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Supplemental Nutrition Assistance Program Education (SNAP-Ed) Education and Administrative Reporting System (EARS) Form

For additional resources and information on the Education and Administrative Reporting System Form, visit https://snaped.fns.usda.gov/national-snap-ed/education-and-administrative-reporting-system.

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0594. The time to complete this information collection is estimated to average 60 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Unless otherwise noted, the following applies to all items in this form:

1) **Population** refers to SNAP-Ed participants (individuals participating in or exposed to SNAP-Ed activities, which consist of direct education; social marketing; and policy, systems, and environmental change (PSE) interventions). Indirect education, which may be incorporated into the aforementioned interventions, will be captured as indirect intervention channels.
2) **Reach** is defined as the audience that experiences the intervention or encounters an improved environment on a regular (typical) basis and is assumed to be influenced by it.
3) **Actual counts** are counts that can be collected with a high degree of certainty. **Estimated counts** are only appropriate when enough information to provide actual counts is not available, as may be the case for statistics representing the reach of PSEs.
4) Fields providing totals for data will be automatically calculated.
5) Key points are noted throughout the form to assist with reporting.

ITEM 1 Data on SNAP-Ed

State: _____ **Federal Fiscal Year:** _____

An **Implementing Agency** is an organization that has a contract or formal agreement with the State Supplemental Nutrition Assistance Program (SNAP) to develop and deliver nutrition education and obesity prevention activities. If your State directly administers programs, then your State Agency must complete this form. Use one form per Implementing Agency.

Implementing Agency name: _____

ITEM 2 Direct education - information on participation by age and sex

Number of SNAP-Ed participants (unduplicated) by age group and sex:

Reporting an **unduplicated count** means providing the number of unique individuals per intervention, regardless of the number of direct education sessions.

A row 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	Female	Male	Actual Count	Estimated Count	Total
Less than 5 years					
5-17 years					
18-59 years					
60 years or older					
Total					

Explanation of estimation method(s) - 3,000 character limit

For any **estimated counts**, please describe the methods used to determine the number of participants.

ITEM 3 Direct education - information on participation by race and ethnicity

Number of unduplicated SNAP-Ed participants by race and ethnicity:

As in Item 2, a row may have both **actual counts** and **estimated counts**. **Actual counts** should be used whenever people self-identify.

Estimated counts are appropriate in certain cases, such as when individuals do not identify with a specific race and are assigned one or more than one for reporting purposes.

		Actual Count of SNAP-Ed Participants	Estimated Count of SNAP-Ed Participants
Ethnicity	**Hispanic/Latino**		
	Non-Hispanic/Latino		
Race (select one or more)	**American Indian or Alaska Native**		
	Asian		
	Black or African American		
	Native Hawaiian or Other Pacific Islander		
	White		
	Total		

ITEM 4 Direct education - characterizing education session format, delivery, time, and use of interactive media

Programming details:

Interactive multimedia integrates text, audio, graphics, still images, and moving pictures into one computer-controlled, multimedia product that provides an individualized educational experience based on a participant's input**.**

Format	A. Number of Series Delivered	B. Time Range		C. Number of Sessions Delivered Using Interactive Multimedia
		Session (in minutes)	Number of Sessions	
1. Single Session		☐ 0-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ Over 120	_____ _____ _____ _____ _____	
2. Series of 2 to 4 Sessions		☐ 0-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ Over 120	_____ _____ _____ _____ _____	
3. Series of 5 to 9 Sessions		☐ 0-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ Over 120	_____ _____ _____ _____ _____	
4. Series of 10 or More Sessions		☐ 0-30 ☐ 31-60 ☐ 61-90 ☐ 91-120 ☐ Over 120	_____ _____ _____ _____ _____	

Note: The remaining items in this form collect data on all three types of interventions, specifically direct education (denoted by DE), social marketing (denoted by SM), and policy, systems, and environmental changes (denoted by PSE).

ITEM 5 Interventions - characterizing implementation

Codes for this item are provided on the next three pages. For **Column A**, refer to your State Plan and list all interventions. For **Column F**, provide the **total** estimated reach. Indirect education is captured in **Column I,** and you can leave the column blank (have no codes for it) if indirect education is not used.

A. Name or Descriptive Title for the Intervention	B. Intervention Types(s) (DE, SM and/or PSE) *(Select All That Apply)*	C. Year	D. Implementation Stage *(Use Codes)*	E. Priority Population(s) *(Use Codes)*	F. Estimated Number of SNAP-Ed Participants Reached	G. Data Sources *(Select All That Apply)*	H. Intervention Settings *(Use Codes)* and Number of Sites Per Setting	I. Indirect Intervention Channels *(Use Codes)*	J. Intervention Topic(s) *(Use Codes)*
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			
	☐ DE ☐ SM ☐ PSE	___ of ___				☐ C ☐ V ☐ S ☐ O			

Explanation of reach calculations and any assumptions made - 5,000 character limit

Please provide a brief description of the estimated reach for each intervention, including methods used and any assumptions made.

Codes for Item 5

For **Column C**, enter the year of the intervention (for the year on which you are reporting) out of the projected lifespan, while including planning and development phases. If an intervention, such as a PSE, will be an ongoing program, do not include an end year.

Example: If you are reporting on the first year of a three-year social marketing campaign, record "1 out of 3."

For **Column D,** use the following codes (select all that apply):

P = Planning (for social marketing, this includes market and formative research)
D = Developing (for social marketing, this includes campaign/materials design and consumer testing)
I = Implementing
T & E = Tracking and evaluation

For **Column E,** enter **all** of the appropriate codes describing the priority population (target audience) for the intervention.

Ethnicity:
H/L = Hispanic/Latino
N = Non-Hispanic/Latino

Sex:
F = Female
M = Male

Race:
AI/AN = American Indian or Alaska Native
A = Asian
B = Black or African American
NH/PI = Native Hawaiian or Other Pacific Islander
W = White

Age:
AA = All ages
<5 = Less than 5 years
5-17 = 5 to17 years
18-59 = 18 to 59 years
>60 = 60 years or older

For **Column G,** for each type of communication channel and event, enter **all** of the applicable codes for the source(s) of the data used to tabulate the estimate.

C = Commercial market data on audience size
S = Survey of target audience
V = Visual estimate
O = Other

For **Column H,** use the intervention setting codes on the next page and follow it with the number of sites per setting.
Example: If an intervention was carried out in 2 congregate meal sites, you would report "A, 2."

For **Column I,** use **all of the codes** corresponding to the indirect intervention channels used in each campaign.

A = Articles
B = Billboards, bus/van wraps, or other signage
C = Calendars
E = Electronic materials (e.g. email and electronic newsletters or mailings/text messaging)
H = Hard copy materials (e.g. fact sheets, flyers, pamphlets, activity books, posters, banners, postcards, recipe cards, or newsletters for mailings)
N = Nutrition education reinforcement items (e.g., pens, pencils, wallet reference cards, magnets, door hangers, and cups with nutrition messages)
P = Point-of-sale or distribution signage (e.g., displays or window clings in retail stores)
R = Radio
S = Social media (e.g., Facebook, Twitter, Pinterest, and blogs)
T = TV
V = Videos (includes CD, DVD, and online video sites like YouTube)
W = Websites
O7 = Other – please specify: _____

For **Column J**, use the intervention topic codes and select **all** that apply.

Setting Codes for Item 5

Type of Setting by Domain	
Eat	
A.	Congregate meal sites/senior nutrition centers
B.	Fast food chains
C.	Mobile vending/food trucks
D.	Restaurants
E.	Soup kitchens
F.	USDA Summer Meals sites[1]
O1.	Other places people go to eat:
Learn	
G.	Before- and after-school programs
H.	Early care and education facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)
I.	Extension offices
J.	Family resource centers
K.	Libraries
L.	Mobile education sites
M.	Schools (K-12, elementary, middle, and high)
N.	Schools (colleges and universities)
O.	WIC clinics[2]
O2.	Other places people go to learn:
Live	
P.	Emergency shelters and temporary housing sites
Q.	Faith-based centers/places of worship
R.	Health care clinics and hospitals
S.	Indian reservations
T.	Individual homes or public housing sites
U.	Group living arrangements/residential treatment centers
O3.	Other settings where people live or live nearby:
Play	
V.	Bicycle and walking paths
W.	Community and recreation centers
X.	State/county fairgrounds
Y.	Gardens (community/school)
Z.	Parks and open spaces
O4.	Other places people go to play:
Shop	
AA.	Farmers markets
BB.	Food assistance sites, food banks, and food pantries
CC.	FDPIR distribution sites[3]
DD.	Small food stores (≤3 registers)
EE.	Large food stores and retailers (4+registers)
O5.	Other places people go to shop for or access food:
Work	
FF.	Adult education, job training, TANF,[4] and veteran services sites
GG.	Military bases
HH.	SNAP offices
II.	Worksites with low-wage workers
O6.	Other places people go to work:

[1]Sites that administer the Summer Food Service Program

[2]Sites that offer activities as part of the Special Supplemental Nutrition Program for Women, Infants, and Children

[3]Sites where food for the Food Distribution Program on Indian Reservations is distributed

[4]Sites that administer the Temporary Assistance for Needy Families program

Intervention Topic Codes for Item 5

Individual knowledge and skills

A. MyPlate food groups and portions for a healthy eating pattern

B. Food shopping and resource management

C. Food preparation/cooking and food safety

D. Promoting and maintaining a healthy weight

E. Prevention of obesity, diabetes, and other chronic diseases

O8. Other – please specify: _____

Individual behaviors

Food and beverage consumption:

F. Fruits and vegetables

G. Whole grains

H. Dairy (including low-fat/fat-free milk and/or fortified soy beverages)

I. Protein foods (including seafood; lean meats and poultry; eggs; nuts; seeds; and soy products)

J. Healthy fats and oils

K. Fiber-rich foods

L. Water

M. Limiting added sugars

N. Limiting saturated fats

O. Limiting sodium

Engagement in physical activity

P. Active commuting (e.g., walking and bicycling)

Q. Participation in sports and recreational activities (e.g., tennis and swimming)

R. Reducing sedentary activities and screen time (e.g., decreasing the playing of computer games and TV viewing)

O9. Other – please specify: _____

ITEM 6 Partnerships - entities that receive no direct SNAP-Ed funding but are involved in SNAP-Ed programs

Partner Title	A. Number of Partners You Work With This Reporting Year	B. Assistance Received If Applicable *(Use Codes)*	C. Assistance Provided If Applicable *(Use Codes)*	D. Intervention Type(s) With Partner's Involvement (DE, SM, and/or PSE) (Select All That Apply)
Agricultural organizations (includes farmers markets)				☐ DE ☐ SM ☐ PSE
Chefs/culinary institutes				☐ DE ☐ SM ☐ PSE
City and regional planning groups				☐ DE ☐ SM ☐ PSE
Early care and education facilities (includes child care centers and day care homes as well as Head Start, preschool, and pre-kindergarten programs)				☐ DE ☐ SM ☐ PSE
Faith-based groups				☐ DE ☐ SM ☐ PSE
Food banks/food pantries				☐ DE ☐ SM ☐ PSE
Food stores (convenience stores, grocery stores, supermarkets, etc.)				☐ DE ☐ SM ☐ PSE
Foundations/philanthropy organizations/nonprofits				☐ DE ☐ SM ☐ PSE
Government program/agency (Federal, State, local, etc.)				☐ DE ☐ SM ☐ PSE
Hospitals/healthcare organizations (includes health insurance companies)				☐ DE ☐ SM ☐ PSE
Human services organizations				☐ DE ☐ SM ☐ PSE
Indian Tribal Organizations				☐ DE ☐ SM ☐ PSE
Labor/workforce development groups				☐ DE ☐ SM ☐ PSE
Media/advertising groups				☐ DE ☐ SM ☐ PSE
Parks and recreation centers				☐ DE ☐ SM ☐ PSE
Public health organizations				☐ DE ☐ SM ☐ PSE
Restaurants				☐ DE ☐ SM ☐ PSE
Schools (preschools, K-12, elementary, middle, and high)				☐ DE ☐ SM ☐ PSE
Schools (colleges and universities)				☐ DE ☐ SM ☐ PSE
Transportation groups				☐ DE ☐ SM ☐ PSE
Worksites				☐ DE ☐ SM ☐ PSE
Other (please specify):				☐ DE ☐ SM ☐ PSE
Total		**N/A**	**N/A**	**N/A**

Codes for Item 6

For **Column B,** enter one or more of the following codes that describe the type of assistance **received from** partner entities.
For **Column C**, enter one or more of the following codes that describe the type of assistance **provided to** partner entities.

Note that there is a category for “Other” types of support not covered.

A = Advertising (includes marketing)
C = Consulting
D = Development
E = Evaluation and tracking
F = Funding
H = Human resources (*staff or staff time)
I = Program implementation (e.g. food and beverage standards)
M = Materials (publications, supplies, etc.)
P = Planning
R = Recruitment (includes program outreach)
S = Space (e.g., facility or room where programs take place)
T = Technical services (e.g. a videographer producing videos for local SNAP offices)
O10 = Other - please specify: _____

*Staff members include professionals, paraprofessionals, and volunteers when applicable.