

APPENDIX IX
State Plan and Budget Instructions

Outreach Plan Summary

Project Number	Title	Geographic Area	Target Audience	Contracted (list contractor) or In-House?
1 - Example	Outreach Worker Train-the-Trainer	Florida County	Health Center Case Managers: Parish Nurses	In-house

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Outreach Project Details

1	Project Number	List the project number as noted in the table in Section 3.		
2	Geographic Area (County)			
3	Target audience			
4	Goal	List the goal of the project. The goal should be measurable (a numeric goal, if possible). Likely, the goal will focus on increasing SNAP participation. Indicate if the number of people is contacts, applicants, approved applicants, etc.		
5	Timeline	Start	Month and year, quarter, or annual/ongoing.	End Month and year, quarter, or annual/ongoing.
6	Description of Activity	Provide a description of the activity and how it will be implemented.		
7	Subcontractor			
8	Tax ID of Subcontractor(s)			
9	Role of the Subcontractor(s)	Describe the role of the subcontractor. Add rows for additional subcontractors, if necessary.		
10	Partner 1	Partners may be community or faith-based organizations, local SNAP offices, food banks or pantries, retailers, or other community organization. Obtaining a letter of commitment from your partners is good project management. It is suggested that you obtain such a letter from each partner and maintain the letter in your files. Add rows for additional partners, as necessary.		
10	Role of Partner 1	Describe the role of the Partner. Add rows for additional partners, if necessary.		
11	Subrecipient funding source(s).			
12	Volunteers	Are volunteers involved in this activity: Yes No If Yes, in what capacity?		
13	Evaluation	Explain how the project will be evaluated. Include your data collection and analysis plan.		

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Outreach Project Staffing Costs

Project Number	List the project number as noted in the table in Section 3.						
Staff Person Title	Name of Staff Person	(a) FTE Outreach	(b) Salary	(c=a×b) Outreach Salary	(d) Benefits Rate	(e=c×d) Outreach Benefits	(f=c+e) Total
Outreach Specialist	Smith, John	0.50	\$25,000	\$12,500	20%	\$2,500	\$15,000

Multiple year plans: Complete Section 5 each year.

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Budget Detail and Narrative

Budget Detail Table for Project #:						
Expenses	(a) Public Cash	(b) Public In-kind	(c) Private Cash	(d) Total Non- Federal	(e) Federal Funds	(f) Total Funds
(g) Personnel (Salary & Benefits)				0		0
Other Direct Costs						
(h) Copying/Printing/Materials						
Item 1 Details				0		0
Item 2 Details				0		0
(i) Internet/Telephone						
Item 1 Details				0		0
Item 2 Details				0		0
(j) Equipment and Other Capital Expenditures						
Item 1 Details				0		0
Item 2 Details				0		0
(k) Supplies and Non Capital Expenditures						
Item 1 Details				0		0
Item 2 Details				0		0
(l) Building/Space						
				0		0
(m) Other						
Item 1 Details				0		0
Item 2 Details				0		0
(n) Subtotal Other Direct Costs	0	0	0	0	0	0
Travel						
(o) Long Distance				0		0
(p) Local				0		0
(q) Subtotal Travel	0	0	0	0	0	0
Contractual Services						
(r) Contractual				0		0
				0		0
(s) Subtotal Contractual Services	0	0	0	0	0	0
(t) Total Personnel, Direct Costs, Travel, and Contractual	0	0	0	0	0	0

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Budget Detail Table for Project #:						
Expenses	(a) Public Cash	(b) Public In-kind	(c) Private Cash	(d) Total Non- Federal	(e) Federal Funds	(f) Total Funds
(u) Indirect Costs						
(v) TOTAL Project Costs	0	0	0	0	0	0

Multiple year plans: Complete Section 6 each year. Approval of budgets is on an annual basis. Thus, approval of the upcoming fiscal year budget does not constitute approval of any future year budget presented in multi-year plans. Such budgets will continue to be approved annually.

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Line Item Budget Summary

Budget Detail Table for Project #:						
Expenses	(a) Public Cash	(b) Public In-kind	(c) Private Cash	(d) Total Non- Federal	(e) Federal Funds	(f) Total Funds
(g) Personnel (Salary & Benefits)				0		0
Other Direct Costs						
(h) Copying/Printing/Materials				0		0
(i) Internet/Telephone				0		0
(j) Equipment and Other Capital Expenditures				0		0
(k) Supplies and Non Capital Expenditures				0		0
(l) Building/Space				0		0
(m) Other				0		0
(n) Subtotal Other Direct Costs	0	0	0	0	0	0
Travel						
(o) Long Distance				0		0
(p) Local				0		0
(q) Subtotal Travel	0	0	0	0	0	0
(r) Contractual				0		0
(s) Total Personnel, Direct Costs, Travel, and Contractual	0	0	0	0	0	0
(t) Indirect Costs				0		0
(u) TOTAL Project Costs	0	0	0	0	0	0

Multiple year plans: Provide a budget summary for each year of the plan and for the plan as a whole. Complete Section 7 each year.