	incentives
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\$ of eligible foods in purchases earning incentives	\$ of incentives earned	Number of households earning incentives (optional)
0	0	0