**Agency Name:**

**Specific Audience to be served:**       (Example: Teen Parents class)

**Program Site Location** (if different from agency):

|  |  |
| --- | --- |
| Please fill in either ‘Income Data’ **OR** ‘Program Data’ to show how your specific audience is eligible for SNAP-Ed. **You do not need to do both.** | |
| **INCOME DATA** | **PROGRAM DATA** |
| **Must use the table\* at the bottom of the page.**       % (show actual percentage) of people in our audience have incomes within the limits for their family size to qualify for SNAP-Ed\*. *Must be at least 50% of the audience to be eligible for SNAP-Ed.*  This percentage is based on data from       (name source of agency data)  Month/year of data review       (must be October 2018 or later) | % (show actual percentage) of people in our audience are in at least one program(s) below. *Must be at least 50% of the audience to be eligible for SNAP-Ed*.  This percentage is based on data from      (name source of agency data)  Month/year of data review:        (must be October 2018 or later)  Check the program(s) that people are in:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Basic Food | |  | Free/Reduced School Meals\*\* | | |  | WIC | |  | Head Start and/or ECEAP\*\* | | |  | TANF | |  | Medicaid- adults only | | |  | | Supplemental Security Income (SSI) | | | |  | | General Assistance (GA) | | | |  | | Senior Farmers Market Nutrition Program | | |   \*\*children participate &/or parents have children who participate |

**Agency Staff Member Signature:**        **Date:**

**Agency Staff Member (printed name)**:       **Title:**

***Please note:*** Agency signature confirms that data: 1) is accurate, and 2) will be on hand for six years beyond the end of the grant year. Data for FFY20 must be on file through September 2026.

**\*2019 Income Limits (185% Federal Poverty Guidelines) Per Family Size**

|  |  |  |  |
| --- | --- | --- | --- |
| **Persons in family/household** | **Income $/year** | **Persons in family/household** | **Income $/year** |
| 1 | $23,107 | 5 | $55,815 |
| 2 | $31,284 | 6 | $63,992 |
| 3 | $39,461 | 7 | $72,169 |
| 4 | $47,638 | 8 | $80,346 |

For families/households with more than 8 persons, add $4,420 for each additional person.