

Supplemental Nutrition Assistance Program (SNAP) Preliminary Authorization of Food Purchasing and Delivery Services for the Elderly or Disabled

Request for Volunteers (RFV) Supplementary Application Form

INSTRUCTIONS: This questionnaire supplements Form FNS-252-2. Both Form FNS-252-2 and this RFV Supplementary Application Form, together, are your Application, and both must be submitted by all applicants.

Please fill out all relevant fields below and only leave blank those fields so indicated by the application form instructions. If there is insufficient room to respond, you may attach additional pages. If you attach additional pages, please write "additional information attached" in the relevant field of this form and indicate the relevant question number on the additional pages you attach.

Section A. Identifying Information

A1. Applicant Organization Name		A2. Website URL Address	
A3. Pilot Contact Name	A4. Phone	A5. Email	
A6. Address			
A7. City	A8. State	A9. ZIP	

Section B. Volunteer Organization Category

NOTE: If you have multiple, distinct, sites with operations, each of those sites is considered a separate "store" and each will need to obtain a separate FNS authorization to participate in SNAP. You will need to complete an Application (both the Form FNS-252-2 and a Supplementary Form) for each site that you would like to accept SNAP benefits. This application is limited to only one of your sites.

B1. Which of the following best describes your organization? (select one)

- Nonprofit Food Purchasing and Delivery Service
- Government Agency

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Applicant Organization Name:

B2. Please identify any other distinct sites with operations that you are completing an Application for. You may leave this field blank if there are none and skip to Question C1.

B3. Please describe the relationship(s) between each of the other site(s) and this site.

B4. Please describe your core mission, including the populations you primarily serve, as well as any other populations you serve.

Section C. Affiliations

C1. Please identify and describe any affiliations (partnerships, agreements, grant awards, etc.) your organization has with not-for-profit organizations. (specify) You may also wish to attach a statement of support from one or more of the organizations you've listed.

Applicant Organization Name:

C2. Please identify and describe any affiliations (partnerships, agreements, grant awards, etc.) your organization has with government agencies (including Federal, State, or local). (specify) You may also wish to attach a statement of support from one or more of the organizations you've listed.

Section D. Geographic Coverage and State Taxes and Fees

D1. Please identify the States in which this site will accept SNAP benefits for eligible foods that are purchased and delivered. (indicate all that apply)

<input type="checkbox"/> All	<input type="checkbox"/> CO	<input type="checkbox"/> ID	<input type="checkbox"/> LA	<input type="checkbox"/> MS	<input type="checkbox"/> NJ	<input type="checkbox"/> OK	<input type="checkbox"/> TN	<input type="checkbox"/> WV
<input type="checkbox"/> AL	<input type="checkbox"/> CT	<input type="checkbox"/> IL	<input type="checkbox"/> ME	<input type="checkbox"/> MO	<input type="checkbox"/> NM	<input type="checkbox"/> OR	<input type="checkbox"/> TX	<input type="checkbox"/> WI
<input type="checkbox"/> AK	<input type="checkbox"/> DE	<input type="checkbox"/> IN	<input type="checkbox"/> MD	<input type="checkbox"/> MT	<input type="checkbox"/> NY	<input type="checkbox"/> PA	<input type="checkbox"/> UT	<input type="checkbox"/> WY
<input type="checkbox"/> AZ	<input type="checkbox"/> FL	<input type="checkbox"/> IA	<input type="checkbox"/> MA	<input type="checkbox"/> NE	<input type="checkbox"/> NC	<input type="checkbox"/> RI	<input type="checkbox"/> VT	<input type="checkbox"/> DC
<input type="checkbox"/> AR	<input type="checkbox"/> GA	<input type="checkbox"/> KS	<input type="checkbox"/> MI	<input type="checkbox"/> NV	<input type="checkbox"/> ND	<input type="checkbox"/> SC	<input type="checkbox"/> VA	<input type="checkbox"/> GU
<input type="checkbox"/> CA	<input type="checkbox"/> HI	<input type="checkbox"/> KY	<input type="checkbox"/> MN	<input type="checkbox"/> NH	<input type="checkbox"/> OH	<input type="checkbox"/> SD	<input type="checkbox"/> WA	<input type="checkbox"/> VI

D2. For each State selected above, please list the counties in which you will deliver to SNAP clients.

Section E. Fee Structure

E1. Do you charge households a fee for your purchasing and delivery service? (YES/NO)

E2. Is the fee a set fee which is the same for every household and every delivery? (YES/NO) (if NO, skip to Question E4)

E3. Please provide the set fee amount and skip to question F1.

Applicant Organization Name:

E4. Please describe in detail your fee structure and attach any information typically provided to participants regarding your fee structure. In particular, please describe the following:

- The amount of the fee, and if and how the amount varies depending on household size or income, order amount, or any other variables;
- The maximum delivery fee that a household may be charged per delivery; and
- The methods of payment you will accept for the purchasing and delivery fee (i.e., cash, credit/debit, personal check, etc.).

Section F. Source Foods

F1. Please list the retailers from which you plan to purchase foods for this pilot. (specify)

F2. How will you determine which food items are SNAP-eligible and which are not? (explain)

Applicant Organization Name:

Section G. Tender

G1. Which types of tender do you currently accept? (indicate all that apply)

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Debit Cards | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> Personal Checks | <input type="checkbox"/> Gift Cards | <input type="checkbox"/> Other (please describe) |

G2. Will you allow households to place combination orders (orders in which SNAP-eligible foods are paid for with SNAP benefits, and other items are paid for with other forms of tender)? (YES/NO) (if NO, skip to Question G4)

G3. Please describe how you will separately identify to the household SNAP-eligible foods paid for with SNAP benefits and other items or delivery fees paid for with other tender.

G4. Will you accept manufacturer or store coupons for food paid for with SNAP benefits? (YES/NO)

G5. Please provide a detailed description of how the SNAP redemption portion of the transaction will take place. And describe when, in relation to food order and delivery, SNAP benefits will be redeemed.

Applicant Organization Name:

G6. Given that SNAP benefits may not be paid in advance of food delivery, describe how you will make payment to the store/merchant. For example, will you use your organization's funds to pay the vendor, or will you have an agreement with the store/merchant to accept payment after delivery of the order.

Section H. Ordering and Delivery Arrangements

H1. How will you take SNAP eligible food orders? (indicate all that apply)

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> In Person | <input type="checkbox"/> Telephone | <input type="checkbox"/> Online |
| <input type="checkbox"/> Email | <input type="checkbox"/> Fax | <input type="checkbox"/> Other (explain) |

H2. Will there be an order minimum amount per delivery for the household (including SNAP and other food purchases combined)? (YES/NO) (if NO, skip to Question H4)

H3. What is the order minimum? Please explain why an order minimum is necessary?

H4. Will there be an order maximum limit for each delivery? (YES/NO) (if NO, skip to Question H6)

Applicant Organization Name:

H5. What is the order maximum? Please explain why an order maximum is necessary?

H6. Will each household have the opportunity to order and receive delivery of SNAP eligible foods at least one time per month? (explain)

H7. On average, how many deliveries will each household be eligible to receive each month?

H8. Will you set up a recurrent delivery date and time with households? (YES/NO) (if NO, skip to Question H10)

H9. For the average household, how frequently will these recurrent deliveries occur? (indicate one and skip to Question H11)

More Often than Weekly

Weekly

Bi-Weekly

Monthly

Less Often than One Time per Month

Other (explain)

Applicant Organization Name:

H10. If you do not set up a regular delivery date and time with households, describe the process by which you set up ad hoc delivery dates and times with households.

H11. Do you provide the household a delivery timeframe window? (YES/NO) (if NO, skip to Section I)

H12. How long is the delivery window? (indicate one)

1 Hour or Less

1 to 2 Hours

2 to 3 Hours

3 to 4 Hours

4+ Hours

Other (explain)

Section I. Ordering and Delivery Logistics, Issues, and Customer Complaints

I1. What is the time period in advance of delivery that you allow a household to cancel an order? (explain)

I2. If an item the customer ordered is not available at the merchant/store, do you purchase a substitution? (YES/NO) (if NO, skip to Question I5)

I3. Do you or the SNAP household decide whether substitution is allowed? (explain)

Applicant Organization Name:

14. Please describe how the substitution food item is selected. For example, do you consult the SNAP household, or do you choose the same brand but different size, or do you choose a different brand but same size? Please describe this process:

15. Will you offer food items sold by weight? (YES/NO) (if NO, skip to Question 17)

16. How will your organization handle overweight purchases? (indicate all that apply)

- No additional charge to the customer
- The customer pays an overweight charges
- Item(s) are removed and/or replaced to avoid overweight charge
- Other (explain)

17. For what reasons do you allow food product returns for a refund? (indicate all that apply)

- We never allow product returns (Skip to Question 110)
- Wrong Product Delivered
- Any reason
- Spoiled or Damaged
- Customer Order Mistake
- Other (explain)

18. How may products be returned? (indicate all that apply)

- Household Returns to Store
- Pick Up Product With Next Order
- We Pick Up Before Next Order
- Other (explain)

Applicant Organization Name:

I9. Is there a time limit for returns? Please describe.

I10. In addition to, or as an alternative to returns, how do you handle the following household complaints? Please describe below and attach a copy of any policy statements regarding the following.

Wrong Product (explain)

Wrong Amount for Foods Sold by Weight (explain)

Product Quality (explain)

Spoiled or Damaged Products (explain)

Delivery Not Within Timeframe Window Provided (explain)

I11. How will your organization document to the household that the foods are being provided at the actual purchase price? I.e., will you provide the actual purchase receipt to the customer? (explain)

Section J. Determining Household Eligibility for Redemption of SNAP Benefits

J1. Given that in this pilot, only households in which an elderly or disabled member is 1) the head of household and 2) unable to shop for food will be eligible to redeem benefits through P&D Services, describe how your organization will determine the eligibility of households to redeem SNAP benefits through purchasing and delivery services.

Applicant Organization Name:

Section K. Privacy Act Statement

PRIVACY ACT STATEMENT - Section 9 of the Food and Nutrition Act of 2008, 7 U.S.C. 2018, authorizes collection of the information on this application.

Information is collected primarily for use by FNS in the administration of the Supplemental Nutrition Assistance Program. However, the applicant should be aware of the following:

- Additional disclosure of this information may be made to other FNS programs and to other Federal, State or local agencies and investigative authorities when FNS becomes aware of a violation or possible violation of the Food and Nutrition Act, as explained in the next section called "Use and Disclosure"; and
- Furnishing the information requested on this form is voluntary, but failure to do so will result in denial of this application.

USE AND DISCLOSURE - We may use the information you give us in the following ways:

- We may disclose information to the Department of Justice, a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may disclose your information to other Federal and State agencies to verify the information contained herein, and to assist in the administration and enforcement of the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nutrition Act of 1966, for purposes of administering that Act and the regulations issued under that Act; and
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of SNAP after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and SNAP regulations.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept SNAP benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from FNS, the owners your organization may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

Applicant Organization Name:

CERTIFICATION, AGREEMENT, AND SIGNATURE - By signing below, you are confirming your understanding of, and agreement with, the following:

- I am an authorized respondent to this Application as defined in section 2.1 of the Request for Volunteers;
- I have provided truthful and complete information on the Application and on any documents provided to the FNS;
- If I provide false information, my Application may be denied or withdrawn;
- Any information I have provided or will provide may be verified and shared by the USDA with other agencies as described above;
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from SNAP; I am aware that violations of SNAP rules can also result in Federal, State and/or local criminal prosecution and sanctions;
- Disqualification from the WIC Program may result in SNAP disqualification and a disqualification from SNAP may result in WIC Program disqualification;
- In accordance with Federal law and USDA policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. SNAP customers must be treated in the same manner as non-SNAP customers;
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- I am responsible for reporting changes in the firm's ownership, address, type of business and operation to FNS;
- I am responsible for reporting changes regarding any of the policies or assurances identified above;
- SNAP Authorization may not be transferred to new owners, partners, corporations, or other entities; and
- An unauthorized individual or firm accepting or redeeming SNAP benefits is subject to substantial fines and administrative sanctions.

I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning, and Certification and Agreements Statements as provided above, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program, and the conditions of participation and responsibilities in the Request for Applications.

X _____ Signature	_____ Print Name
_____ Date Signed	_____ Print Title