



Username

Password

[Forgot Password?](#)

Version 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Login

Staff Member

Program Status

Custom ID

Default

PEARS Program ID

: New Adult

[+ Remarks](#)

CONTACT INFO

ENTRY DATA

RECALLS

QUESTIONNAIRES

EXIT DATA

CUSTOM DATA

Adult Group [\(Create new\) \(?\)](#)

I: Testing

Primary Staff Member

Doe, Jane | A01

Secondary Staff

Enrollment Date

00/00/0000



First Name

Last Name

Address

City

State

DC

ZIP

Plus 4

Phone

Ext

Email

Custom Id [\(?\)](#)

Address Verification

County

FIPS

Congressional District

CBSA

Latitude

Longitude

Data can only be validated after this adult has been saved

Cancel

Save

: New Adult

+ Remarks

- CONTACT INFO
- ENTRY DATA
- RECALLS
- QUESTIONNAIRES
- EXIT DATA
- CUSTOM DATA

Adult Group [\(Create new\) \(?\)](#)

I: Testing

Custom Id (?)

Primary Staff Member

Doe, Jane | A01

Secondary Staff

Enrollment Date

00/00/0000



First Name

Last Name

Address

City

State

ZIP

Plus 4

DC

Phone

Ext

Email

REMARKS

Maximum of 255 Characters

Cancel

Ok

adult has been saved

Cancel

Save

: New Adult

+ Remarks

- CONTACT INFO
- ENTRY DATA
- RECALLS
- QUESTIONNAIRES
- EXIT DATA
- CUSTOM DATA

Adult Information

Age

Sex

Female
 Male
 Prefer Not to Respond

Pregnant
 Nursing

Ethnicity

Race

American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Not Provided

Ethnic Group/Nationality

Highest Grade

Residence

Household Information

Household Income (\$/month) (?)

N/S = not supplied

Children (?)

Children Age Breakdown
Ages 0-5: 0
Ages 6-13: 0
Ages 14-19: 0

Others In Household

Total Household

Lesson Type

Subgroups

I: Institution Level Subgroup R: Regional Subgroup
 I: Testing migrate

Public Assistance at Entry

F: Child Nutrition I: Institution Pub. Asst. R: Regional Public Asst.
 F: FDPIR
 F: Head Start
 F: Other
 F: SNAP
 F: TANF
 F: TEFAP - Commodity
 F: WIC/CSFP

Cancel Save

123 : Jenkins, Mabel

[+ Remarks](#)

CONTACT INFO

ENTRY DATA

RECALLS

QUESTIONNAIRES

EXIT DATA

CUSTOM DATA

[+ Add Recall](#)

Manage	Date	Pregnant	Nursing	Type	# of Meals
--------	------	----------	---------	------	------------

Cancel

Save

Cancel Save

123: Jenkins, Mabel

DIET RECALL DATA

FOODS

TOTALS

Recall Date

01/28/2026



Recall Type

Entry

Is Pregnant

Is Nursing

Taking Nutritional
Supplements

Amount Spent on Food Last Month (?)

N/S

N/S = not supplied

Activity Level

Not Provided

Staff Member

Lance, Stephen

Adult Information

Age

34

Sex

F

Number of Meals

0

Entry Date

01/28/2026

Exit Date

00/00/0000

Cancel Save

Home Settings Logout

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Cancel Save

123: Jenkins, Mabel

DIET RECALL DATA FOODS TOTALS

+ Add food User Suggested Food Substitutions

Manage	Meal	Description	Number of Portions	Portions
--------	------	-------------	--------------------	----------

Cancel Save

Cancel Save

123: Jenkins, Ma

DIET RECALL

+ Add food

Manag

Cancel Save

FOOD SEARCH ✕

[Common Selections](#)

SEARCH: SHOW ENTRIES

	Description	Additional Description	Food Code
	Crackers, butter, flavored	Pringles Cracker Stix	54301020
	Potato chips, restructured, plain	Pringles Original	71200300
	Potato chips, restructured, multigrain	Pringles multigrain	54402610
	Potato chips, restructured, flavored	flavored Pringles	71200310
	Potato chips, restructured, fat free	fat free Pringles	71201210
	Potato chips, restructured, reduced fat, lightly salted	reduced fat Pringles	71201200
	Potato chips, restructured, lightly salted	lightly salted Pringles	71202510
	Pork, rice, and vegetables excluding carrots, broccoli, and dark-green leafy; soy-based sauce		27320330
	Pork, rice, and vegetables including carrots, broccoli, and/or dark-green leafy; soy-based sauce		27320320
	Pork, rice, and vegetables excluding carrots, broccoli, and dark-green leafy; tomato-based sauce		27320350
	Pork, rice, and vegetables including carrots, broccoli, and/or dark-green leafy; tomato-based sauce		27320340

SHOWING 1 TO 11 OF 11 ENTRIES (FILTERED FROM 7,059 TOTAL ENTRIES) FIRST PREVIOUS NEXT LAST

Click done if you are finished adding foods to return to Diet Recall screen **Done**

123 : Jenkins, Mabel

+ Remarks

CONTACT INFO | ENTRY DATA | **RECALLS** | QUESTIONNAIRES | EXIT DATA | CUSTOM DATA

+ Add Questionnaire

Manage	Questionnaire Type	Date
--------	--------------------	------

+ Select Additional Questionnaire

Cancel Save

28 . Food didn't last	<input type="text" value="-"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
29 . Afford balanced meals	<input type="text" value="-"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
30 . Cut size of meal or skip meal	<input type="text" value="-"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

123 : Jenkins, Mabel

[+ Remarks](#)

- CONTACT INFO
- ENTRY DATA
- RECALLS
- QUESTIONNAIRES
- EXIT DATA
- CUSTOM DATA

Status

Active v

Exit Date

00/00/0000

Public Assistance at Exit (?)

- F: Child Nutrition I: Institution Pub. Asst. R: Regional Public Asst.
- F: FDPPIR
- F: Head Start
- F: Other
- F: SNAP
- F: TANF
- F: TEFAP - Commodity
- F: WIC/CSFP

	Synchronous Education (Live)		Synchronous Total	Asynchronous Education (Not live)		Asynchronous Total	Total
	In Person	Via Technology		Recorded	Self-Guided Modules		
# Lessons	0	0	0	0	0	0	0
Hours : Minutes	0 v : 00 v	0 v : 00 v	0	0 v : 00 v	0 v : 00 v	0	0

Cancel Save

Person, Preg

[+ Remarks](#)

- CONTACT INFO
- ENTRY DATA
- RECALLS
- ENTRY QUESTIONNAIRE
- EXIT DATA
- CUSTOM DATA

Status

Active ▼

Exit Date

00/00/0000

Public Assistance at Exit (?)

- F: Child Nutrition I: Institution Pub. Asst. R: Regional Public Asst.
- F: FDPIR
- F: Head Start
- F: Other
- F: SNAP
- F: TANF
- F: TEFAP - Commodity
- F: WIC/CSFP

	Synchronous Education (Live)		Synchronous Total	Asynchronous Education (Not live)		Asynchronous Total	Total
	In Person	Via Technology		Recorded	Self-Guided Modules		
# Lessons	<input type="text"/>	<input type="text"/>	0	<input type="text"/>	<input type="text"/>	0	0
Hours : Minutes	<input type="text" value="0"/> : <input type="text" value="00"/>	<input type="text" value="0"/> : <input type="text" value="00"/>	0	<input type="text" value="0"/> : <input type="text" value="00"/>	<input type="text" value="0"/> : <input type="text" value="00"/>	0	0

Room Code

Code will be autogenerated upon creation

Name

Staff

--Select One--

Residence Type

--Select One--

Lesson Type

--Select One--

Type

Entry

Include Questionnaire?

Yes

Include Additional Questionnaire?

No

Subgroups

- I: Institution Level Subgroup
- R: Regional Subgroup
- I: Testing migrate

Cancel Save

Cancel Save

Enter User Information

Email

Verification Code

First Name

Last Name

Select User Type

User Type

- Institute
- Regional

Read only permissions allow a user to view a data type (adults, youth groups, staff – including recalls, questionnaires, and reports), but not to add, edit, or delete that data type. For example, a user with Adult Read Only permissions can print One Day Recalls or Questionnaire Diagnostic Reports, but cannot make changes to any Adults, Recalls, or Questionnaires. It should be noted that read only permissions override any options selected above to add, edit, or delete that data type so it's important to make selections carefully.

Cancel Save

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

Youth Filter: Staff Filter:

[+Add Youth Group](#)

SEARCH:

SHOW ENTRIES

Manage	ID	Group Name	Leader	Program	Delivery	# of Youth	# of entry/exit questionnaires
	61	Test	Lance, Stephen P27	A	E	10	0

Sort by # of Youth

SHOWING 1 TO 1 OF 1 ENTRIES



Staff Member

--Staff By Name--

Youth Group Default

--Select Default--

PEARS Program ID

0 : New Youth Group

[+ Remarks](#)

CONTACT INFORMATION

LEADERS

ENTRY & EXIT DATA

DEMOGRAPHICS

YOUTH QUESTIONNAIRE

CUSTOM DATA

Auto Generate Room Code?

Name

Mailing Name

Address

City

State

Zip

Plus 4

Phone Number

Phone Ext

Email

Custom ID (?)

Address Verification

County

FIPS

Congressional ID

CBSA

Longitude

Latitude

Data can only be validated after this youth group has been saved

Cancel

Save

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

0 : New Youth Group

[+ Remarks](#)

CONTACT INFORMATION

LEADERS

ENTRY & EXIT DATA

DEMOGRAPHICS

YOUTH QUESTIONNAIRE

CUSTOM DATA

Primary Leader

Lance, Stephen | P27

Additional Leaders

SEARCH: SHOW 10 ENTRIES

ID ▲		Staff Name	Staff Type
A01	<input type="checkbox"/>	Doe, Jane	A
A123456	<input type="checkbox"/>	Professional, Perry	A
A28	<input type="checkbox"/>	Tapia, Miguel	A
A29	<input type="checkbox"/>	Crozier, Luke	A
P27	<input checked="" type="checkbox"/>	Lance, Stephen	P
PPTST	<input type="checkbox"/>	Staffer, Samantha	P

SHOWING 1 TO 6 OF 6 ENTRIES

Cancel Save

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

0 : New Youth Group

[Remarks](#)

- CONTACT INFORMATION
- LEADERS
- ENTRY & EXIT DATA
- DEMOGRAPHICS
- YOUTH QUESTIONNAIRE
- CUSTOM DATA

Start Date

04/01/2026

Program

A | EFNEP

Delivery

E | 4-H Club Membership

End Date

Number of Graduates

Subgroups

- I:Institution Level Subgroup R:Regional Subgroup

	Synchronous Education (Live)		Synchronous Total	Asynchronous Education (Not live)		Asynchronous Total	Total
	In Person	Via Technology		Recorded	Self-Guided Modules		
# Lessons	<input type="text"/>	<input type="text"/>	0	<input type="text"/>	<input type="text"/>	0	0
Hours : Minutes	0 : 00	0 : 00	0	0 : 00	0 : 00	0	0

Cancel Save

0 : New Youth Group

[Remarks](#)

CONTACT INFORMATION

LEADERS

ENTRY & EXIT DATA

DEMOGRAPHICS

YOUTH QUESTIONNAIRE

CUSTOM DATA

Number of Youth in 4-H

Youth By Sex

Female	<input type="text" value="0"/>
Male	<input type="text" value="0"/>
No Response	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Youth By Residence

Farm	<input type="text" value="0"/>
< 10,000 & Rural	<input type="text" value="0"/>
10,000-50,000	<input type="text" value="0"/>
Suburbs > 50,000	<input type="text" value="0"/>
City > 50,000	<input type="text" value="0"/>
Total By Residence	<input type="text" value="0"/>

Youth By Grade

Pre-K	<input type="text" value="0"/>
K	<input type="text" value="0"/>
1st Grade	<input type="text" value="0"/>
2nd Grade	<input type="text" value="0"/>
3rd Grade	<input type="text" value="0"/>
4th Grade	<input type="text" value="0"/>
5th Grade	<input type="text" value="0"/>
6th Grade	<input type="text" value="0"/>
7th Grade	<input type="text" value="0"/>
8th Grade	<input type="text" value="0"/>
9th Grade	<input type="text" value="0"/>
10th Grade	<input type="text" value="0"/>
11th Grade	<input type="text" value="0"/>
12th Grade	<input type="text" value="0"/>
Special	<input type="text" value="0"/>
Total by Grade	<input type="text" value="0"/>

Total Youth By Race / Ethnicity

		Not Hispanic / Latino	Hispanic or Latino	Not Provided	Total By Race
Only One Race	AI or AN	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Asian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Black	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	NH or OPI	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Not given	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Multiple Races	AI or AN and White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Asian and White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Black and White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	AI or AN and Black	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	All Others	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Total by Ethnicity	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

[Ethnic Groups/Nationalities](#)

Total Youth with Ethnic Groups/Nationalities

0

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

0 : New Youth Group

[+ Remarks](#)

- [CONTACT INFORMATION](#)
- [LEADERS](#)
- [ENTRY & EXIT DATA](#)
- [DEMOGRAPHICS](#)
- [YOUTH QUESTIONNAIRE](#)
- [CUSTOM DATA](#)

Questionnaires

Number of Youth:
Number of Questionnaires:
Matched Questionnaires:

You must first save this record before you can select questionnaires

SEARCH:

SHOW ENTRIES

Questionnaire ID	Youth Identifier	Has Entry and Exit	Entry Date	Exit Date
------------------	------------------	--------------------	------------	-----------

No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES

REMARKS

Youth Identifier

* This field is required

Questionnaire Entry Date



Questionnaire Exit Date



K-2nd - Entry

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Circle kids being active.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Circle healthy snacks.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Circle vegetables.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Circle dairy foods.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5.Circle fruits.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
6.Circle kids who should wash their hands before eating.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

K-2nd - Exit

Question	Response	N/R	0	1	2	3	4	5	6	7
1.Circle kids being active.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
2.Circle healthy snacks.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
3.Circle vegetables.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
4.Circle dairy foods.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
5.Circle fruits.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
6.Circle kids who should wash their hands before eating.	-	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

[Add Staff](#)

SEARCH: SHOW All ENTRIES

Options	ID	Name	City	Type	Volunteer's Leader
	A01	Doe, Jane	Clemson	Professional	
	A29	Crozier, Luke		Professional	
	A123456	Professional, Perry		Professional	
	P27	Lance, Stephen		Paraprofessional	
	PPTEST	Staffer, Samantha		Paraprofessional	

SHOWING 1 TO 5 OF 5 ENTRIES ← →

Staff Type

Custom ID

A: New Staff - Professional

DEMOGRAPHICS HOURS REGIONS

First Name

Last Name

Address

City

State

DC

Zip

Phone

Ext

Email

Sex

 Female Male Prefer Not to Respond

Custom ID (?)

Ethnicity

--Select One--

Race

 American Indian or Alaskan

Native

 Asian Black or African American Native Hawaiian or Other Pacific

Islander

 White Not Provided

Cancel Save

P: New Staff - Paraprofessional

DEMOGRAPHICS HOURS REGIONS

First Name

Last Name

Address

City

State

Zip

Phone

Ext

Email

Sex

Female

Male

Prefer Not to Respond

Custom ID (?)

Ethnicity

--Select One--

Race

American Indian or Alaskan

Native

Asian

Black or African American

Native Hawaiian or Other Pacific

Islander

White

Not Provided

Cancel Save

V: New Staff - Volunteer

DEMOGRAPHICS **HOURS** REGIONS

First Name Last Name

Staff

Address

City State Zip

Phone Ext

Email

Sex
 Female
 Male
 Prefer Not to Respond

Custom ID [\(?\)](#)

Ethnicity

- Race
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Not Provided

Age Code

Is Current/Former EFNEP Participant [\(?\)](#)

Role

Duties

EFNEP Alert

You are currently using WebNEERS as pparham@clmson.edu

2026

[Return to admin@yliapps.com](#)**P: New Staff - Paraprofessional**

DEMOGRAPHICS HOURS REGIONS

Annual Hours Spent With Adults and Youth by Program

Program	Adult	Youth
EFNEP	<input type="text" value="0"/>	<input type="text" value="0"/>
SNAP-Ed	<input type="text" value="0"/>	<input type="text" value="0"/>
State Project	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult / Youth Totals	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	

 [Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

P: New Staff - Paraprofessional

DEMOGRAPHICS **HOURS** **REGIONS**

<input type="checkbox"/>	Region
<input type="checkbox"/>	Highlands
<input type="checkbox"/>	Midlands
<input type="checkbox"/>	Test
<input type="checkbox"/>	Trial
<input type="checkbox"/>	[Cornell] Capital-Hudson Valley
<input type="checkbox"/>	[Cornell] Central-Southern Tier
<input type="checkbox"/>	[Cornell] Metropolitan
<input type="checkbox"/>	[Cornell] Western

Cancel **Save**

[+ Add New Annual Update](#)

[+ Add New 5 Year Plan](#)

SEARCH:

SHOW 10 ▾ ENTRIES

Manage ▾

Plan Name ▾

Fiscal Year ▾

Status ▾

Last Modified ▾

No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES



Annual Update/5 Year Plan Information

Plan Name

* This field is required

Fiscal Year

Program Contact

First Name

Last Name

Phone Number

Fax Number

Email Address

Program Website

Extension Director / Administrator

First Name

Last Name

Save

Title: Test Plan
Fiscal Year: 2026
Last Modified: 04/22/2026
Status: Draft

- Print
- Print with comments
- Notes
- Comments

General Information

Contact Information

Situation * Required Data Missing

Program Approach

Preliminary Budget

Budget Not Approved

Final Budget

Budget Not Approved

Curricula, Technology, & Volunteer Use * Required Data Missing

Program Priorities * Required Data Missing

Delivery Sites & Partnerships * Required Data Missing

Program Impacts

Impacts * Section is empty

Signature

Request Director Signature (plan must be completed before signature can be requested)

Back Your director must approve this report before it can be submitted

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

Title: Test Plan
Fiscal Year: 2026
Last Modified: 04/22/2026
Status: Draft

Unlocked

Print

Notes

Comments

Contact Info

Annual Update/5-Year Plan Information

Plan Name

Test Plan

Fiscal Year (?)

2026

Program Contact

First Name

Test

Last Name

Person

Phone Number

Email Address

Program Website

Extension Director / Administrator

First Name

Last Name

State SNAP Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Child Nutrition Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Head Start Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Nutrition Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TEAM Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Dietetic Association	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[+ Add Other](#)

Description of Inter-Organizational Relationships

Summarize any plans to change, develop/enhance or expand inter-organizational relationships in the upcoming years. Briefly describe with whom, how and why. If no change from last year, please indicate no change. (1000 characters or less)

2027 Update

B *I* U ABC

Target Audience

Define your target audience within programmatic guidelines(?) and briefly describe how you are targeting them. If you intend to change your target audience or your approach to reaching them in upcoming years, briefly describe how and why. If no change from last year, please indicate no change. (4000 characters or less)

2027 Update

B *I* U ABC

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

Title: Test Plan**Fiscal Year: 2026****Last Modified: 04/22/2026****Status: Draft**

Unlocked

Print

Notes

Comments

Program Approach

Adult Curricula

Name and briefly describe the key university approved curricula for programming. Describe curricula with respect to audience appropriateness, behavior change emphasis, and evidence-base. Make sure it is clear that each core area(2) is addressed with adults. If you intend to change or revise curricula in upcoming years, briefly describe how and why. Note: this should not be an exhaustive list of curricula, but rather a list of the primary curricula used across the state/territory. If no change from last year, please indicate no change. (4000 characters or less)

*Adults:***2027 Update****B I U ABC** *Pregnancy/Nursing:***2027 Update****B I U ABC**

Youth Curricula

Name and briefly describe the key university approved curricula for programming. Describe curricula with respect to audience appropriateness, behavior change emphasis, and evidence-base. Make sure it is clear that each core area(2) is addressed with youth. If you intend to change or revise curricula in upcoming years, briefly describe how and why. Note: this should not be an exhaustive list of curricula, but rather a list of the primary curricula used across the state/territory. If no change from last year, please indicate no change. (4000 characters or less)

*Grade K-2:***2027 Update****B I U ABC** *Grade 3-5:***2027 Update**

B *I* U ABC ↺ ↻ 📌 ☰ ☰

Grade 6-8:

Enter Curricula Name

Add New Curricula Name

2027 Update

B *I* U ABC ↺ ↻ 📌 ☰ ☰

Grade 9-12:

Enter Curricula Name

Add New Curricula Name

2027 Update

B *I* U ABC ↺ ↻ 📌 ☰ ☰

Technology Use

Please briefly describe your technology plan addressing how the plan adheres to the current technology guidelines (See [EFNEP Technology Guidelines](#)).

Include:

1. Use of technology for recruitment, delivery of core content, lesson reinforcement, in and out of class engagement, and post class follow-up;
2. Description of planned synchronous learning and asynchronous learning (Refer to guidance for application examples);
3. Rationale for how this plan will help with recruitment, content, retention, evaluation;
4. How you will determine success; and
5. A rough estimate of the extent to which technology will be applied in teaching relative to other approaches.

If no change from last year, please indicate no change. For questions, contact NIFA/EFNEP.

(4000 characters or less)

2027 Update

B *I* U ABC ↺ ↻ 📌 ☰ ☰

Volunteer Use

Please indicate what types of volunteers will be used and what duties volunteers will have. See [EFNEP Volunteer Guidelines](#) and [EFNEP Volunteer Criteria](#). If volunteers will not be used, the statement below should reflect that. If no change from last year, please indicate no change. For questions, contact NIFA/EFNEP. (2000 characters or less)

2027 Update

B *I* U ABC ↺ ↻ 📌 ☰ ☰

Cancel Save Save and Next

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

Title: Test Plan
Fiscal Year: 2026
Last Modified: 04/22/2026
Status: Draft

Unlocked

Print

Notes

Comments

Program Priorities

Develop 4-6 SMART (specific, measurable, action-oriented, realistic, timely) program priorities to focus on over the next five years. 3 must directly measure Core Areas(2); others may focus on Secondary Areas(2). There must be at least 1 goal targeting adults, 1 targeting youth, and 1 using the secondary area, technology. You may create more than 6 priorities, but a maximum of 6 may be marked for NIFA/EFNEP review.

[+ Add Priority](#)

SEARCH:

Select	ID	Options	Title
No data available in table			

SHOWING 0 TO 0 OF 0 ENTRIES

[Cancel](#) [Save](#) [Save and Next](#)

Title: Test Plan

Fiscal Year: 2026

Last Modified: 04/22/2026

Status: Draft

Unlocked

ADD NEW PRIORITY

Secondary Areas

- PSE (Sectors/Settings)
- Management/Leadership
- Technology
- Volunteer

[+ Add Focus](#)

Description

Provide a brief description of the priority and why it was selected. Include details about how you intend to measure your progress over the next five years and what strategies you intend to use to meet your goals. Priorities may relate to: outputs(?), short-term outcomes(?), medium-term outcomes(?), or long-term outcomes(?). If no change from previous year, please indicate no change. (1000 characters or less)

Save

Title: Test Plan

Fiscal Year: 2026

Last Modified: 04/22/2026

Status: Draft

Unlocked

Print

Notes

Comments

Delivery Sites/Locations and Community Partnerships

Report the total number of delivery sites and the total number of community partnerships for each type of site/location listed below. If you wish to include the data submitted by your regions, select them from the list below. You can manually change the data, if needed, but you must click "save" to save the changes. If you later check/uncheck a region, your manual changes will be lost. To enter the data at the institution level, return to the home screen, click on Manage Delivery Sites and Partnerships and select add a new Institution level record. After saving, the Institution level record will appear in the list below.

Regions

If your regions entered data on Delivery Sites/Locations and Community Partnerships you can include their data in your submission. Select one region at a time to preview the data. Select one or more to include the data in your submission. If more than one region is selected, data from those regions will be aggregated. This list will also include any institution level records you created. Institution level records can be selected and aggregated with regional records, as needed.

- Highlands
- Midlands
- Test
- Trial
- [Cornell] Capital-Hudson Valley
- [Cornell] Central-Southern Tier
- [Cornell] Metropolitan
- [Cornell] Western

Delivery Sites/Locations and Community Partnerships Chart

Types of Sites/Locations	# of Different Delivery Sites/Locations (?)	# of Community Partnerships (?)
Adult Education & Training Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult Rehabilitation Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Places of Worship	<input type="text" value="0"/>	<input type="text" value="0"/>
Community Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Emergency Food Assistance Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Extension Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
Farmers Markets	<input type="text" value="0"/>	<input type="text" value="0"/>
Food Stores	<input type="text" value="0"/>	<input type="text" value="0"/>
Head Start Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Health Care Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Libraries	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Youth Education Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
Schools	<input type="text" value="0"/>	<input type="text" value="0"/>
Shelters	<input type="text" value="0"/>	<input type="text" value="0"/>

SNAP Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
WIC Program Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Worksites	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>

Delivery Sites, Community Partnerships, and Policy, System, Environmental (PSE) Change Efforts

Summarize any plans to expand, eliminate, or relocate program delivery sites/locations or to change, develop/enhance, or expand community partnerships. Also, describe any plans to expand or change program efforts/involvement in policy, systems, and environmental change (PSEs) efforts in the upcoming years. If no change from last year, please indicate no change.

2027 Update

B *I* U ABC | ↶ ↷ | 🔍 | ☰ ☰

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.

[+ Add Program Impact](#) [View Hidden Program Impacts](#)

SEARCH: SHOW All ▾ ENTRIES

Options	Title ▾	Type ▾	Submitted By ▾	Keyword(s) ▾	People ▾	Focus ▾	Date ▾	Last Modified Date ▾
No data available in table								

SHOWING 0 TO 0 OF 0 ENTRIES ⏪ ⏩

[Print PDF](#)

Submitted by: pparham@clemsun.edu

Program Impact**Title****Date Occurred**

Please ensure the date occurred is on or before June 30th for the program impact to be eligible for inclusion in the 5-Year Plan.

**Focus Areas**

Please select which areas this program impact relates to. Select all that apply:

Core Areas

- Diet Quality
- Physical Activity
- Food Resource Management
- Food Safety
- Food Security

Secondary Areas

- PSE (Sectors/Settings)
- Management/Leadership
- Technology
- Volunteer

[+ Add Focus](#)**Key Words**

Select any of the following key words that apply to the program impact. Select all that apply:

- Disease Prevention
- Weight Management
- Personal Growth/Confidence
- Positive Impact on Family
- Improved Overall Health

[+ Add Keyword](#)**People**

Select the people involved in the program impact story. Select all that apply:

Staff

- Paraprofessional
- Professional
- Volunteer
- Coordinator
- Partner/Collaborator

Participant

- Adult
- Pregnant Teen
- Youth

[+ Add Person](#)**Background**

Provide a brief narrative description of the circumstances prior to program involvement and the actions, activities or project milestones that took place during the program that led to the outcomes/impacts. Be clear who is telling the story and include quotation marks where appropriate. Do not use names or personally identifiable information. Include any external factors or assumptions that may have influenced the story. (2000 characters or less)

Outcomes/Impacts

Provide a brief narrative description of the direct benefits or indirect/unintended consequences which occurred as a result of participation in the program. As above, be clear who is telling the story and include quotation marks where appropriate. Do not use names or personally identifiable information. The description should demonstrate the need for the program and should describe how participation affected those involved. It may reference benefits at the individual, community, or social level. (2000 characters or less)

[Cancel](#) [Save](#)



PRELIMINARY **FINAL**

+ Add Final Budget

SEARCH: SHOW 10 ENTRIES

Manage	Name	Status	Fiscal Year	Created By	Date Created
No data available in table					

SHOWING 0 TO 0 OF 0 ENTRIES

Federal Test Institute 2026 Budget [Edit Name](#)

Save Draft

Submit Budget

Type: Preliminary Status: New Budget Role: User Contact Support

\$0 Est. Carryover [Edit](#) [?](#) \$0 Professional
 \$0 Allocation \$0 Paraprofessional
 +\$0 Total Funds Available [?](#) \$0 Administrative
 -\$0 Total Direct Costs

\$0
to be budgeted

Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
Personnel ?				
FTE	0	0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
Additional Expenses				
Travel ?	\$0	\$0	\$0	\$0
Equipment ?	\$0	\$0	\$0	\$0
Supplies ?	\$0	\$0	\$0	\$0
Other ?	\$0	\$0	\$0	\$0
Direct Costs ?	\$0	\$0	\$0	\$0
Projected Carryover ?	\$0	\$0	\$0	\$0
Direct Costs + Carryover ?	\$0	\$0	\$0	\$0

Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

Federal Test Institute 2026 Budget [Edit Name](#)

[Save Draft](#) [Submit Budget](#)

Type: Preliminary Status: New Budget Role: User Contact Support

\$0 Est. Carryover [Edit](#) [?](#) \$0 Professional
 \$0 Allocation \$0 Paraprofessional
 +\$0 Total Funds Available [?](#) -\$0 Total Direct Costs

\$0
to be budgeted

Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
Personnel ?				
FTE		0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
Additional Expenses				
Travel ?	\$0	\$0	\$0	\$0
Equipment ?	\$0	\$0	\$0	\$0
Supplies ?	\$0	\$0	\$0	\$0
Other ?	\$0	\$0	\$0	\$0
Direct Costs ?	\$0	\$0	\$0	\$0
Projected Carryover ?	\$0	\$0	\$0	\$0
Direct Costs + Carryover ?	\$0	\$0	\$0	\$0

Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

\$0

Funding Source Title

Justification

B I U Normal

Insert text here ...

A justification is required.

Each line item is provided for your convenience. A value is not required for each row.

Salary	\$0.00
Fringe	\$0.00
Travel	\$0.00
Equipment	\$0.00
Supplies	\$0.00
Other	\$0.00

[Save](#) [Cancel](#)

Federal Test Institute 2026 Budget [Edit Name](#)

[Save Draft](#) [Submit Budget](#)

Type: Preliminary Status: New Budget Role: User Contact Support

\$0 Est. Carryover [Edit](#) [?](#)

\$0 Allocation

+\$0 Total Funds Available [?](#)

\$0 Professional

\$0 Paraprofessional

\$0 Administrative

-\$0 Total Direct Costs

\$0
to be budgeted

Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
Personnel ?				
FTE	0	0	0	0
Salary	\$0	\$0		
Fringe	\$0	\$0		
Additional Expenses				
Travel ?	\$0	\$0		
Equipment ?	\$0	\$0		
Supplies ?	\$0	\$0		
Other ?	\$0	\$0		
Direct Costs ?	\$0	\$0	\$0	\$0
Projected Carryover ?	\$0	\$0	\$0	\$0
Direct Costs + Carryover ?	\$0	\$0	\$0	\$0

Projected Carryover **\$0**

Carryover Ratio: Please add direct costs in order to calculate carryover ratio.

Edit Carryover

Adjust Carryover Amount

Save Carryover
Cancel

Justification

here ...

Normal [?](#) [I^x](#)

Justification and update the section.

Professional	\$0.00
Paraprofessional	\$0.00
Administrative	\$0.00

Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

[Update](#) [Cancel](#)

Federal Test Institute 2026 Budget [Edit Name](#)

[Save Draft](#) [Submit Budget](#)

Type: Preliminary Status: New Budget Role: User Contact Support

\$0 Est. Carryover [Edit](#) [?](#) \$0 Professional
 \$0 Allocation \$0 Paraprofessional
 +\$0 Total Funds Available [?](#) -\$0 Total Direct Costs

\$0
to be budgeted

Direct Costs [?](#)

	Professional	Paraprofessional	Administrative	Total
Personnel ?				
FTE		0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
Additional Expenses				
Travel ?	\$0	\$0	\$0	\$0
Equipment ?	\$0	\$0	\$0	\$0
Supplies ?	\$0	\$0	\$0	\$0
Other ?	\$0	\$0	\$0	\$0
Direct Costs ?	\$0	\$0	\$0	\$0
Projected Carryover ?	\$0	\$0	\$0	\$0
Direct Costs + Carryover ?	\$0	\$0	\$0	\$0

Projected Carryover \$0

Carryover Ratio: Please add direct costs in order to calculate carryover ratio.

Carryover Justification

B I U Normal **↕**

Insert text here ...

Enter a justification and update the section.

Professional	<input type="text" value="\$0.00"/>
Paraprofessional	<input type="text" value="\$0.00"/>
Administrative	<input type="text" value="\$0.00"/>

[Update](#) [Cancel](#)

Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

Federal Test Institute 2026 Budget [Edit Name](#)

Save Draft

Submit Budget

Type: Preliminary Status: New Budget Role: User Contact Support

\$0	Est. Carryover	Edit ?	\$0	Professional
\$0	Allocation		\$0	Paraprofessional
\$0			\$0	Administrative

\$0
to be budgeted

+ Comments - Supplies



No Comments.

Add Comment



Total
0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0

Supplies \$0

Professional

B I U Normal

Insert text here ...

Enter a justification and update the section.

Paraprofessional

B I U Normal

Insert text here ...

Enter a justification and update the section.

Administrative

B I U Normal

Insert text here ...

Enter a justification and update the section.

Update

Cancel

Federal Test Institute 2026 Budget [Edit Name](#)

[Save Draft](#) [Submit Budget](#)

Type: Preliminary Status: New Budget Role: User Contact Support

\$0 Est. Carryover [Edit](#) [?](#) \$0 Professional
 \$0 Allocation \$0 Paraprofessional
 +\$0 Total Funds Available [?](#) -\$0 Total Direct Costs

\$0
 to be budgeted

Direct Costs ?				
	Professional	Paraprofessional	Administrative	Total
Personnel ?				
FTE		0	0	0
Salary	\$0	\$0	\$0	\$0
Fringe	\$0	\$0	\$0	\$0
Additional Expenses				
Travel ?	\$0	\$0	\$0	\$0
Equipment ?	\$0	\$0	\$0	\$0
Supplies ?	\$0	\$0	\$0	\$0
Other ?	\$0	\$0	\$0	\$0
Direct Costs ?	\$0	\$0	\$0	\$0
Projected Carryover ?	\$0	\$0	\$0	\$0
Direct Costs + Carryover ?	\$0	\$0	\$0	\$0

Other Sources of Funding [Add New](#) [?](#)

There are no other funding sources.

Travel \$0

Professional \$0.00

B I U Normal ⌵

Insert text here ...

Enter a justification and update the section.

Paraprofessional \$0.00

B I U Normal ⌵

Insert text here ...

Enter a justification and update the section.

Administrative \$0.00

B I U Normal ⌵

Insert text here ...

Enter a justification and update the section.

Update
Cancel

[+ Add Institute Delivery Site and Partnerships Record](#)

SEARCH:

SHOW All ▾ ENTRIES

Manage	Region / Name ▾	Type ▾	Reporting Year ▾	Last Modified ▾
	Trial	Region	2026	
	Test	Region	2026	
	Midlands	Region	2026	
	Highlands	Region	2026	
	[Cornell] Western	Region	2026	
	[Cornell] Metropolitan	Region	2026	
	[Cornell] Central-Southern Tier	Region	2026	
	[Cornell] Capital-Hudson Valley	Region	2026	

SHOWING 1 TO 8 OF 8 ENTRIES



Delivery Sites Information

Name

Delivery Sites / Locations and Community Partnerships:

For applicable types of delivery sites/locations below, indicate the number of sites reached and the number of community partnerships.

Types of Sites/Locations	# of Different Program Delivery Sites/Locations (?)	# of Community Partnerships (?)
Adult Education & Training Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Adult Rehabilitation Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Places of Worship	<input type="text" value="0"/>	<input type="text" value="0"/>
Community Centers	<input type="text" value="0"/>	<input type="text" value="0"/>
Emergency Food Assistance Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Extension Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
Farmers Markets	<input type="text" value="0"/>	<input type="text" value="0"/>
Food Stores	<input type="text" value="0"/>	<input type="text" value="0"/>
Head Start Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Health Care Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Libraries	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Youth Education Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Public Housing	<input type="text" value="0"/>	<input type="text" value="0"/>
Schools	<input type="text" value="0"/>	<input type="text" value="0"/>
Shelters	<input type="text" value="0"/>	<input type="text" value="0"/>
SNAP Offices	<input type="text" value="0"/>	<input type="text" value="0"/>
WIC Program Sites	<input type="text" value="0"/>	<input type="text" value="0"/>
Worksites	<input type="text" value="0"/>	<input type="text" value="0"/>

[+ Add Other](#)

[+ Add Settings and Sectors: Policy, Systems and Environmental \(PSE\) Change](#)

[Q View Hidden Settings and Sectors: Policy, Systems and Environmental \(PSE\) Change](#)

SEARCH:

SHOW **All** ENTRIES

Options	Title	Type	Submitted By	Last Modified Date
---------	-------	------	--------------	--------------------

No data available in table

SHOWING 0 TO 0 OF 0 ENTRIES



Settings and Sectors: Policy, Systems and Environmental (PSE) Change

Title

Is this PSE Effort Classified as Organizational Partnership (Settings) or Multi-Sector Partnerships and Planning (Sectors)?

- Organizational Partnership (Settings) [?](#)
- Multi-Sector Partnerships and Planning (Sectors) [?](#)

Multi-Sector Partnerships and Planning (Sectors)

Select the number and types of organizations represented and enter the number of each involved in this effort (Select all that apply).

Systems

Government

Education

Health Care

Transportation

[+ Add Other](#)

Organizations

Public Health

Community

[+ Add Other](#)

Business and Industries

Planning & Development

Agriculture

Food & Beverage

Retail

Media

[+ Add Other](#)

Focus Areas

- Diet Quality
- Physical Activity
- Food Resource Management
- Food Safety
- Food Security

Community Members Influenced

Potential number of persons who encounter the improved environment or are affected by the policy change on a regular (typical) basis and are assumed to be influenced by it during this fiscal year.

--Select One-- ▾

Participant Type

- Adult
- Youth

Local Level vs State Level

- Region [?](#)
- State [?](#)

Phases

Select the phase of this PSE effort:

- Adoption [?](#)
- Implementation [?](#)
- Maintenance [?](#)

PSE Initiative Narrative

Target Audience (200 character limit)



What was the overall goal? (200 character limit)

What was accomplished and lessons learned? (200 character limit)

Partnerships or collaborations developed as a result of this effort? (200 character limit)

What are plans for long term implementation & maintenance? (200 character limit)

Describe the outcomes of this effort (1000 characters or less)

Normal  **B** *I* U    

Would you like this PSE initiative to roll into the next fiscal year?

Yes

No

Cancel

Save

Save and Add Another

[Home](#) [Settings](#) [Logout](#)

Developed by the Youth Learning Institute

Version: 1.3

OMB Number: 0524-0044 (expires: 05/31/2026)

Paperwork Reduction Act Statement: 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 collection is 0524-0044. The time required to complete this information collection is estimated to average 203 hours per response, including the time needed for participant education and data entry, aggregation, and reporting; and for preparation, review, and submission of EFNEP program plans and budgetary information.