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STAFFING

(Revised October 2008)

Policy

It remains the responsibility of each Contributing Partner participating in the Local Incentive Award Program to ensure staff are qualified and have retained all necessary documents.

To ensure nutrition education activities are of good quality and provide accurate, relevant information to the targeted audience it is essential to have the input of trained nutrition professionals when developing classes or materials, as well as planning other nutrition education materials.

Also, it is required that all staff working with juveniles or developmentally disabled adults obtain a Fingerprint Clearance Card.

Procedures

1. Each Contributing Partner must have access to at least one person qualified to be a “Nutrition Coordinator” as defined below. It is preferred that the Nutrition Coordinator be on staff to work with the project. In cases of budget restraints and/or lack of availability in the hiring pool, the program must use the services of a consultant Registered Dietitian and work closely with the Network’s Nutritionists. In addition, dependant on program size the LIA may also have Nutritionists and/or Community Nutrition Workers on staff. The following are definitions used by the Network pertaining to LIA staff:
 - a. **Nutrition Coordinator:** This person is responsible for developing and writing curriculum for nutrition education, administering initial training of curriculum (training the trainers), and writing nutrition articles. They must possess considerable knowledge of nutrition and food science. Qualifications: shall have a minimum of an undergraduate degree from an accredited institution* in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition, or nutrition science), or home economics or biochemistry with an emphasis in nutritional sciences and be certified by the Commission on Dietetic Registration as a Registered Dietitian (RD). Previous community health experience, and/or a master’s degree in a related subject are desirable.
 - b. **Nutritionist:** This person is responsible for coordinating nutrition education projects that administer basic nutrition messages (such as those marketed by the Network); may conduct classes, provide prevention counseling, write general nutrition articles and materials, do media appearances, and train Nutrition Educators. Qualifications: shall have a minimum of an undergraduate degree from an accredited institution* in nutrition (community nutrition, public health nutrition, nutrition education, human nutrition, or nutrition sciences) or a related field, such as home economics or biochemistry with an emphasis in nutrition science. Previous nutrition or health related job experience is desirable.
 - c. **Community Nutrition Worker:** This person is responsible for providing nutrition education messages, materials and pre-approved classes to the target population.

- Qualifications: shall have a minimum of a high school degree or equivalent. Previous nutrition or health related job experience is desirable.
2. Arizona Nutrition Network staff and LIA partners who provide direct services to juveniles or developmentally disabled adults are required to obtain a Fingerprint Clearance Card. It is also the responsibility of each Contributing Partner to ensure that all employees have a Fingerprint Clearance Card. Complete, up to date information on obtaining a Fingerprint Clearance Card can be found on the Arizona Department of Public Safety (DPS) website at <http://www.azdps.gov/reports/fingerprint/default.asp>.

***U.S. Recognized Accrediting Organizations** - Institutional and programmatic accrediting organizations that are or have been recognized by the Council for Higher Education Accreditation (CHEA) or the U.S. Department of Education (USDE) or both.

MESSAGE/MATERIAL DEVELOPMENT

(Revised October 2008)

Policy

All messages conveyed through the Arizona Nutrition Network, including messages conveyed by Local Incentive Award recipients, must be consistent with the *Dietary Guidelines for Americans* and *MyPyramid*. They must also be consistent with the goal and focus of SNAP-Ed, which is to improve the likelihood that persons eligible for the FSP will make healthy food choices within a limited budget and choose physically active lifestyles. Messages that are not consistent with the *Dietary Guidelines for Americans* and *MyPyramid* should not be used. For example, a lesson plan designed to promote a fad diet that is high in fat or excludes a food group such as milk would directly conflict with the Guidelines.

Procedures

1. Existing materials, especially FNS materials such as *MyPyramid*, *MyPyramid for Kids*, *Loving Your Family*, *Feeding their Future*, *Team Nutrition*, etc. must be used and/or adapted whenever possible rather than developing new materials. (See www.eatwellbewell.org for the most recent list of materials).
2. All print materials must give credit to SNAP as a funding source and contain a brief outreach message about the SNAP.
 - a. The following statements must be used when materials are developed or reprinted using SNAP funds:

“In accordance with Federal law and U.S. Department of Agriculture's policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TTY). USDA is an equal opportunity provider and employer.”

NOTE: There are no print size requirements if the statement above is used. If the material is too small to permit the full statement to be included, the material must, at a minimum, include the statement, in print size no smaller than the text, that “This institution is an equal opportunity provider and employer.”

- b. Credit must be provided to the SNAP as a funding source on newly developed and reprinted materials. The following statements are recommended:

English: “This material was funded by USDA’s Supplemental Nutrition Assistance Program.”

Spanish: “Este material se desarrolló con fondos proporcionados por el Programa de Cupones para Alimentos del Departamento de Agricultura de los EE.UU. (USDA para sus siglas en inglés).”

Note: USDA has not released the new Spanish translation with the new Supplemental Nutrition Assistance Program name. Use the above official translation until further notice.

- c. A brief outreach message about the Supplemental Nutrition Assistance Program must be provided on **all** developed or reprinted materials. The following statements are required:

English: “The Supplemental Nutrition Assistance Program provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, contact 1-800-352-8401.”

Spanish: “El Programa de Cupones para Alimentos ofrece asistencia relacionada a la nutrición para gente con bajos ingresos. Le puede ayudar a comprar comida nutritiva para una mejor dieta. Para obtener más información, comuníquese al 1-800-352-8401.”

Note: USDA has not released the new Spanish translation with the new Supplemental Nutrition Assistance Program name. Use the above official translation until further notice.

3. Materials must not contain disparaging comments. (See Disparaging Messages).
4. It is expected that nutrition education messages will be tailored to address the most urgent nutrition education needs of the SNAP eligible population.
5. All materials must be sited in the annual work plan and approved by the Network Nutritionist.
6. Materials developed must be in plain language, culturally sensitive, and at an appropriate reading level for the intended audience. See www.plainlanguage.gov for a “how-to” guide and examples of plain language documents.

DISPARAGING MESSAGES

(Revised October 2008)

Policy

Local Incentive Award Contributing Partners *Nutrition Network* Program funds may not be used to convey negative written, visual, or verbal expressions about any specific foods, beverages, or commodities or food industry. This includes messages of belittlement or derogation of such items, as well as any suggestion that such foods, beverages, or commodities are never to be consumed.

Procedures

1. Local Incentive Award Contributing Partner Agencies Program Coordinators must review their program messages (i.e. Lesson Plans, Campaigns, Handouts, Brochures, Materials) to ensure there are no disparaging messages against specific foods, beverages, or commodities.
2. All Local Incentive Award Contributing Partner media campaigns and media materials must be submitted and approved by the Arizona Nutrition Network State Agency to ensure appropriate USDA review and to ensure that all messages and activities are “free from disparaging messages.”
3. Local Incentive Award Nutrition Coordinators must review messages provided given in classes, activities, community events, and written materials. This review is required to ensure that negative messages against specific foods, beverages, or commodities are not included in SNAPed.

NUTRITION EDUCATION LESSONS/ACTIVITIES DEVELOPMENT

(Revised October 2008)

Policy

Nutrition education activities must be thoughtfully planned with clear, written goals and objectives. Staffing levels for SNAP events/activities must be proportionate and appropriate for the number of participants, their ages and learning needs.

Carefully written lesson plans are necessary as an effective means of reaching nutrition education goals and objectives, improving classroom management, and providing for evaluation of nutrition education activities. Well-written lesson plans ensure that information will be consistently taught by different nutrition educators.

All nutrition education activities must include a brief outreach message about the SNAP program. The following statement is recommended: “The SNAP provides nutrition assistance to people with low income. It can help you buy nutritious foods for a better diet. To find out more, call 1-800-352-8401.”

Procedures

1. Nutrition education activities may include single or multi-session classes, games, print materials, media announcements, food demonstrations, and community presentations.
2. All nutrition education activities should reflect a SNAP-Ed, Arizona Nutrition Network goal. Goals for activities conducted in schools should include one or more Arizona Academic K-12 Standards. The standards can be found at www.ade.state.az.us/standards/contentstandards.asp.
3. Clearly written goals and objectives are the foundation of effective nutrition education activities. Use the following information to develop goals and objectives for your activities that will lead to behavior change in the target population.

A **Goal** is a statement of direction and general purpose or wide interest. Goals tend to be a broad description of what is to be accomplished through the class or series or learning activity.

Examples of a goal for a nutrition education activity:

- Promote increased consumption of fruits and vegetables
- Promote increased consumption of low fat/fat free dairy products
- Promote increased physical activity among seniors

An **Objective** is a specific, measurable, realistic, time/space statement of what is to be accomplished within a given time. (Use SMART = Specific, Measurable, Appropriate, Realistic, Time specific). Objectives should describe what participants will know that is new or what behavior they will be able to perform following the learning activity. Each objective must state how the new knowledge, skill, or attitude will be demonstrated by the participant. In other words, how can it be shown that the participant has achieved the objective following completion of the learning activity?

The long-term outcome of all nutrition education activities is to achieve positive behavior change. Objectives for a single learning activity may address knowledge, skills, or attitudes that lead to the behavior change. Examples of objectives are given below:

- At the end of the class, X% of students will be able to identify 60 minutes as the number of minutes of physical activity they should have each day.
 - X% of students will be able to record the fruits and vegetables they ate in one day and plan how to eat one more the next day.
 - At the end of the class, X% of students will be able to plan a healthy snack with a fruit or vegetable.
4. Nutrition activities that are hands-on and interactive are recommended. Information included in the activities must relate to the objectives for the session. Age and developmentally appropriate activities should be included for all nutrition education efforts. Make accommodations to ensure staffing support for a given SNAP-Ed event/activity is always proportionate to and appropriate for the number of expected participants, their ages and their learning needs.
 5. Lessons that are planned are a more effective means of reaching nutrition education goals. If lessons are written they can be consistently taught and the students receive the same information from anyone doing the presenting. They can also be developed to include a variety of academic standards. For example, in addition to nutrition or health standards they can incorporate math or writing standards.
 6. Prior to conducting any nutrition education activity, a written lesson plan that outlines the lesson goals and objectives, materials needed, teaching activities, and evaluation methods should be developed. (See attached Lesson Plan Form). Activities include classes, after school lessons, food demonstrations, or cooking classes.

NUTRIENT STANDARDS – RECIPES

(Revised October 2008)

Policy

Recipes used in Food Demonstrations, given as handouts, or otherwise used through the Network should meet the following Recipe Criteria:

COST: 10 ingredients or less (excludes water, salt, pepper, spices/seasonings, and nonstick cooking spray). Recipes should be thrifty and feature foods available through SNAP, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), gleaning, Commodity Supplemental Food Program (CSFP)/Food Plus, Food Distribution Program on Indian Reservations (FDPIR) and/or Farmers' Market Nutrition Programs.

EASE: Preparation time for each recipe should be 30 minutes or less, if possible.

NUTRIENTS:

Nutrients	Fruits and Vegetables*	Low fat dairy/ Go Low	General/Grow a Healthy Child
Total Fat	≤ 35% Kcals	≤ 35% Kcals	≤ 35% Kcals
Saturated Fat	≤ 10% Kcals	≤ 10% Kcals	≤ 10% Kcals
Trans Fat	≤ 0.5 g/serving	≤ 0.5 g/serving	≤ 0.5 g/serving
Sodium	≤ 600 mg/serving	≤ 600 mg/serving	≤ 600 mg/serving
Fiber	≥ 0.014 g/Kcal	**	≥ 0.014 g/Kcal
Added Sugars	≤15% Kcals	**	**
Calcium	**	100 mg/serving	**

* In addition to the criteria above, each fruit or vegetable recipe must meet the Fruits & Veggies More Matters ® criteria and provide ½ cup of fruit or vegetable per 250 calories. One half cup of fruit or vegetable is: 1 medium piece of fruit; ½ cup of cut up fruit or vegetable, cooked or raw; ½ cup (4 oz) unsweetened 100% fruit or vegetable juice; 1 cup leafy salad greens; ¼ cup dried fruit; or ½ cup cooked dry peas, beans, lentils, and/or kidney beans.

** No specific requirement.

- The Network provides many recipes that meet the policy outlined above and are available at www.eatwellbewell.org . It is recommended that these recipes be used by partners whenever possible.
- Recipes that are not provided through the Network must be analyzed using Food Processor, SQL Edition, Version 9.8.1 or above for any fruit or vegetable recipes. Any other recipes can be analyzed using Nutritionist Pro, or other software approved by the Network Nutritionist. State Network staff will analyze a limited number of recipes for partners.

- Required nutrients in Nutritional Analysis are: Calories (Cal); Carbohydrate (gm); Protein (gm); Total fat (gm); Saturated fat (gm); Trans fat (gm); Cholesterol (mg); Fiber (gm); Sodium (mg); Calcium (mg); Folate (mcg); Iron (mg); and percentage of calories from fat (%). Optional nutrients in Nutritional Analysis are: Vitamin A (RE); Vitamin C (mg); and Potassium (mg).
- The Food and Drug Administration regulations on food labeling will be used to provide nutrition information.
- Foods (or recipes) containing $\geq 20\%$ Daily Value for a nutrient may be indicated by the following phrases: “High In”, “Excellent Source of”, or “Rich In”. Foods (or recipes) containing 10-19 % Daily Value for a nutrient may be indicated by the following phrases: “Good Source”, “Contains”, or “Provides”.
- No recipes containing alcohol will be used in Arizona Nutrition Network materials or activities.

RECIPE FORMATS

(Revised October 2008)

Policy

Recipes that are developed or recopied by the Arizona Nutrition Network staff and partners will follow the same format as defined below. This will allow nutrient standards to be maintained and provide a consistent look to Network materials.

Procedures

Title

1. The first letter of each word should be capitalized.

Ingredients

1. Weights and measures used in recipe ingredient list will be spelled out. These include: pound, ounce, teaspoon, tablespoon, and cup. Abbreviations will only be used for ounce (oz.) if space is limited. The use of more complex terms such as pint and quart will be avoided if possible, as well as complex fractions such as 1/8, 5/6, 7/8.
2. The quantities of ingredients should be left justified when listed in whole numbers. If an ingredient contains a fraction, the denominations of the fractions should be aligned with the whole numbers.
3. Do not use brand names.
4. Avoid state of origin descriptions. For example, use 3 Red Delicious apples, not 3 Washington State apples.
5. Description of ingredients should be in lower case letters. When using a whole ingredient, list the ingredient first, followed by preparation instructions. If appropriate, describe the size of the ingredient.
6. When an ingredient must be prepared before being measured, describe how to prepare it first, followed by the ingredient name.
7. Common preparation terms should be used such as sliced, finely sliced, chopped, finely chopped, and cut into 2-inch strips. More complex terms such as julienne and minced should be avoided.
8. When using frozen fruits or vegetables, list the quantity of the ingredient (cup) instead of the weight of the bag (e.g. 1, 16-ounce bag). Describe whether the frozen item should be thawed or frozen.

9. When a recipe contains honey as an ingredient, place an asterisk at the end of the word honey and reference the asterisk at the end of the recipe with * “honey should not be fed to infants less than one year of age.”
10. Ingredients in the ingredient list should be in the same order as in the preparation instructions.

Preparation

1. Directions must maintain 4th grade readability level. Determine the readability level by using the Fry Readability method or the Flesch-Kincaid grade level through Microsoft Word.
2. Each step should be numbered.
3. Begin the directions with the statement “wash hands with soap and warm water” when space permits.
4. If there is fresh produce in the recipe, include the statement “wash produce before preparing”.
5. When ingredients are placed in a bowl, saucepan, pot or pan, describe the size of the container.
6. When a blender or food processor is used for a recipe, use the term “blender” and state that the ingredients be placed in the blender container.
7. When a recipe is prepared on the stovetop, describe how hot the burner should be.
8. When a recipe is prepared in the oven, state the temperature in °F. When a recipe is prepared in the microwave oven, describe the power level of the microwave setting in capital letters.
9. When the recipe contains meat, state the internal cooking temperature in °F that the meat needs to reach in order to be safe for consumption.
10. End each recipe preparation description with an appropriate action statement such as “serve immediately.”

Yield

1. The number of servings a recipe yields should be included at the end of the instructions.

Nutrient Analysis

1. Include the recipe analysis at the end of each recipe, displayed in either a vertical or horizontal format depending on document format. The order and type style for listing

nutrients should be as follows: Nutrient analysis per serving: calories, 88; carbohydrate, 12 gm; protein, 5 gm; total fat, 2 gm; saturated fat, 1 gm; trans fat, 0 gm; cholesterol, 0 mg; fiber, 4.5 gm; sodium, 229 mg; calcium, 200 mg; Folate, 85 mcg; Iron, 1.2 mg; and percent calories from fat, 26%.

Miscellaneous:

1. A courtesy line is required if the recipe is used with permission from another source. Place the courtesy line at the end of the recipe. Include any required wording as specified by the publisher or owner of the recipe. Example: Courtesy of Cooking Light.
2. Utilize existing tested recipes when possible from these or similar resources:
 - Arizona Nutrition Network Food Demonstration Guide
 - Arizona Nutrition Network, www.eatwellbewell.org
 - Fruits and Veggies – More Matters®, www.fruitsandveggiesmorematters.com
 - Centers for Disease Control and Prevention, www.fruitsandveggiesmatter.gov
 - Food Stamp Nutrition Connection, www.foodstamp.nal.usda.gov
3. See the following recipe for an example of correct recipe format.

Sample Recipe

Southwest Sunrise Burrito

Ingredients:

1 pound (16 ounces) soft calcium-set tofu
1 Tablespoon finely chopped onion
1 teaspoon finely chopped garlic
¼ teaspoon pepper
2 teaspoons chopped fresh cilantro
½ cup chunky salsa
4 corn tortillas

Directions:

1. Wash hands with warm water and soap.
2. Wash cilantro.
3. Chop onion, garlic and cilantro.
4. Spray large non-stick skillet with cooking spray. Heat over medium heat.
5. Crumble tofu into skillet. Add onion, garlic, pepper and cilantro.
6. Cook until heated. Stir often.
7. Remove from heat.
8. Heat salsa in microwave on HIGH for 15-30 seconds.
9. Mix salsa in tofu.
10. Heat each tortilla in microwave on HIGH for 10 seconds.
11. Spoon tofu into center of tortilla. Roll, fold and wrap.
12. Serve hot.

Makes 4 servings

Nutrition information per serving: calories, 159; carbohydrate, 18.6 gm; protein, 8.5 gm; fat, 5 gm; saturated fat, 0.6 gm; trans fat, 0 gm; cholesterol, 0 mg; fiber, 2 gm; sodium, 284 mg; calcium, 131 mg; folate, 50 mcg; iron, 1.4 mg; percent calories from fat, 30.6 %.

Note: Use the Recipe Evaluation and Nutrient Criteria Check Sheet to ensure that all Nutrient Standards and Recipe Format policies are met.

**Arizona Nutrition Network
Recipe Evaluation and Nutrient Criteria Check Sheet**

Recipe Name: _____

Yes	No	Recipe Evaluation
		Recipe contains 10 ingredients or less. (Excludes water, cooking spray, and seasonings).
		Recipe features thrifty foods (i.e. WIC, gleaning, Farmers' Market, Food Plus/CSFP).
		Recipe follows standard Network format for capitalization, margin justification, and terminology.
		Weights and measures are specified and spelled out for all ingredients.
		No brand names are used in the recipe.
		Common preparation terms are used.
		Recipe instructions are numbered and are written in brief logical steps. Recipe ends with an action statement (e.g. Serve immediately).
		Cooking times and temperatures are complete.
		The number of servings is included at the end of the instructions.
		Directions meet the readability level for 4th grade.

Meets	Does Not Meet	Nutrient Criteria
		Recipe analyzed using approved nutrition analysis software.
		Recipe analysis is included at the end of the recipe and contains the required nutrients.
		Fat: Contains < 35% calories from fat.
		Saturated Fat: < 10% calories from saturated fat.
		Trans Fat: < 0.5 g/serving.
		Sodium: < 600 milligrams of sodium per serving.
		Added Sugar: <15% of total calories for fruit and vegetable recipes.
		Fiber: >0.014g/kcal for Fruit and Vegetable and General/Grow a Healthy Child recipes.
		Calcium: > 100 mg calcium per serving for Low Fat Dairy/Go Low recipes.
		Fruits and Veggies – More Matters® Recipe: >1 serving of fruit and/or vegetable per 250kcal.

Reviewed by: _____

Date: _____

FOOD DEMONSTRATIONS

(Revised October 2008)

Policy

Food Demonstrations are a simple, economical way to illustrate appetizing and healthful recipes, and they can be an effective method in changing dietary behaviors of the target population. Food demonstrations must follow basic guidelines on recipe standards and food safety. In order to conduct a simple food demonstration, basic culinary skills, communication skills and food safety knowledge are essential.

Procedures

1. LIA Partners wishing to complete food demonstrations must complete Network Food Demonstration Training within 1 year of the plan development. To schedule training, contact Dolores Sawka at sawkad@azdhs.gov or 602-542-2842.
2. Before planning a food demonstration, review and use the document “Food Demonstration Guide” (available through the Network state office). Utilize recipes from the Fun Food News or recipe cards for current social marketing campaigns frequently in food demonstrations.
3. The demonstrator must have a current Food Handlers Card. County Health Departments regulate testing for food handlers.
4. Demonstrations should be limited to 1-2 techniques and up to three simple recipes per one-hour class. The message should be simple and the learning objective(s) should be defined prior to the demonstration.
5. The Demonstrator should practice good hand washing techniques prior to handling any food products and proper use of gloves during demonstrations. (See Food Demonstration Guide).
6. Allow the participants to taste-test the food after the demonstration. This is probably the most important part of the food demonstration. Serve **sample size** portions only in the food demonstrations. Food samples associated with a nutrition education lesson are an allowable expense but meal size portions or a complete meal service are not.
7. Distribute the recipes after the food demonstration making sure each has a nutrient analysis and appropriate USDA statements required on printed materials as specified in the Network Recipe Standards.

See *Nutrient Standards-Recipes* for the policy on selecting recipes.

USE OF LOGOS AND NAMES

(Revised October 2008)

Policy

The Arizona Nutrition Network provides consistent nutrition education and social marketing messages; it is very important to maintain a consistent image throughout all marketing and outreach materials. To maintain consistency and quality, it is required that partners work with the Social Marketing Manager before using Arizona Nutrition Network logos or graphics. Additionally, matching partners that develop materials with money from the Local Incentive Award Program must add the Network logo and disclaimer to materials.

Usage of the Fruit and Veggies More Matters® logo is strictly controlled as this is a copy righted logo

Procedures

1. Contact the Social Marketing Manager before printing materials that include the Arizona Nutrition Network logo or graphics. For more information, see the Graphics Standards booklet found on the website, www.eatwellbewell.org
2. The Fruit and Veggies More Matters logo is licensed to the ADHS any usage of it must be approved by ADHS before the FVMM® logo can be utilized

For information on Network graphic standards and illustrations of various logos and graphics, go to the Network website: www.eatwellbewell.org.

NUTRITION EDUCATION TOOLS – ORDERING MATERIALS

(Revised October 2008)

Policy

All Network Partners may order written materials developed or obtained by the Network for use in their nutrition education or outreach activities targeting SNAP eligible populations.

Only Contributing Partners may order incentives and education reinforcement items. Incentive and education reinforcement items purchased by the Network are to be used in activities targeting SNAP eligible populations in the state. The Network state office will maintain an inventory of incentive such as: pens, dyna-bands, hacky sacks, and activity books. Additionally, each campaign will have a unique education reinforcement item to support the current campaign.

Procedures

1. Contributing Partners must order items through the Network website, www.eatwellbewell.org. Dependant upon what they are ordering, Supporting Partners may need to work through their LIA project as some items are available only to the Contributing Partners (i.e. reinforcement items). Quantities of items ordered must be consistent with the estimated reach of the LIA project. There is no minimum order. Large orders may require justification. For example, a partner ordering 5,000 copies of “Fun Food News” may need to explain it is for 200 classrooms in 20 low income schools.
2. Prior to approving any orders, the PDS will verify that the LIA invoices and monthly reports are submitted and current.

NOTE: LIA’s who are not current with invoices or monthly reports will not have orders approved. PDS will email LIA partners to notify them of the status.
3. Orders will be filled as they come in, and should be received by partners within four weeks of the request. Backorders will not be taken and will not be maintained.
4. The Network inventory changes frequently. Partners can find a current list of items on the website, www.eatwellbewell.org.

NUTRITION EDUCATION TOOLS – RESERVING COSTUMES, GAMES, & INFLATABLES

(Revised October 2008)

Policy

Costumes, games, and inflatables are available through the Network state office. These are to be used in activities targeting SNAP participants and eligibles. They are available for loan to all Contributing Partners. Supporting Partners must work through a Contributing Partner for loan of the costumes.

Due to the high cost of shipping and cleaning of costumes, it is recommended that costumes only be reserved for large events. The games and inflatables can be reserved for smaller events. Costume rental will be limited to one costumer per event

Although Partners are not responsible for cleaning the items, they are expected to take reasonable efforts to prevent damage and excessive wear and tear. Costumes must always have at least one “helper” to act as an escort, educator, and safety guide for the person wearing the costume.

Procedures

1. Contributing Partners may request use of the costumes, games, and inflatables through the Network website www.eatwellbewell.org. Requests will be granted on a first-come, first-served basis. However, when multiple requests for the tools occur for the same date(s), priority will be given to Contributing Partners to utilize costumes themselves vs. ordering for a supporting partner. Partners will be notified about the status of their order ahead of time.
2. Delivery will only be scheduled for weekday drop-offs and pickups.
3. Costumes, games, and inflatables will be delivered and picked up from the Partner’s desired location. Partners are responsible for returning costumes, games, and inflatables in a timely fashion.

For more information see the Costume Guidelines on the www.eatwellbewell.org website.

RELEASE OF PHOTOGRAPHS

(Revised October 2008)

Policy

All photographs to be used in materials, presentations, reports, or otherwise printed must have a “Photographic Release” form completed for all persons in the photograph.

Procedure

1. When photographs are to be taken at events, meetings, or other activities, a photograph release must be signed by all persons included in the photograph.
2. Parents or guardians must sign the photo release prior to pictures being taken of children in FSNE activities.
3. If it is known ahead of time that photos are to be taken (for example, for a nutrition-based class for children), “Photographic Release” forms can be completed at the beginning of the class.
4. An example of a “Photographic Release” form can be seen on the following page.

Arizona Department of Health Services
PHOTOGRAPHIC RELEASE

Permission is hereby granted to the Arizona Department of Health Services to use photographs taken of _____ (Name) _____ on this date _____ by _____ (Agency taking photo) _____. Said photographs are to be used in any way that will promote public understanding of the Department's public health programs and services, or that will promote such public understanding of the activities of other health or related agencies, including local public and voluntary agencies involved in public health activities. Permission includes the use of said photographs for reproduction in newspapers, magazines, television and other communications media. I hereby release the Arizona Department of Health Services from any liability in connection with the use of such photographs.

DATE _____

SIGNATURE _____

ADDRESS _____

City	State	Zip Code
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TELEPHONE _____

AMENDMENTS TO CONTRACTS

(Revised October 2008)

Policy

Informal contract amendments must be submitted when Contributing Partners are requesting to transfer less than 10% of the total budget between funded line items. This 10% cap covers the entire year. For example, if the total Federal Share budget is \$100,000 then the Contributing Partner may move up to \$10,000 in the fiscal year. This can be moved all at once or in smaller increments throughout the year. Informal amendments should be handled through an email request to the Partnership Development Specialist.

Note: Informal amendments to contracts will not produce a new price sheet and will not change the invoice. Instead, one or more line items may appear to be over-expended while other line items appear to be under-expended.

Formal amendments are required when a LIA wants to:

- Increase the approved Total Federal Share Budget.
- Release Local Share funds if needed for another program and decrease approved Total Federal Share Budget.
- Transfer dollars between line items **exceeding** 10% of the total budget.
- Transfer dollars from a funded line item to a **non-funded** line item.

Formal amendment requests must be submitted to the Network no later than ***May 1st***.

Formal amendments are effective only after they are reviewed, approved, and processed by the Arizona Nutrition Network and the ADHS Procurement Office. In some cases, the proposed amendment must also be sent to USDA for approval.

Note: The LIA Agency must operate under the original contract until the contract amendment has been filed with the Secretary of State (Intergovernmental Agreements) or signed by the ADHS Procurement Officer.

It is not necessary for agencies to submit an amendment if their actual Federal expenses are lower than the approved projected expenses or if the LIA Agency identifies and claims more Local Share than the approved amount. While allowable, this must be discussed with the PDS to identify the source of additional Local Share funds and approve additional expenditures. Keep in mind: the total Federal Share expenditures cannot be more than one half of the total Local Share expenditures.

Procedures

1. LIA Agencies should discuss with their Partnership Development Specialist any issues requiring a contract amendment before submitting a written request.
2. If one or more of the conditions for a formal amendment to their contract is met, the Contributing Partner must submit the following to the Network:
 - a. Revised Local Share Budget Justification
 - b. Revised Local Share Budget
 - c. Revised Federal Share Budget Justification
 - d. Revised Federal Share Budget

- e. Revised Work Plan (if needed)
 - f. Explanation of what is changing and why
3. ADHS will review and notify the LIA Agency when the amendment is fully approved, conditionally approved (e.g., requiring further clarification or adjustments), or declined.
 4. When approved, ADHS will send the contract amendment to the LIA Agency for signature and process accordingly.

PROGRAM SITE VISITS

(Revised October 2008)

Policy

The Arizona Nutrition Network Partnership Development Specialists will conduct site visits to contributing partners. The purposes of the visits is to strengthen partnerships, gain a better understanding of the programs, observe the quality of nutrition education activities, observe areas of improvement and/or expansion, to provide technical assistance, and to obtain feedback.

New in FY 09, in an effort to provide more assistance and support the Network has implemented a new visit protocol, as follows:

50% of LIA's will receive a Fiscal Integrity Review visit, formal.

50% of LIA's will receive a Technical Assistance visit, informal.

50% of LIA's will receive a Partnership Development Specialist (PDS) visit, formal.

25% of LIA's will receive a Education-Lesson Observation visit, formal.

Note: Contributing Partner's may receive more than one type of visit per year.

Procedures

1. Site Visits will be scheduled in advance between Network Partnership Development Specialists and Contributing Partners. Partners will be asked to submit possible dates for the site visits so that a nutrition education activity can be observed during the visit, or management and operations reviews and interviews can be conducted. Activities may include review of Management Systems and/or a SNAPed/Arizona Nutrition Network activity.
2. In addition to observing a SNAPed activity, the Partnership Development Specialist may discuss other areas pertaining to the local agency, such as staffing or management evaluation. Suggestions for enhancements or improvements may be made. Agencies are encouraged to use this time to ask questions and to give feedback about the Network, the Local Incentive Award Program, Technical Assistance, State Resources, Support and Services. (For example, the local agency may desire to use this time to emphasize their program's need for a particular type of print material to be produced by the Network, or they may have ideas for future Partners' Meetings).
3. Following a formal site visit, the Contributing Partner will receive a Site Visit Report documenting the activities observed and any comments or suggestions about the program. Following a technical assistance visit, the Contributing Partner will receive a summary of items discussed. The Arizona Nutrition Network will also retain a copy of the report/summary in the Partner Contract File at the state office. See attached sample reports.
4. LIA agencies are responsible to correct any findings needing improvement during site visits.
5. Partnership Development Specialist is responsible to provide additional information or technical assistance requested by the agency during the site visit.

Fiscal Integrity Review Tool (Technical Assistance) OPTIONAL

Location: _____

Date: _____

Position Title and Name: _____

Topic/Question			Comments
A. Overall Fiscal Integrity			
1. Did the SNAP-Ed program(s) being reviewed provide all items requested?	YES	NO	
2. Does the State implementing agency conduct reviews of local operations?	YES	NO	
3. Are local operations reviewed or is it limited to central financial operations?	YES	NO	
4. Are records maintained for at least five years plus the current year?	YES	NO	
5. Is there a system in place to adequately and accurately track SNAP-ED expenditures and cost documentation?	YES	NO	
6. Are all SNAP-ED expenses (e.g. personnel/employment) treated the same under the Federal share as they are under the State share?	YES	NO	
7. Are expenditures in accordance with the local budget?	YES	NO	
B. Applicable Cost Principles			
1. Are expenses claimed under the SNAP-ED Federal and State/local share budgets necessary and reasonable for the provision of nutrition education to SNAP eligibles?	YES	NO	
2. Are SNAP-ED costs treated consistently?	YES	NO	
3. Does documentation confirm that SNAP-ED costs are not included as a cost in any other project?	YES	NO	
4. Does documentation confirm that SNAP-ED activities do not supplant (i.e. take the place of) nor duplicate the efforts of any other existing nutrition education programs or requirements (e.g. EFNEP, WIC, Head Start)?	YES	NO	
5. If the project is not exclusively serving SNAP recipients and is not considered a "Category 2 site" (SNAP/TANF offices, Public Housing, Food Banks/Pantries), do they have an FNS-approved waiver documenting what percentage (must be \geq 50%) of the program audience are SNAP-ED eligible, i.e. \leq 185% poverty?	YES	NO	

6. If the target audience is less than 50% low-income per the exclusivity waiver, are expenses prorated based on the percentage of SNAP eligibles, i.e. at 130% FPL or less, (including social marketing campaigns, meetings, surveys, classes, etc.)?	YES	NO	N/A: The Arizona Nutrition Network Local Incentive Award Partners only serve audiences who are certified, likely, or potentially eligible for SNAP.
C. Invoicing and Reimbursement			
1. Is there a process for approving invoices?	YES	NO	
2. Do expenditure tracking systems work as prescribed?	YES	NO	
3. Are requests for reimbursement submitted within a reasonable timeframe? What is the timeframe?	YES	NO	
4. Do SNAP-ED projects invoice subcontractors in a timely manner and are these invoices submitted and reimbursed in a timely manner?	YES	NO	
5. Is reimbursement of SNAP-ED expenditures based on adequate documentation of <i>both Federal and State/local share costs</i> ?	YES	NO	
D. Contracts and Agreements (Optional Section)			
1. Are contracts procured through competitive bid procedures according to Federal and State regulations/procedures, and are they necessary and reasonable?	YES	NO	
2. Are contract agreements executed for all third party services?	YES	NO	
E. General Federal Share Expenditures Documentation			
1. Is all documentation for expenditures provided to support the request for reimbursement and do they confirm that costs are allowable, reasonable and necessary?	YES	NO	
F. General State/Local Share Expenditures Documentation			
1. Is all documentation for expenditures provided to support the request for reimbursement and do they confirm that costs are allowable, reasonable and necessary?	YES	NO	
2. Are State/local share funding sources shown on the request for reimbursement and does such documentation confirm that State/local share monies are NOT derived from Federal sources?	YES	NO	
3. Are sources of State share funds appropriately documented, allowable and not used as State match for another Federal program?	YES	NO	

G. Time and Effort

Review a recent sample of time and effort records, payroll records and invoices that reflect staff time claimed under both the Federal and State/local share budgets. Verify that salaries and wages are correctly documented on invoices and based on actual payroll documentation.

1. Are salaries reasonable/necessary (e.g. no physician salaries, etc.) and do they support SNAP-Ed delivery to SNAP eligibles?	YES	NO	
2. Is staff time spent on the program consistent with the SNAP-Ed Plan and subcontractor agreements and do the time sheets reflect allowable activities performed for the SNAP-Ed program?	YES	NO	
3. Is time spent on SNAP-Ed reported by hours (versus percentage of time) and based on actual time (versus projected)?	YES	NO	
4. When accounting for time and effort of staff committing less than 100% time to SNAP-Ed, is the total cost, including time not worked (annual and sick leave) computed and charged as required by FNS?	YES	NO	
5. Do time records for all staff committing less than 100% time to SNAP-Ed, both paid and volunteer, meet one of the three accepted methodologies for SNAP-Ed – 1) time records retained on a minimum of a weekly basis, 2) Plan Confirmation supported by documentation of HHS approval, or 3) a federally approved random moment time study?	YES	NO	
6. Do staff (paid and volunteer) who claim 100% of their time as SNAP-Ed, retain semi-annual certifications that confirm they work solely on SNAP-Ed?	YES	NO	
7. Are time records and certifications signed by both employees and immediate supervisors?	YES	NO	
8. Are salaries and wages correctly documented on invoices and based on actual time and effort documentation?	YES	NO	(Where employees work on multiple activities or cost objectives, distribution of salaries or wages must be supported by reports of an after-the-fact distribution of actual activity and account for the total activity for which compensated.)
9. Are fringe benefits correctly documented?	YES	NO	

H. Travel

Review a recent sample of records for travel (e.g. vouchers, mileage logs, invoices, etc.) claimed under *both the Federal and State/local share budgets*.

1. Are in-state and out-of-state travel expenditures consistent with approved SNAP-Ed Plan?	YES	NO	
2. Is budgeted employee travel consistent with the SNAP-Ed Plan and in accordance with state travel regulations?	YES	NO	
3. Are no more than 4 staff funded for each trip to an out-of-state destination or a national-level meeting/conference?	YES	NO	
4. For staff that commit less than 100% of their time to SNAP-Ed, are their non-SNAP-Ed specific travel expenses (e.g. to a general nutrition conference) pro-rated based upon their percentage of time spent on SNAP-Ed?	YES	NO	

I. Equipment Inventories

1. Is there a process for requesting supplies and equipment for SNAP-Ed activities?	YES	NO	
2. Does the project maintain inventory records for all equipment partially or fully funded through SNAP-Ed and does the SNAP-Ed inventory list match equipment and supplies observed during the site visit?	YES	NO	
3. Is a physical inventory conducted at least every two years for equipment paid partially or fully with SNAP-Ed funds?	YES	NO	
4. Where equipment costs are shared by several programs, including SNAP-Ed, are these costs allocated (i.e. cost-shared) and documented appropriately?	YES	NO	
5. Has the project requested prior Federal approval for all equipment items that cost \$5000 or more?	YES	NO	

J. Space

1. Is reimbursement for publicly-owned space calculated using a SNAP-Ed-accepted methodology (e.g. depreciation, use allowance or FNS standard space calculation)?	YES	NO	
2. Where space costs are shared by several programs, are the SNAP-Ed costs allocated based on SNAP-Ed FTE's and documented appropriately?	YES	NO	

K. Indirect Costs

Note that rates for colleges/universities may not exceed 26%.

1. Does the SNAP-Ed project have a current and allowable indirect cost rate, approved by the cognizant agency?	YES	NO	
--	-----	----	--

L. Program Income

1. Is any profit realized by the SNAP-Ed project (e.g. from curricula/material sales), reported as income on form SF-269?	YES	NO	
---	-----	----	--

M. Miscellaneous Allowable Cost Issues

1. Do all SNAP-Ed educational reinforcement items cost no more than \$4 each and are they allowable, reasonable and necessary?	YES	NO	
--	-----	----	--

2. Is SNAP-Ed funding for garden-based activities limited to the educational component and exclusive of supplies, tools, land, etc.?	YES	NO	
--	-----	----	--

3. Is SNAP-Ed funding for activities related to physical activity limited to one-time demonstrations or events (e.g. no ongoing exercise classes) and provided within the context of nutrition?	YES	NO	
---	-----	----	--

4. Is SNAP-Ed funding for staff trainings and meetings based on allowable topics and exclusive of refreshments/meals (unless circumstances meet FNS criteria)?	YES	NO	
--	-----	----	--

5. Are professional membership fees limited to institutional memberships (NOT personal or individual membership fees)?	YES	NO	
--	-----	----	--

Overall comments, observations, or corrective actions:

VISIT SUMMARY

CONTRACTOR NAME:

Contract #

Report Completed by:

Date:

Date of Visit:

Staff Present at Meeting:

Areas of Excellence:

Needs of the Program:

Recommendations for Improvement:

Required Corrections:

Discussion and Follow-up

Lesson Materials			
1. Are nutrition education activities planned and implemented in accordance with the approved Goals and Objectives for the current fiscal year?	YES	NO	
2. Is the USDA recommended non-discrimination statement on materials?	YES	NO	
3. Is a FSP public education outreach message on appropriate materials and reinforcement items?	YES	NO	
4. Is a FSP funding statement on appropriate materials and reinforcement items?	YES	NO	
5. Are multi-language materials available if applicable?	YES	NO	
6. Are printed materials free from disparaging remarks regarding single foods, commodities, or industries?	YES	NO	

Overall Fiscal Integrity			
1. Are all FSNE expenses (e.g. personnel/employment) treated the same under the Federal share as they are under the State share?	YES	NO	
2. Are expenditures in accordance with the local budget?	YES	NO	

Applicable Cost Principles			
1. Are expenses claimed under the FSNE Federal and State/local share budgets necessary and reasonable for the provision of nutrition education to FSP eligibles?	YES	NO	
2. If the project is not exclusively serving FSP recipients and is not considered a "Category 2 site" (FSP/TANF offices, Public Housing, Food Banks/Pantries), do they have an FNS-approved waiver documenting what percentage (must be \geq 50%) of the program audience are FSNE eligible, i.e. \leq 185% poverty?	YES	NO	

Invoicing and Reimbursement			
1. Are requests for reimbursement submitted within a reasonable timeframe? What is the timeframe?	YES	NO	

Contracts and Agreements

1. Are contract agreements executed for all third party services?	YES	NO	
---	-----	----	--

Time and Effort

Review a recent sample of time and effort records, payroll records and invoices that reflect staff time claimed under both the Federal and State/local share budgets. Verify that salaries and wages are correctly documented on invoices and based on actual payroll documentation.

1. Are salaries reasonable/necessary (e.g. no physician salaries, etc.) and do they support FSNE delivery to FSP eligibles?	YES	NO	
2. Is staff time spent on the program consistent with the FSNE Plan and subcontractor agreements and do the time sheets reflect allowable activities performed for the FSNE program?	YES	NO	
3. Is time spent on FSNE reported by hours (versus percentage of time) and based on actual time (versus projected)?	YES	NO	
4. When accounting for time and effort of staff committing less than 100% time to FSNE, is the total cost, including time not worked (annual and sick leave) computed and charged as required by FNS?	YES	NO	
5. Are time records and certifications signed by both employees and immediate supervisors?	YES	NO	
6. Are salaries and wages correctly documented on invoices and based on actual time and effort documentation?	YES	NO	
7. Are fringe benefits correctly documented?	YES	NO	

Travel

Review a recent sample of records for travel (e.g. vouchers, mileage logs, invoices, etc.) claimed under *both the Federal and State/local share budgets*.

1. Are in-state and out-of-state travel expenditures consistent with approved FSNE Plan?	YES	NO	
2. For staff that commit less than 100% of their time to FSNE, are their non-FSNE specific travel expenses (e.g. to a general nutrition conference) pro-rated based upon their percentage of time spent on FSNE?	YES	NO	

Space			
1. Is reimbursement for publicly-owned space calculated using a FSNE-accepted methodology (e.g. depreciation, use allowance or FNS standard space calculation)?	YES	NO	
2. Where space costs are shared by several programs, are the FSNE costs allocated based on FSNE FTE's and documented appropriately?	YES	NO	

Indirect Costs			
Note that rates for colleges/universities may not exceed 26%.			
1. Does the FSNE project have a current and allowable indirect cost rate, approved by the cognizant agency?	YES	NO	

Miscellaneous Allowable Cost Issues			
1. Do all FSNE educational reinforcement items cost no more than \$4 each and are they allowable, reasonable and necessary?	YES	NO	
2. Is FSNE funding for activities related to physical activity limited to one-time demonstrations or events (e.g. no ongoing exercise classes) and provided within the context of nutrition?	YES	NO	
3. Are professional membership fees limited to institutional memberships (NOT personal or individual membership fees)?	YES	NO	

Written Corrective Action Plan Due Date: _____

Corrective Action Item(s):

Lesson Observation Review Tool

Name of educator being observed: _____

Location: _____ Date: _____

Length of lesson: _____ Obtain a participant list (Optional)

Topic/Question	Comments		
A. Needs Assessment			
1. How was the lesson topic selected for this audience?			
2. How was the educational strategy selected for this audience?			
B. Lesson Objectives			
1. What are the goal(s) and objective(s) of the lesson?			
2. Which State goal(s) and objective(s) does the lesson support?			
C. Audience			
1. What procedure(s) are used to document audience attendance?			
2. Is there a system to document unduplicated contacts and audience demographic data?	YES	NO	
3. Is the audience consistent with the approved exclusivity waivers?	YES	NO	
4. Is the location/site conducive for learning?	YES	NO	
5. Is the lesson offered at a time period that is appropriate to the audience?	YES	NO	
6. Did the educator have a good rapport with the audience?	YES	NO	
7. Did the audience actively participate throughout the lesson?	YES	NO	
D. Educator			
1. Is information presented in a culturally sensitive manner?	YES	NO	
2. Did the educator treat all participants respectfully?	YES	NO	

2. Is educator knowledgeable about the information?	YES	NO	
3. Was the educator well prepared?	YES	NO	

E. Content			
1. Are lesson activities and materials allowable as outlined in the FSNE Plan Guidance and approved State FSNE Plan?	YES	NO	
2. Are lesson strategies designed to change behavior and appropriate for the audience?	YES	NO	
3. Was information relevant to audience?	YES	NO	
4. Are recipes/cooking demonstrations appropriate and related to lesson content?	YES	NO	
5. Did the recipe provide sample sizes rather than meal sized portions?	YES	NO	
6. Was the required FSP public education outreach message communicated?	YES	NO	
7. Was lesson content free from disparaging remarks regarding single foods, commodities, or industries?	YES	NO	
8. Was content of lesson consistent with U.S. Dietary Guidelines for Americans and My Pyramid?	YES	NO	
F. Lesson Materials			
1. Do lesson materials reflect current information, appropriate literacy levels and cultural relevancy?	YES	NO	
2. Are USDA materials used where appropriate?	YES	NO	
3. If reinforcement items are provided, do they contain a nutrition message that reinforces the lesson content?	YES	NO	
4. Is a FSP public education outreach message on all appropriate materials and reinforcement items?	YES	NO	
5. Is the USDA recommended non-discrimination statement on materials?	YES	NO	
6. Is the FSP funding statement on all appropriate materials and reinforcement items?	YES	NO	

G. Evaluation			
1. Was the lesson evaluated? How?	YES	NO	
2. Do participants indicate they intend to use the knowledge and skills learned?	YES	NO	
H. Civil Rights Compliance			
1. Are program participants aware of how to make a complaint?	YES	NO	
2. Is the program site accessible to all?	YES	NO	

Overall comments, observations, or corrective actions:

FINANCIAL REVIEWS/AUDIT

(Revised October 2008)

Policy

The Network Auditor will conduct financial reviews of at least half (50%) of the current Contributing Partners during the fiscal year. The purpose of this review is to ensure program compliance. (OMB Circular A-133)

It is the responsibility of each LIA Agency to maintain accurate and verifiable records in order to support all expenses claimed under the Local Incentive Award Program.

At any time during the term of a LIA contract, and at any time within five (5) years after termination of that contract, the contractor's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the LIA contract. In the event of an audit, an agency or organization's nutrition program records must be sufficient and clear enough to support all claims.

Procedures

1. The Network Auditor will send out a notification letter to the selected Contributing Partner at least one month prior to the scheduled review. The review may look at financial activity from all financial periods not previously audited to the most current financial period.
2. The Auditor will also send out a brief questionnaire to be completed by the Contributing Partner prior to the financial review. Completion of the questionnaire will expedite the actual review process.
3. The Contributing Partner will have available during the audit all proper fiscal and program staff, as well as all records necessary to respond to questions.
4. The Auditor will give an exit interview to make suggestions and comments regarding the preliminary findings of the financial review.
5. Upon returning to ADHS, the Auditor will meet with Network staff to discuss any findings.
6. A formal report will be sent to the LIA agency within two months of completion of the audit.

EQUIPMENT INVENTORY

(Revised October 2008)

Policy

The Arizona Nutrition Network must approve capital equipment and non-capital equipment purchased by LIA agencies, regardless of cost. All LIA programs are required to report the purchases in their quarterly reports and to maintain an inventory of state-furnished equipment or equipment purchased through the LIA program with Local or Federal reimbursement funds.

Local agencies wishing to purchase capital equipment will be provided with the Arizona Department of Health Services policy entitled “Material and Capital Equipment Control, Capitalization Policy and Inventory Control of Fixed Assets.”

Procedures

1. Contributing Partners may purchase equipment costing less than \$5,000 as listed in their budget as approved by the ADHS and USDA and included in their contracts and the state Nutrition Education Plan.
2. Changes or modifications to the items on the approved budget must be authorized by ADHS before purchases can be made.
3. If the equipment has a \$5,000 or higher cost per unit, the Contractor is required to submit two original signed letters to ADHS indicating the purpose of the purchase, the price of the equipment, and the location where the equipment is to be kept.
4. Upon approval, one letter will be marked “OK to buy” and returned to the Contractor for their files. This file will be reviewed during an audit. The other letter will be kept in the ADHS contract file.
5. The ADHS will also send a state tag which the Contractor will need to affix on the equipment.
6. If equipment is determined to be missing or stolen, the local Contractor is required to report the loss to ADHS. ADHS will report the loss to the ADHS Inventory Control Office (ICO.)
7. Local Contractors need to maintain an inventory of equipment. Inventory records must be available during an audit.

TIME DOCUMENTATION

(Revised October 2008)

Policy

Federal SNAPed Guidelines require that Contributing Partners maintain a system of continuous time reporting as well as a breakdown of percent time allocated for SNAPed administrative duties versus time spent on SNAPed direct delivery services. Weekly records must be maintained and must be signed by pay period or once a month, including a supervisor signature.

Charges to Local Share or Federal Share for salaries and wages must be based on documented payroll records approved by a responsible official of the Contributing Partner.

If an employee's salary is used entirely for the Contributing Partner's nutrition education activities, charges for his/her salary and fringe benefits must be confirmed by periodic (six month) certifications that the employee works solely on approved activities under the Local Incentive Award contract (see attached Six-Month Certification Form Sample).

In cases where an employee's salary is only partially claimed as State or Federal Share (i.e., that person works on more than one grant or activity), his/her salary and fringe benefits must be documented by personnel activity reports or equivalent time documentation that meets the following standards:

- Must show an after-the-fact distribution of actual activity performed by the employee
- Must account for all activities for which the employee is paid or compensated
- Must be prepared at least monthly and coincide with one or more pay periods
- Must be signed by the employee and the supervisor

See attached Labor Activity Report Sample.

Procedures

1. Contributing Partners shall develop and/or maintain appropriate labor activity records that reflect a system of continuous time reporting of personnel staff time. This includes staff paid with both Local Share and Federal Share dollars.

Any budget or other planned spending costs that are only estimated by a Contributing Partner before nutrition education activities are performed do not qualify as support for charges but may be used for interim accounting purposes, provided that:

- a. The system for establishing the estimates produces reasonable approximations of the activity actually performed.
- b. At least quarterly, comparisons of actual costs to budgeted distributions based on the monthly activity reports are made.
- c. The budget estimates or other distribution percentages are revised at least quarterly.

2. Contributing Partners must also document time spent by each staff member (both Local and Federal Share) on management/administrative time and direct delivery of nutrition education to SNAP participants. This information will be reported on a monthly basis in conjunction with the monthly invoice.
 - a. Management time is defined as time spent on tasks related to the administration of the SNAPed Program. These activities include: personnel supervision, payroll, traveling to and attending meetings, preparing reports and proposals, traveling to and providing staff training, and professional development activities.
 - b. Direct Delivery is defined as time spent on providing nutrition education to SNAP eligible participants including preparing lesson plans, travel to and from sites where direct delivery services are provided, teaching allowable nutrition education activities to SNAP eligible persons, administering surveys or evaluation questionnaires, summarizing results of nutrition education activities, ordering nutrition education materials, conducting physical activity demonstrations and promotions that include a nutrition message, making referrals to SNAP and WIC programs, and setting up for direct delivery nutrition education activities.
3. All time documentation forms must be reviewed and corrected for mathematical errors that could lead to under/over-claiming staff time. Significant alterations made to time documentation records must be initialed and annotated with a reason for the alterations.

EXAMPLE:

(Revised October 2008)

Labor Activity Report

Department of Health Services

Pay Period: 09/20/08 To: 10/03/08

Name: _____ Position No: _____ Timekeeper's Name: _____
 EIN: _____ Telephone Number: _____

Default Funding	% Change	Description	Index	PCA	AY	- % -	9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	Total			
							S	S	M	T	W	T	F	S	S	M	T	W	T	F				
																						0		
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																							0	
																							0	
																							0	
																							0	
																							0	
																							0	
0%	0%	Total Hours Worked					0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

LEAVE Time		9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	Total
COMP	330															0
HOLIDAY	322															0
ANNUAL	300															0
SICK	310/311															0
LWOP	640															0
Jury Duty	350															0
Total Leave Hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Pay Period Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
--------------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

NETWORK FSNE Time		9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	Total
# Hours *Management																0
# Hours **Direct																0
Total FSNE Hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

I certify that the hours above represent, to the best of my knowledge, an accurate record of the time that I have devoted to the identified programs/activities as per ADHS policies and procedures.

NOTE: Due to Timekeeper when signing time sheet.
 Due into Payroll Office on Monday, before close of business.
 LAR will not be processed without Signatures.

 Employee Signature Date

 Supervisor Signature Date

 BNP Financial Accountant Date



(Revised October 2008)

Teacher Time Documentation Form

(For in-school staff who provide **only** Direct nutrition education)

Name _____ School _____ Grade(s) _____
 Please Print

For month of:	
Week Ending (mm/dd/yy):	Total Direct Hours:
Total Hours:	

Note: Direct Hours includes time spent providing, preparing for, and traveling to and from nutrition education activities.

Number of Students:	
----------------------------	--

Note: Enter the number of students currently enrolled in your class.

Estimated Length of Sessions:	
Shortest:	
Longest:	

Note: Enter the shortest and longest amount of time spent on nutrition education

Please enter the **number of times** you taught the following nutrition/physical activity topics to your students this month:

#	Topic	#	Topic
	A – Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		I – Physical Activity
	B – Fats and Oils		J – Promote Healthy Weight
	C – Fiber Rich Foods		K – Sodium & Potassium
	D – Food Shopping / Preparation		L – Whole Grains
	E – Fruits & Vegetables		M – Food Safety
	F – Lean Meat & Beans		N – Other – Breastfeeding
	G – Limit Added Sugars or Caloric Sweeteners		O – Other – Folic Acid
	H – MyPyramid – Healthy Eating Plan		P – Other – All Content Areas

Note: Topics taught at separate times should each be counted separately. However, if two (2) or more topics are taught together they should be counted as MyPyramid. For example, if Fruits & Veggies are taught in one session and Whole Grains are taught in a separate session then these would each be counted once. If they were both taught together in the same session then it would be counted as MyPyramid.

Employee Signature

Date

Supervisor Signature

Date

Arizona Nutrition Network



Program Staff SNAPed Time Documentation Form

For Month of _____

Name _____ Position _____
Please Print Please Print

Week ending	# Hrs Mgt	# Hrs Direct	Total SNAPed Hours
Totals			

Employee Signature

Date

Supervisor Signature

Date

*Management time is time spent doing tasks related to the administration of SNAPed. This includes personnel supervision, payroll, meetings, preparing reports and proposals, training, professional development activities and the associated travel.

**Direct Delivery time is time spent in preparing and providing nutrition education activities to SNAP eligible participants and the associated travel.

Arizona Nutrition Network Local Incentive Award Program

**Contributing Partner
Staff SNAPed Time Documentation Cover Sheet**

For Month of _____

Organization _____ FFY _____
Please Print

I have reviewed these time documentation forms which show an after-the-fact distribution of time spent in SNAPed activities. There are ____ timesheets totaling ____ hours included with this cover sheet.

Supervisor Signature

Date

FINANCIAL REPORTING

(Revised October 2008)

Policy

Each Contributing Partner is required to submit monthly financial reports to the Network. The financial reports include the **Invoice Form** and the corresponding **Staff Time Allocation Form**. ADHS will not accept the use of other forms. Both forms are to be submitted electronically by the 15th of each month following the reporting period. Once approved, a signed original must also be submitted by mail for reimbursement. Agencies typically receive reimbursement within 4-6 weeks of submitting correct invoices.

The Invoice Form is the official form used by a Contributing Partner to document **actual** Local Share and Federal Share reimbursement each month. If there are no expenditures for a given month, the Contributing Partner will submit the Invoice Form for that month with zeroes entered in the expense column for each funded line. Invoices will be submitted in chronological order; no invoice will be paid before a preceding invoice is received and approved.

LIA Agencies must collect and review time documentation forms and quantify the cost of nutrition education activities in each form. These forms must be kept by LIA Agencies for State compliance auditing.

Each Contributing Partner will submit an Invoice Form and a Staff Time Allocation Form for each month of the program year. In addition, each Contributing Partner will have the opportunity to submit a subsequent 13th Month invoice to report expenses that were encumbered but not paid during the Fiscal Year. All LIA Agencies will submit a final Cumulative Expense report for the period of October 1 through September 30. The final Cumulative Expense Report is included as a tab in the Invoice workbook and will be submitted within 60 calendar days from the end of the fiscal year (September 30). Agencies must request approval for an extension to submit the final report after November 30.

Failure to submit required reports by the contractual due date(s) may disqualify a Contributing Partner for Federal Reimbursement.

Contributing Partners will be provided with an email or CD if requested, that contains an Invoice Form and Staff Time Allocation Form workbook (Excel). The workbook provided to each Contributing Partner will contain budget information specific to the Agency. Each month of the fiscal year is designated by a set of tabs in the workbook. Contributing Partners will enter information each month, and electronically submit the workbook to the Partnership Development Specialist for review. Contributing Partners must submit a correct signed original invoice for reimbursement.

Information on the top half of the invoice reflects the Local Share budget and expenses, while information on the bottom half of the page reflects the Federal Share Budget and reimbursement information. Reimbursement is based on the Federal Share expenses reported on the invoice.

Total Federal Share expenses must not exceed the approved budget total, as indicated on the Price Sheet in the contract. The reimbursement for the approved Federal Share budget shall not exceed 50% of the actual Local Share expenditures. Local Share expenditures may exceed the approved total expenses for the Local Share, if additional Local Share is identified and approved during the course of the contract term. However, an increase in the Federal Share requires a contract amendment.

Procedures

Instructions for completing the Invoice:

1. Click on the appropriate tab of the workbook for the month to be reported.
2. Enter the date the invoice is being submitted in the space provided. The remaining fields in this section (reporting period, contract number, and PO number) have been pre-filled.
3. The column labeled *Budget Categories for Local Share and Federal Share* (**column A in Excel**) lists the budget categories by line item.

The definitions of each line item are as follows:

- a. **Personnel Costs/Salary:** Amount spent on salaries and wages.
- b. **Fringe Benefits:** Benefits paid including statutory benefits, comprehensive benefits or other benefits including medical, dental, vision coverage, long-term disability, accidental death insurance, and tax sheltered annuity programs.
- c. **Contracts/Grants/Agreements:** Expenses incurred associated with use of subcontractors to conduct specialized nutrition activities. This may include consultants, dietitians, and contracted educators.
- d. **Non-capital Equipment Supplies:** Expenses incurred for food and equipment for food demonstrations, office supplies, office equipment with a unit cost of less than \$5,000, printing, photocopying and reproduction costs, and postage. Computers less than \$5,000 are included in non-capital equipment.
- e. **Materials:** Expenses incurred for nutrition education resources such as books, posters, and handouts, etc.
- f. **Travel:** Amount spent on travel expenses for nutrition education and administration purposes. Mileage rates and per diem are determined in accordance with Contributing Partner's policy. If the Contributing Partner has no policy in place, the state rates are to be used as default. Out of state travel is not permitted unless included in submitted LIA Agency Budget and approved by USDA.

- g. **Building/Space:** The total cost of space utilized for the nutrition education program during the billing month.
 - h. **Maintenance:** This is the sum of all costs incurred for maintenance related to nutrition education activities.
 - i. **Equipment & Other Capital:** Non-expendable property used for nutrition education program, having a unit cost of \$5,000 or more and a life expectancy of one year or more.
 - j. **Indirect Costs:** Costs that benefit more than one program but are not easily identified to a specific program. The general rule is that if a cost can be readily attributed to a specific program, it should be classified as a direct cost rather than included in the indirect cost pool. A Contributing Partner claiming Indirect Costs must have submitted an Indirect Cost Allocation plan with the application for the current fiscal year.
4. The column labeled *Approved Local Share Budget Total and Approved Federal Share Budget Total* (**column B in Excel**) lists the current approved line item amounts. These amounts match the price sheet and approved budget submitted with the annual plan. These amounts will not change without a formal amendment.

Note: Once a formal amendment is approved, the Invoice Form will be updated by the Network to match the new/revised price sheet. It will then be provided to the Contributing Partner.

5. The column labeled *Actual Expenses This Period and Reimbursable Expenses This Period* (**column C in Excel**) lists the actual expenses for the reported month. The Contributing Partner will enter this information using documented records of expenses for the month. The rows relating to Personnel and Fringe Benefits costs will pre-fill based on the information entered in the Staff Allocation Form.
- a. Actual expenses *cannot* be claimed in unapproved budget lines. For example, a program cannot claim expenses for Maintenance if the budget line has \$0.00 allocated for the Fiscal Year.
 - b. Actual expenses for Local Share may exceed the original approved Local Share Budget amounts. While allowable, this must be discussed with the PDS to identify the source of additional Local Share funds and approve additional expenditures.
 - c. Federal Share reported expenses *must not* exceed the Approved Federal Share budget in any line item. A Contributing Partner may request an amendment if actual expenses are expected to exceed the amount budgeted in any line. **NOTE:** 10% budget may be transferred between funded budget lines. (See *Amendments to Contracts* policy).

6. The column labeled *Cumulative Expenses to Date and Cumulative Reimbursable Expenses to Date* (**column D in Excel**) automatically calculates the cumulative expenses to date by adding the “Actual Expenses” for the current month to the “Cumulative Expenses to Date” from the previous month. This column is protected and cannot be changed.

Note: The Cumulative Expenses To Date for the Federal Share (reimbursable) must be less than or equal to 50% of the Local Share cumulative expenses, and must not exceed the approved Federal Reimbursement dollar amounts.

7. The column labeled *Unexpended Balance* (**column E in Excel**) automatically calculates the unexpended balance, by subtracting “Cumulative Expenses to Date” for each line item from the “Approved Budget Total” amount for each line item.
8. The column labeled *Local Share Source* (**column G in Excel**) lists each local share source and is prefilled with the information provided in the approved annual budget.
9. The column labeled *Source Code* (**column H in Excel**) lists the USDA EARS code assigned to the specific funding type. This information is prefilled.
10. The column labeled *Available Balance* (**column I in Excel**) lists the remaining balance of each Local Share Source. This information is automatically calculated. NOTE: If the expenditures assigned to a Local Share source will exceed the available balance, you must notify your Partnership Development Specialist (PDS).
11. The column labeled *Expenditures* (**column J in Excel**) lists the actual expenses by Local Share funding source for the reporting month. The Contributing Partner will enter this information using documented records of expenses for the month. The total expenditures in this section must match the total Local Share expenditures in column C.
12. After the Invoice is submitted electronically and approval by the PDS is received, the Authorized Organization Representative for the Contributing Partner will sign on the bottom left of the form and mail the signed original to the attention of the PDS.

Instructions for completing the Staff Allocation Sheet:

The following procedure is for the default Staff Allocation Sheet only (the template issued by the Network). Some agencies have altered this sheet to function better with their accounting systems and corresponding reports. Please contact the PDS if you have any questions about an altered Staff Allocation Sheet or would like to explore making changes to your current reporting form.

1. Click on the appropriate tab of the workbook for the month to be reported.
2. Enter the date the invoice is being submitted in the space provided.
3. The column labeled *Position Title* (**column A in Excel**) lists each position and is prefilled with the information provided in the approved annual budget. This column is protected. Work with the PDS to add or modify any position titles.

4. Enter the month's total Management Hours (**column B in Excel**) and total Direct Hours (**column C in Excel**) for each position. The spreadsheet will automatically calculate the total hours by position (**column D in Excel**) and the total Management and total Direct hours for the month.
5. The column labeled *Hourly Salary* (**column E in Excel**) lists the hourly rate for each position. This information must be entered by the Contributing Partner. Once the information is entered, it will carry forward through all following months Staff Allocation Sheets. Any changes to the hourly rate will only change the following months and will not change the hourly rates entered in previous months.
6. The column labeled *Total LIA Salary* (**column F in Excel**) will automatically calculate by taking the "Total Hours" and multiplying it by the "Hourly Salary" for each position. This column is protected and cannot be changed.
7. The column labeled *% Fringe Benefits* (**column G in Excel**) lists the fringe benefits rate for each position. This information must be entered by the Contributing Partner. Once the information is entered, it will carry forward through all following months Staff Allocation Sheets. Any changes to the fringe benefits rate will only change the following months and will not change the fringe benefits rate entered in previous months.
8. The column labeled *Annual Fixed Fringe Benefits* (**column H in Excel**) lists the annual fringe costs (if applicable) for each position. This information must be entered by the Contributing Partner.
9. The column labeled *Fixed Fringe Benefits* (**column I in Excel**) will automatically calculate by taking the "Annual Fixed Fringe Benefits" and multiplying it by the total FTE (columns K and L added together) for each position. This column is protected and cannot be changed.
10. The column labeled *Total Fringe Benefits* (**column J in Excel**) will automatically calculate by multiplying the "% Fringe Benefits" and the "Total Salary" and adding it with the "Fixed Fringe Benefits" for each position. This column is protected and cannot be changed.
11. The column labeled *FTE Local Share* (**column K in Excel**) will automatically calculate the FTE being "billed" to the Local Share using the "Total Hours" and "% Local Share" for each position. This column is protected and cannot be changed. There will be fluctuations month to month as employee time increases/decreases.
12. The column labeled *FTE Federal Share* (**column L in Excel**) will automatically calculate the FTE being "billed" to the Federal Share using the "Total Hours" and "% Federal Share" for each position. This column is protected and cannot be changed. There will be fluctuations month to month as employee time increases/decreases.

13. The column labeled *% Local Share* (**column M in Excel**) lists the percent of this position's time that should be "billed" to the Local Share. This information must be entered by the Contributing Partner. The % Local Share and % Federal Share must add up to 100%.

Note: These percentages should be based on the approved LIA Budget. For example, if a position was included in both the Local and Federal Share Personnel Budget, that person will be paid from both Local Share sources of funds and from Federal Share reimbursable funds. The Contributing Partner must make a determination of how best to charge the expenses associated with that position so that over the course of the fiscal year, the percentages match the approved budget. In other words, if a position is to be funded 25% by Local Share funds and 75% by Federal Share reimbursable funds, an agency may decide to charge the first quarter to Local Share and the last three quarters to Federal Share, or may charge 25% of the time each month to Local Share and 75% to Federal Share each month.

14. The column labeled *% Federal Share* (**column N in Excel**) lists the percent of this positions time that should be "billed" to the Federal Share. This information must be entered by the Contributing Partner. The % Local Share and % Federal Share must add up to 100%.

Note: These percentages should be based on the approved LIA Budget. For example, if a position was included in both the Local and Federal Share Personnel Budget, that person will be paid from both Local Share sources of funds and from Federal Share reimbursable funds. The Contributing Partner must make a determination of how best to charge the expenses associated with that position so that over the course of the fiscal year, the percentages match the approved budget. In other words, if a position is to be funded 25% by Local Share funds and 75% by Federal Share reimbursable funds, an agency may decide to charge the first quarter to Local Share and the last three quarters to Federal Share, or may charge 25% of the time each month to Local Share and 75% to Federal Share each month.

15. The remaining columns (**columns O thru S in Excel**) total the Local Share Costs, Federal Share Costs, and Total Costs. These columns contain formulas and are protected. These columns cannot be changed.

(Revised October 2008)

LOCAL INCENTIVE AWARD INVOICE

Contractor: Arizona Nutrition Network
 Address: 150 North 18th Avenue, Suite 310
 Phoenix, AZ 85007

Date: 10/1/2008
 Report Period: October 1 - 31, 2008
 Contract #: HG?????-1
 PO #: E9H?????
 Periodic Report
 FINAL REPORT

Budget Categories for Local Share	Approved Local Share Budget Total (1)	Actual Expenses This Period (2)	Cumulative Expenses To Date (3)	Unexpended Balance (4)
A. PERSONNEL COSTS/SALARY	\$22,000.00	\$0.00	\$0.00	\$22,000.00
B. FRINGE BENEFITS	\$12,000.00	\$0.00	\$0.00	\$12,000.00
C. CONTRACTS/GRANTS/AGREEMENTS	\$3,000.00		\$0.00	\$3,000.00
D. NON-CAPITAL EQUIPMENT SUPPLIES	\$4,000.00		\$0.00	\$4,000.00
E. MATERIALS	\$5,000.00		\$0.00	\$5,000.00
F. TRAVEL	\$6,000.00		\$0.00	\$6,000.00
G. BUILDING/SPACE	\$7,000.00		\$0.00	\$7,000.00
H. MAINTENANCE	\$0.00		\$0.00	\$0.00
I. EQUIPMENT & OTHER CAPITAL	\$9,000.00		\$0.00	\$9,000.00
J. INDIRECT COSTS	\$10,000.00		\$0.00	\$10,000.00
TOTAL EXPENSES	\$78,000.00	\$0.00	\$0.00	\$78,000.00

Local Share Source	Source Code	Available Balance	Expenditures
		TOTAL	\$0.00
LS Source 1	(1)	\$1,000.00	
LS Source 2	(2)	\$50,000.00	
LS Source 3	(1)	\$2,500.00	
LS Source 4	(2)	\$500.00	
LS Source 5	(1)	\$3,700.00	

Budget Categories for Federal Reimbursement	Approved Federal Share Budget Total (1)	Reimbursable Expenses This Period (2)	Cumulative Reimbursable Expenses To Date (3)	Unexpended Balance (4)
A. PERSONNEL COSTS/SALARY	\$20,000.00	\$0.00	\$0.00	\$20,000.00
B. FRINGE BENEFITS	\$8,000.00	\$0.00	\$0.00	\$8,000.00
C. CONTRACTS/GRANTS/AGREEMENTS	\$4,900.00		\$0.00	\$4,900.00
D. NON-CAPITAL EQUIPMENT SUPPLIES	\$2,000.00		\$0.00	\$2,000.00
E. MATERIALS	\$3,000.00		\$0.00	\$3,000.00
F. TRAVEL	\$100.00		\$0.00	\$100.00
G. BUILDING/SPACE	\$500.00		\$0.00	\$500.00
H. MAINTENANCE	\$500.00		\$0.00	\$500.00
I. EQUIPMENT & OTHER CAPITAL	\$0.00		\$0.00	\$0.00
J. INDIRECT COSTS	\$0.00		\$0.00	\$0.00
TOTAL EXPENSES	\$39,000.00	\$0.00	\$0.00	\$39,000.00

I certify the above claim is true, correct and complete according to the terms and conditions of the contract. I also certify that the service dates were within the time period of the grant.

This Box is for Official ADHS Staff Only

ADHS Reimbursable Allowed: **\$0.00**

NOTE: Cumulative Federal reimbursement expenses must not be greater than 50% of the Local Share cumulative expenses.

PCA: 44161 Object Code: 6811
 Index #: 98939 AY: 09

Signature of Authorized Organizational Representative Date

Signature of Authorized Arizona Department of Health Services Staff Date

Time Allocation Sheet – Full View

FSNE STAFF TIME ALLOCATION FORM

Contractor: Arizona Nutrition Network
 Address: 150 North 18th Avenue, Suite 310
 Phoenix, AZ 85007

Date: 10/1/2008
 Report Period: October 1 - 31, 2008
 Contract #: HG?????-1
 PO #: E9H?????
 Paid days during month: 23

POSITION TITLE	SNAPed TIME			INDIVIDUAL STAFF INFORMATION										SALARY/ERE				
	# HRS - MGT	# HRS - DIRECT	TOTAL HRS	Hourly Salary	Total LIA Salary	% Fringe Benefits	Annual Fixed Fringe Benefits	Fixed Fringe Benefits	Total Fringe Benefits	FTE Local Share	FTE Federal Share	% Local Share	% Federal Share	LOCAL SHARE		FEDERAL SHARE		Federal Share/ Local Share TOTAL
														Personnel Costs/Salary	Fringe Benefits	Personnel Costs/Salary	Fringe Benefits	
TOTAL	0.00	0.00	0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	0.00	0.00	0.00%	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community Nutritionist			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community Manager			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administrator			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Director			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Community Dietitians			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Project Specialist			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Nutrition Educator			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administrative Assistant			0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	0.00	0.00	0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	0.00	0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

SNAPed Time Section

Individual Staff Information Section

Salary/ERE Section

Time Allocation Sheet – Close Up – SNAPed Time Section

POSITION TITLE	SNAPed TIME		
	# HRS - MGT	# HRS - DIRECT	TOTAL HRS
TOTAL	0.00	0.00	0.00
Community Nutritionist			0.00
Community Manager			0.00
Administrator			0.00
Director			0.00
Community Dietitians			0.00
Project Specialist			0.00
Nutrition Educator			0.00
Administrative Assistant			0.00
TOTAL	0.00	0.00	0.00

PROGRAM REPORTING

(Revised October 2008)

Policy

Contributing Partners are required to submit a Monthly Report using the standard format supplied by the Arizona Nutrition Network. This report format was built from the USDA Education and Administrative Report System (EARS) requirements.

The report includes detailed information about all activities completed by Contributing Partners and their Supporting Partners. The report includes four (4) sections which must be completed. They are:

- **Direct:** This section is where all direct education interventions are recorded. Information including class size, session number, class length, number of participants and contacts, and primary content is recorded. This information is reported monthly.
- **Unduplicated:** This section is where the demographic data is reported for all participants (also known as unduplicated count). Demographic data includes, SNAP status, age, gender, and race/ethnicity. This information is reported monthly.
- **Indirect:** This section is where all indirect education interventions are recorded. This category is broken down into two (2) sections: Materials Distributed and Communication and Events. This information is reported monthly.
- **Narrative:** This section is where the descriptive information about all interventions is recorded. Information including a summary of activities, a summary of data collection and evaluation, anecdotal information, adopt-an-office activities, and challenges/unmet needs is reported. This information is reported quarterly.

Monthly reports shall be submitted electronically via email no later than the 15th of the following month. Failure to submit required reports may prevent materials orders from being processed.

Beginning with FY2009, Contributing Partners are encouraged to create their own data collection methods and forms. The following procedure describes how to complete the “default” Monthly Report (the template issued by the Network). The four sections listed above are required and cannot be changed. Some partners have additional sections that help with their data collection methods. Please contact the PDS if you have any questions about an additional worksheet in your workbook or would like to explore making changes to your data collection methods and reporting.

Procedure

Instructions for completing the Direct Tab:

1. Click on the Direct tab for the month to be reported.
2. Enter the date of the activity in the column titled *Date* (**column A in Excel**).

- a. Note: Each intervention should be recorded and sessions should not be grouped. For example, a three (3) series session will be recoded with three (3) separate entries.
- 3. Select the delivery site from the drop down menu in the column titled *Delivery Site*. (**column B in Excel**) This is where the nutrition education took place. This information is pre-filled based on the list of sites provided in the annual application. Contact your PDS to add additional sites.
- 4. The column titled *Class Identifier* (**column C in Excel**) is optional. This field was added so Contributing Partners could make a notation to identify which class this is. For example: Ms. Jones Class.
- 5. Select “yes” or “no” from the drop down menu in the column titled *First Contact With This Group* (**column D in Excel**). Select “yes” if it is the first time this particular group/class has met or select “no” if this class/group has already received SNAPed. Also select “yes” or “no” from the drop down menu in the column titled *Any New Participants* (**column E in Excel**). Select “yes” if it is the first contact or if there are new people joining the class/group or select “no” if there are no new participants in the class/group. The answers selected here will determine if these people are counted as contacts or participants. The following is a list of potential choices and the outcome:

First Contact With This Group? (Yes or No)	Any New Participants? (Yes or No)	Participants	Contacts
Yes	Yes	X	
Yes	No	Error	Error
No	Yes	X	X
No	No		X

- 6. Enter the session number in the column titled *Session Number* (**column F in Excel**). This refers to which session this entry is in a series of sessions. For example, if it is a single session enter “1”, and if it is the second session of a four session series enter “2”, etc.
- 7. Enter the length of the session in the column titled *Length of Session in Minutes* (**column G in Excel**). This column should list the actual length of each session in minutes (i.e. 30, 120, etc.).
- 8. Enter the total number of sessions of this series in the column titled *Number of Classes in Series* (**column H in Excel**). For example, if it is a single session enter “1”, and if it is a four session series enter “4”, etc.
 - a. This column combined with the column titled *Session Number* (**column F in Excel**) will tell us, for example, that this is the 2nd session of a 4 part series.
- 9. Enter the percent of time the participant or contact would spend with interactive media in the column titled *% Interactive Media* (**column I in Excel**). Examples of interactive media include: a kiosk at a community event, computer based trainings, etc.

10. Select from the drop down menu in the column titled *Food Demo* (**column J in Excel**). The selection of “yes” means a food demo was performed and a selection of “no” means there was not a food demo performed.
11. The columns titled *Participants* (**column K in Excel**) and *Contacts* (**column L in Excel**) list the number of people that took part in the nutrition education session. These columns will be “available” depending on the information entered in columns *First Contact With This Group* (**column D in Excel**) and *Any New Participants* (**column E in Excel**).
 - a. A person will be categorized as a participant for their first intervention only. All other interventions must be categorized as contacts.
12. The *Primary Content* is reported in four (4) columns (**columns M thru P in Excel**). Each column is a drop down menu based off the approved nutrition topics listed in the annual application. Partners may report up to four (4) topics.
 - a. Note: The primary content refers to the nutrition education being taught not necessarily the delivery method. For example, if a partner is teaching about the importance of fruits and vegetables while working in the community garden then the primary content would be fruits and vegetables.

Instructions for completing the Unduplicated Tab:

Note: This worksheet will only be used for the interventions where there were *Participants* recorded. If an intervention has only contacts you will not need to fill out this worksheet.

1. Click on the Unduplicated tab for the month to be reported.
2. The column titled *Date* (**column A in Excel**) lists the date of the event. This column will carry forward from the Direct tab if there are participants involved.
3. The column titled *Delivery Site* (**column B in Excel**) lists the location where the event took place. This column will carry forward from the Direct tab if there are participants involved.
4. The column titled *Class Identifier* (**column C in Excel**) lists the identifier used by the partner (not required). This column will carry forward from the Direct tab if there are participants involved.
5. The column titled *Type of Setting* (**column D in Excel**) will auto-populate with the USDA EARS type of setting based on the delivery site selected. This information was pre-filled in based off of the information in the annual application. For example, if ABC Elementary is selected as the delivery site then this column will automatically enter “Q-Public School”.

6. The column titled *Unduplicated Count* (**column E in Excel**) lists the number of participants (people taking part for the first time). This column will carry forward from the Direct tab if there are participants involved.
7. The column titled *% Free Meal Recipients* (**column F in Excel**) lists the percent of participants that are receiving free meals and will be used for estimating SNAP status. This column is pre-filled using the National School Lunch Program (NSLP) Data that corresponds to the report used to qualify a school site. For example, if a Partner used the March 2007 NSLP report then the March 2007 free percentages are used.
8. The columns titled *School Sites* (**column G in Excel**), *All Other Sites* (**column H in Excel**), and *Other Participants* (**column I in Excel**) are used to record the SNAP status of participants. The number of participants receiving SNAP at *School Sites* is automatically calculated using the NSLP free percentage when a school is selected. The column for *Other Participants* should be used to record SNAP recipients for all other settings. This column must be entered by the partner (it will not calculate). The final column for *Other Participants* will automatically calculate by taking the total number of participants and subtracting the total participants receiving SNAP (*School Sites* and *All Other Sites*). This column will reflect the participants that are not receiving SNAP or the SNAP status is unknown.

Note: Demographic data must be self-reported by adults and can be estimated for children.

9. Participant age and gender information should be entered in **Excel columns J thru R**. The *Age/Gender Total* column (**column R in Excel**) must match the *Unduplicated Count* column. Age/Gender categories are based on the USDA EARS requirements and are broken down as follows:
 - a. 0 – 4 Years, M and F (**columns J and K in Excel**)
 - b. 5 – 17 Years, M and F (**columns L and M in Excel**)
 - c. 18 – 59 Years, M and F (**columns N and O in Excel**)
 - d. 60+ Years, M and F (**columns P and Q in Excel**)

Note: Demographic data must be self-reported by adults and can be estimated for children.

10. Participant race and ethnicity information should be entered in **Excel columns S thru AM**. The *Race and Ethnicity Total* column (**column AM in Excel**) must match the *Unduplicated Count* column. Race/Ethnicity categories are based on the USDA EARS requirements and are broken down as follows:
 - a. American Indian or Alaskan Native, Hispanic or Non Hispanic (**columns S and T in Excel**)
 - b. Asian, Hispanic or Non Hispanic (**columns U and V in Excel**)
 - c. Black or African American, Hispanic or Non Hispanic (**columns W and X in Excel**)
 - d. Native Hawaiian or Other Pacific Islander, Hispanic or Non Hispanic (**columns Y and Z in Excel**)
 - e. White, Hispanic or Non Hispanic (**columns AA and AB in Excel**)

- f. American Indian or Alaskan Native and White, Hispanic or Non Hispanic (**columns AC and AD in Excel**)
- g. Asian and White, Hispanic or Non Hispanic (**columns AE and AF in Excel**)
- h. Black or African American and White, Hispanic or Non Hispanic (**columns AG and AH in Excel**)
- i. American Indian or Alaskan Native and Black or African American, Hispanic or Non Hispanic (**columns AI and AJ in Excel**)
- j. All Others Reporting More than One Race, Hispanic or Non Hispanic (**columns AK and AL in Excel**)

Note: Demographic data must be self-reported by adults and can be estimated for children.

Instructions for completing the Indirect Tab:

This section of the report is broken down into two sections: Materials Distribution (ex. mailing out a newsletter) and Communications and Events (ex. having a booth at a community health fair).

1. Click on the Indirect tab for the month to be reported.

Materials Distribution

1. Enter the date the activity took place in the column titled *Date* (**column A in Excel**).
2. Enter the activity name in the column titled *Name of Activity* (**column B in Excel**). For example, a quarterly newsletter to participants/contacts may be entered as “First Quarter Newsletter”.
3. Enter the estimated number of people reached through this activity in the column titled *Estimates Reach* (**column C in Excel**). This does not need to be an actual count. In the example listed above, this would be estimated by counting the number of newsletters distributed.
4. Select the type of materials distribution from the drop down menu in the column titled *Type* (**column D in Excel**). These selections are from the USDA EARS requirements.
 - a. A-Calendars
 - b. B-Electronic (email) materials/info distribution
 - c. C-Fact sheets/pamphlets/newsletters
 - d. D-Posters
 - e. E-Promotional Materials
 - f. F-Videos/CD Rom
 - g. G-Website
 - h. H-Other

Communications and Events

1. Enter the date the activity took place in the column titled *Date* (**column F in Excel**).

2. Enter the activity name in the column titled *Name of Activity* (**column G in Excel**). For example, participating at the local Farmers Market by handing out information and conducting a food demonstration may be entered as “Phoenix Farmers Market”.
3. Enter the estimated number of people reached through this activity in the column titled *Estimates Reach* (**column H in Excel**). This does not need to be an actual count. In the example listed above, this would be estimated by counting the number of handouts distributed or a visual estimate.
4. Select the type of communication or event from the drop down menu in the column titled *Type* (**column I in Excel**). These selections are from the USDA EARS requirements.
 - a. A-Nutrition Education Radio PSAs
 - b. B-Nutrition Education TV PSAs
 - c. C-Nutrition Education Articles
 - d. D-Billboard, Bus or Van Wraps, or Other Signage
 - e. E-Community Events/Fairs - Participant
 - f. F-Community Event/Fairs - Sponsor
 - g. H-Other
5. Select the source data used to estimate the reach in the column titled *Source Data* (**column J in Excel**). These selections are from the USDA EARS requirements.
 - a. 1-Commercial market data on audience size
 - b. 2-Survey of target audience
 - c. 3-Visual estimate
 - d. 4-Other

Instructions for completing the Narrative Tab:

The narrative section of the Monthly Report will only be submitted quarterly. This section of the report is broken down further into 5 sections: summary of activities, data collection and evaluation, anecdotal information, adopt-an-office activities, and challenges/unmet needs

1. Complete questions one thru four in the *Summary of Activities* section. Include all partnership and collaborative efforts and adopt-an-office activities. List any newly developed materials and any newly purchased equipment (both non-capital and capital equipment).
2. Complete questions one, five, and six in the *Data Collection and Evaluation* section. Questions two thru four will pre-fill using the information from the other tabs. In questions one, include details as to how the demographic data was collected (i.e. demographic cards, school data, etc.). In question five, explain what types of evaluation took place during the quarter and how the evaluation was implemented (i.e. pre/post test, calendar of events, etc.). In question six, showcase the evaluation results (i.e. 99% of children demonstrated an increase in knowledge).
3. Provide anecdotal information in the *Anecdotal Information* section. This information should describe the success of the contributing partners program that may not be captured using traditional evaluation efforts (i.e. Food Service Director’s statement that the salad

bar is more popular with the classes that received fruit and vegetable classes, quotes from participants, etc.). This information is routinely forwarded to USDA to showcase the successes of Contributing Partner's programs. Letters from participants, sample handouts, and pictures may also be submitted.

4. Check the boxes next to the appropriate adopt-an-office activities in the *Adopt-an-Office Activities* section that took place over the quarter.
5. Provide information regarding challenges and unmet needs in the *Challenges/Unmet Needs* section. Examples may include staff turnover, low attendance at activities, lack of resources, etc. Indicate any additional training, resources, or assistance needed by program staff from the State office.

Narrative

Arizona Nutrition Network Local Incentive Award Agency Quarterly Narrative Report	
FY 2009	
Quarter 1: October 1 - December 31	
Summary of Activities (include partnership and collaborative efforts and Adopt-an-Office activities)	
1. Activities this Quarter:	
2. Most Significant Accomplishments:	
3. New Materials Developed (provide copy):	
4. New Equipment Purchased:	
Data Collection & Evaluation	
1. Methods for collecting quantitative and demographic data:	
2. Quarterly Total Direct Contacts*:	
3. Quarterly Total Unduplicated Contacts*:	
4. Quarterly Total Indirect Contacts*:	
5. Methods of Evaluation:	
6. Evaluation ResultsResults:	
*From Direct, Unduplicated and Indirect worksheets.	
Anecdotal Information	
Adopt-an-Office Activities	
1. Adopt-an-Office Activities or other FSNE at Food Stamp Offices:	
<input checked="" type="checkbox"/>	Direct Activities (i.e. one-on-one education w/ participants)
<input checked="" type="checkbox"/>	Indirect Activities (i.e. replenishing handouts - Fun Food News)
<input checked="" type="checkbox"/>	Staff Meetings (i.e. going over social marketing campaign changes with staff)
Challenges/Unmet Needs	