# Maryland State FSP Outreach Plan<sup>1</sup> 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. <u>Financial Responsibility and Stability</u>
- V. <u>References</u>

#### 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

<sup>&</sup>lt;sup>1</sup> 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: <a href="http://frac.org/snapfood-stamps-outreach-and-access-toolkit/">http://frac.org/snapfood-stamps-outreach-and-access-toolkit/</a>

### 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: <a href="http://www.mdhungersolutions.org/facts">http://www.mdhungersolutions.org/facts</a> stats/index.shtml

## VIII. <u>Proposed Services</u>

<u>Executive Summary:</u> 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 <a href="http://www.fns.usda.gov/snap/outreach/guidance/Outreach\_Plan\_Guidance.pdf">http://www.fns.usda.gov/snap/outreach/guidance/Outreach\_Plan\_Guidance.pdf</a>

<u>Summary Table for Proposed Projects:</u> 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				

<u>Project Details Table(s):</u> 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 peo	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	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	Describ	Describe the role of the contractor. Add rows for additional contractors, if necessary.						
Partner 1	local fo organi manag	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	Describ	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

<u>Staffing Table:</u> 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							

<u>Budget Detail Table:</u> 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						
(I) 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						

<u>Budget Narrative/Justification:</u> 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 I)** 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. <u>Assurances</u>

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

Check to Indicate You	Assurance Statement
Have Read and	
Understand the	
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. <u>Attachments</u>

- 1. Indirect Cost Rate Agreement
- 2. Lobbying certificate