

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

Three-Year Integrated Work Plan FFY 2017–2019

SECTION A: OVERVIEW

1. SNAP-Ed Implementing Agency (counterpart local agency) Names

- California Department of Social Services: CDSS: (County Welfare Departments: CWD)
- University of California: UC CalFresh UCCE: (UC Cooperative Extension: UCCE)
- California Department of Public Health: CDPH: (Local Health Department: LHD)
- California Department of Aging: CDA: (Area Agency on Aging: AAA)
- Catholic Charities of California: CCC: (Catholic Charities of California: CCC)

2. State Level Goals and Objectives

Overall State Level Goal and Focus

The California SNAP-Ed goal is to improve the likelihood that persons eligible for SNAP-Ed will make healthy food and physical activity choices within a limited budget consistent with the current *Dietary Guidelines for Americans* and *Physical Activity Guidelines for Americans*.

California SNAP-Ed focuses on preventing nutrition and activity-related chronic diseases and improving food security among persons eligible for SNAP-Ed by:

- Providing information and education to promote food resource management, healthy eating, and a physically active lifestyle, and
- Creating supportive food and activity environments in collaboration with community partners in order to make healthy choices easier where people eat, live, learn, work, play, and shop.

Behavioral Outcomes

Goal 1: Increase Consumption of Healthy Foods and Beverages and Decrease Consumption of Unhealthy Foods and Beverages

- **Objective 1a:** Annually improve the dietary quality of meals and snacks consumed by the SNAP-Ed eligible population consistent with the current *Dietary Guidelines for Americans*.
- **Objective 1b:** Annually increase consumption of fruits and vegetables among the SNAP-Ed eligible population.
- **Objective 1c:** Annually decrease consumption of added sugar from food and beverages among the SNAP-Ed eligible population.

Goal 2: Increase Physical Activity

- **Objective 2:** Annually increase physical activity among the SNAP-Ed eligible population consistent with the current *Physical Activity Guidelines for Americans*.

Goal 3: Improve Food Resource Management

- **Objective 3a:** Annually improve resource management behaviors^[1] among the SNAP-Ed eligible population.
- **Objective 3b:** Annually increase food security^[2] among the SNAP-Ed eligible population.

Physical & Social Environment Outcomes

Goal 4: Increase access to and/or appeal^[3] of healthy dietary choices and decrease access to and/or appeal of unhealthy dietary choices where people eat, live, learn, work, play, or shop.

- **Objective 4a:** Annually improve^[4] food environments at SNAP-Ed eligible sites.
- **Objective 4b:** Annually improve the proportion of healthy to unhealthy food environments in SNAP-Ed eligible communities.

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Goal 5: Increase access to and/or appeal^[3] of physical activity opportunities for SNAP-Ed eligible populations.

- **Objective 5a:** Annually improve^[4] environments and opportunities for physical activity at SNAP-Ed eligible sites.
- **Objective 5b:** Annually increase physical activity opportunities and improved environments community-wide in SNAP-Ed eligible communities.

¹ Behaviors, such as reading labels, shopping with a list and comparing prices to maximize use of limited resources to support a healthy diet.

² Defined as not running out of food at the end of the month.

³ Defined as availability, affordability, appropriateness to priority population, variety, quality, and marketing strategies such as placement, point of decision prompts, healthy defaults, and promotion.

⁴ Defined as a combination of introducing healthy changes at new sites and deepening or maintaining changes at existing sites.

3. Jurisdiction Description



4. Community Assessment



5. Community Change Goals



6. Partnerships and Collaborative Efforts [County Nutrition Action Plan (CNAP) Partners or comparable]



7. Key Messages (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Fiber-Rich Foods |
| <input type="checkbox"/> Whole Grains | <input type="checkbox"/> My Plate-Healthy Eating Plan | <input type="checkbox"/> Fat-Free & Low-fat Milk or Equivalent (& Alt. Calcium Sources) |
| <input type="checkbox"/> Fruits & Vegetables | <input type="checkbox"/> Limit Added Sugars or Caloric Sweeteners | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Fats and Oils | <input type="checkbox"/> Food Shopping/Preparation | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Lean Meat & Beans | | |
| <input type="checkbox"/> Sodium & Potassium | | |
| <input type="checkbox"/> Promote Healthy Weight | | |

8. Educational Materials, Resources, and Curriculum [Brief overview]



9. Intervention and Evaluation Plan Narrative Summary [Not to exceed 8 pages]



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SECTION B: TARGET AUDIENCE DESCRIPTION

1. Gender

Male:	0%
Female:	0%
Total:	0%

2. Age

	#
0 to 4 years old (Preschool):	0
5 to 17 years old (School Age):	0
18 to 59 years old (Adult):	0
60 years old and over (Senior):	0
Total:	0

3. Ethnicity/Race

ETHNICITY

0%	0%	0%
Total Percentage Hispanic/Latino	Total Percentage Not Hispanic/Latino	Total Percentage Ethnicity

RACE

	Hispanic/Latino	Not Hispanic/Latino
	%	%
Black or African American	0%	0%
Asian	0%	0%
American Indian/Alaskan Native	0%	0%
Native Hawaiian/Other Pacific Islander	0%	0%
White	0%	0%
Multiple/Other	0%	0%
Total:	0%	0%

4. Languages Used in Intervention Activities and Materials

English	0%	Farsi	0%	Russian	0%
Spanish	0%	Hmong	0%	Tagalog	0%
Arabic	0%	Khmer (Cambodian)	0%	Vietnamese	0%
Armenian	0%	Korean	0%	Other (specify):	0%
Bosnian	0%	Lao	0%	Other (specify):	0%
Cantonese	0%	Mandarin	0%	Total:	0%

5. Projected Number of Low-Income Persons Reached

	FFY 17	FFY18	FFY 19
• Direct Education (estimated unduplicated):	0	0	0
• Indirect Education:	0	0	0
• Policy, Systems, and Environment (PSE) Change/Supports:	0	0	0

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6. Intervention Sites

Site Setting	#	Site Setting	#	Site Setting	#
Adult Education and Job Training Sites	0	Food Assistance Site: Food Pantries	0	Schools: Students (Middle/Junior High)	0
Adult Rehabilitation Centers	0	Food Assistance Site: Soup Kitchens	0	Schools: Students (High School)	0
CalFresh Offices	0	Head Start Programs	0	Schools: Students (After School)	0
California Food Assistance Program (CFAP)	0	Individual Homes	0	Schools (Parents)	0
Churches	0	In Home Supportive Services (IHSS)	0	Section 8 Public Housing Voucher (“Housing Choice Vouchers”)	0
Commodity Foods Distribution on Indian Reservation (FDPIR)	0	Job Corps	0	Shelters/Temporary Housing	0
Community Based Organizations	0	Libraries	0	Supplemental Security Income (SSI)	0
Community Centers	0	Low Income Home Energy Assistance Program (LIHEAP)	0	Temporary Assistance for Needy Families (TANF) Job Readiness Program/CalWORKS	0
Community Youth Organizations	0	MediCal	0	U.S. Department of Energy (DOE) Weatherization Assistance Program	0
Comprehensive Perinatal Service Program (CPSP)	0	Medical/Dental Offices	0	Youth Education Site (includes Park and Recreation)	0
Elderly Service Center/Senior Centers	0	Public/Community Health Centers	0	Women, Infants, and Children Program (WIC)	0
Emergency Food Assistance Sites	0	Public Housing [U.S. Dept. of Housing and Urban Development (HUD)]	0	Worksites	0
Extension Offices	0	Retail/Food Stores	0	Other (specify):	0
Family Resource Centers	0	Retail and Food Store with Qualifying CalFresh Redemption	0	Other (specify):	0
Farmers’ Markets	0	Schools: District Office	0	TOTAL SITES:	0
Federally Qualified Health Centers (FQHC)	0	Schools: Students (Preschool)	0		
Food Assistance Site: Food Banks	0	Schools: Students (Elementary)	0		

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SECTION C: INTERVENTION PLAN

I. Three-Year SNAP-Ed Local Objective #1 (FFY 2017–FFY 2019):

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

II. PSE Strategy(ies) that support the Three-Year SNAP-Ed Local Objective listed above:

III. Annual Objectives to support the Three-Year SNAP-Ed Local Objective listed above:

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

1. FFY 2017 (Year 1) Objective(s):

a.

b.

c.

2. FFY 2018 (Year 2) Objective(s):

a.

b.

c.

3. FFY 2019 (Year 3) Objective(s):

a.

b.

c.

SNAP-Ed State Goals (*check all that apply*):

- Goal 1:** Food and Beverages (Behavioral)
- Goal 2:** Physical Activity (Behavioral)
- Goal 3:** Food Resource Management (Behavioral)
- Goal 4:** Access to and/or appeal of dietary choices (Physical and Social Environmental)
- Goal 5:** Access to and/or appeal of physical activity opportunities (Physical and Social Environmental)

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Three-Year SNAP-Ed Local Objective #1 (FFY 2017–FFY 2019):

Restate the Local Objective (item I.)

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Time Frame: Year & Quarter** <i>Check all that apply</i>	Documentation
1.1		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
1.2		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
1.3		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	

***Intervention Categories Legend:**

CED = Community/Nutrition and Physical Activity Education Direct; **CEI** = Community/Nutrition and Physical Activity Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)
 Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

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Educational Materials, Resources, and Curriculum

Activity Number	Curriculum, Toolkit, Resource Name	SNAP-Ed Agency(ies)	Level of Evidence Base
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:

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EVALUATION ACTIVITIES (FFY 2017–FFY 2019)

Activity Number	Evaluation Activity Description	Evaluation Type			Responsible SNAP-Ed Agency(ies)	Time Frame: Year & Quarter** <i>Check all that apply</i>	Tool/Documentation
		Formative	Process	Outcome or Impact			
E.1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.1.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.1.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

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SECTION C: INTERVENTION PLAN

I. Three-Year SNAP-Ed Local Objective #2 (FFY 2017–FFY 2019):

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

II. PSE Strategy(ies) that support the Three-Year SNAP-Ed Local Objective listed above:

III. Annual Objectives to support the Three-Year SNAP-Ed Local Objective listed above:

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

1. FFY 2017 (Year 1) Objective(s):

a.

b.

c.

2. FFY 2018 (Year 2) Objective(s):

a.

b.

c.

3. FFY 2019 (Year 3) Objective(s):

a.

b.

c.

SNAP-Ed State Goals (*check all that apply*):

- Goal 1:** Food and Beverages (Behavioral)
- Goal 2:** Physical Activity (Behavioral)
- Goal 3:** Food Resource Management (Behavioral)
- Goal 4:** Access to and/or appeal of dietary choices (Physical and Social Environmental)
- Goal 5:** Access to and/or appeal of physical activity opportunities (Physical and Social Environmental)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

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Three-Year Integrated Work Plan FFY 2017–2019

Three-Year SNAP-Ed Local Objective #2 (FFY 2017–FFY 2019):

Restate the Local Objective (item I.)

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Time Frame: Year & Quarter** <i>Check all that apply</i>	Documentation
2.1		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
2.2		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
2.3		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	

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CED = Community/Nutrition and Physical Activity Education Direct; **CEI** = Community/Nutrition and Physical Activity Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

****Time Frame: Year & Quarter:**

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Educational Materials, Resources, and Curriculum

Activity Number	Curriculum, Toolkit, Resource Name	SNAP-Ed Agency(ies)	Level of Evidence Base
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:

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EVALUATION ACTIVITIES (FFY 2017–FFY 2019)

Activity Number	Evaluation Activity Description	Evaluation Type			Responsible SNAP-Ed Agency(ies)	Time Frame: Year & Quarter** <i>Check all that apply</i>	Tool/Documentation
		Formative	Process	Outcome or Impact			
E.2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:	
E.2.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:	
E.2.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 <input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:	

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

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SECTION C: INTERVENTION PLAN

I. Three-Year SNAP-Ed Local Objective #3 (FFY 2017–FFY 2019):

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

II. PSE Strategy(ies) that support the Three-Year SNAP-Ed Local Objective listed above:

III. Annual Objectives to support the Three-Year SNAP-Ed Local Objective listed above:

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

1. FFY 2017 (Year 1) Objective(s):

a.

b.

c.

2. FFY 2018 (Year 2) Objective(s):

a.

b.

c.

3. FFY 2019 (Year 3) Objective(s):

a.

b.

c.

SNAP-Ed State Goals (*check all that apply*):

- Goal 1:** Food and Beverages (Behavioral)
- Goal 2:** Physical Activity (Behavioral)
- Goal 3:** Food Resource Management (Behavioral)
- Goal 4:** Access to and/or appeal of dietary choices (Physical and Social Environmental)
- Goal 5:** Access to and/or appeal of physical activity opportunities (Physical and Social Environmental)

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Three-Year SNAP-Ed Local Objective #3 (FFY 2017–FFY 2019):

Restate the Local Objective (item I.)

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Time Frame: Year & Quarter** <i>Check all that apply</i>	Documentation
3.1		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
3.2		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
3.3		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	

***Intervention Categories Legend:**

CED = Community/Nutrition and Physical Activity Education Direct; **CEI** = Community/Nutrition and Physical Activity Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)
 Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

**Three-Year
Integrated Work Plan
FFY 2017–2019**

Educational Materials, Resources, and Curriculum

Activity Number	Curriculum, Toolkit, Resource Name	SNAP-Ed Agency(ies)	Level of Evidence Base
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

**Three-Year
Integrated Work Plan
FFY 2017–2019**

EVALUATION ACTIVITIES (FFY 2017–FFY 2019)

Activity Number	Evaluation Activity Description	Evaluation Type			Responsible SNAP-Ed Agency(ies)	Time Frame: Year & Quarter** <i>Check all that apply</i>	Tool/Documentation
		Formative	Process	Outcome or Impact			
E.3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.3.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.3.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

Three-Year
Integrated Work Plan
FFY 2017–2019

SECTION C: INTERVENTION PLAN

I. Three-Year SNAP-Ed Local Objective #4 (FFY 2017–FFY 2019):

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

II. PSE Strategy(ies) that support the Three-Year SNAP-Ed Local Objective listed above:

III. Annual Objectives to support the Three-Year SNAP-Ed Local Objective listed above:

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

1. FFY 2017 (Year 1) Objective(s):

a.

b.

c.

2. FFY 2018 (Year 2) Objective(s):

a.

b.

c.

3. FFY 2019 (Year 3) Objective(s):

a.

b.

c.

SNAP-Ed State Goals (*check all that apply*):

- Goal 1:** Food and Beverages (Behavioral)
- Goal 2:** Physical Activity (Behavioral)
- Goal 3:** Food Resource Management (Behavioral)
- Goal 4:** Access to and/or appeal of dietary choices (Physical and Social Environmental)
- Goal 5:** Access to and/or appeal of physical activity opportunities (Physical and Social Environmental)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

Three-Year Integrated Work Plan FFY 2017–2019

Three-Year SNAP-Ed Local Objective #4 (FFY 2017–FFY 2019):

Restate the Local Objective (item I.)

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Time Frame: Year & Quarter** <i>Check all that apply</i>	Documentation
4.1		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
4.2		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
4.3		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	

***Intervention Categories Legend:**

CED = Community/Nutrition and Physical Activity Education Direct; **CEI** = Community/Nutrition and Physical Activity Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

**Three-Year
Integrated Work Plan
FFY 2017–2019**

Educational Materials, Resources, and Curriculum

Activity Number	Curriculum, Toolkit, Resource Name	SNAP-Ed Agency(ies)	Level of Evidence Base
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

**Three-Year
Integrated Work Plan
FFY 2017–2019**

EVALUATION ACTIVITIES (FFY 2017–FFY 2019)

Activity Number	Evaluation Activity Description	Evaluation Type			Responsible SNAP-Ed Agency(ies)	Time Frame: Year & Quarter** <i>Check all that apply</i>	Tool/Documentation
		Formative	Process	Outcome or Impact			
E.4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.4.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.4.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

Three-Year
Integrated Work Plan
FFY 2017–2019

SECTION C: INTERVENTION PLAN

I. Three-Year SNAP-Ed Local Objective #5 (FFY 2017–FFY 2019):

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

II. PSE Strategy(ies) that support the Three-Year SNAP-Ed Local Objective listed above:

III. Annual Objectives to support the Three-Year SNAP-Ed Local Objective listed above:

Local Objectives must be S.M.A.R.T (Specific, Measureable, Achievable, Realistic, and Time-Bound)

1. FFY 2017 (Year 1) Objective(s):

a.

b.

c.

2. FFY 2018 (Year 2) Objective(s):

a.

b.

c.

3. FFY 2019 (Year 3) Objective(s):

a.

b.

c.

SNAP-Ed State Goals (*check all that apply*):

- Goal 1:** Food and Beverages (Behavioral)
- Goal 2:** Physical Activity (Behavioral)
- Goal 3:** Food Resource Management (Behavioral)
- Goal 4:** Access to and/or appeal of dietary choices (Physical and Social Environmental)
- Goal 5:** Access to and/or appeal of physical activity opportunities (Physical and Social Environmental)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

Three-Year Integrated Work Plan FFY 2017–2019

Three-Year SNAP-Ed Local Objective #5 (FFY 2017–FFY 2019):

Restate the Local Objective (item I.)

Activity Number	Activity Description	Intervention Categories*	Responsible SNAP-Ed Agency(ies)	Subcontractors	Time Frame: Year & Quarter** <i>Check all that apply</i>	Documentation
5.1		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
5.2		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	
5.3		<input type="checkbox"/> CED <input type="checkbox"/> CEI <input type="checkbox"/> MPR <input type="checkbox"/> C&C <input type="checkbox"/> TTA	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	CWD: LHD: AAA: UCCE: CCC:	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	

***Intervention Categories Legend:**

CED = Community/Nutrition and Physical Activity Education Direct; **CEI** = Community/Nutrition and Physical Activity Education Indirect; **MPR** = Media, Social Media, Public Relations and Messaging; **C&C** = Coordination and Collaboration; **TTA** = Training and Technical Assistance

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)
 Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

**Three-Year
Integrated Work Plan
FFY 2017–2019**

Educational Materials, Resources, and Curriculum

Activity Number	Curriculum, Toolkit, Resource Name	SNAP-Ed Agency(ies)	Level of Evidence Base
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:
		<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	<input type="checkbox"/> Research Tested <input type="checkbox"/> Practice Tested <input type="checkbox"/> Emerging <input type="checkbox"/> N/A - Please describe below:

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

[Jurisdiction Name]

Three-Year Integrated Work Plan FFY 2017–2019

EVALUATION ACTIVITIES (FFY 2017–FFY 2019)

Activity Number	Evaluation Activity Description	Evaluation Type			Responsible SNAP-Ed Agency(ies)	Time Frame: Year & Quarter** <i>Check all that apply</i>	Tool/Documentation
		Formative	Process	Outcome or Impact			
E.5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.5.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:
E.5.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CWD <input type="checkbox"/> LHD <input type="checkbox"/> AAA <input type="checkbox"/> UCCE <input type="checkbox"/> CCC	Year 1 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 2 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 Year 3 <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4	<input type="checkbox"/> EARS/ATF <input type="checkbox"/> PSE RE-AIM Report <input type="checkbox"/> UC CalFresh Workbook <input type="checkbox"/> Food Behavior Checklist <input type="checkbox"/> UC Intent to Change List other:

****Time Frame: Year & Quarter:**

Year 1 (FFY 2017); Year 2 (FFY 2018); Year 3 (FFY 2019)

Qtr. 1 (Oct. 1-Dec. 31); Qtr. 2 (Jan. 1-Mar. 31); Qtr. 3 (Apr. 1-Jun. 30); Qtr. 4 (Jul. 1-Sept.30)