

## Supplemental Nutrition Assistance Program Education (SNAP-Ed) State Plan

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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

ATTN: PRA (0584-0683)

1320 Braddock Place, 5th Floor

Alexandria, VA 22306.

Do not return the completed form to this address.

# Prerequisites

Directions: State agencies complete the prerequisites to initiate a State plan.

## Manage Implementing Agencies

Directions: Complete the table with the implementing agencies that will be involved in the plan.

Agency Name	Agency Category
<p><i>Add a new row for each agency.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> University cooperative extension</li> <li><input type="radio"/> Other university or college - historically Black college or university</li> <li><input type="radio"/> Other university or college - Hispanic-serving institution</li> <li><input type="radio"/> Other university or college - Tribal college or university</li> <li><input type="radio"/> Other university or college - Asian American or Pacific Islander serving institution</li> <li><input type="radio"/> Other university or college</li> <li><input type="radio"/> Education agency (State or district)</li> <li><input type="radio"/> Health department (State or local)</li> <li><input type="radio"/> Other government agency/department</li> <li><input type="radio"/> Healthcare organization</li> <li><input type="radio"/> Tribal Organization</li> <li><input type="radio"/> Food bank, pantry, or shelf</li> <li><input type="radio"/> Nutrition network/coalition (i.e., an organization or collaborative group that brings together local partners to deliver SNAP-Ed)</li> <li><input type="radio"/> Senior services organization</li> <li><input type="radio"/> Other private nonprofit organization</li> </ul>

## Manage System Users

Email	Name First Last	Agency
<p><i>Add a new row for each system user.</i></p>	<input type="radio"/>	<input type="radio"/>

Basic Information	
Please indicate whether this plan is a single-year or part of a multi-year plan.	<input type="radio"/> Single-year plan <input checked="" type="radio"/> Multi-year plan
Is this a comprehensive needs assessment or interim year?	<input type="radio"/> Needs assessment updated (submitted in the interim years) <input type="radio"/> Comprehensive needs assessment (submitted every 3 years)
Please enter the completion date of the latest needs assessment:	_____ Month _____ Year
The SNAP gross income limit (as a percentage of the Federal Poverty Level) of your state is used to pre-populate the SNAP-Ed eligible population in the needs assessment.	<input type="radio"/> 185% <input type="radio"/> 200%

# Module 1. Identify the Target Audiences and Their Needs

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## 1.1 Needs Assessment Requirements

Every 3 years, State agencies should conduct a comprehensive SNAP-Ed needs assessment, a critical component of SNAP-Ed planning. For State agencies that submit a multiyear SNAP-Ed plan, the needs assessment should be submitted during the first year. State agencies may update the needs assessment annually as needed when new information becomes available or priority goals change.

- The SNAP-Ed needs assessment should be a **purposeful, strategic, and data-driven process** led by the State agency with the active engagement of its implementing agencies and other stakeholders to identify the SNAP-Ed target audiences and understand their needs.
- Findings from the needs assessment should illuminate factors promoting or inhibiting program access, describe the appropriateness of programming for the target audiences, and be used to identify **five to seven State priority goals** for the State agency and its implementing agencies to address during the 3-year needs assessment cycle.
- Once identified, **State priority goals should inform objectives and specific performance indicators** the State agency and implementing agencies will use to track progress.

I understand, continue.

## 1.2 Needs Assessment Process

Describe the process for conducting the needs assessment.  
Limit your answer to 500 words.

List the stakeholders engaged in the needs assessment process and describe how they were engaged to provide input on the SNAP-Ed target audiences' needs and determine State priority goals. Examples include participants, implementing agencies, other nutrition and obesity prevention programs, and community-based organizations that work with diverse SNAP-Ed-eligible populations.  
Limit your answer to 500 words.

Describe the how the needs assessment informed the State's priority goals, objectives, and indicators.  
Limit your answer to 250 words.

### 1.3 State-Specific Nutrition and Physical Activity-Related Data on Target Population

*Directions: Summarize available State-level information on diet, physical activity, and related health conditions. State agencies should provide data on as many listed topics as possible. Other pertinent health statistics can be included.*

*States are expected to review and summarize data available from a range of secondary data sources, the previous year's program results, and evaluation findings (if applicable) to understand the priority nutrition, physical activity, and obesity prevention needs of the target population. Where available, the SNAP-Ed needs assessment should leverage information from needs assessments conducted by State health departments, community hospitals, Statewide Nutrition Advisory Councils, or other related collaboratives. States must ensure data are current (e.g., less than 5 years old).*

#### Obesity

Age Group	Prevalence	Data Source	Data Source Year
<p>_____ - _____</p> <p><i>Add a new row for each age group.</i></p>	<p>_____ % SNAP-Ed Eligible</p> <p>_____ % Total Population</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State WIC Program data</li> <li><input type="checkbox"/> Behavioral Risk Factor Surveillance System</li> <li><input type="checkbox"/> National Survey of Children's Health</li> <li><input type="checkbox"/> Youth Risk Behavior Surveillance System</li> <li><input type="checkbox"/> America's Health Rankings</li> <li><input type="checkbox"/> State Department of Health data</li> <li><input type="checkbox"/> Hospital Community Health Needs Assessment</li> <li><input type="checkbox"/> Current Population Survey, Food Security Supplement</li> <li><input type="checkbox"/> USDA, Economic Research Service</li> <li><input type="checkbox"/> Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2021</li> <li><input type="checkbox"/> 2022</li> <li><input type="checkbox"/> 2023</li> <li><input type="checkbox"/> 2024</li> <li><input type="checkbox"/> 2025</li> </ul>

#### Type 2 Diabetes

Age Group	Prevalence	Data Source	Data Source Year
<p>____ - ____</p> <p><i>Add a new row for each age group.</i></p>	<p>____ % SNAP-Ed Eligible</p> <p>____ % Total Population</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State WIC Program data</li> <li><input type="checkbox"/> Behavioral Risk Factor Surveillance System</li> <li><input type="checkbox"/> National Survey of Children’s Health</li> <li><input type="checkbox"/> Youth Risk Behavior Surveillance System</li> <li><input type="checkbox"/> America’s Health Rankings</li> <li><input type="checkbox"/> State Department of Health data</li> <li><input type="checkbox"/> Hospital Community Health Needs Assessment</li> <li><input type="checkbox"/> Current Population Survey, Food Security Supplement</li> <li><input type="checkbox"/> USDA, Economic Research Service</li> <li><input type="checkbox"/> Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2021</li> <li><input type="checkbox"/> 2022</li> <li><input type="checkbox"/> 2023</li> <li><input type="checkbox"/> 2024</li> <li><input type="checkbox"/> 2025</li> </ul>

**Cancer**

Age Group	Prevalence	Data Source	Data Source Year
<p>____ - ____</p> <p><i>Add a new row for each age group.</i></p>	<p>____ % SNAP-Ed Eligible</p> <p>____ % Total Population</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State WIC Program data</li> <li><input type="checkbox"/> Behavioral Risk Factor Surveillance System</li> <li><input type="checkbox"/> National Survey of Children’s Health</li> <li><input type="checkbox"/> Youth Risk Behavior Surveillance System</li> <li><input type="checkbox"/> America’s Health Rankings</li> <li><input type="checkbox"/> State Department of Health data</li> <li><input type="checkbox"/> Hospital Community Health Needs Assessment</li> <li><input type="checkbox"/> Current Population Survey, Food Security Supplement</li> <li><input type="checkbox"/> USDA, Economic Research Service</li> <li><input type="checkbox"/> Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2021</li> <li><input type="checkbox"/> 2022</li> <li><input type="checkbox"/> 2023</li> <li><input type="checkbox"/> 2024</li> <li><input type="checkbox"/> 2025</li> </ul>

**Hypertension**

Age Group	Prevalence	Data Source	Data Source Year
<p>____ - ____</p> <p><i>Add a new row for each age group.</i></p>	<p>____ % SNAP-Ed Eligible</p> <p>____ % Total Population</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State WIC Program data</li> <li><input type="checkbox"/> Behavioral Risk Factor Surveillance System</li> <li><input type="checkbox"/> National Survey of Children’s Health</li> <li><input type="checkbox"/> Youth Risk Behavior Surveillance System</li> <li><input type="checkbox"/> America’s Health Rankings</li> <li><input type="checkbox"/> State Department of Health data</li> <li><input type="checkbox"/> Hospital Community Health Needs Assessment</li> <li><input type="checkbox"/> Current Population Survey, Food Security Supplement</li> <li><input type="checkbox"/> USDA, Economic Research Service</li> <li><input type="checkbox"/> Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2021</li> <li><input type="checkbox"/> 2022</li> <li><input type="checkbox"/> 2023</li> <li><input type="checkbox"/> 2024</li> <li><input type="checkbox"/> 2025</li> </ul>

**High Cholesterol**

Age Group	Prevalence	Data Source	Data Source Year
<p>____ - ____</p> <p><i>Add a new row for each age group.</i></p>	<p>____ % SNAP-Ed Eligible</p> <p>____ % Total Population</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State WIC Program data</li> <li><input type="checkbox"/> Behavioral Risk Factor Surveillance System</li> <li><input type="checkbox"/> National Survey of Children’s Health</li> <li><input type="checkbox"/> Youth Risk Behavior Surveillance System</li> <li><input type="checkbox"/> America’s Health Rankings</li> <li><input type="checkbox"/> State Department of Health data</li> <li><input type="checkbox"/> Hospital Community Health Needs Assessment</li> <li><input type="checkbox"/> Current Population Survey, Food Security Supplement</li> <li><input type="checkbox"/> USDA, Economic Research Service</li> <li><input type="checkbox"/> Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2021</li> <li><input type="checkbox"/> 2022</li> <li><input type="checkbox"/> 2023</li> <li><input type="checkbox"/> 2024</li> <li><input type="checkbox"/> 2025</li> </ul>

**Fruit consumption**

Age Group	Finding and Finding Unit	Data Source	Data Source Year
<p>____ - ____</p> <p><i>Add a new row for each age group.</i></p>	<p>____</p> <p><b>SNAP-Ed Eligible</b></p> <p>____</p> <p><b>Total Population</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State WIC Program data</li> <li><input type="checkbox"/> Behavioral Risk Factor Surveillance System</li> <li><input type="checkbox"/> National Survey of Children’s Health</li> <li><input type="checkbox"/> Youth Risk Behavior Surveillance System</li> <li><input type="checkbox"/> America’s Health Rankings</li> <li><input type="checkbox"/> State Department of Health data</li> <li><input type="checkbox"/> Hospital Community Health Needs Assessment</li> <li><input type="checkbox"/> Current Population Survey, Food Security Supplement</li> <li><input type="checkbox"/> USDA, Economic Research Service</li> <li><input type="checkbox"/> Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2021</li> <li><input type="checkbox"/> 2022</li> <li><input type="checkbox"/> 2023</li> <li><input type="checkbox"/> 2024</li> <li><input type="checkbox"/> 2025</li> </ul>

**Vegetable consumption**

Age Group	Finding and Finding Unit	Data Source	Data Source Year
<p>____ - ____</p> <p><i>Add a new row for each age group.</i></p>	<p>____</p> <p><b>SNAP-Ed Eligible</b></p> <p>____</p> <p><b>Total Population</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> State WIC Program data</li> <li><input type="checkbox"/> Behavioral Risk Factor Surveillance System</li> <li><input type="checkbox"/> National Survey of Children’s Health</li> <li><input type="checkbox"/> Youth Risk Behavior Surveillance System</li> <li><input type="checkbox"/> America’s Health Rankings</li> <li><input type="checkbox"/> State Department of Health data</li> <li><input type="checkbox"/> Hospital Community Health Needs Assessment</li> <li><input type="checkbox"/> Current Population Survey, Food Security Supplement</li> <li><input type="checkbox"/> USDA, Economic Research Service</li> <li><input type="checkbox"/> Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2021</li> <li><input type="checkbox"/> 2022</li> <li><input type="checkbox"/> 2023</li> <li><input type="checkbox"/> 2024</li> <li><input type="checkbox"/> 2025</li> </ul>

**Physical activity behaviors**

Age Group	Finding and Finding Unit	Data Source	Data Source Year
____ - ____  <i>Add a new row for each age group.</i>	_____ <b>SNAP-Ed Eligible</b>  _____ <b>Total Population</b>	<input type="checkbox"/> State WIC Program data <input type="checkbox"/> Behavioral Risk Factor Surveillance System <input type="checkbox"/> National Survey of Children’s Health <input type="checkbox"/> Youth Risk Behavior Surveillance System <input type="checkbox"/> America’s Health Rankings <input type="checkbox"/> State Department of Health data <input type="checkbox"/> Hospital Community Health Needs Assessment <input type="checkbox"/> Current Population Survey, Food Security Supplement <input type="checkbox"/> USDA, Economic Research Service <input type="checkbox"/> Other: <u>Please specify</u>	<input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025

**Household food insecurity**

Age Group	Finding and Finding Unit	Data Source	Data Source Year
____ - ____  <i>Add a new row for each age group.</i>	_____ <b>SNAP-Ed Eligible</b>  _____ <b>Total Population</b>	<input type="checkbox"/> State WIC Program data <input type="checkbox"/> Behavioral Risk Factor Surveillance System <input type="checkbox"/> National Survey of Children’s Health <input type="checkbox"/> Youth Risk Behavior Surveillance System <input type="checkbox"/> America’s Health Rankings <input type="checkbox"/> State Department of Health data <input type="checkbox"/> Hospital Community Health Needs Assessment <input type="checkbox"/> Current Population Survey, Food Security Supplement <input type="checkbox"/> USDA, Economic Research Service <input type="checkbox"/> Other: <u>Please specify</u>	<input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025

**Other:** \_\_\_\_\_

Age Group	Finding and Finding Unit	Data Source	Data Source Year
<p>____ - ____</p> <p><i>Add a new row for each age group.</i></p>	<p>____</p> <p><b>SNAP-Ed Eligible</b></p> <p>____</p> <p><b>Total Population</b></p>	<ul style="list-style-type: none"> <li>o State WIC Program data</li> <li>o Behavioral Risk Factor Surveillance System</li> <li>o National Survey of Children’s Health</li> <li>o Youth Risk Behavior Surveillance System</li> <li>o America’s Health Rankings</li> <li>o State Department of Health data</li> <li>o Hospital Community Health Needs Assessment</li> <li>o Current Population Survey, Food Security Supplement</li> <li>o USDA, Economic Research Service</li> <li>o Other: <u>Please specify</u></li> </ul>	<ul style="list-style-type: none"> <li>o 2021</li> <li>o 2022</li> <li>o 2023</li> <li>o 2024</li> <li>o 2025</li> </ul>
<p><i>Add a new row for each age group.</i></p>		<p>o</p>	<p>o</p>

**1.4 Community Food Access Data**

Upload a table or State-level map describing community food access. Consider using the USDA Food Access Research Atlas and the Food Environment Atlas (<https://www.ers.usda.gov/data-products/food-access-research-atlas/>). Other data sources on food access may also be used.

## 1.5 Demographic Characteristics of SNAP-Ed Target Audiences

*Directions: In this section, provide the demographic characteristics of the SNAP-Ed-eligible population in the State using available secondary data sources. Your State's SNAP gross income limit of [185% or 200%, as reported by the State agency in the plan setup] (as a percentage of the Federal Poverty Level) was used to pre-populate the SNAP-Ed-eligible population using data from the [American Community Survey](#) if such data were available.*

### Race and Ethnicity

SNAP-Ed Eligible Population Size	Total Population Size	Data Source	Data Source Year
<p>___ American Indian or Alaska Native (For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government Nome Eskimo Community, Aztec, Maya, etc.)</p> <p>___ Asian (For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</p> <p>___ Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</p> <p>___ Hispanic or Latino (For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</p> <p>___ Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</p> <p>___ Native Hawaiian or Other Pacific Islander</p> <p>___ White (For example, English, German, Irish, Italian, Polish, Scottish, etc.)</p> <p><input type="checkbox"/> Other: <u>Please specify...</u></p> <p><input type="checkbox"/> All race/ethnic groups</p>	<p>___ American Indian or Alaska Native (For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government Nome Eskimo Community, Aztec, Maya, etc.)</p> <p>___ Asian (For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)</p> <p>___ Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)</p> <p>___ Hispanic or Latino (For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)</p> <p>___ Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)</p> <p>___ Native Hawaiian or Other Pacific Islander</p> <p>___ White (For example, English, German, Irish, Italian, Polish, Scottish, etc.)</p> <p><input type="checkbox"/> Other: <u>Please specify...</u></p> <p><input type="checkbox"/> All race/ethnic groups</p>	<p><input type="radio"/> American Community Survey</p> <p><input type="radio"/> State Demographic Survey</p> <p><input type="radio"/> Other: <u>Please specify...</u></p>	<p><input type="radio"/> 2021</p> <p><input type="radio"/> 2022</p> <p><input type="radio"/> 2023</p> <p><input type="radio"/> 2024</p> <p><input type="radio"/> 2025</p>

**Gender**

SNAP-Ed Eligible Population Size	Total Population Size	Data Source	Data Source Year
_____ Female	_____ Female	o American Community Survey o State Demographic Survey o Other: <u>Please specify...</u>	o 2021
_____ Male	_____ Male		o 2022
_____ Unknown	_____ Unknown		o 2023
			o 2024
			o 2025

**Age**

SNAP-Ed Eligible Population Size	Total Population Size	Data Source	Data Source Year
_____ Younger than 5	_____ Younger than 5	o American Community Survey o State Demographic Survey o Other: <u>Please specify...</u>	o 2021
_____ 5-17	_____ 5-17		o 2022
_____ 18-59	_____ 18-59		o 2023
_____ 60-75	_____ 60-75		o 2024
_____ 76 or older	_____ 76 or older		o 2025

**Primary Language**

SNAP-Ed Eligible Population Size	Total Population Size	Data Source	Data Source Year
<input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cantonese <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Thai <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	<input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cantonese <input type="checkbox"/> Creole <input type="checkbox"/> English <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Hmong <input type="checkbox"/> Khmer <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Somali <input type="checkbox"/> Spanish <input type="checkbox"/> Thai <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Community Survey <input type="checkbox"/> State Demographic Survey Other: <u>Please specify...</u>	<input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025

**County, Ward, Parish**

County, Ward, or Parish	SNAP-Ed Eligible Population Size	Total Population Size	Data Source	Data Source Year
<i>Add the SNAP-Ed Eligible Population Size for each county, ward, or parish in the State</i>			<input type="checkbox"/> American Community Survey <input type="checkbox"/> State Demographic Survey <input type="checkbox"/> Other: <u>Please specify...</u>	<input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025

**Tribal Membership (optional)**

Tribe Name	SNAP-Ed Eligible Population Size	Total Population Size	Data Source	Data Source Year
<i>Add a new row for each Tribe.</i>			<input type="checkbox"/> American Community Survey <input type="checkbox"/> State Demographic	<input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024

			<input type="radio"/> Survey <input type="radio"/> Other: <u>Please specify...</u>	<input type="radio"/> 2025
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**Other (optional)**

Demographic Characteristic	SNAP-Ed Eligible Population Size	Total Population Size	Data Source	Data Source Year
<i>Add a new row for each characteristic.</i>		0	<input type="radio"/> American Community Survey <input type="radio"/> State Demographic Survey <input type="radio"/> Other: <u>Please specify...</u>	<input type="radio"/> 2021 <input type="radio"/> 2022 <input type="radio"/> 2023 <input type="radio"/> 2024 <input type="radio"/> 2025

**Additional Files (Optional)**

If useful for the needs assessment and program planning, States may choose to provide additional analyses or socioeconomic indicators for the SNAP-Ed-eligible population or analyze the demographic characteristics of specific groups targeted by the State's SNAP-Ed program (e.g., families with children, older adults). Attach files containing any additional demographic, health and/or geographic analysis, with the data source(s) noted, such as needs assessment summaries from Tribes and Tribal Organizations.

**1.6 SNAP Participation**

*Directions: Using State agency data, provide the SNAP household participation by county, ward, or parish. If available, [\[YEAR\] Bi-Annual County Level SNAP Participation and Issuance Data](#) were used to pre-populate this section.*

County, Ward, or Parish	Number of SNAP Households in Most Recent Federal Fiscal Year
<i>Add a new row for each county, ward, or parish in the State.</i>	

**1.7 Program Access for Diverse Target Audiences**

*Directions: For this section of the needs assessment, State agencies are encouraged to use recent SNAP-Ed program data and quantitative and qualitative information collected from partners and SNAP-Ed-eligible individuals. Cite these data to support the responses provided. For example, "According to the FY 2021 SNAP-Ed State report, ..."*

<b>Gaps in geographic reach of SNAP-Ed and related programs for the target audiences</b>
List the areas of your State that have a significant number of SNAP-Ed-eligible individuals but little or no current programming from SNAP-Ed or other nutrition programs (EFNEP, child nutrition, etc.). What are the characteristics of these areas (e.g., rural, frontier, suburban, or urban; Tribal communities; communities with many non-English-speaking groups)? Limit your answer to 250 words.
<b>Upload a table or map that supports the above conclusions. (Optional)</b>
What factors limit the geographic reach of SNAP-Ed in your State? Consider transportation/mobility needs. Limit your answer to 250 words.
How can the SNAP-Ed State agency and implementing agencies address the identified gaps in your State? Limit your answer to 250 words.
<b>Other factors affecting program access for diverse target audiences</b>
Describe how SNAP-Ed programming is reaching all groups within its target audiences, including the key factors supporting and limiting access to SNAP-Ed programming. Consider the diverse racial and ethnic groups, Tribal members, age groups, sex, people with limited-English proficiency, people with disabilities, people with limited access to transportation, and people in rural or frontier communities among the SNAP-Ed-eligible population. Limit your answer to 500 words.
How can the State agency and implementing agencies address the above limiting factors? Limit your answer to 500 words.
<b>Program appropriateness for diverse target audiences</b>
Describe the <b>strengths</b> of current SNAP-Ed programming regarding its appropriateness for target audiences. Consider whether and how the delivery methods, materials, and messages adequately account for the target audiences' financial resources, food access, and diverse cultural food preferences. Also consider the target audiences' comfort with program sites and the types of implementing agencies and partners engaged in program development and implementation. Limit your answer to 500 words.
Describe the <b>weaknesses</b> of current SNAP-Ed programming regarding its appropriateness for target

audiences. Again, consider whether and how the delivery methods, materials, and messages adequately account for the target audiences' financial resources, food access, and diverse cultural food preferences. Also consider the target audiences' comfort with program sites and the types of implementing agencies and partners engaged in program development and implementation. Limit your answer to 500 words.

How can the SNAP-Ed State agency and implementing agencies address **weaknesses** related to the appropriateness of programming for its target audiences? Limit your answer to 250 words.

## 1.8 Tribal Consultation

Did the State agency engage in timely, meaningful, and substantive dialogue with the official leadership of the Tribe , or their designated representatives, pertaining to elements of the SNAP-Ed Plans?	<input type="radio"/> Yes <input type="radio"/> No
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Tribe Name	Individuals Consulted Select all that apply.	Nature of Completed Collaboration Select all that apply.	Describe the outcome of the consultation and how it impacted the SNAP-Ed Plan Limit your answer to 250 words.
<i>Enter a new row for each Tribe</i>	<input type="checkbox"/> Official leadership of the Tribe <input type="checkbox"/> Designated representative(s) of official leadership <input type="checkbox"/> Staff member of Tribe (e.g., Program Coordinator) <input type="checkbox"/> Other: <u>Please specify (do not enter names)...</u>	<input type="checkbox"/> Outreach to Tribe but no feedback/comments received. <input type="checkbox"/> Tribe provided input in plan development. <input type="checkbox"/> Tribe will be partner/funded partner in planned activities. <input type="checkbox"/> Other: <u>Please specify...</u> <input type="checkbox"/> Other: <u>Please specify...</u>	

## 1.9 Coordination and Partnerships With Programs and Organizations From Multiple Sectors

Describe the strengths of coordination and partnerships among SNAP-Ed and other nutrition education, obesity prevention, and health programs and organizations from multiple sectors (e.g., education, agriculture, health, transportation).  
Limit your answer to 250 words.

Describe important areas for improved coordination and partnerships among SNAP-Ed and other nutrition education, obesity prevention, and health programs and organizations from multiple sectors (e.g., education, agriculture, health, transportation).  
Limit your answer to 250 words.

How can the State agency and implementing agencies address the above limiting factors?  
Limit your answer to 500 words.

**1.10 Agency/Workforce Capacity**

Describe the **strengths** of the SNAP-Ed workforce at the State and implementing agency levels for program planning, implementation, and evaluation.  
Limit your answer to 250 words.

Describe the **needs** of the SNAP-Ed workforce at the State and implementing agency levels for program planning, implementation, and evaluation. Consider specific staff training, staff recruitment, and other resources to support and strengthen workforce capacity.  
Limit your answer to 250 words.

## Module 2. State SNAP-Ed Action Plan

Only State agencies complete this module, but they are encouraged to collaborate with implementing agencies.

### 2.1 Selected State Priority Goals Based on Needs Assessment

*Directions: Based on the needs assessment findings, identify five to seven State priority goals. Selected goals should reflect the most important areas for SNAP-Ed programmatic efforts over the next 3 years. At least one of these goals must focus on improving program access or appropriateness. States are also encouraged to include at least one priority goal related to **(a)** expanding or strengthening partnerships and collaborations with other organizations and sectors or **(b)** strengthening SNAP-Ed workforce capacity.*

*For each State priority goal, create at least one specific, measurable, achievable, relevant, and time-bound (SMART) objective the State and its implementing agencies seek to accomplish over the 3-year needs assessment period. For each SMART objective, identify the performance indicators that will be used to track progress. All SMART objectives must have performance indicators; when feasible, select indicators from the [SNAP-Ed Evaluation Framework](#). Performance indicators can include process and outcome measures.*

Priority Goal	Goal Type(s)	SMART Objectives	SNAP-Ed Evaluation Framework Indicators	Other Performance Indicators
<p><i>Add a new row for each Statewide goal.</i></p>	<p><i>Response options apply to all cells in this column</i></p> <p>Select all that apply</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improve health behaviors</li> <li><input type="checkbox"/> Improve policies, systems, or environment of settings</li> <li><input type="checkbox"/> Improve multisector outcomes</li> <li><input type="checkbox"/> Improve SNAP-Ed access</li> <li><input type="checkbox"/> Improve appropriateness of SNAP-Ed programming</li> <li><input type="checkbox"/> Expand or strengthen coordination and collaboration with other programs</li> <li><input type="checkbox"/> Collaborate with multiple sectors</li> <li><input type="checkbox"/> Strengthen workforce capacity</li> <li><input type="checkbox"/> Develop/strengthen innovations in programming</li> <li><input type="checkbox"/> Other: <u>Please specify...</u></li> </ul>			

## 2.2 Project SMART Objectives

The table below list the projects and nonproject activities funded by SNAP-Ed that will be implemented during the fiscal year or years covered by your plan **to achieve the SMART objectives**. Also listed is the agency implementing each project or nonproject activity.

A SNAP-Ed project is an intervention or a cluster of interventions or activities with common goals, intended outcomes, target audiences (e.g., youth), and implementation setting types (e.g., school).

Examples of nonproject activities include staff training, technical assistance, and peer-to-peer learning that benefit staff across multiple projects. Other examples include convening of coalitions, contracted services such as evaluation and formative research, and other activities not tied to a specific project. Agencies should not include administrative activities, such as implementing agency or local subcontractor procurement. If all planned activities will be associated with one or more projects implemented during this fiscal year, no nonproject activities will be listed.

### Project SMART Objectives

Project Name/Title	Agency Conducting the Project	SMART Objective(s) to Be Addressed
<p><i>Rows will auto populate from the Planned Projects and Activities module, so it will appear blank until that module is completed by State and/or implementing agencies. This section is most useful when reviewing the completed State Plan.</i></p>		

### Nonproject Activities SMART Objectives

Project Name/Title	Agency Conducting the Project	SMART Objective(s) to Be Addressed
<p><i>Rows will auto populate from the Planned Projects and Activities module, so it will appear</i></p>		

*blank until that module is completed by State and/or implementing agencies. This section is most useful when reviewing the completed State Plan.*

### 2.3 SNAP-Ed Outreach

Describe the methods the State agency will use to notify SNAP applicants, participants, and eligible individuals of the availability of SNAP-Ed activities. Include a description of any specific target groups for these outreach efforts and, if relevant, how SNAP-Ed is working with State and local SNAP offices to reach participants and applicants.  
Limit your answer to 250 words.

### 2.4 Action Plan Overview

Provide a brief overview of how the planned SNAP-Ed efforts across implementing agencies and subgrantees fit together to address the target audiences' needs, accomplish SMART objectives, and complement other programs in the State to support individuals and families with low incomes in improving their healthy eating and physical activity behaviors.  
Limit your answer to 500 words.

## Module 3. Planned Projects and Activities

State agencies and implementing agencies will complete the applicable information in tables 3.1–3.8 for each project they are responsible for implementing during the fiscal year(s) (FY) covered by the plan.

### 3.1 Basic Information

A **SNAP-Ed project** is an intervention or a cluster of interventions or activities with common goals, intended outcomes, target audiences (e.g., youth), and implementation setting types (e.g., school).

When describing the project, give particular attention to:

- O Why specific population segments were chosen for intervention(s), such as need, trends, readiness for change, lack of availability of effective interventions with sufficient reach and expected impact, and likely partners*
- O Behavioral and environmental changes the project was designed to achieve*
- O Key educational messages*
- O How and where services were delivered*
- O Partner organization roles and contributions*
- O Duration of project*
- O Total number of individuals, sites, or systems that participated or were reached*
- O For strategies that include social marketing, include the frequency of messages*
- O How project delivery focused nutrition education and obesity prevention efforts on the SNAP-Ed population*
- O How the project reflected the audience's awareness and access to healthy foods and beverages, and places to be physically active*
- O Efforts to ensure the project was implemented as designed (i.e., with fidelity)*

Project Name	
Is this a multi-agency project? If there is more than one agency working on this project, it should be marked as multi-agency.	<input type="radio"/> Yes <input type="radio"/> No
If multi-year plan, this project will be implemented in the following years of the multi-year plan: Select all that apply.	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3

Briefly describe this project.  
Limit your answer to 500 words

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### 3.2 Link Project to SMART Objectives

*Directions: Select the specific, measurable, achievable, relevant, and time-bound (SMART) objectives this project seeks to address. SMART objectives are objectives related to a specific priority goal the State and its implementing agencies seek to accomplish over the 3-year needs assessment period.*

Goal	Objective
<i>Add a new row for each goal/objective.</i>	

3.3 Strategies																												
Approach	Stage	Language																										
<b>Direct Education</b>																												
<p><b>Direct Education</b></p> <p>An evidence-based, behavior-focused, nutrition education and physical activity intervention conducted at the individual and interpersonal levels with an intensity and duration that supports behavior change and allows for active engagement in-person or through interactive media.</p>	<input type="checkbox"/> Planning (formative research) <input type="checkbox"/> Developing (design and consumer testing) <input type="checkbox"/> Implementing <input type="checkbox"/> Evaluating <input type="checkbox"/> This project does not include direct education	<p><b>If planning, developing, implementing, or evaluating is selected, the direct education will be offered in the following languages:</b>            Select all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Amharic</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Arabic</td> <td><input type="checkbox"/> Mandarin</td> </tr> <tr> <td><input type="checkbox"/> Armenian</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> Cantonese</td> <td><input type="checkbox"/> Portuguese</td> </tr> <tr> <td><input type="checkbox"/> Chinese (simplified)</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Chinese (traditional)</td> <td><input type="checkbox"/> Serbo-Croatian</td> </tr> <tr> <td><input type="checkbox"/> Creole</td> <td><input type="checkbox"/> Somali</td> </tr> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Farsi</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td><input type="checkbox"/> Hindi</td> <td><input type="checkbox"/> Urdu</td> </tr> <tr> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Khmer</td> <td><input type="checkbox"/> Other (<u>Please specify...</u>)</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td></td> </tr> </table>	<input type="checkbox"/> Amharic	<input type="checkbox"/> Laotian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Armenian	<input type="checkbox"/> Polish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Chinese (simplified)	<input type="checkbox"/> Russian	<input type="checkbox"/> Chinese (traditional)	<input type="checkbox"/> Serbo-Croatian	<input type="checkbox"/> Creole	<input type="checkbox"/> Somali	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Farsi	<input type="checkbox"/> Thai	<input type="checkbox"/> Hindi	<input type="checkbox"/> Urdu	<input type="checkbox"/> Hmong	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Khmer	<input type="checkbox"/> Other ( <u>Please specify...</u> )	<input type="checkbox"/> Korean	
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<input type="checkbox"/> Korean																												
<b>Policy, Systems, and Environmental (PSE) Initiatives</b>																												
<p>Interventions that have the potential to improve a community's health by making healthy food and physical activity choices more accessible, easier, and the default option. For more information, see:</p> <ul style="list-style-type: none"> <li>• <a href="#">SNAP-Ed PSE Tools and Resources</a></li> <li>• <a href="#">SNAP-Ed Evaluation Framework: Environmental Settings</a></li> </ul>	<input type="checkbox"/> Planning and preparing for implementation (e.g., contacting sites, assessment, training) <input type="checkbox"/> Implementing changes <input type="checkbox"/> Maintaining changes <input type="checkbox"/> Conducting follow-up assessments, evaluation, and/or monitoring <input type="checkbox"/> This project does not include PSE initiatives	[Intentionally Blank]																										
<b>Social Marketing Campaigns</b>																												

### 3.3 Strategies

Approach	Stage	Language																										
<p>A coordinated set of communications delivered to one or more SNAP-Ed market segments on a population basis, across a large geographical area (town/city, county, region/media market, statewide, multi-state, national). Campaigns are typically branded, communicate a common call to action, are delivered in multiple complementary settings and channels, and focus on one or more priority behavior changes. Please visit the <a href="#">social marketing</a> page on SNAP-Ed Connection for additional information and examples of SNAP-Ed social marketing campaigns.</p>	<p> <input type="checkbox"/> Planning (formative research)  <input type="checkbox"/> Developing (design and consumer testing)  <input type="checkbox"/> Implementing  <input type="checkbox"/> Evaluating  <input type="checkbox"/> This project does not include social marketing                 </p>	<p><b>If planning, developing, implementing, or evaluating is selected, the social marketing will be offered in the following languages:</b></p> <p>Select all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Amharic</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Arabic</td> <td><input type="checkbox"/> Mandarin</td> </tr> <tr> <td><input type="checkbox"/> Armenian</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> Cantonese</td> <td><input type="checkbox"/> Portuguese</td> </tr> <tr> <td><input type="checkbox"/> Chinese (simplified)</td> <td><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Chinese (traditional)</td> <td><input type="checkbox"/> Serbo-Croatian</td> </tr> <tr> <td><input type="checkbox"/> Creole</td> <td><input type="checkbox"/> Somali</td> </tr> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Farsi</td> <td><input type="checkbox"/> Thai</td> </tr> <tr> <td><input type="checkbox"/> Hindi</td> <td><input type="checkbox"/> Urdu</td> </tr> <tr> <td><input type="checkbox"/> Hmong</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Khmer</td> <td><input type="checkbox"/> Other (<u>Please specify...</u>)</td> </tr> <tr> <td><input type="checkbox"/> Korean</td> <td></td> </tr> </table>	<input type="checkbox"/> Amharic	<input type="checkbox"/> Laotian	<input type="checkbox"/> Arabic	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Armenian	<input type="checkbox"/> Polish	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Chinese (simplified)	<input type="checkbox"/> Russian	<input type="checkbox"/> Chinese (traditional)	<input type="checkbox"/> Serbo-Croatian	<input type="checkbox"/> Creole	<input type="checkbox"/> Somali	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Farsi	<input type="checkbox"/> Thai	<input type="checkbox"/> Hindi	<input type="checkbox"/> Urdu	<input type="checkbox"/> Hmong	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Khmer	<input type="checkbox"/> Other ( <u>Please specify...</u> )	<input type="checkbox"/> Korean	
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<input type="checkbox"/> Korean																												

### 3.4 Target Populations

Target populations are the populations your agency aims to reach through this project.

<b>Age</b>	<input type="checkbox"/> Younger than 5 <input type="checkbox"/> 5–7 (or grades K–2) <input type="checkbox"/> 8–10 (or grades 3–5) <input type="checkbox"/> 11–13 (or grades 6–8) <input type="checkbox"/> 14–17 (or grades 9–12) <input type="checkbox"/> 18–59 <input type="checkbox"/> 60–75 <input type="checkbox"/> 76 or older <input type="checkbox"/> All ages	
<b>Target racial and ethnic groups</b>	<input type="checkbox"/> American Indian or Alaska Native ( <i>For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government Nome Eskimo Community, Aztec, Maya, etc.</i> ) <input type="checkbox"/> Asian ( <i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.</i> ) <input type="checkbox"/> Black or African American ( <i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i> ) <input type="checkbox"/> Hispanic or Latino ( <i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i> ) <input type="checkbox"/> Middle Eastern or North African ( <i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i> ) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White ( <i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i> ) <input type="checkbox"/> Other: <u>Please specify...</u> <input type="checkbox"/> All race/ethnic groups	
<b>Sex</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both sex groups	
<b>Does this project prioritize serving people with disabilities?</b>	<input type="radio"/> Yes  <input type="radio"/> No	<b>If yes, select the types of disabilities prioritized:</b>  <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual or Developmental

### 3.5 Project Outreach

Describe any methods that will be used to notify eligible individuals of the availability of **this project**. Include a description of any specific target groups for these outreach efforts and, if relevant, how SNAP-Ed is working with State and local SNAP offices to reach participants and applicants and communicate information about this project in the community.  
Limit your answer to 250 words.

**[OPTIONAL]** Attach any additional information on the referral and/or outreach process.

### 3.6a Direct Education and PSE Settings

*Directions: Complete one row below for each setting in which direct education and/or PSE will be implemented. Note that if project sites could be classified under several settings (e.g., a childcare center located within a faith-based organization), report the setting most relevant to the project's target audiences (primary setting). For example, if the project focuses on children and parents in the childcare center, report the setting as childcare. If the project focuses on all members of the faith-based organization, report the setting as faith-based organization. Projects may be implemented in multiple settings, but no single project site should be categorized as belonging to more than one setting.*

Domain	Setting	Total Planned Number of Sites	Planned number of sites in Tribal jurisdiction	Planned number of sites in rural locations	Approaches
<b>Eat</b>	Congregate meal sites/senior nutrition centers				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Fast-food chains				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Mobile vending/food trucks				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Restaurants				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Soup kitchens				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	USDA Summer Meals sites				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Other (specify): _____				<input type="checkbox"/> DE <input type="checkbox"/> PSE
<b>Learn</b>	Before- and afterschool programs				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Early care and education facilities (includes childcare centers, daycare homes, Head Start, preschool, and prekindergarten programs)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Extension offices				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Family resource centers				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Libraries				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Mobile education sites				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Schools (colleges and universities)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Schools (K–12, elementary, middle, and high)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	SNAP offices				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	WIC clinics				<input type="checkbox"/> DE <input type="checkbox"/> PSE
Other (specify): _____				<input type="checkbox"/> DE <input type="checkbox"/> PSE	

Domain	Setting	Total Planned Number of Sites	Planned number of sites in Tribal jurisdiction	Planned number of sites in rural locations	Approaches
<b>Live</b>	Emergency shelters and temporary housing sites				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Faith-based centers/places of worship				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Group living arrangements/homes				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Healthcare clinics and hospitals				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Indian reservations				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Individual homes				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Public housing sites (includes public housing for seniors and disabled individuals)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Residential treatment centers				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Other (specify): _____				<input type="checkbox"/> DE <input type="checkbox"/> PSE
<b>Play</b>	Bicycle and walking paths				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Community and recreation centers				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	State/county fairgrounds				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Gardens (community/school)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Parks and open spaces				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Senior centers				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	State/county fairground				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Other (specify): _____				<input type="checkbox"/> DE <input type="checkbox"/> PSE
<b>Shop</b>	Farmers' markets				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Food assistance sites (e.g., food banks, food pantries, food shelves)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Food distribution sites (e.g., FDPIR, TEFAP, CSFP)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Large food stores and retailers (four or more registers)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Small food stores (up to three registers)				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Other (specify): _____				<input type="checkbox"/> DE <input type="checkbox"/> PSE
<b>Work</b>	Adult education, job training and work (e.g., SNAP E&T), TANF, and veteran services sites				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Military bases				<input type="checkbox"/> DE <input type="checkbox"/> PSE
	Worksites with low-wage workers				<input type="checkbox"/> DE <input type="checkbox"/> PSE

	Other (specify):				<input type="checkbox"/> DE <input type="checkbox"/> PSE
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**3.6b Methodology for Identifying Eligible Sites**

Describe any methods that will be used to identify SNAP-Ed eligible program sites.  
Limit your answer to 250 words.

### 3.7 Social Marketing Campaign(s)

*Directions: For each planned social marketing campaign, Indicate the largest geographic unit used to plan the campaign. The largest geographic unit used for planning is defined as the biggest area to be covered in its entirety by the campaign. For instance, if a social marketing campaign will cover the entirety of four towns/cities, but not the entirety of the county that contains those towns/cities, the largest geographic unit used for planning would be towns/cities.*

Social Marketing Campaign	Geographic Level	Describe the areas to be covered by the social marketing campaign.	Projected Reach  Specify estimated number of unique SNAP-Ed-eligible individuals who will be reached by this social marketing campaign.
<p><i>Add a new row for each campaign.</i></p>	<ul style="list-style-type: none"> <li><input type="radio"/> ZIP Code</li> <li><input type="radio"/> Census tract</li> <li><input type="radio"/> School(s)</li> <li><input type="radio"/> Towns/cities</li> <li><input type="radio"/> Counties/wards/parishes</li> <li><input type="radio"/> Reservation</li> <li><input type="radio"/> In-State media markets/metropolitan statistical areas/multicounty regions</li> <li><input type="radio"/> Multi-State media markets: (<u>Market Name</u>)</li> <li><input type="radio"/> Entire State (all media markets)</li> <li><input type="radio"/> Other: <u>Please specify...</u></li> </ul>		

### 3.8a SNAP-Ed Interventions

*Directions: Complete a row for each SNAP-Ed intervention that will be part of this project. These interventions are research or practice-based interventions designed for various settings and populations using direct education, PSE, and/or social marketing strategies. These interventions make up SNAP-Ed's interactive library of evidence-based interventions.*

Name	Will the intervention be adapted for the setting or target population?	<b><i>If the intervention will be adapted for setting or population: Describe why and the adaptations to be made, including any intervention materials to be translated or created.</i></b> Limit your answer to 250 words.
<i>Add a new row for each SNAP-Ed Intervention</i>	<input type="radio"/> Yes <input type="radio"/> No	

### 3.8b Other Planned Interventions

*Directions: Complete this table for each intervention that will be part of this project but is not a SNAP-Ed Intervention. Other planned interventions must meet a selected level of evidence associated with that intervention. Projects may include one or more direct education, PSE, and/or social marketing interventions.*

Intervention Name	Is this a newly developed intervention?	If yes, explain who was involved in developing the intervention and describe the intervention strategies and materials.	If yes, what was the foundational evidence base developed this year to establish or grow the evidence base for this new intervention. This completes the table for newly developed interventions.
<i>Add a new row for each Intervention</i>	<input type="radio"/> Yes <input type="radio"/> No		

For existing interventions: Will this be adapted for the setting or target population?	If yes, explain who was involved in developing the intervention and describe the intervention strategies and materials. Limit your answer to 250 words.
<input type="radio"/> Yes <input type="radio"/> No	

What is the level of evidence for this intervention?		
<input type="radio"/> Research-based evidence refers to	<input type="radio"/> Practice-based evidence refers to	<input type="radio"/> Emerging strategies or interventions are

<p>relevant rigorous research, including systematically reviewed scientific evidence.</p>	<p>case studies, pilot studies, and evidence from the field on interventions that demonstrate obesity prevention potential.</p>	<p>community- or practitioner-driven activities that have the potential for obesity prevention but have not yet been formally evaluated for obesity prevention outcomes.</p>
<p><b>If research-based</b>, which of the following sources includes this intervention?</p>	<p><b>If practice-tested</b>, provide the citation or a link for at least one evaluation report or case study that shows the intervention results in positive changes in individual behaviors, food/physical activity environments, or obesity prevention policies. If there is no such report or case study, this is not a practice-based intervention.</p>	<p><b>If emerging</b>, what is the reason and justification for using an emerging intervention for your SNAP-Ed Plan?</p>
<p><input type="checkbox"/> Food and Nutrition Service: Nutrition Evidence Systematic Review <a href="#">[Read more]</a></p> <p><input type="checkbox"/> National Cancer Institute: Research-Tested Interventions Program <a href="#">[Read more]</a></p> <p><input type="checkbox"/> U.S. Department of Health and Human Services: Guide to Community Preventive Services <a href="#">[Read more]</a></p> <p><input type="checkbox"/> U.S. Department of Health and Human Services: Rural Obesity Prevention Toolkit <a href="#">[Read more]</a></p> <p><input type="checkbox"/> What Works for Health: Policies and Programs to Improve Wisconsin's Health <a href="#">[Read more]</a></p> <p><input type="checkbox"/> Other: <u>Please specify...</u></p> <p><input type="checkbox"/> None</p>		
<p><b>If other or none</b>, provide the citation for at least one peer-reviewed, scientific journal article that concludes this intervention has significant positive impacts on individual behaviors, food/physical activity environments, or obesity prevention policies.</p>	<p><i>Intentionally blank.</i></p>	<p>What foundational evidence base will you develop this year to establish or grow the evidence base for this emerging intervention?</p>

<p>The article(s) must compare the intervention against some type of control condition (e.g., a similar venue or population that does not receive the intervention). If there is no such study, this is not a research-based intervention.</p>		
<p><i>Intentionally blank.</i></p>	<p><i>Intentionally blank.</i></p>	<p><input type="checkbox"/> This intervention meets all of the required criteria listed below:  Note that all are requirements for emerging interventions</p> <ol style="list-style-type: none"> <li>1. Aligns with the <a href="#">Dietary Guidelines</a> for Americans</li> <li>1. Aligns with the <a href="#">Physical Activity Guidelines</a> for Americans</li> <li>2. Aligns with the <a href="#">Healthy People 2030 objectives for Nutrition and Healthy Eating</a></li> <li>3. Reflects the budgetary and time constraints of the low-income population</li> <li>4. Reflects solutions that would make healthy eating and physically active lifestyles easier and more appealing to SNAP-Ed participants (e.g., changes in food retail, food distribution, or recreation facilities, including hours of operation, price, promotion, placement, marketing, communication, and related operations and policies)</li> </ol> <p>Will be evaluated for changes in individual behaviors, food/physical activity environments, or obesity prevention policies</p>
<p><i>Intentionally blank.</i></p>	<p><i>Intentionally blank.</i></p>	<p>Which of the following criteria does the intervention meet?  Emerging interventions must meet at least one of the criteria.</p>

<i>Intentionally blank.</i>	<i>Intentionally blank.</i>	<input type="checkbox"/> Reflects the social, cultural, and/or linguistic needs and resources of the low-income population(s) served. <input type="checkbox"/> Addresses the results and implications of a State or community needs assessment. <input type="checkbox"/> Addresses State or local priorities/strategic plans.
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## Module 4. Planned Evaluations

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Only add evaluations with specific evaluation plans (e.g., to assess evidence-base of a new intervention) that will be led by dedicated evaluation staff (internal or contracted).

*Agencies can edit a planned evaluation or delete an evaluation using the edit or trash icons in right column of the table. After all information has been entered for an evaluation, it will be marked as complete.*

<b>4.1 Evaluation Basic Information</b>				
<i>Directions: Complete a row for each SNAP-Ed intervention that will be part of this project. These interventions make up SNAP-Ed's interactive library of evidence-based interventions.</i>				
<b>Evaluation Name</b> Provide a short descriptive title for this evaluation.	<b>Project(s) Evaluated</b>	<b>Intervention(s) Evaluated</b>	<b>Activities Evaluated</b>	<b>Evaluation Type</b> Select all that apply.
<i>Add a new row for each evaluation.</i>				<input type="checkbox"/> Formative, if checked complete table 4.2 <input type="checkbox"/> Process, if checked complete table 4.3 <input type="checkbox"/> Outcome, if checked complete table 4.4 <input type="checkbox"/> Impact, if checked complete table 4.5

## 4.2 Formative Evaluations

Directions: Complete the form below to describe the planned evaluation. Evaluation dates may span multiple years (i.e., do not need to be contained within the reporting year).

Evaluation Name Provide a short descriptive title for this evaluation.	Project Components to be Evaluated	Evaluation Dates		Data Collection Methods Select all that apply.	Planned Use of Results Select all that apply.
		Start Date	End Date		
Add a new row for each evaluation.	<input type="checkbox"/> Direct education <input type="checkbox"/> PSE <input type="checkbox"/> Social marketing.			<input type="checkbox"/> Self-administered paper survey <input type="checkbox"/> Self-administered online survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Phone survey <input type="checkbox"/> Qualitative interview <input type="checkbox"/> Direct observation (e.g., monitoring tool) <input type="checkbox"/> Focus group <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intervention design <input type="checkbox"/> Intervention adaptation or improvement <input type="checkbox"/> Dissemination <input type="checkbox"/> Conference presentations <input type="checkbox"/> Peer-reviewed paper <input type="checkbox"/> Other report or paper <input type="checkbox"/> Other: _____

## 4.3 Process Evaluations

Directions: Complete the form below to describe the planned evaluation. Evaluation dates may span multiple years (i.e., do not need to be contained within the reporting year).

Evaluation Name Provide a short descriptive title for this evaluation.	Project Components to be Evaluated	Evaluation Dates		Data Collection Methods Select all that apply.	Planned Use of Results Select all that apply.
		Start Date	End Date		
Add a new row for each evaluation.	<input type="checkbox"/> Direct education <input type="checkbox"/> PSE <input type="checkbox"/> Social marketing.			<input type="checkbox"/> Self-administered paper survey <input type="checkbox"/> Self-administered online survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Phone survey <input type="checkbox"/> Qualitative interview <input type="checkbox"/> Direct observation (e.g., monitoring tool) <input type="checkbox"/> Focus group <input type="checkbox"/> Other: _____	<input type="checkbox"/> Intervention design <input type="checkbox"/> Intervention adaptation or improvement <input type="checkbox"/> Dissemination <input type="checkbox"/> Conference presentations <input type="checkbox"/> Peer-reviewed paper <input type="checkbox"/> Other report or paper <input type="checkbox"/> Other: _____

#### 4.4 Outcome Evaluations

Directions: Complete the form below to describe the planned evaluation. Evaluation dates may span multiple years (i.e., do not need to be contained within the reporting year).

Evaluation Name Provide a short descriptive title for this evaluation.	Project Components to be Evaluated	Evaluation Dates		Objectives	Data Collection Methods Select all that apply.	Measurements Select all that apply.	Provide a link or citation for any outcome or impact evaluations already conducted for this project. Leave blank if none.	Planned Use of Results Select all that apply.
		Start Date	End Date					
<i>Add a new row for each evaluation.</i>	<input type="checkbox"/> Direct education <input type="checkbox"/> PSE <input type="checkbox"/> Social marketing.				<input type="checkbox"/> Self-administered paper survey <input type="checkbox"/> Self-administered online survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Phone survey <input type="checkbox"/> Qualitative interview <input type="checkbox"/> Direct observation (e.g., monitoring tool) <input type="checkbox"/> Focus group <input type="checkbox"/> Other: _____	<input type="checkbox"/> Pretest <input type="checkbox"/> Posttest <input type="checkbox"/> Other: _____ –		<input type="checkbox"/> Intervention design <input type="checkbox"/> Intervention adaptation or improvement <input type="checkbox"/> Dissemination <input type="checkbox"/> Conference presentations <input type="checkbox"/> Peer-reviewed paper <input type="checkbox"/> Other report or paper <input type="checkbox"/> Other: _____

## 4.5 Impact Evaluations

Directions: Complete the form below to describe the planned evaluation. Evaluation dates may span multiple years (i.e., do not need to be contained within the reporting year).

Evaluation Name Provide a short descriptive title for this evaluation.	Project Components to be Evaluated	Evaluation Dates		Objectives	Data Collection Methods Select all that apply.	Evaluation Design Choose one.	Measurements Select all that apply.	Provide a link or citation for any outcome or impact evaluations already conducted for this project. Leave blank if none.	Planned Use of Results Select all that apply.
		Start Date	End Date						
<i>Add a new row for each evaluation.</i>	<input type="checkbox"/> Direct education <input type="checkbox"/> PSE <input type="checkbox"/> Social marketing.				<input type="checkbox"/> Self-administered paper survey <input type="checkbox"/> Self-administered online survey <input type="checkbox"/> In-person survey <input type="checkbox"/> Phone survey <input type="checkbox"/> Qualitative interview <input type="checkbox"/> Direct observation (e.g., monitoring tool) <input type="checkbox"/> Focus group <input type="checkbox"/> Other: _____	<input type="radio"/> Randomized controlled trial <input type="radio"/> Not randomized, with comparison group <b>If randomized controlled trial selected, what is the unit of randomization?</b> <input type="checkbox"/> Individual <input type="checkbox"/> Other: _____ -	<input type="checkbox"/> Pretest <input type="checkbox"/> Posttest <input type="checkbox"/> Other: _____ -		<input type="checkbox"/> Intervention design <input type="checkbox"/> Intervention adaptation or improvement <input type="checkbox"/> Dissemination <input type="checkbox"/> Conference presentations <input type="checkbox"/> Peer-reviewed paper <input type="checkbox"/> Other report or paper <input type="checkbox"/> Other: _____ -

#### **4.6 Logic Model Files (Optional)**

Attach a logic model for the project and evaluation.

# Module 5. Coordination and Collaboration

Directions: State agencies and implementing agencies should complete this section to reflect the coordination and collaboration.

## 5.1 Federal Nutrition, Obesity Prevention, and Health Programs

Directions: Indicate whether your agency is coordinating or collaborating in a significant way with each type of Federal program listed and identify the purpose(s). To be considered significant, coordination or collaboration should include regular ongoing dialogue and information or resource sharing. Only providing space for SNAP-Ed programming or distributing SNAP-Ed materials would not be considered significant coordination or collaboration. Collaborations with Federal programs can be at regional, State and/or local levels. Retain all written agreements outlining roles and responsibilities of entities involved.

Program	Purpose of Collaboration
<b>Food and Nutrition Service, USDA</b>	
Child and Adult Food Program (CACFP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Community Food Systems Programs (e.g., Farm to School and Community Food Projects)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Food Distribution Program on Indian Reservations (FDPIR)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input checked="" type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Fresh Fruit and Vegetable Program (FFVP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences

## 5.1 Federal Nutrition, Obesity Prevention, and Health Programs

*Directions: Indicate whether your agency is coordinating or collaborating in a significant way with each type of Federal program listed and identify the purpose(s). To be considered significant, coordination or collaboration should include regular ongoing dialogue and information or resource sharing. Only providing space for SNAP-Ed programming or distributing SNAP-Ed materials would not be considered significant coordination or collaboration. Collaborations with Federal programs can be at regional, State and/or local levels. Retain all written agreements outlining roles and responsibilities of entities involved.*

Program	Purpose of Collaboration
	<input type="checkbox"/> Other: _____
National School Lunch Program (NSLP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
School Breakfast Program (SBP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Senior Farmers Market Nutrition Program (SFMNP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Special Milk Program (SMP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Summer Food Service Program (SFSP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign

## 5.1 Federal Nutrition, Obesity Prevention, and Health Programs

*Directions: Indicate whether your agency is coordinating or collaborating in a significant way with each type of Federal program listed and identify the purpose(s). To be considered significant, coordination or collaboration should include regular ongoing dialogue and information or resource sharing. Only providing space for SNAP-Ed programming or distributing SNAP-Ed materials would not be considered significant coordination or collaboration. Collaborations with Federal programs can be at regional, State and/or local levels. Retain all written agreements outlining roles and responsibilities of entities involved.*

Program	Purpose of Collaboration
	<input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Supplemental Nutrition Assistance Program	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Team Nutrition	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
The Emergency Food Assistance Program (TEFAP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
WIC Farmers Market Nutrition Program (FMNP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Other: _____	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
<b>National Institute of Food and Agriculture, USDA</b>	
Expanded Food and Nutrition Education Program (EFNEP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches

## 5.1 Federal Nutrition, Obesity Prevention, and Health Programs

*Directions: Indicate whether your agency is coordinating or collaborating in a significant way with each type of Federal program listed and identify the purpose(s). To be considered significant, coordination or collaboration should include regular ongoing dialogue and information or resource sharing. Only providing space for SNAP-Ed programming or distributing SNAP-Ed materials would not be considered significant coordination or collaboration. Collaborations with Federal programs can be at regional, State and/or local levels. Retain all written agreements outlining roles and responsibilities of entities involved.*

Program	Purpose of Collaboration
	<input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Gus Schumacher Nutrition Incentive Program (GusNIP)	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
Other: _____	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
<b>Centers for Disease Control and Prevention, HHS</b>	
Other: _____	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
<b>Administration for Community Living, HHS</b>	
Older Americans Act Title III-C Senior Nutrition Program	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____
<b>Other</b>	

## 5.1 Federal Nutrition, Obesity Prevention, and Health Programs

*Directions: Indicate whether your agency is coordinating or collaborating in a significant way with each type of Federal program listed and identify the purpose(s). To be considered significant, coordination or collaboration should include regular ongoing dialogue and information or resource sharing. Only providing space for SNAP-Ed programming or distributing SNAP-Ed materials would not be considered significant coordination or collaboration. Collaborations with Federal programs can be at regional, State and/or local levels. Retain all written agreements outlining roles and responsibilities of entities involved.*

Program	Purpose of Collaboration
<hr/>	<input type="checkbox"/> Needs Assessment/Plan Development <input type="checkbox"/> Coordination of Messaging/Materials/Approaches <input type="checkbox"/> PSE Change Efforts <input type="checkbox"/> Social Marketing Campaign <input type="checkbox"/> Improvement of SNAP-Ed Access for Target Audiences <input type="checkbox"/> Other: _____

## 5.2 Multisector Partnerships/Coalitions (ST8)

Multisector partnerships are an important indicator of work at the Sectors of Influence level of the SNAP-Ed Evaluation Framework (e.g., indicator ST8). These partnerships can be at the Multi-State, State/Territory, Local, or Tribal level and are composed of at least five diverse sector representatives that engage in coordinated planning for changes in policies and/or practices for nutrition, physical activity, food security, and/or obesity prevention. These partners often work together as a coalition, such as in a SNAP-Ed State Nutrition Action Council (SNAC). Use the add button to create a record for each multisector partnership with which your agency is currently or plans to be actively engaged, indicating the number of organizations involved in the partnership/coalition from each sector, the geographic level of the partnership/coalition, and the key activities planned.

Partnership/ Coalition Name	Sectors Represented  Indicate the number of organizations involved in the partnership/coalition from each of the following sectors.	Geographic Level	Describe Key Activities Planned with the Partnership/ Coalition  Limit your answer to 250 words.
<p>Enter a new row for each partnership/coalition.</p> <p><input type="checkbox"/> This partnership/coalition is a State Nutrition Action Council (SNAC).</p>	<p>_____ Agriculture</p> <p>_____ Childcare</p> <p>_____ Commercial marketing</p> <p>_____ Community design</p> <p>_____ Education</p> <p>_____ Food industry</p> <p>_____ Food retailers</p> <p>_____ Government</p> <p>_____ Media</p> <p>_____ Public health and healthcare</p> <p>_____ Public safety</p> <p>_____ Transportation</p>	<p><input type="radio"/> National</p> <p><input type="radio"/> Multi-State</p> <p><input type="radio"/> State/Territory</p> <p><input type="radio"/> Tribal</p> <p><input type="radio"/> Local</p>	

### 5.3 State Nutrition Action Council

<b>Is there an active State Nutrition Action Council (SNAC)?</b>	<input type="radio"/> <b>Yes</b>	<b>If yes, please select all the members and/or programs represented by the SNAC.</b>
	<input type="radio"/> <b>No</b>	<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> School meal program <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Child and Adult Care Food Program (CACFP) <input type="checkbox"/> Summer Food Service Program/ Summer EBT <input type="checkbox"/> Food distribution programs <input type="checkbox"/> Farmers markets <input type="checkbox"/> Food banks/pantries <input type="checkbox"/> Early childhood education <input type="checkbox"/> Health care <input type="checkbox"/> Public health departments <input type="checkbox"/> Higher education <input type="checkbox"/> Food retailers <input type="checkbox"/> Foundations/ philanthropic organizations/ nonprofits <input type="checkbox"/> Faith-based groups <input type="checkbox"/> Tribe or Tribal organizations <input type="checkbox"/> Other

## 5.4 Tribes and Tribal Organizations

*Directions: Use the add button to create a record for each Federally recognized Tribe or Tribal Organization with which your agency is planning to coordinate or collaborate in the plan year.*

<b>Tribe or Tribal Organization Name</b>	<b>Nature of Planned Coordination and Collaboration</b> Select all that apply.
<p><i>Enter a new row for each Tribe or Tribal Organization</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Meet with Tribal Organization for input on SNAP-Ed programming</li> <li><input type="checkbox"/> Involve Tribal Organization in plan development</li> <li><input type="checkbox"/> Involve Tribal Organization in SNAP-Ed activities</li> <li><input type="checkbox"/> Fund Tribal Organization with SNAP-Ed funding (as a subcontracting agency) _____ <i>[enter funding amount received]</i></li> <li><input type="checkbox"/> Other: <u>Please specify...</u></li> </ul>

## 5.5 Minority-Serving Institutions

*Directions: Minority-Serving institutions (MSIs) are institutions of higher education that serve minority populations and receive U.S. Department of Interior funding and resources on behalf of their students and communities. MSIs include historically Black colleges and universities (HBCUs), Hispanic-serving institutions (HSIs), Tribal colleges and universities (TCUs), and Asian American and Pacific Islander serving institutions (AANAPISIs).*

<b>Minority-Serving Institution</b>	<b>MSI Type</b> Select all that apply.	<b>Nature of Coordination and Collaboration</b> Select all that apply.	<b>Describe Planned Coordination and Collaboration between Agency and MSI</b> Limit your answer to 250 words.
<i>Enter a new row for each Minority-serving institution</i>	<input type="checkbox"/> Historically Black college or university <input type="checkbox"/> Hispanic-serving institution <input type="checkbox"/> Tribal college or university <input type="checkbox"/> Asian American or Pacific Islander serving-institution	<input type="checkbox"/> Meeting with MSI for input on SNAP-Ed programming <input type="checkbox"/> Involved in plan development <input type="checkbox"/> Involved in SNAP-Ed activities <input type="checkbox"/> Receives SNAP-Ed funding (as an implementing or subcontracting agency): _____ <i>[enter funding amount received]</i> <input type="checkbox"/> Other: Please specify...	

## Module 6. Planned Staffing and Budget

*This section will be completed by State agencies and implementing agencies requesting SNAP-Ed funds for this fiscal year.*

### 6.1a Salary/Benefits

*Directions: Complete the table for each staff position. Positions may be grouped together, but do not enter staff names or personally identifiable information.*

Position Title	Full-Time Equivalents Charged to SNAP-Ed			Average Full Salary, Benefits, and Wages	Subtotal
<i>Add a new row for each position.</i>					
<b>Total</b>					<b>\$</b>

Provide a full-time equivalent (FTE) definition and describe basis for calculation.  
Limit your answer to 100 words.

Provide a brief narrative summary of the agency's costs for salary/benefits.  
Limit your answer to 250 words.

Attach a document with brief position descriptions here. Do not include staff names or personally identifiable information.

**6.1b Contracts, Sub-Grants, Agreements**

*Directions: Complete the table for each planned contract, sub-grant, and agreement.*

Contract Name	Description	Total
<i>Add a new row for each contract.</i>		
<b>Total</b>	<b>\$</b>	

Provide a brief narrative summary of the agency's costs for contracts, sub-grants, and agreements. Limit your answer to 250 words.

**6.1c Equipment/Office Supplies**

*Directions: Complete the table for each item or group of items.*

Item(s)	Description	Total
<i>Add a new row for each category of equipment/supplies.</i>		

	<b>Total</b>	<b>\$</b>

Provide a brief narrative summary of the agency's costs for non-capital equipment/office supplies.  
Limit your answer to 250 words.

**6.1d Nutrition Education Materials**

*Directions: Complete the table for each item or group of items.*

Material	Description	Total
<i>Add a new row for each type of material.</i>		
	<b>Total</b>	<b>\$</b>

Provide a brief narrative summary of the agency's costs for nutrition education materials.  
Limit your answer to 250 words.

**6.1e Travel**

Directions: Complete the table for each planned trip or group of trips.

Trip Name	Trip Purpose/Benefits to SNAP-Ed	Travel Location (City, State)	Staff Positions Traveling	Travel Costs Describe the travel costs associated with the trip (	Total
Add a new row for each trip.				_____ Air Travel	
				_____ Registration Fee	
				_____ Lodging	
				_____ Ground Transportation	
				_____ Per Diem	
				_____ Mileage	
				_____ Other: _____	
<b>Total</b>					<b>\$</b>

Provide a brief narrative summary of the agency's costs for travel.

Limit your answer to 250 words.

**6.1f Building Space/Lease or Rental**

Directions: Complete the table for each item or group of items.

Material	Description	Total
Add a new row for each space.		
<b>Total</b>		<b>\$</b>

Provide a brief narrative summary of the agency's costs for building space/lease or rental.  
Limit your answer to 250 words.

--

**6.1g Publicly-Owned Building Space**

*Directions: Complete the table for each item or group of items.*

Name of Space	Description	Total
<i>Add a new row for each space.</i>		
<b>Total</b>		<b>\$</b>

Provide a brief narrative summary of the agency's costs for publicly-owned building space.  
Limit your answer to 250 words.

--

**6.1h Maintenance and Repair**

*Directions: Complete the table for each item or group of items.*

Item	Description	Total
<i>Add a new row for each category of</i>		

<i>maintenance/repair.</i>		
		<b>Total</b> \$
Provide a brief narrative summary of the agency's costs for maintenance and repair. Limit your answer to 250 words.		

**6.1i Institutional Memberships and Subscriptions**

*Directions: Complete the table for each item or group of items.*

Item	Description	Total
<i>Add a new row for each membership/subscription.</i>		
		<b>Total</b> \$
Provide a brief narrative summary of the agency's costs for institutional membership and subscriptions. Limit your answer to 250 words.		

**6.1j Indirect Costs**

*Directions: Indirect cost is a general term for certain types of costs incurred by the grantee or subgrantee in support of other allowable activities*

charged directly to sponsoring Federal or State funding agencies. These indirect costs (also called overhead costs) are determined through a variety of rates or “cost allocation plans” that detail how the costs are to be shared by the funding agencies. Please enter the Total Indirect Costs for the agency (this field is required). If there is a single indirect rate percentage, enter it. Additional information, such as if the rate is not applied to certain cost categories or capped, may be entered into the explanation field. If there is no single indirect rate percentage, such as if an agency charges a different rate on different cost categories or indirect costs are not calculated as a percentage, that field may be left blank but an explanation is required. Documentation from either the Federally assigned cognizant agency or the State review process should be kept on file and available for FNS review, if requested.

Indirect Cost Rate (If applicable)	Indirect Cost Description	Total Indirect Costs
<i>Enter more than one row if a different rate is applied to different cost categories.</i>		
	<b>Total</b>	<b>\$</b>

## 6.2 Budget Summary

Direct Cost Category	Cost
Salary/Benefits	
Contracts/Sub-Grants/Agreements	
Equipment/Office Supplies	
Nutrition Education Materials	
Travel	
Building/Space Lease or Rental	
Cost of Publicly-Owned Building Space	
Maintenance and Repair	
Institutional Memberships and Subscriptions	
<b>Direct Costs</b>	<b>\$</b>
<b>Indirect Costs</b>	<b>\$</b>
<b>Total Costs</b>	<b>\$</b>

### 6.3 Non-SNAP-Ed Funding

Direct Cost Category	Cost
Salary/Benefits	
Contracts/Sub-Grants/Agreements	
Non-Capital Equipment/Office Supplies	
Nutrition Education Materials	
Travel	
Building/Space Lease or Rental	
Cost of Publicly-Owned Building Space	
Maintenance and Repair	
Institutional Memberships and Subscriptions	
<b>Total Direct Costs</b>	<b>\$</b>

### 6.4 Allocation Plan

Allocation Year	Planned Funding Level
Carry-over from Prior Year (Funds entering their second year)	
Plan Year (Funds in the first year)	
<b>Total Costs</b>	<b>\$</b>

# Assurances and Signatures

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*This section to be completed by State agencies only.*

## Assurances Checklist

*Directions: To assure compliance with policies described in this Guidance, the SNAP-Ed Plan shall include the following assurances. Mark your response to the right. The assurances and signature checklist can be downloaded on SNAP-Ed connection ([https://snaped.fns.usda.gov/program-administration/snap-ed plan-guidance-and-templates](https://snaped.fns.usda.gov/program-administration/snap-ed-plan-guidance-and-templates)) or through the N-PEARS system.*

The SNAP State agency is accountable for the content of the State SNAP-Ed Plan and provides oversight to any sub-grantees. The SNAP State agency is fiscally responsible for nutrition education activities funded with SNAP funds and is liable for repayment of unallowable costs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Efforts have been made to target SNAP-Ed to the SNAP-Ed target population.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Only expanded or additional coverage of those activities funded under the Expanded Food and Nutrition Education Program (EFNEP) are claimed under the SNAP-Ed grant. Approved activities are those designed to expand the State's current EFNEP coverage in order to serve additional SNAP-Ed individuals or to provide additional education services to EFNEP clients who are eligible for SNAP. Activities funded under the EFNEP grant are not included in the budget for SNAP-Ed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Documentation of payments for approved SNAP-Ed activities is maintained by the State and will be available for USDA review and audit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contracts are procured through competitive bid procedures governed by State procurement regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB circulars governing cost issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program activities do not supplant existing nutrition education programs, and where operating in conjunction with existing programs, enhance and supplement them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program activities are reasonable and necessary to accomplish SNAP-Ed objectives and goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All materials developed or printed with SNAP-Ed funds include the appropriate USDA nondiscrimination statement and credit to SNAP as a funding source.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Messages of nutrition education and obesity prevention are consistent with the Dietary Guidelines for Americans.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Signatures</b>	
Name of State SNAP Agency	
Date	
Federal Fiscal Year	
Certified By	
Date	
<b>SNAP State Agency Fiscal Reviewer</b>	
Signature	
Date	