**SNAP Community Partner  
Agency Description & Scope of Work: FFY2018**

1. **Agency Description***Please provide a few brief sentences about your organization, including your organization’s mission, brief history, any relevant experience or programs, and the funding sources for its SNAP outreach activities. This information will be provided to DES and USDA and may also be published on the ACAA and DES websites.*

**Mission:**

Click here to enter text.

**History:**

Click here to enter text.

**Relevant experience/programs:**

Click here to enter text.

**Funding:** *Describe briefly how your organization will fund SNAP allowable activities.*

Click here to enter text.

1. **Agency Scope of Work**

*The goal of the SNAP Partnership is to educate, inform, and assist low-income and likely eligible community members in accessing SNAP benefits to help alleviate hunger and food insecurity in Arizona.  
  
Fill out the form below in concise and clear* sentences *to outline your agency’s goals and innovative outreach/education methods. Be sure to highlight and clearly explain what makes your program effective.*

**Program Design**

1. **What target populations (e.g. Hispanic, elderly, working poor, etc.) will your organization focus on? Which cities/towns? (*Word limit: 50*)**

Click here to enter text.

1. **Describe your organization’s outreach and education methodology. How does and how will SNAP activities fit into your organization’s current work? What processes will be put in place? (*Word limit: 200*)**

Click here to enter text.

1. **Highlight 5 key aspects of your organization’s planned outreach activities.  
   (*Word limit: 500 total, or 100 each*)**
   1. Click here to enter text.
   2. Click here to enter text.
   3. Click here to enter text.
   4. Click here to enter text.
   5. Click here to enter text.
2. **Fill in the “Goal (#)” column in the table below for your agency’s goals for FFY2018. Type N/A if not applicable.**

|  |  |
| --- | --- |
| ***Outreach Activity*** | **Goal (#)** |
| Distribute collateral materials to ## people | Click here to enter text. |
| Table at ## outreach events | Click here to enter text. |
| Educate ## community members at outreach events | Click here to enter text. |
| Network about SNAP services and referrals with ## non-SNAP partner agencies | Click here to enter text. |
|  | |
| ***Self-Service Activity (if services are available to clients, but organizations do not assist with filling out the application)*** | **Goal (#)** |
| Provide access to a computer to ## households | Click here to enter text. |
| Provide referrals to ## SNAP partner agencies | Click here to enter text. |
| Provide access to a telephone, scanner, and copier services to ## households | Click here to enter text. |
|  | |
| ***Full-Service Activity (where agencies work with clients to walk through all the steps of the application)*** | **Goal (#)** |
| Provide prescreening to ## households | Click here to enter text. |
| Provide application assistance to ## households | Click here to enter text. |
| Target ## new applications | Click here to enter text. |
| **Other activities:**  Click here to enter text. | Click here to enter text. |

1. **If your organization is applying as a recurring partner, part of your application evaluation will be based on your organization’s past performance. If your agency faced any extenuating circumstances that you believe hindered your past SNAP Partnership performance, please indicate why** **this occurred and what solutions you will implement for FFY18.** Examples of poor performance could include a lack of attendance on mandatory monthly calls, partnership trainings, or civil rights trainings; lack of completion of mandatory consumer surveys; untimely reporting; or, inability to spend down the budget. (*Word limit: 250*)

Click here to enter text.