Maryland State FSP Outreach Plan[1]
Sample Application Template for Community Partners

This is a sample application template for applying to be a Community Partner. For application guidance and specific questions, contact the Maryland Department of Human Resources: Stephanie Bartee, FSP Manager at (410) 767-8121 or stephanie.bartee@maryland.gov.

I.   Agency Information

Applicant/ Agency Name:
Address:
Telephone Number(s):
Contact Person:
E-Mail Address:
Federal Tax ID #:
Phone and Fax:
Total Amount Requested:

II.   Agency Background and Accomplishments

III.   Organization Structure and Staffing

IV.   Financial Responsibility and Stability

V.   References

VI.   Target Group

Who will your SNAP/FSP outreach efforts target and where? Nationally and in Maryland, certain populations are more likely to have challenges accessing SNAP/FSP. The United States Department of Agriculture Food and Nutrition Service (USDA FNS, the federal agency that oversees SNAP) identifies the following target populations for SNAP Outreach: general low-income population, working poor, elderly, and legal immigrants.

> For more information, see "Target Populations" on page 5 of the *Supplemental Nutrition Assistance Program (SNAP) Community Partner Outreach Toolkit*, U.S. Department of Agriculture Food and Nutrition Service, May 2011.
> www.fns.usda.gov/snap/outreach/pdfs/toolkit/2011/Community/toolkit_complete.pdf

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[1] Effective October 2008, the federal government changed the official name of the Food Stamp Program to the Supplemental Nutrition Assistance Program ("SNAP"). It is still common for the public and the media to use "food stamps" when referring to the program. At the state level, Maryland calls the program the Food Supplement Program ("FSP"). This document uses SNAP/FSP.

See also *SNAP/ Food Stamps Outreach and Access Toolkit*, from the Food Research and Action Center:
http://frac.org/snapfood-stamps-outreach-and-access-toolkit/

VII. Statement of Need

Provide a concise description of the need for the projects. Include data such as trends in food stamp participation, and the incidence of hunger and food insecurity. Include the source and date of the data. Additional data such as demand for emergency food providers, poverty rates, unemployment rates, or other similar information may also be provided to support the need. (Suggested length: Not more than 2 pages)

Data resources that may be helpful can be found on Maryland Hunger Solutions' website:
http://www.mdhungersolutions.org/facts_stats/index.shtml

VIII. Proposed Services

Executive Summary: Provide a brief overview of your outreach plan. Briefly describe your goals and expected results. Include the target audiences and the outreach strategies that will be implemented. Give a general description of your evaluation plan. (Suggested length: Not more than 1 page)

For information on outreach activities and costs eligible for federal reimbursement under the State Plan, see "Section B: Policy" in the *Supplemental Nutrition Assistance Program (SNAP) State Outreach Plan Guidance*, U.S. Department of Agriculture Food and Nutrition Service, May 2009
http://www.fns.usda.gov/snap/outreach/guidance/Outreach_Plan_Guidance.pdf

Summary Table for Proposed Projects: Complete the table to provide a summary of the   projects/initiatives you will implement. Give each project/initiative a number and a title. Refer to each project/initiative by number and title throughout the rest of your outreach plan. Add more lines as needed.

Project Number	Title	Geographic Area	Target Audience	Contracted (list contractor) or In-House?
1				
Insert more rows as needed				

Project Details Table(s): Complete this section for each project listed in the Summary Table above. (Suggested length: Not more than 2 pages for each project)

Project Number	*List the project number as noted in the table in Section 3.*
Goal	*List the goal of the project. The goal should be measurable (a numeric goal, if possible). Likely, the goal will focus on increasing food stamp participation. Indicate if the number*

	of people is contacts, applicants, approved applicants, etc.				
Timeline	**Start**	*Month and year, quarter, or annual/ongoing.*	**End**	*Month and year, quarter, or annual/ongoing.*	
Description of Activity	*Provide a description of the activity and how it will be implemented.*				
Contractor	*If a contractor will be hired, list the name of the contractor. If there is no contractor, indicate so.*				
Role of the Contractor	*Describe the role of the contractor. Add rows for additional contractors, if necessary.*				
Partner 1	*List the name of partner 1. Partners may be community or faith-based organizations, local food stamp offices, food banks or pantries, retailers, or other community organizations. Obtaining a letter of commitment from your partners is good project management. It is suggested that you obtain such a letter from each partner and maintain the letter in your files. Add rows for additional partners, if necessary.*				
Role of Partner 1	*Describe the role of partner 1. Add rows for additional partners, if necessary.*				
Evaluation	*Explain how the project will be evaluated. Include your data collection and analysis plan. Note if your evaluation will be able to assess how many people reached by the outreach activities were certified or denied for food stamp benefits.*				

IX.   Outcomes

X.   Budget

Staffing Table: Use this table as a worksheet to calculate the staffing cost for each project. Add more lines to the table as needed. The total in column f should be placed in the personnel line item (column f, row g) on your project budget detail table.

Staff Person Title	Name of Staff Person	(a) % FTE Outreach	(b) Salary	(c =aXb) Outreach Salary	(d) Benefits Rate	(e = cXd) Outreach Benefits	(f=c+e) Total
Insert more rows as needed							

Budget Detail Table: Complete the budget detail table for each project listed in the Summary Table in Section 3 above. The table rows and columns are labeled and include math formulas to help you calculate the budget. Enter the personnel costs from your staffing table in section 5 in column f, row g. If there are no contracts, leave row q blank.

BUDGET DETAIL						
	Non-Federal Funds					
Expenses	**(a) Public Cash**	**(b) Public In-kind**	**(c) Private Cash**	**(d=a+b+c) Total**	**(e) Federal Funds**	**(f=d+e) Total Funds**
(g) Personnel (Salary and Benefits)						
Other Direct Costs						
(h) Copying/Printing/Materials						
(i) Internet/Telephone						
(j) Equipment and Other Capital Expenditures						
(k) Supplies and Non Capital Expenditures						
(l) Building/Space						
(m) Other						
(n=h+i+j+k+l+m) Subtotal Other Direct Costs						
Travel						
(n) Long Distance						
(o) Local						
(p=n+o) Subtotal Travel						
(q) Contractual						
(r=g+n+p+q) Total Personnel, Direct Costs, Travel, and Contractual						
(s = indirect cost rate X r) Indirect Costs						
(t=r+s) TOTAL						

Budget Narrative/Justification: *Provide a budget narrative that explains and justifies each cost and clearly explains how the amount for each line was determined. Be sure to provide details for what is included in the line labeled "other" on the line item budget. (Suggested length: Not more than 2 pages each.)*

Personnel (line g) represents the total amount of staff time necessary to complete our SNAP/FSP outreach activities…

Copying/Printing/Materials (line h) includes…

Internet/Telephone (line i) includes…

Supplies (line k) include…

Building/space (line l) cost is calculated using the following formula:

Total square feet	
Total staff	
SNAP/FSP outreach staff	
SNAP/FSP outreach staff percentage (SNAP/FSP outreach staff/total staff)	
Square footage used by SNAP/FSP outreach staff	
Average % of time each SNAP staff member devotes to SNAP/FSP	
Chargeable SNAP square feet (average percent of time times square footage used by SNAP outreach staff)	
Percent of square feet chargeable to SNAP/FSP	
Total yearly rent	
SNAP/FSP occupancy (total rent times percent of square feet chargeable to SNAP/FSP)	

Contractual (line q) represents spending for contracted services and includes…

Local Travel (line o) includes…

Indirect costs (line s) covers… (*Be sure to attach back-up*)

(continued on the following page)

XI. Assurances

Though this is directed at the State Agency rather than community organizations, be sure to read and check the assurances.

Check to Indicate You Have Read and Understand the Assurance Statement	Assurance Statement
	The State food stamp agency is accountable for the content of the State outreach plan and will provide oversight of any sub-grantees.
	The State food stamp agency is fiscally responsible for outreach activities funded under the plan and is liable for repayment of unallowable costs.
	Outreach activities are targeted to those potentially eligible for benefits.
	Cash or in-kind donations from other non-Federal sources have not been claimed or used as a match or reimbursement under any other Federal program.
	If in-kind goods and services are part of the budget, only public in-kind services are included. No private in-kind goods or services are claimed.
	Documentation of State agency costs, payments, and donations for approved outreach activities are maintained by the State agency and available for USDA review and audit.
	Contracts are procured through competitive bid procedures governed by State procurement regulations.
	Program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.
	Program activities do not supplant existing outreach programs, and where operating in conjunction with existing programs, enhance and supplement them.
	Program activities are reasonable and necessary to accomplish outreach goals and objectives.

By signature on the cover page of this document, the State food stamp agency director (or Commissioner) and financial representative certify that the above assurances are met.

XII. Attachments
1. Indirect Cost Rate Agreement
2. Lobbying certificate