

Supplemental Nutrition Assistance Program Education (SNAP-Ed) Annual Report

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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.

Module 1. Project and Activity Results

Directions: State agencies, if applicable, and implementing agencies complete this section for each project and nonproject activity they implemented during the reporting fiscal year. In the electronic reporting system, project details from the corresponding plan year will pre-populate the relevant fields. Agencies may add new projects to the report.

1.1 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:

- 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*
- Behavioral and environmental changes the project was designed to achieve*
- Key educational messages*
- How and where services were delivered*
- Partner organization roles and contributions*
- Duration of project*
- Total number of individuals, sites, or systems that participated or were reached*
- For strategies that include social marketing, include the frequency of messages*
- How project delivery focused nutrition education and obesity prevention efforts on the SNAP-Ed population*
- How the project reflected the audience's awareness and access to healthy foods and beverages, and places to
be physically active*
- Efforts to ensure the project was implemented as designed (i.e., with fidelity)*

Briefly describe this project.
Limit your answer to 500 words

1.2 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?	If the intervention will be adapted for setting or population, describe why the intervention will be adapted and the adaptations to be made, including any intervention materials to be translated or created. 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	

1.3 Other 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 SNAP-Ed Intervention</i>	<input type="radio"/> Yes <input type="radio"/> No		

Will the intervention 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?		
<p>o Research-based evidence refers to relevant rigorous research, including systematically reviewed scientific evidence.</p>	<p>o Practice-based evidence refers to case studies, pilot studies, and evidence from the field on interventions that demonstrate obesity prevention potential.</p>	<p>o Emerging strategies or interventions are 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>If research-based, which of the following sources includes this intervention?</p>	<p>If practice-tested, 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>If emerging, 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 [Read more]</p> <p><input type="checkbox"/> National Cancer Institute: Research-Tested Interventions Program [Read more]</p> <p><input type="checkbox"/> U.S. Department of Health and Human Services: Guide to Community Preventive Services [Read more]</p> <p><input type="checkbox"/> U.S. Department of Health and Human Services: Rural Obesity Prevention Toolkit [Read more]</p> <p><input type="checkbox"/> What Works for Health: Policies and Programs to Improve Wisconsin's Health [Read more]</p> <p><input type="checkbox"/> Other: <u>Please specify...</u></p> <p><input type="checkbox"/> None</p>		
<p>If other or none, provide the citation for at least one peer-reviewed, scientific journal</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</p>

<p>article that concludes this intervention has significant positive impacts on individual behaviors, food/physical activity environments, or obesity prevention policies. 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>this emerging 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"> 1. Aligns with the Dietary Guidelines for Americans 1. Aligns with the Physical Activity Guidelines for Americans 2. Aligns with the Healthy People 2030 objectives for Nutrition and Healthy Eating 3. Reflects the budgetary and time constraints of the low-income population 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) <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?</p>

		Emerging interventions must meet at least one of the criteria.
<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.

1.4 SNAP-Ed Indicators Measured

What SNAP-Ed Evaluation Framework indicator(s) did this project measure?
 Select all that apply.

Short Term (ST)	Medium Term (MT)	Long Term (LT)	Population (R)
<input type="checkbox"/> ST1: Healthy Eating	<input type="checkbox"/> MT1: Healthy Eating	<input type="checkbox"/> LT1: Healthy Eating	<input type="checkbox"/> R1: Overall Diet Quality
<input type="checkbox"/> ST2: Food Resource Management	<input type="checkbox"/> MT2: Food Resource Management	<input type="checkbox"/> LT2: Food Resource Management	<input type="checkbox"/> R2: Fruits and Vegetables
<input type="checkbox"/> ST3: Physical Activity and Reduced Sedentary Behavior	<input type="checkbox"/> MT3: Physical Activity and Reduced Sedentary Behavior	<input type="checkbox"/> LT3: Physical Activity and Reduced Sedentary Behavior	<input type="checkbox"/> R3: Whole Grains
<input type="checkbox"/> ST4: Food Safety	<input type="checkbox"/> MT4: Food Safety	<input type="checkbox"/> LT4: Food Safety	<input type="checkbox"/> R4: Dairy
<input type="checkbox"/> ST5: Need and Readiness	<input type="checkbox"/> MT5: Nutrition Supports	<input type="checkbox"/> LT5: Nutrition Supports Implementation	<input type="checkbox"/> R5: Beverages
<input type="checkbox"/> ST6: Champions	<input type="checkbox"/> MT6: Physical Activity and Reduced Sedentary Behavior Supports	<input type="checkbox"/> LT6: Physical Activity Supports Implementation	<input type="checkbox"/> R6: Food Security
<input type="checkbox"/> ST7: Organizational Partnerships	<input type="checkbox"/> MT7: Government Policies	<input type="checkbox"/> LT7: Program Recognition	<input type="checkbox"/> R7: Physical Activity and Reduced Sedentary Behavior
<input type="checkbox"/> ST8: Multi-Sector Partnerships and Planning	<input type="checkbox"/> MT8: Agriculture	<input type="checkbox"/> LT8: Media Coverage	<input type="checkbox"/> R8: Breastfeeding
	<input type="checkbox"/> MT9: Education Policies	<input type="checkbox"/> LT9: Leveraged Resources	<input type="checkbox"/> R9: Healthy Weight
	<input type="checkbox"/> MT10: Community Design and Safety	<input type="checkbox"/> LT10: Planned Sustainability	<input type="checkbox"/> R10: Family Meals
	<input type="checkbox"/> MT11: Health Care Clinical-Linkages	<input type="checkbox"/> LT11: Unexpected Benefits	<input type="checkbox"/> R11: Quality of Life
	<input type="checkbox"/> MT12: Social Marketing	<input type="checkbox"/> LT12: Food Systems	
	<input type="checkbox"/> MT13: Media Practices	<input type="checkbox"/> LT13: Government Investments	
		<input type="checkbox"/> LT14: Agriculture Sales and Incentives	
		<input type="checkbox"/> LT15: Education Attainment	
		<input type="checkbox"/> LT16: Shared Use Streets and Crime Reduction	
		<input type="checkbox"/> LT17: Health Care Cost Savings	
		<input type="checkbox"/> LT18: Commercial Marketing of Healthy Foods and Beverages	
		<input type="checkbox"/> LT19: Community-Wide Recognition	

1.5 Project Sites

Directions: Complete the following fields for each site in which SNAP-Ed programming was implemented. Social marketing campaigns conducted in broader areas (i.e., not specific sites) will be described elsewhere; do not include those areas here. For systems-level and other changes that may affect multiple sites in the same way, report each site affected.

Note that each site should only be entered once in this table, even if multiple PSE Changes were implemented there. You may specify one or more settings for each site, and the table on "PSE Change Initiatives" will capture information about all PSEs implemented by site.

Include all sites involved in SNAP-Ed activities this fiscal year. For any site(s) that should remain confidential to protect the privacy of SNAP-Ed participants (e.g., shelters for survivors of domestic abuse), mark them as a sensitive site. For sensitive sites, provide an alias for the name of the site.

Site Details

Site Name		Is this a sensitive site (i.e., site must remain confidential to protect the privacy of SNAP-Ed participants)?	<input type="radio"/> Yes <input type="radio"/> No	Is this site in a Tribal jurisdiction?	<input type="radio"/> Yes <input type="radio"/> No
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Address		City		State		Zip	
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Site Programming Details

Intervention Strategies	<input type="checkbox"/> Direct education <input type="checkbox"/> PSE (adopted changes) <input type="checkbox"/> PSE (maintained changes) <input type="checkbox"/> PSE (conducted follow-up assessments, evaluation, and/or monitoring) <input type="checkbox"/> Social marketing
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If PSE (adopted changes), Estimated Reach of Adopted Change(s)	
PSE Change(s) Adopted List All	
Notes about the PSE Change(s) (optional)	
If PSE (maintained changes), Estimated Reach of Maintained Change(s)	
PSE Change(s) Maintained List All	
Notes about the PSE Change(s) (optional)	

1.5 Project Sites (continued)

Setting

Eat	Learn	Live	Play	Shop	Work
<input type="checkbox"/> Congregate meal sites/senior nutrition centers <input type="checkbox"/> Fast-food chains <input type="checkbox"/> Mobile vending/food trucks <input type="checkbox"/> Restaurants <input type="checkbox"/> Soup kitchens <input type="checkbox"/> USDA Summer Meals sites <input type="checkbox"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Before- and afterschool programs <input type="checkbox"/> Early care and education facilities (including childcare centers, daycare homes, Head Start, preschool, and prekindergarten programs) <input type="checkbox"/> Extension offices <input type="checkbox"/> Family resource centers <input type="checkbox"/> Libraries <input type="checkbox"/> Mobile education sites <input type="checkbox"/> Schools (K-12, elementary, middle, and high) <input type="checkbox"/> SNAP offices <input type="checkbox"/> WIC clinics <input type="checkbox"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Emergency shelters and temporary housing sites <input type="checkbox"/> Faith-based centers/places of worship <input type="checkbox"/> Group living arrangements/homes <input type="checkbox"/> Healthcare clinics and hospitals <input type="checkbox"/> Indian Reservations <input type="checkbox"/> Individual homes <input type="checkbox"/> Public housing sites (includes public housing for seniors and disabled individuals) <input type="checkbox"/> Residential treatment centers <input type="checkbox"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Bicycle and walking paths <input type="checkbox"/> Community and recreation centers <input type="checkbox"/> Gardens (community/school) <input type="checkbox"/> Parks and open spaces <input type="checkbox"/> Senior centers <input type="checkbox"/> State/county fairground <input type="checkbox"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Farmers' markets <input type="checkbox"/> Food assistance sites (e.g., food banks, food pantries, food shelves) <input type="checkbox"/> Food distribution sites (e.g., FDPIR, TEFAP, CSFP) <input type="checkbox"/> Large food stores and retailers (four or more registers) <input type="checkbox"/> Small food stores (up to three registers) <input type="checkbox"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Adult education, job training and work (e.g., SNAP E&T), TANF, and veteran services sites <input type="checkbox"/> Military bases <input type="checkbox"/> Worksites with low-wage workers <input type="checkbox"/> Other: <u>Please specify...</u>

1.6 Direct Education

<p>Does this project include one or more direct education interventions?</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><i>If yes, proceed to next question. If no, skip to table 1.7.</i></p>
<p><i>If the project includes one or more direct education interventions. What was the stage of the direct education for this project at the end of this fiscal year?</i></p>	<p><input type="radio"/> Implemented <input type="radio"/> Not implemented</p> <p><i>If implemented, proceed to table 1.6a. If not implemented, proceed to next question.</i></p>
<p><i>If the direct education was not implemented at the end of the fiscal year. Describe the results of work done this fiscal year to plan and develop direct education. Limit your answer to 250 words.</i></p>	

1.6a Language

<p>In what languages was direct education offered?</p>	<table> <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:</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:	<input type="checkbox"/> Korean	_____
<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:																										
<input type="checkbox"/> Korean	_____																										

1.6b Total Reach

Directions: Complete this section to report the number of SNAP-Ed direct education participants for this project. Reporting an unduplicated count means providing the number of unique individuals reached through the project, regardless of the number of direct education sessions or contacts.

Total number of SNAP-Ed direct education participants (unduplicated)	
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Provide an explanation of the estimation method(s) used to report the number of SNAP-Ed direct education participants for this project.

1.6.c Reach: Race/Ethnicity

Direction: Report the number of SNAP-Ed direct education participants for this project by race/ethnicity. Reporting an unduplicated count means providing the number of unique individuals reached through the project, regardless of the number of direct education sessions or contacts.

Each category may have both actual counts and estimated counts. Actual counts should be used whenever possible. Estimated counts are appropriate in certain cases. Actual counts should be used whenever participants self-identify. Total counts may exceed actual counts if participants self-identify as more than one race. Estimated counts by race/ethnicity should be used in the absence of self-reported data. Race/ethnicity total must be greater than or equal to Total number of SNAP-Ed direct education participants (unduplicated). Totals will be automatically calculated in the electronic reporting system.

Race/Ethnicity	Actual Count of SNAP-Ed Participants	Estimated Count of SNAP-Ed Participants	Row Total
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>			
Asian			

<i>For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.</i>			
Black or African American			
<i>For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</i>			
Hispanic or Latino			
<i>For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</i>			
Middle Eastern or North African			
<i>For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.</i>			
Native Hawaiian or Pacific Islander			
<i>For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</i>			
White			
<i>For example, English, German, Irish, Italian, Polish, Scottish, etc.</i>			
Total Count			

1.6.d Reach: Age

Directions: Report the number of SNAP-Ed direct education participants for this project by age. Reporting an unduplicated count means providing the number of unique individuals reached through the project, regardless of the number of direct education sessions or contacts. Each category may have both actual counts and estimated counts. Actual counts should be used whenever possible. Estimated counts are appropriate in certain cases, such as when single presentations are given to families at school events. Age total must be equal to Total number of SNAP-Ed direct education participants (unduplicated). Shaded cells will be automatically calculated in the electronic reporting system.

Age	Actual Count of SNAP-Ed Participants	Estimated Count of SNAP-Ed Participants	Row Total
Younger than 5			
5–7 (or grades K–2)			
8–10 (or grades 3–5)			
11–13 (or grades 6–8)			
14–17 (or grades 9–12)			
18–59			
60–75			
76 or older			
Unknown			
Total Actual Count			

1.6.e Reach: Sex

Directions: Report the number of SNAP-Ed direct education participants for this project by sex. Reporting an unduplicated count means providing the number of unique individuals reached through the project, regardless of the number of direct education sessions or contacts. Each category may have both actual counts and estimated counts. Actual counts should be used whenever possible. Estimated counts are appropriate in certain cases, such as when single presentations are given to families at school events. Sex total must be greater than or equal to Total number of SNAP-Ed direct education participants (unduplicated). Shaded cells will be automatically calculated in the electronic reporting system.

Sex	Actual Count of SNAP-Ed Participants	Estimated Count of SNAP-Ed Participants	Row Total
Male			
Female			
Prefer not to respond			
Unknown			
Total Actual Count			

1.6.f Mode of Delivery: Format

How was direct education delivered?

Format	Number of SNAP-Ed participants
In Person	
Virtual, live online	
Virtual, self-directed & interactive	

1.6.g Mode of Delivery: Series and Duration

Format	Number of Series Delivered In Person	Number of Series Delivered Virtually	Session (in minutes)	Number of Sessions
Single Session			<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91-120 <input type="checkbox"/> Over 120	_____ _____ _____ _____ _____
Series of 2 to 4 Sessions			<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91-120 <input type="checkbox"/> Over 120	_____ _____ _____ _____ _____
Series of 5 to 9 Sessions			<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91-120 <input type="checkbox"/> Over 120	_____ _____ _____ _____ _____
Series of 10 or More Sessions			<input type="checkbox"/> 0-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-90 <input type="checkbox"/> 91-120 <input type="checkbox"/> Over 120	_____ _____ _____ _____ _____

What is the total estimated time a typical participant engaged in the direct education series for this project? If more than one direct education series was delivered, what is the average total series time for a typical participant?

_____ Minutes

1.6.h Individual Behavior Change MT1: Healthy Eating

Provide data on the following individual health behaviors reported by SNAP-Ed participants before and after participating in a direct education intervention(s). Agencies should report data by age group. Agencies are not required to report using matched data sets. Only report on behaviors relevant to the project (i.e., expected to be influenced) and tracked during this fiscal year. Response categories are based on the SNAP-Ed Evaluation Framework and validated survey tools.

Eat more than one kind of fruit throughout the day or week (MT1c)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who ate more than one kind of fruit per day			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who ate more than one kind of fruit per day			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who ate more than one kind of fruit per			

day			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Eat more than one kind of vegetable throughout the day or week (MT1d)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who ate more than one kind of vegetable per day			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who ate more than one kind of vegetable per day			
Total number of respondents			

Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who ate more than one kind of vegetable per day			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Drink fewer sugar-sweetened beverages (MT1h)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times sugar-sweetened beverages consumed per day			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times sugar-sweetened beverages consumed per day			
Total number of respondents			

Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times sugar-sweetened beverages consumed per day			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Cups of fruit per day (MT1I)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean cups			
Total number of respondents			
Age Group 5-17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean cups			
Total number of respondents			

Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean cups			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Cups of vegetables per day (MT1m)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean cups			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean cups			
Total number of respondents			

Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean cups			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Times per day fruits were consumed

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times per day			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times per day			
Total number of respondents			

Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times per day			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Times per day vegetables were consumed

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times per day			
Total number of respondents			
Age Group 5-17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times per day			
Total number of respondents			

Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Mean times per day			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Please indicate all additional MT1 measures your agency tracks for this project.

Select all that apply.

- MT1a. During main meals, protein foods prepared without solid fats
- MT1b. During main meals, ate a serving size of protein less than the palm of a hand or a deck of cards
- MT1e. Throughout the day or week, ate nuts or nut butters
- MT1f. Throughout the day or week, used MyPlate to make food choices
- MT1g. Frequency, drinking water
- MT1i. Frequency, consuming low-fat or fat-free milk (including with cereal), milk products (e.g., yogurt or cheese), or fortified soy beverages
- MT1j. Frequency, eating fewer refined grains
- MT1k. Frequency, eating fewer sweets (e.g., cookies or cake)
- Other healthy eating behavior change measures not specified for MT1: Enter MT1 Measure

1.6.i Individual Behavior Change MT2: Food Resource Management

Directions: Provide data on the following individual health behaviors reported by SNAP-Ed participants before and after participating in a direct education intervention(s). Agencies should report unmatched data by age group. Only report on behaviors relevant to the project (i.e., expected to be influenced) and tracked during this fiscal year. Response categories are based on the SNAP-Ed Evaluation Framework and validated survey tools.

Choose healthy foods for my family on a budget (MT2a)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who choose healthy foods for their family on a budget, “at least often”			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who choose healthy foods for their family on a budget, “at least often”			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who choose healthy foods for their family on a budget, “at least often”			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Read nutrition facts labels or ingredients lists (MT2b)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who read nutrition facts labels or ingredients lists, "at least often"			
Total number of respondents			
Age Group 5-17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who read nutrition facts labels or ingredients lists, "at least often"			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who read nutrition facts labels or ingredients lists, "at least often"			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Not run out of food before month's end (MT2g)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who "never or rarely" run out of food before month's end			
Total number of respondents			
Age Group 5-17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who "never or rarely" run out of food before month's end			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who "never or rarely" run out of food before month's end			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Compare prices before buying foods (MT2h)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who compare prices before foods, “at least often”			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who compare prices before foods, “at least often”			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who compare prices before foods, “at least often”			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Identify foods on sale or use coupons to save money (MT2i)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who identify foods on sale or use coupons to save money, “at least often”			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who identify foods on sale or use coupons to save money, “at least often”			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who identify foods on sale or use coupons to save money, “at least often”			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Shop with a list (MT2j)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who shop with a list, “at least often”			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who shop with a list, “at least often”			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who shop with a list, “at least often”			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Please indicate all additional MT2 measures your agency tracks for this project.

Select all that apply.

- MT2c. Buy 100 percent whole grain products
- MT2d. Buy low-fat dairy or milk products
- MT2e1. Buy foods with lower added solid fats

- MT2e2. Buy foods with lower added sugar
- MT2e3. Buy foods with lower added salt/sodium
- MT2f. Buy fruits and vegetables—fresh, frozen, dried, or canned in 100 percent juice
- MT2k. Batch cook (cook once; eat many times)
- MT2l. Use unit pricing to find best values
- MT2m. Cook healthy foods on a budget
- Other food resource management behavior changes not specified for MT2: Enter MT2 Measure

1.6.j Individual Behavior Change MT3: Physical Activity and Reduced Sedentary Behavior

Provide data on the following individual health behaviors reported by SNAP-Ed participants before and after participating in a direct education intervention(s). Agencies should report unmatched data by age group. Only report on behaviors relevant to the project (i.e., expected to be influenced) and tracked during this fiscal year. Response categories are based on the SNAP-Ed Evaluation Framework and validated survey tools.

Moderate-vigorous physical activity (MT3b)

Age Group <5	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who are physically active “throughout the day”			
Total number of respondents			
Age Group 5–17	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who are physically active “throughout the day”			
Total number of respondents			
Age Group 18+	Pretest	Posttest	Instruments If using previously developed data collection instruments, cite the sources here. Otherwise, describe the instruments used. Limit your answer to 250 words.
Number of respondents who are physically active “throughout the day”			
Total number of respondents			

Pretest and posttest results are matched (i.e., only participants with both a pretest and posttest response are included).

Increased physical activity, fitness, and leisure sport. Increases in duration, intensity, and frequency of exercise, physical activity, or leisure sport appropriate for the population of interest, and types of activities.

Select all that apply.

- MT3a. Physical activity and leisure sport (general physical activity or leisure sport)
- MT3c. Physical activity to make your muscles stronger (muscular strength)
- MT3d. Physical education or gym class activities (school PE)
- MT3e. Recess, lunchtime, classroom, before/afterschool physical activities (school activities—non-PE)
- MT3f. Walking steps during period assessed (e.g., increasing daily goal by $\geq 2,000$ steps)
- Other increased physical activity, fitness, and leisure sport behavior change measures not specified for MT3: [Enter MT3 Measure](#)

Reduced sedentary behavior. Decreases in time spent in sedentary behavior (computers, desk sitting, television watching).

Select all that apply.

- MT3g. Television viewing
- MT3h. Computer and video games
- MT3i. Sitting on weekdays while at work, at home, while doing course work, and during leisure time
- Other reduced sedentary behavior change measures not specified for MT3: [Enter MT3 Measure](#)

Increased physical fitness. Increases in health-related physical fitness levels (aerobic or cardio fitness, muscular strength, muscular endurance, and flexibility).

Select all that apply.

- MT3j. Aerobic or cardio fitness, muscular strength, muscular endurance, and/or flexibility
- Other increased physical fitness behavior change measures not specified for MT3: [Enter MT3 Measure](#)

1.7 PSE Change Initiatives

Does this project include one or more policy, systems, and environmental (PSE) initiative(s) that were not associated with a specific site?	<input type="radio"/> Yes <input type="radio"/> No
PSE Change Level Please select the geographic level at which the PSE was adopted.	<input type="radio"/> ZIP Code <input type="radio"/> Census tract <input type="radio"/> School(s) <input type="radio"/> Towns/cities <input type="radio"/> Counties/parishes/wards <input type="radio"/> Reservation <input type="radio"/> Entire State <input type="radio"/> Other: <u>Please specify...</u>
If PSE (adopted changes), Estimated Reach of Adopted Change(s)	
PSE Change(s) Adopted List All	
Notes about the PSE Change(s) (optional)	
If PSE (maintained changes), Estimated Reach of Maintained Change(s)	
PSE Change(s) Maintained List All	
Notes about the PSE Change(s) (optional)	

1.7.a Organizational Partnerships (ST7)

Directions: Please complete this table for each active partner type that contributed significantly to the PSE Change work for this project. Include work on PSE Changes in all stages. Active partners include individuals or organizations who regularly meet, exchange information, and identify and implement mutually reinforcing activities with SNAP-Ed to contribute to the adoption of one or more PSE Changes (such as those listed in MT5 and MT6). Do not include partners that are not actively involved in your SNAP-Ed PSE activities.

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
Agricultural organizations (includes farmers' markets and farmers)	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Chefs/culinary institutes	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
			(outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	
City and regional planning and transportation groups	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Colleges and universities	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
			<input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	
Early care and education facilities (includes childcare centers, daycare homes, Head Start, preschool, and prekindergarten programs)	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="checkbox"/> Networking <input type="checkbox"/> Cooperation <input type="checkbox"/> Coordination <input type="checkbox"/> Coalition <input type="checkbox"/> Collaboration
Faith-based groups	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation	<input type="checkbox"/> Networking <input type="checkbox"/> Cooperation <input type="checkbox"/> Coordination <input type="checkbox"/> Coalition <input type="checkbox"/> Collaboration

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
			<input type="checkbox"/> Other	
Food banks/food pantries/food recovery organizations	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Food stores (convenience stores, grocery stores, supermarkets, etc.)	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Foundations/philanthropic		<input type="checkbox"/> National	<input type="checkbox"/> Financial (e.g., direct funding or coupons for	<input type="radio"/> Networking

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
organizations/nonprofits	_____	<input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<p>purchase of healthy foods)</p> <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Government nutrition assistance programs/agencies (Federal, State, local, etc.)	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Hospitals/healthcare/public health organizations (includes health insurance companies)		<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for	<input type="radio"/> Networking <input type="radio"/> Cooperation

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
	_____	<input type="checkbox"/> Tribal <input type="checkbox"/> Local	PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Human services organizations	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Tribal Organizations	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers)	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
		<input type="checkbox"/> Local	<input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Collaboration
Labor/workforce development groups	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Low-income housing organizations (includes housing for seniors and people with disabilities)	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.)	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
			<input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	
Media/advertising groups	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="checkbox"/> Networking <input type="checkbox"/> Cooperation <input type="checkbox"/> Coordination <input type="checkbox"/> Coalition <input type="checkbox"/> Collaboration
Organizations that work with people with disabilities (other than housing)	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences	<input type="checkbox"/> Networking <input type="checkbox"/> Cooperation <input type="checkbox"/> Coordination <input type="checkbox"/> Coalition <input type="checkbox"/> Collaboration

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
			(outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	
Parks and recreation centers	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Restaurants	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
			<input type="checkbox"/> Needs assessment/program planning support <input checked="" type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	
Schools (K–12, elementary, middle, and high)	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="checkbox"/> Networking <input type="checkbox"/> Cooperation <input type="checkbox"/> Coordination <input type="checkbox"/> Coalition <input type="checkbox"/> Collaboration
Senior centers and organizations	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation	<input type="checkbox"/> Networking <input type="checkbox"/> Cooperation <input type="checkbox"/> Coordination <input type="checkbox"/> Coalition <input type="checkbox"/> Collaboration

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
			<input type="checkbox"/> Other	
State nutrition and obesity prevention organizations and collaboratives	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Worksites	_____	<input type="checkbox"/> National <input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	<input type="checkbox"/> Financial (e.g., direct funding or coupons for purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Networking <input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration
Other SNAP-Ed implementing		<input type="checkbox"/> National	<input type="checkbox"/> Financial (e.g., direct funding or coupons for	<input type="radio"/> Networking

Partner Type	Number of Partners	Partner(s) Level Select all that apply.	Partner Contribution(s) Select all that apply.	Level of Partnership
agencies	_____	<input type="checkbox"/> Multi-State <input type="checkbox"/> State/Territory <input type="checkbox"/> Tribal <input type="checkbox"/> Local	purchase of healthy foods) <input type="checkbox"/> Space (e.g., facility, location, or space for PSE Changes) <input type="checkbox"/> Human resources (staff time or volunteers) <input type="checkbox"/> Food <input type="checkbox"/> Materials (publications, supplies, etc.) <input type="checkbox"/> Marketing/advertising <input type="checkbox"/> In-person recruitment of target audiences (outreach/engagement) <input type="checkbox"/> Social media <input type="checkbox"/> Needs assessment/program planning support <input type="checkbox"/> Technical expertise/consultation <input type="checkbox"/> Other	<input type="radio"/> Cooperation <input type="radio"/> Coordination <input type="radio"/> Coalition <input type="radio"/> Collaboration

1.8 Social Marketing Campaigns (MT12)

1.8.a Campaign Details

Campaign Name Provide a short descriptive title for this campaign.	
What was the stage of this social marketing campaign at the end of the reporting year?	<input type="radio"/> Planning (formative research) <input type="radio"/> Development (design and consumer testing) <input type="radio"/> Implementation <input type="radio"/> Evaluation
If the agency selects "Planning" or "Development," Planning and development results, describe the results of work done this reporting year to plan and develop your social marketing campaign.	

In what languages was the campaign (at least one channel) offered? Select all that apply.	<input type="checkbox"/> Amharic <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Cantonese <input type="checkbox"/> Chinese (simplified) <input type="checkbox"/> Chinese (traditional) <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: _____
---	---	---

Please indicate the campaign's primary topic(s). Select all that apply.	<input type="checkbox"/> Fruit and vegetable consumption <input type="checkbox"/> Healthy beverage consumption <input type="checkbox"/> Physical activity	<input type="checkbox"/> Food security (including food access and resource management) <input type="checkbox"/> Food safety <input type="checkbox"/> Other: <u>Please specify...</u>
---	---	--

What is the smallest geographic unit for which you measure your social marketing campaign coverage?	<input type="radio"/> ZIP Code <input type="radio"/> Census tract <input type="radio"/> School(s)
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	<ul style="list-style-type: none"> o Towns/cities o Counties/parishes/wards o Reservation o In-State media markets/metropolitan statistical areas/multicounty regions o Multi-State media markets: <u>Market Name</u> o Entire State (all media markets) o Other: <u>Please specify...</u>
If “ZIP Code,” “Census tract”, “Towns/cities,” “Counties,” and/or “Reservations” are/is selected, list the areas covered by the social marketing campaign.	
If “School(s),” “In-State media markets/metropolitan statistical areas/multicounty regions,” “Multi-State media markets,” and/or “other” are/is selected. Describe the areas covered by the social marketing campaign. Limit your answer to 100 words.	

1.8.b Market Segments (MT12b)

Directions: Complete the following items to indicate the market segment(s) your campaign targeted and the potential reach within each segment. Do not report potential reach for segments that were not targeted by your campaign.

Market Segment	<ul style="list-style-type: none"> o Preschoolers, children aged 2–5, and their parents/caregiver o Children in elementary school (often grades K–6) o Middle school students (often grades 7–8) o High school students (often grades 9–12) o Women (may include moms, women generally, female caregivers, others) o Men (may include fathers, men generally, male caregivers, others) o Older individuals (60+) o Multigenerational o Shoppers o Congregants o Workers/employees o People with disabilities o Ethnic/language groups: <u>Ethnic groups...</u> o Other: <u>Please specify...</u>
Number of SNAP-Ed-Eligible Individuals Where Social Marketing Campaign Was Conducted	
Number of Individuals (Total) Where Social Marketing Campaign	

1.8.c Impression, Reach, & Engagement by Channel (MT12b)

Directions: Complete this section to provide the requested information on impressions, reach, and engagement by channel, and note:

- Agencies are **required to report campaign impressions** by channel. Impressions represent the total number of times content is displayed to an audience during a given period.
- Agencies are **encouraged to report the estimated SNAP-Ed-eligible reach** of their campaign by channel if reliable estimates are available or can be produced. Reach is the total number of unique individuals exposed, at least once, to campaign materials during a given period. FNS recognizes that unique reach can only be reported by the channel, and the same individual may be exposed to the social marketing campaign through multiple channels.
- Agencies are **encouraged to report on applicable engagement metrics** with their campaign if reliable estimates are available or can be produced. Engagement is a measure of actions, including comments, likes, clicks, and shares on digital platforms. Agencies are **encouraged to report on engagement** with their campaign if reliable estimates are available or can be produced. Engagement is a measure of actions, including comments, likes, clicks, and shares on digital platforms. The **engagement rate or score** is the total number of interaction social marketing content receives (likes, comments, shares, etc.) divided by total number of individuals reached or total number of followers, multiplied by 100 to be expressed as a percentage.

Channel	Directs Audience to Website (e.g., via QR Code)	Impressions	Reach	Reach Source	Engagement Count by Measure Select all that apply.
Traditional media advertisements Ads on broadcast or cable TV or radio	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<i>Intentionally blank</i>
Billboards, transit advertising Outdoor billboards and	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool	

interior/exterior transit advertising				<input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<i>Intentionally blank</i>
Site-level assets Posters, banners, a-frames, displays, etc.	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<i>Intentionally blank</i>
Social media Organic, paid, or boosted posts	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Comments: _____ <input type="checkbox"/> Likes: _____ <input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____ <input type="checkbox"/> Engagement score (%): _____
Facebook	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Comments: _____ <input type="checkbox"/> Likes: _____ <input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____ <input type="checkbox"/> Engagement score (%): _____

Instagram	<input type="radio"/> Yes <input type="radio"/> No			<u>specify...</u> <input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Comments: _____ <input type="checkbox"/> Likes: _____ <input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____ <input type="checkbox"/> Engagement score (%): _____
X (Formerly Twitter)	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Comments: _____ <input type="checkbox"/> Likes: _____ <input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____ <input type="checkbox"/> Engagement score (%): _____
Web advertisements Ads on websites	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____ <input type="checkbox"/> Engagement score (%): _____
Digital media advertisements Ads on platforms such as online TV, YouTube, digital radio, and podcasts	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform	<input type="checkbox"/> Comments: _____ <input type="checkbox"/> Likes: _____ <input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____

				<input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Engagement score (%): _____
YouTube channel Channel displaying campaign materials as videos	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Comments: _____ <input type="checkbox"/> Likes: _____ <input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____ <input type="checkbox"/> Engagement score (%): _____
Email updates Messages sent to a list of subscribers via email	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Survey <input type="radio"/> Analytical tool <input type="radio"/> Vendor <input type="radio"/> Social media platform <input type="radio"/> Direct count (e.g., number of emails) <input type="radio"/> Other: <u>Please specify...</u>	<input type="checkbox"/> Clicks: _____ <input type="checkbox"/> Shares: _____ <input type="checkbox"/> Engagement score (%): _____

1.9 Other Results (optional)

Evaluation Indicator Measured

Short Term (ST)	Medium Term (MT)	Long Term (LT)	Population (R)
<input type="checkbox"/> ST1: Healthy Eating	<input type="checkbox"/> MT1: Healthy Eating	<input type="checkbox"/> LT1: Healthy Eating	<input type="checkbox"/> R1: Overall Diet Quality
<input type="checkbox"/> ST2: Food Resource Management	<input type="checkbox"/> MT2: Food Resource Management	<input type="checkbox"/> LT2: Food Resource Management	<input type="checkbox"/> R2: Fruits and Vegetables
<input type="checkbox"/> ST3: Physical Activity and Reduced Sedentary Behavior	<input type="checkbox"/> MT3: Physical Activity and Reduced Sedentary Behavior	<input type="checkbox"/> LT3: Physical Activity and Reduced Sedentary Behavior	<input type="checkbox"/> R3: Whole Grains
<input type="checkbox"/> ST4: Food Safety	<input type="checkbox"/> MT4: Food Safety	<input type="checkbox"/> LT4: Food Safety	<input type="checkbox"/> R4: Dairy
<input type="checkbox"/> ST5: Need and Readiness	<input type="checkbox"/> MT5: Nutrition Supports	<input type="checkbox"/> LT5: Nutrition Supports Implementation	<input type="checkbox"/> R5: Beverages
<input type="checkbox"/> ST6: Champions	<input type="checkbox"/> MT6: Physical Activity and Reduced Sedentary Behavior Supports	<input type="checkbox"/> LT6: Physical Activity Supports Implementation	<input type="checkbox"/> R6: Food Security
<input type="checkbox"/> ST7: Organizational Partnerships	<input type="checkbox"/> MT7: Government Policies	<input type="checkbox"/> LT7: Program Recognition	<input type="checkbox"/> R7: Physical Activity and Reduced Sedentary Behavior
<input type="checkbox"/> ST8: Multi-Sector Partnerships and Planning	<input type="checkbox"/> MT8: Agriculture	<input type="checkbox"/> LT8: Media Coverage	<input type="checkbox"/> R8: Breastfeeding
	<input type="checkbox"/> MT9: Education Policies	<input type="checkbox"/> LT9: Leveraged Resources	<input type="checkbox"/> R9: Healthy Weight
	<input type="checkbox"/> MT10: Community Design and Safety	<input type="checkbox"/> LT10: Planned Sustainability	<input type="checkbox"/> R10: Family Meals
	<input type="checkbox"/> MT11: Health Care Clinical-Linkages	<input type="checkbox"/> LT11: Unexpected Benefits	<input type="checkbox"/> R11: Quality of Life
	<input type="checkbox"/> MT12: Social Marketing	<input type="checkbox"/> LT12: Food Systems	
	<input type="checkbox"/> MT13: Media Practices	<input type="checkbox"/> LT13: Government Investments	
		<input type="checkbox"/> LT14: Agriculture Sales and Incentives	
		<input type="checkbox"/> LT15: Education Attainment	
		<input type="checkbox"/> LT16: Shared Use Streets and Crime Reduction	
		<input type="checkbox"/> LT17: Health Care Cost Savings	
		<input type="checkbox"/> LT18: Commercial Marketing of Healthy Foods and Beverages	
		<input type="checkbox"/> LT19: Community-Wide Recognition	

Other Performance Indicators

Enter indicators not in the SNAP-Ed Evaluation

Framework that were used to measure performance on SMART objectives.	
Summarize key project findings for this indicator in the space below or use the upload link below to share a document. Limit your answer to 250 words.	

Other Attachments (optional)

1.10 Link Project to SMART Objectives

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 role for each goal/objective.</i>	

Module 2. Evaluation Reports

Directions: State agencies, if applicable, and implementing agencies complete the fields below for each formal evaluation conducted.

2.1 Evaluation Basic Information

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.

Evaluation Name Provide a short descriptive title for this evaluation.	Project(s) Evaluated	Intervention(s) Evaluated	Activities Evaluated	Was this evaluation completed this year?	<i>If evaluation was not completed this year, provide an explanation of why this evaluation was not implemented.</i>	Evaluation Type Select all that apply.
<i>Add a new row for each evaluation.</i>				<input type="radio"/> Completed <input type="radio"/> Not Completed		<input type="checkbox"/> Formative, if checked complete section 2.2 <input type="checkbox"/> Process, if checked complete section 2.3 <input type="checkbox"/> Outcome, if checked complete section 2.4 <input type="checkbox"/> Impact, if checked complete section 2.5

2.2 Formative Evaluations

Directions: Complete the form below to describe the formative evaluation. Evaluation dates may span multiple years (i.e., do not need to be contained within the reporting year). For unplanned evaluations, indicate the evaluations that were completed this fiscal year. For planned evaluations, update the information from the plan about these evaluations as needed. In the following sections, include design and summary information for each type of evaluation. Include conference submissions and papers yet to be developed for use of results.

Evaluation Name Provide a short descriptive title for this evaluation.	Project Components Evaluated	Evaluation Start Date	Evaluation 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		

Evaluation Name Provide a short descriptive title for this evaluation.	Data Collection Methods Select all that apply.	Data Collection Tools Provide the names of the data collection tools used or adapted. When possible, include a citation or link. Limit your answer to 100 words.
<i>Add a new row for each evaluation.</i>	<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: _____	

Evaluation Name Provide a short descriptive title for this evaluation.	Results and Conclusions Describe the results and conclusions. Limit your answer to 250 words	Use of Results Select all that apply
<p><i>Add a new row for each evaluation.</i></p>		<input type="checkbox"/> Intervention design <input type="checkbox"/> Intervention adaptation or improvement <input type="checkbox"/> Community-wide dissemination <input type="checkbox"/> Partner dissemination <input type="checkbox"/> Dissemination to policy makers <input type="checkbox"/> Conference presentations: Name and date of conference(s): <u>Conference name/date</u> <input type="checkbox"/> Peer-reviewed paper:: <u>Citation or link to paper</u> <input type="checkbox"/> Paper is in progress. <input type="checkbox"/> Other report or paper:: <u>Citation or link to paper</u> <input type="checkbox"/> Paper is in progress. <input type="checkbox"/> Other: <u>Please specify</u> <u><i>If "Peer-reviewed" paper or "Other report or paper" is selected, user will be prompted to upload paper as an attachment..</i></u>

2.3 Process Evaluations

Directions: Complete the form below to describe the process 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 Evaluated	Evaluation Start Date	Evaluation 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		

Evaluation Name Provide a short descriptive title for this evaluation.	Data Collection Methods Select all that apply.	Data Collection Tools Provide the names data collection tools used or adapted. When possible, include a citation or link. Limit your answer to 100 words.
<i>Add a new row for each evaluation.</i>	<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: _____	

Evaluation Name Provide a short descriptive title for this evaluation.	Results and Conclusions Describe the results and conclusions. Limit your answer to 250 words	Use of Results Select all that apply
		<input type="checkbox"/> Intervention design

Intervention design

Other Attachments (optional)

2.4 Outcome Evaluations

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

2.4.a. Outcome Evaluation Design

Evaluation Name Provide a short descriptive title for this evaluation.	Project Components Evaluated	Evaluation Start Date	Evaluation 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		

Evaluation Name Provide a short descriptive title for this evaluation.	Outcomes Evaluated	Corresponding SNAP-Ed Evaluation Framework indicator(s). Select all that apply.
<i>Add a new row for each evaluation.</i>		

Evaluation Name Provide a short descriptive title for this evaluation.	Data Collection Methods Select all that apply.	Data Collection Tools Provide the names data collection tools used or adapted. When possible, include a citation or link. Limit your answer to 100 words.
<i>Add a new row for each evaluation.</i>	<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)	

Evaluation Name Provide a short descriptive title for this evaluation.	Data Collection Methods Select all that apply.	Data Collection Tools Provide the names data collection tools used or adapted. When possible, include a citation or link. Limit your answer to 100 words.
	<input type="checkbox"/> Focus group <input type="checkbox"/> Other: _____	

2.4.b Outcome Evaluation Objectives & Analysis

Evaluation Name	Describe the objective(s) and analytic methods used to accomplish each. Limit your answer to 250 words.	Was a control or comparison group used for this outcome evaluation?	If a control or comparison group was used for this outcome evaluation, how many people were in the control or comparison group?	How many people were in the intervention group?
<i>Add a new row for each evaluation.</i>		<input type="radio"/> Yes <input type="radio"/> No		

Evaluation Name	If a control or comparison group was used for this outcome evaluation, how many people in the control or comparison group completed the pretest assessment?	How many people in the intervention group completed the pretest assessment?	The pretest sample was a:	If a control or comparison group was used for this outcome evaluation, how many people in the control or comparison group completed the posttest assessment?	How many people in the intervention group completed the posttest assessment?	The posttest sample was a:
<i>Add a new row for each evaluation.</i>			<input type="radio"/> Random sample			<input type="radio"/> Random sample

Evaluation Name	If a control or comparison group was used for this outcome evaluation, how many people in the control or comparison group completed the pretest assessment?	How many people in the intervention group completed the pretest assessment?	The pretest sample was a:	If a control or comparison group was used for this outcome evaluation, how many people in the control or comparison group completed the posttest assessment?	How many people in the intervention group completed the posttest assessment?	The posttest sample was a:
			<input type="radio"/> Convenience sample <input type="radio"/> Purposive sample <input type="radio"/> Census of project participants			<input type="radio"/> Convenience sample <input type="radio"/> Purposive sample <input type="radio"/> Census of project participants

Additional Data Collection

If data was collected at times other than a single pretest and posttest, describe the timing and sample. Limit your answer to 100 words.

2.4.c Outcome Evaluation Results, Conclusions, and Dissemination Plan

<p>Evaluation Name Provide a short descriptive title for this evaluation.</p>	<p>Results and Conclusions Describe the results and conclusions. Limit your answer to 500 words</p>	<p>Use of Results Select all that apply</p>
<p><i>Add a new row for each evaluation.</i></p>		<p> <input type="checkbox"/> Intervention design <input type="checkbox"/> Intervention adaptation or improvement <input type="checkbox"/> Community-wide dissemination <input type="checkbox"/> Partner dissemination <input type="checkbox"/> Dissemination to policy makers <input type="checkbox"/> Conference presentations: Name and date of conference(s): <u>Conference name/date</u> <input type="checkbox"/> Peer-reviewed paper:: <u>Citation or link to paper</u> <input type="checkbox"/> Paper is in progress. <input type="checkbox"/> Other report or paper:: <u>Citation or link to paper</u> <input type="checkbox"/> Paper is in progress. <input type="checkbox"/> Other: <u>Please specify</u> <i>If "Peer-reviewed" paper or "Other report or paper" is selected, user will be prompted to upload paper as an attachment..</i> </p>

Other Attachments (optional)

2.5 Impact Evaluations

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

2.5.a. Impact Evaluation Design

Evaluation Name Provide a short descriptive title for this evaluation.	Project Components Evaluated	Evaluation Start Date	Evaluation 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		

Evaluation Name	Outcomes Evaluated	Corresponding SNAP-Ed Evaluation Framework indicator(s)
<i>Add a new row for each evaluation.</i>		

Evaluation Name	Data Collection Methods Select all that apply.	Data Collection Tools Provide the names data collection tools used or adapted. When possible, include a citation or link. Limit your answer to 100 words.
<i>Add a new row for each evaluation.</i>	<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)	

Evaluation Name	Data Collection Methods Select all that apply.	Data Collection Tools Provide the names data collection tools used or adapted. When possible, include a citation or link. Limit your answer to 100 words.
	<input type="checkbox"/> Focus group <input type="checkbox"/> Other: _____	

2.5.b Impact Evaluation Objectives & Analysis

Evaluation Name	Evaluation Design	If the evaluation design is a randomized controlled trial what is the unit of randomization ?	Provide information about the data collected and data analysis. Describe the objective(s) and analytic methods used to accomplish each. Limit your answer to 250 words.	How many people were in the control or comparison group?	How many people were in the intervention group?
<i>Add a new row for each evaluation.</i>	<input type="radio"/> Randomized controlled trial <input type="radio"/> Not randomized, with comparison group <input type="radio"/> No comparison group	<input type="radio"/> Individual <input type="radio"/> Other: <u>Please specify...</u>			

Evaluation Name Provide a short descriptive title for this evaluation.	How many people in the control or comparison group completed the pretest assessment?	How many people in the intervention group completed the pretest assessment?	The pretest sample was a:	How many people in the control or comparison group completed the posttest assessment?	How many people in the intervention group completed the posttest assessment?	The posttest sample was a:
<i>Add a new row for each evaluation.</i>			<input type="radio"/> Random sample <input type="radio"/> Convenience sample <input type="radio"/> Purposive sample			<input type="radio"/> Random sample <input type="radio"/> Convenience sample <input type="radio"/> Purposive sample

Evaluation Name Provide a short descriptive title for this evaluation.	How many people in the control or comparison group completed the pretest assessment?	How many people in the intervention group completed the pretest assessment?	The pretest sample was a:	How many people in the control or comparison group completed the posttest assessment?	How many people in the intervention group completed the posttest assessment?	The posttest sample was a:
			<input type="radio"/> Census of project participants			<input type="radio"/> Census of project participants

Additional Data Collection If data was collected at times other than a single pretest and posttest, describe the timing and sample. Limit your answer to 100 words.

2.5.c. Impact Evaluation Results, Conclusions, and Dissemination Plan

Evaluation Name Provide a short descriptive title for this evaluation.	Results and Conclusions Describe the results and conclusions. Limit your answer to 500 words	Use of Results Select all that apply
<i>Add a new row for each evaluation.</i>		<input type="checkbox"/> Intervention design <input type="checkbox"/> Intervention adaptation or improvement <input type="checkbox"/> Community-wide dissemination <input type="checkbox"/> Partner dissemination <input type="checkbox"/> Dissemination to policy makers <input type="checkbox"/> Conference presentations: Name and date of conference(s): <u>Conference name/date</u> <input type="checkbox"/> Peer-reviewed paper: <u>Citation or link to paper</u> <input type="checkbox"/> Paper is in progress. <input type="checkbox"/> Other report or paper: <u>Citation or link to paper</u> <input type="checkbox"/> Paper is in progress. <input type="checkbox"/> Other: <u>Please specify</u> <i>If "Peer-reviewed" paper or "Other report or paper" is selected, user will be prompted to upload paper as an attachment..</i>

Other Attachments (optional)

Module 3. Success Stories

Directions: State agencies and implementing agencies will complete the fields in this section for each success story. FNS strongly encourages each agency to submit at least two success stories. For tips on writing success stories, see [SNAP-Ed Success Stories: Essential Tips for Writing your Story](#).

3.1 Basic Information

Story Title	
Report Projects	
Report Activities	
Enter the location name The location name can be a region, county, Tribal jurisdiction, or neighborhood.	
Types of partners* involved *Partner details are reported as Active Partners in the Project Results and Activities module and throughout the Coordination and Collaboration module. Select all that apply.	<input type="checkbox"/> Other USDA program(s) <input type="checkbox"/> Non-USDA Federal program(s) <input type="checkbox"/> State organization(s) <input type="checkbox"/> Community-based program(s) working with the SNAP-Ed target audience <input type="checkbox"/> Multisector partnership or coalition <input type="checkbox"/> Minority-serving institution <input type="checkbox"/> Indian Tribal Organization <input type="checkbox"/> Not applicable

3.2 Sites and Indicators

Project Sites	
Other Sites (optional) Enter the name of any site or organization not listed above. Required if the 'Site(s) or Organization(s)' field is left blank.	
Related Framework Indicators Please select indicators from the SNAP-Ed Evaluation Framework that are related to the success story.	

3.3 Story Narrative

Background Describe the project or nonproject activity, including the setting, target audience, curricula or methods used, and key partners involved. Limit your answer to 250 words.	
Story Narrative Describe the impact of this activity on the participants. Provide specific details and observations. Conclude with a synthesis of the information provided and clarify what readers should take away from this success story. Limit your answer to 250 words.	
Favorite quotes Include anonymous quotes or testimonials from participants or staff that exemplify the impact of the activity on individuals and/or the community.. Do not include names or other identifiable information.	

Other Attachments (optional)

Module 4. Challenges and Modifications

4. Challenge and Modifications

Directions: State agencies and implementing agencies will complete this section to any major challenges in implementing planned project and nonproject activities during the reporting year.

<p>Describe any major challenges in implementing planned project and nonproject activities during the reporting year. To the extent possible, consider how the challenges limited progress toward the State's SNAP-Ed goals. Limit your answer to 250 words.</p>	
<p>Did your agency experience implementation challenges on any of the following issues? Select all that apply.</p>	<p><input type="checkbox"/> Staff recruitment and retention <input type="checkbox"/> Community Engagement <input type="checkbox"/> Resource limitation <input type="checkbox"/> Geographic <input type="checkbox"/> Sustainability</p>
<p>Describe how project and nonproject activities were or will be modified to address these challenges. Limit your answer to 250 words.</p>	
<p>In the future, what solutions can help prevent or overcome these challenges? Limit your answer to 250 words.</p>	

Module 5. Coordination and Collaboration

5.1 Federal Nutrition, Obesity Prevention, and Health Programs

Directions: Complete the table as needed to reflect the significant coordination and collaboration with other Federal nutrition education, obesity prevention, and health programs done this fiscal year. To be considered significant, there should have been 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. Retain all written agreements outlining roles and responsibilities of entities involved.

Food and Nutrition Service, USDA

Program	Purpose of Collaboration
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 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

	<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 <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: _____

National Institute of Food and Agriculture, USDA

Program	Purpose of Collaboration
Expanded Food and Nutrition Education Program (EFNEP)	<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: _____
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: _____

Centers for Disease Control and Prevention, HHS

Program	Purpose of Collaboration
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: _____

Administration for Community Living, HHS

Program	Purpose of Collaboration
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: _____

Other

Program	Purpose of Collaboration
_____	<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: _____
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5.2 Multisector Partnerships/Coalitions (ST8)

Directions: Please complete the table as applicable to reflect the multisector partnerships realized this fiscal year, including any changes in the sectors represented and organizations involved. Briefly describe key activities conducted with each partnership/coalition during the fiscal year.

Multisector partnerships can be at the national, multi-State, State/territorial, local, and/or Tribal level(s) 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). For more information, see [ST8 in the SNAP-Ed Evaluation Framework](#).

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><i>Enter a new row for each partnership/coalition.</i></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

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

5.4 Tribes and Tribal Organizations

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

Tribe or Tribal Organization Name	Nature of Coordination and Collaboration Select all that apply.
<i>Enter a new row for each Tribe or Tribal Organization</i>	<input type="checkbox"/> Met with Tribal Organization for input on SNAP-Ed programming <input type="checkbox"/> Involved Tribal Organization in plan development <input type="checkbox"/> Involved Tribal Organization in SNAP-Ed activities <input type="checkbox"/> Funded Tribal Organization with SNAP-Ed funding (as an implementing or subcontracting agency): _____ <i>[enter amount of funding received]</i> <input type="checkbox"/> Other: <u>Please specify...</u>

5.5 Minority-Serving Institutions

Directions: This page displays the coordination and collaboration planned with minority-serving institutions (MSIs) as entered in the latest State SNAP-Ed plan. Please update the page as needed to reflect the coordination and collaboration realized this fiscal year with MSIs.

Minority-Serving Institution	MSI Type Select all that apply.	Nature of Coordination and Collaboration Select all that apply.	Describe Coordination and Collaboration between Agency and MSI 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"/> Met with MSI for input on SNAP-Ed programming <input type="checkbox"/> Involved MSI in plan development <input type="checkbox"/> Involved MSI in SNAP-Ed activities <input type="checkbox"/> Funded MSI with SNAP-Ed funding (as an implementing or subcontracting agency): _____ <i>[enter funding amount received]</i> <input type="checkbox"/> Other: <u>Please specify...</u>	

Module 6. SNAP-Ed Financial Reporting

Directions: State agencies and implementing agencies complete this module to report SNAP-Ed expenditures for the reporting year.

6.1 SNAP-Ed Expenditures

Directions: Directions: State agencies and implementing agencies complete the table below for the reporting year. The reporting year is the fiscal year associated with this annual report. State agencies should not report implementing agency expenditures, including contract invoices, in this section because implementing agencies will report their own expenditures.

Direct Cost Category	Expenditures
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	
Equipment and Other Capital Expenditures	
Total Expenditures	\$

6.2 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 Expenditures
<i>Enter more than one row if a different rate is applied to different cost categories.</i>		
Total		\$

6.4 Expenditures by Allocation Year

Directions: State agencies should enter the total expenditures in the reporting year that were carry-over funds from the previous Federal fiscal year. The reporting year is the fiscal year associated with the annual report. Carry-over funds from the previous fiscal years are funds allocated the year prior to the reporting year that are in their second and final year of the obligation period during the reporting year.

Allocation Year	Expenditures
Expenditures from Prior Year Allocation (Funds completing their second year)	
Expenditures from Report Year Allocation (Funds completing their first year)	
Total Expenditures	\$

6.5 Total Agency Expenditures

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	
Equipment and Other Capital Expenditures	
Direct Costs	\$
Indirect Costs	\$
Total Costs	\$

6.6 Program Income

Although not common, some agencies generate program income. For example, some SNAP-Ed agencies generate income by developing nutrition education materials and selling them at cost to other agencies.

Did your agency generate income through SNAP-Ed programming during the fiscal year?	<input type="radio"/> Yes <input type="radio"/> No
<i>If agency generated income, enter the total amount of income generated (\$)</i>	\$
<i>If agency generated income, briefly describe how or why the income was generated and how the income was or will be used to support SNAP-Ed.</i> Limit your answer to 250 words.	

Module 7. Executive Summary

7.1 Key Successes

This section lists all projects and nonproject activities planned to accomplish specific, measurable, achievable, relevant, and time-bound (SMART) objectives. Briefly describe key successes achieved through projects and nonproject activities toward the corresponding SMART objective(s) in the reporting year.

If two or more projects were aligned to a single objective, describe the contributions of all relevant projects to the key successes. State agencies should describe key successes from the projects and nonproject activities they implemented, not those carried out by implementing agencies. All agencies should include key successes from work done by subcontractors. Agencies are encouraged to complete the Executive Summary after completing all other sections in the annual report.

Goal	Objective	Describe key successes achieved by the projects and nonproject activities.
<i>Add a new role for each Statewide goal/objective.</i>		

Other Achievements

Describe any other important achievements for this fiscal year.
Limit your answer to 100 words.

7.2 SNAP-Ed Projects and Activities (State Agencies only)

Concisely describe the range of programming and approaches implemented.
Limit your answer to 750 words.

--

7.3 Reaching the Target Audience SNAP-Ed Projects and Activities (State Agencies only)

Directions: The system will generate summary maps and results tables from all agency reports in the State. Use the summary data to answer the following questions.

Provide a brief narrative to describe the program’s geographic breadth and demographic reach statewide across all implementing agencies and all approaches (direct education; policy, systems, and environmental change initiatives (PSE); and social marketing).

Describe how the program has addressed identified gaps in program reach, program access, and appropriateness. Review the gaps identified in the SNAP-Ed plan. In N-PEARS, selecting the “Review the gaps identified in the SNAP-Ed Plan” hyperlink will show a pre-populated list of gaps identified in the SNAP-Ed Plan for your agency.