

**Appendix AE.1**

**Annual Core Program Data Form**

**English Only**



OMB Approval No. 0584-XXXX  
Expiration Date: XX/XX/20XX



# Evaluation Technical Assistance for the Food Insecurity Nutrition Incentive Grant Program

## FINI ANNUAL CORE PROGRAM DATA TEMPLATE

Fall 2015

APRIL 1, 2015 – MARCH 31, 2016

<p>1. What is the grantee's name?</p> <p>2. What is the name of the incentive program? (e.g., double up coupons, fresh bucks, etc.)</p> <p>3. Is the incentive program: new, continuation of existing program, expansion of existing program (same incentive structure, but serve more SNAP customers), or a modification of existing program (change in incentives or other services but no change in SNAP customers)? (Check all that apply).</p> <p>New.....1 Continuation of an existing program.....2 Expansion of an existing program.....3 Modification of an existing program.....4</p> <p>4. What is the organizational or management structure for the incentive program? (Please attach a written description and include organizational chart if available).</p> <p>5. At what type of outlets was the incentive program offered? (Check all that apply).</p> <p>Large Chain Grocery Store/Supermarket ....1 Discount Superstore.....2 Convenience Store.....3 Small Store or Corner Store.....4 Farmers Market.....5 Direct Farm.....6 Farm Stand.....7 Mobile market at single location.....8 Mobile market at multiple locations.....9 CSA.....10</p>	<p>6. How many outlets did your organization operate (include outlets that offer and don't offer FINI incentives)? _____</p> <p>4a. At how many of these outlets was the incentive offered? _____</p> <p>7. What tracking systems were used by the outlets to monitor SNAP and incentive distribution and redemption? (Check all that apply).</p> <p>Manual .....1 Excel or other computer program.....2 Web based form.....3 Other.....4 (SPECIFY) _____</p> <p>8. How is the incentive provided to SNAP customers? (Check all that apply).</p> <p>Provided at SNAP office.....1 Provided at outlet.....2 Mailed to participants at home.....3 Added to electronic benefit transfer (EBT) card.....4 Added to electronic incentive card.....5 Other.....6 (SPECIFY) _____</p> <p>9. What was your source of initial funding to establish the incentive program? (Check all that apply).</p> <p>FINI grant.....1 Matching grant.....2 Other.....3 (SPECIFY) _____</p> <p>10. Between April 1, 2015 and March 31, 2016, how much money was spent by your organization to operate the incentive program (include funding from all streams; do not include costs incurred by the outlet)</p> <p>\$ _____</p>
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11. What was this money spent on? (Check all that apply).

- Purchase equipment.....1
- Purchase token, scrip, etc.....2
- Hire Staff.....3
- Train Staff.....4
- Outreach activities.....5
- Education activities.....6
- Pay outlet staff.....7
- Other.....8

(SPECIFY)

12. How many people were involved in the administration (management) of the incentive program? (Include grantee staff who work at the outlets to assist them in operating the program). \_\_\_\_\_

3a. Of these, how many were full time? \_\_\_\_\_

3b. Of these, how many were part-time? \_\_\_\_\_

3c. Of these, how many were volunteers? \_\_\_\_\_

13. Contact information of the person completing this form:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_