**Form E, Project Work Plan**

**Legal Business Name of Applicant:**

Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
 **Project Work Plan Instructions**

This **Form E, Project Work Plan,** must be submitted as an attachment to the Applicant’s **Form D, Narrative Proposal,** at the time of Application. The proposed Project Work Plan must align with the grant funding period(s).

The Applicant’s Project Work Plan must describe their service delivery plan to the eligible population as described in **Section II, Scope of Grant Project,** of this RFA; and provide the Project’s schedule to meet the requirements detailed in **Exhibit D, Required Services**, **Exhibit E, Deliverables**, and **Exhibit F, Key Performance Requirements**, for each Project.

Applicants must provide a detailed description of each proposed NIP Project and the identified goals and objectives; how the Incentives will be handled; and list the Retailers that will participate in the NIP Project on **Form E, Project Work Plan**. Applicants can include multiple projects on **Form E, Project Work Plan**, but all information must address **each** proposed NIP Project separately in **Form E, Project Work Plan**.

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 **Project Work Plan**

The following information must be completed for each proposed NIP Project. The Projects must be numbered to identify the number of Projects proposed by the Applicant. **If proposing more than one Project, copy the template below and complete the information for questions 1-20 for each Project.**

**Project 1 – Project Name:** Click here to enter text.

**1. State whether the proposed Project is a new NIP Project, or an enhancement, expansion, or modification of an existing Nutrition Incentive Program Project.**

New Nutrition Incentive Program Project

Enhancement of an existing Nutrition Incentive Program Project

Expansion of an existing Nutrition Incentive Program Project

Modification of an existing Nutrition Incentive Program Project

**2. Provide a description of the Applicant’s proposed methodologies to ensure the awarded Project(s) will be implemented, and funds expended by the end of State Fiscal Year 2027 (August 31, 2027).**

**3.** **Provide a separate narrative description of the Applicant’s proposed processes and methodologies for implementing the proposed NIP Project and the identified goals and outcomes.**

Click here to enter text.

**4. List the type and number of all the SNAP authorized Retailers that will be involved in the NIP Project (e.g., small brick and mortar stores, Farmers’ Markets).**

Click here to enter text.

**5. Subrecipients/Subcontractors and Roles of Subrecipients/Subcontractors**

**a)** List all Subrecipients/Subcontractor(s) the Applicant plans to involve in the proposed Project and describe the nature of their involvement (e.g., advertising, consulting, development, evaluation, implementation, materials, planning, recruitment, staffing, technical services, or other support).

Click here to enter text.

**b)**  If Subrecipients/Subcontractors will be involved in the proposed NIP Project(s), describe each Subrecipient's/Subcontractor's role in the proposed Project and how each will assist the Applicant in achieving the Project's goals and objectives**.**

Click here to enter text.

**6. List all the location sites, addresses, and the associated county where the NIP Project(s) and sub-grantee Projects will operate.**

Click here to enter text.

**7. Provide the Retailer names, street addresses, and Food and Nutritional Services (“FNS”) numbers for all the identified SNAP authorized Retailers that will participate in the proposed NIP Project(s).**

Click here to enter text.

**8. Indicate whether any special SNAP waivers will be requested or required and what the FNS waivers will include.**

Click here to enter text.

**9. Indicate whether there are any identified Retailers that are not yet SNAP authorized, and for each such Retailer, provide the following:**

a) Each Retailers’ name and address;

b) Whether the Retailer is currently undergoing the SNAP authorization process through the SNAP Retailer Service Center; and

c) Each Retailer’s FNS numbers.

Click here to enter text.

**10. Provide the number of months and days the funded NIP Project will operate (e.g., a Project at a seasonal Farmers Market that will operate from June 15 through October 15).**

Click here to enter text.

**11. Provide an estimate of the Total Number of Individuals to be served by the proposed NIP Project.**

Click here to enter text.

**12. Specify how the Applicant will notify, to the maximum extent possible, SNAP Applicants and SNAP participants in local communities about the availability of the proposed NIP Project activities.**

Click here to enter text.

**13. Eligible items**

**a) List all the products eligible to be purchased to earn Incentives at the point of sale (e.g., all fruits and/or vegetables, only fresh and local fruits and/or vegetables).**

Click here to enter text.

**b**) **List all the products eligible to be purchased when an Incentive is redeemed (e.g., all fruits and/or vegetables, only fresh and local fruits and/or vegetables).**

Click here to enter text.

**14. Provide the Incentive levels and ratio of SNAP spent to Incentive earned, and maximum Incentive dollar amount that can be earned per day.**

Click here to enter text.

**15. Describe the financial instrument used for Incentive delivery (e.g., tokens, scrip, gift card, electronic).**

Click here to enter text.

1. **For NIP Projects using E-tokens as Incentives, provide a detailed description of the process, including the type of equipment needed by both vendors and Customers, refund processes specific to E-tokens, and information about the technology provider.**

Click here to enter text.

**16. Describe how refunds for SNAP benefits that are used to earn Incentives will be monitored so that SNAP Customers are not able to obtain a refund for the SNAP purchase to keep the Incentives earned from that purchase.**

**17. Describe the methods that will be used to track SNAP households’ grant Project participation (e.g., a store loyalty card issued to each participant).**

Click here to enter text.

**18. State whether nutrition education or other interventions will be combined with the NIP Project.**

Click here to enter text.

**19. Describe any technical enhancements to the Retailers, EBT, or other systems for any NIP Project that will include any technical enhancement.**

Click here to enter text.

**20. Tracking of Goals**

a) Describe how the Applicant will track their progress towards achieving the proposed NIP Project’s goals.

Click or tap here to enter text.

b) Describe the methods the Applicant will use to determine if the proposed NIP Project is meeting its goals or not.

Click or tap here to enter text.

c) Describe how the Applicant will reassess the proposed NIP Project’s monthly or quarterly goals.

Click here to enter text.

**21. Self-Evaluation and Reporting**

Self-Evaluation Plans are required to be completed for each proposed NIP Project and included in the monthly, quarterly, and annual performance reports. These evaluations should include information and supporting data to show the improvement and/or increase of the NIP Project throughout the Project Period.

1. Provide baseline data for the proposed NIP Project that will be used to measure progress over the Project Period (example – amount of Incentive offered before the Project, number of SNAP participants receiving Incentives, number of participating Retailers).

Click here to enter text.

1. Describe how the Applicant will complete data collection, data analysis, and monitoring of the Retailers to ensure compliance with contract requirements.

Click here to enter text.

**22. List the key Project milestones, or most important Project steps or activities, which are required to complete the NIP Project.**

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| --- | --- | --- |
| **Project Activity/Milestone** | **Target Start Date** | **Target Completion Date** |
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