



Dear Potential Network applicant:

The New Hampshire Farmers Market Nutrition Incentive Network is a collaboration of farmers' market nutrition incentive program operators. The network was established in 2013 with the goal of strengthening and scaling nutrition incentive programs across the state in order to increase affordable access to locally grown food. These programs provide customers with a monetary incentive when they spend their federal nutrition benefits at a participating farmers' market.

With the goal of measured and measurable growth, the Nutrition Incentive Network is accepting applications. Regional Lead and Program Operator roles are loosely defined as:

REGIONAL LEAD	PROGRAM OPERATOR (farmers market)
Capacity to represent region in regular network communications and quarterly meetings, participate in key network decision making and collaborate regularly with NH Food Bank, Wholesome Wave and other regional lead organizations	Capacity to implement a nutrition incentive program including regular data collection, local marketing & outreach efforts and participate in occasional statewide events
Demonstrate experience with nutrition incentive program operations	Operate established markets in areas of need with paid dedicated staff
Operate in current gap area of need or strategic importance	Demonstrate connections and experience working with local community, specifically SNAP eligible population
Capacity to engage in fundraising & policy advocacy	Contribute market level data, photos and stories to assist with network wide fundraising and policy advocacy efforts
Demonstrate dedication to network vision and commitment to collaboration.	Demonstrate potential to reach large number of SNAP recipients
Sustainable nonprofit with paid staff	Mission alignment
Stipend and incentive funding provided, in-kind match required	Incentive funding provided, in-kind match required
<i>Applications are requested by mid January</i>	<i>Applications are requested by mid February</i>

For further information, or to find out about leads and operators in your region, please contact:

Katy Hiza

SNAP Incentive Network Coordinator

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**New Hampshire Nutrition Incentive Program Network  
Request for Program Operator Partnership**

*Program Operator/Farmers Market(s):*

*Please submit the following information for each market. Please consider winter/summer markets to be distinct.*

Name of Regional Lead Organization, current Network member: \_\_\_\_\_

Name of Farmers Market: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Market Season Dates: \_\_\_\_\_

Number of SNAP eligible vendors: \_\_\_\_\_

Of these, how many sell fruits and vegetables? \_\_\_\_\_

Has this market operated SNAP?

If yes, how many seasons? approximate SNAP sales per market?

Are SNAP/EBT transactions centralized? \_\_\_\_\_

Who administers the EBT program on site at the market (a market manager, a volunteer, student/intern, vendor)? \_\_\_\_\_

Has this market operated incentive programming?

Are the SNAP-incentives offered the entire season?

If yes, explain:

*Please tell us about each farmers market that you are including in your request for funding:*

- What are the demographics of the community?
- Have you engaged key stakeholders such as consumers and farmers in the potential for a incentive programming? If so, what is their feedback?
- What challenges do you foresee in working with this farmers market, or within this community?
- Please explain how you plan to maintain consistent communication and expectations with staff managing the incentive programming onsite throughout the season. Do you conduct any market manager trainings at the beginning of the season?

*Please indicate whether your farmers market conducts each activity by placing a "Y" or "N" following each question. Name the individual(s) responsible for fulfilling each activity and (his/her role), include whether s/he is with the lead or program operator organization:*

<b>ACTIVITY</b>	<b>IDENTIFIED (Y/N)</b>	<b>NAME / ROLE</b>
Primary program contact(s), including data collection program design and implementation		
Individual(s) responsible for managing the		

incentives onsite, including training other onsite staff, vendors and customers in incentives and reimbursing vendors regularly		
Individual(s) responsible for weekly reimbursement of vendors (if you do not reimburse them weekly, please explain, as this will impact your data collection)		
Individual(s) responsible for data collection onsite and offsite maintenance		
Individual(s) available to conduct evaluation onsite, such as consumer surveys		
Individual(s) responsible for promotion and outreach		

**Data Collection and Reporting:**

- Please tell us about your capacity to complete the following data collection activities:

Item tracked weekly	Do you currently track this data? (Y/N)	If Yes, please briefly explain your current method. If no, please explain how you plan to track this data this season
Total # of federal benefit transactions on site		
# of new customers by federal benefit program		
Federal benefit redemption by program (SNAP, WIC, SFMNP)		
Total # of vendors on site		
Total # of incentives eligible vendors on site		
incentives distribution by federal benefit program		

Total incentives redemption		
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- Do you foresee any challenges entering these required data on a monthly basis, at minimum, in our online data portal?

***Secured/Pending funds for the 2015 incentives season***

<b>Source</b>				
<b>Funding Term</b>				
<b>Incentive Funds</b>	\$	\$	\$	\$
<b>Program Management</b>	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$
<b>Secured? (Y/N)</b>				

(Insert more columns if needed)

*Open Ended Questions:*

- What are your long-term goals for your incentive program? Do you see it lasting in your communities and at your sites in the long-term?
- What limitations/constraints or opportunities do you foresee?

