

SNAP Opportunities

1. **Question Ref:** Q_1955

Is your agency a non-profit organization such as a school district, Board of Cooperative Educational Services (BOCES), Workforce Investment Board (WIB), community college or community-based organization or a for-profit business or employer, including a corporation, LLC, LLP, etc., that can satisfy the non-federal funding requirement?

2. **Question Ref:** Q_1941

Does your agency have the required non-federal funding needed to secure the 50% SNAP E&T federal reimbursement? You must read the help section associated with this question to ensure the non-federal funding meets the stated requirements.

3. **Question Ref:** Q_1973

Are the individuals served under this grant eligible low-income adult applicants for, or recipients of, SNAP benefits who are at least 18 years of age, or 16-17 and not in school, with preference given to SNAP recipients/applicants residing in the REDC Opportunity Area(s)?

4. **Question Ref:** Q_1975

Do you have a letter of support / hiring commitment from at least one employer expressing their intent to hire participants as part of your SNAP Opportunities program?

5. **Question Ref:** Q_184

NYS Assembly District(s) where the project is located. (please enter a number between 1 and 150 that represents your Assembly District)

Choice Options: 1,150

6. **Question Ref:** Q_190

NY Senate District(s) where the project is located. (please enter a number between 1 and 63 that represents your Senate District)

Choice Options: 1,63

7. **Question Ref:** Q_546

Legal Name of Applicant

8. **Question Ref:** Q_547

Contact First Name

Choice Options: 1,25

9. **Question Ref:** Q_549

Type of Applicant (select all that apply)

Choice Options: Federal, State, County, City, Town, Village, Tribal, School District, County or Town Improvement District, District Corporation, For-Profit, Not-For-Profit, Individual, Business Corporation, IDA, LDC,LLC,LLP, Public Authority, Public Benefit Corp, Sole-Proprietorship. HDFC,BID, LP,Boards Of Cooperative Educational Services (BOCES), Fire District, Regional Planning and Development Board, Public Library, Association Library

10. **Question Ref:** Q_550

If you are a DBA, what is your DBA name?

11. **Question Ref:** Q_551

Applicant Street Address

12. **Question Ref:** Q_552

Applicant City

13. **Question Ref:** Q_553

Applicant State

14. **Question Ref:** Q_554

Applicant ZIP Code. (please use ZIP+4 if known)

Choice Options: 5,9

15. **Question Ref:** Q_555

Applicant Email Address

16. **Question Ref:** Q_556

Select an applicant ID type from the list below that you normally use to identify your organization on application forms.

Choice Options: Charity Reg #, Duns Number, Federal Tax ID Number, NYS Unemployment Insurance Tax Number, Social Security Number, NYS Vendor Identification Number (SFS)

17. **Question Ref:** Q_561

Additional Contact Email Address

18. **Question Ref:** Q_562

Additional Contact Phone Number. (please include area code)

19. **Question Ref:** Q_565

Project City

Choice Options: 1,40

20. **Question Ref:** Q_568

Project State

Choice Options: 1,10

21. **Question Ref:** Q_572

Project Latitude

Choice Options: 40,49.99

22. **Question Ref:** Q_573

Project Longitude

Choice Options: -79.9,-70

23. **Question Ref:** Q_575

Project Description. Concisely describe the project, indicating the location, what will be planned, designed, acquired, and/or constructed, the issues/opportunities to be addressed, and expected outcomes and deliverables. Additional details will be collected later in the application process.

Choice Options: 1,1500

24. **Question Ref:** Q_580

Provide a list of all federal, state, and local reviews, approvals, or permits needed or completed, including the dates when they are expected to be completed or were completed. If Not Applicable, indicate "NA".

Choice Options: 1,250

25. **Question Ref:** Q_616

For more than one project location, please provide full address(es) for each location. If Not Applicable, indicate "NA".

Choice Options: 1,200

26. **Question Ref:** Q_651

Applicant Telephone Number, (please include area code)

27. **Question Ref:** Q_928

Project Street Address: if the project does not have a definite street address, please skip to "Project without a Street Address" below.

Choice Options: 1,60

28. **Question Ref:** Q_929

Current State of Project Development (i.e. planning, preliminary engineering, final design, etc. You may enter N/A for non-project related applications)

Choice Options: 1,150

29. **Question Ref:** Q_930

Explain what makes your project a regional economic priority - for example creates jobs, economic investment, sustainability and community revitalization, government efficiency or consolidation etc.

Choice Options: 1,1500

30. **Question Ref:** Q_969

If you are a business, have you been certified as a New York State Minority or Women-owned Business Enterprise (MWBE)?

Choice Options: Yes, No, N/A

31. **Question Ref:** Q_970

Additional Project Contact Last Name

Choice Options: 1,25

32. **Question Ref:** Q_971

Project Without a Street Address: please enter a description of the project location. Include project starting/ending street addresses, cities & zip codes if applicable.

Choice Options: 1,100

33. **Question Ref:** Q_972

Project county or counties.

Choice Options: 1,75

34. **Question Ref:** Q_975

Estimated Project Timeline: including project start/completion dates, estimates for design, permitting and construction or other major steps. (You may enter N/A for non-Project related applications)

Choice Options: 1,250

35. **Question Ref:** Q_976

Statement of Need

Choice Options: 1,1500

36. **Question Ref:** Q_1034

Project ZIP Code. (please use ZIP+4 if known)

Choice Options: 1,15

37. **Question Ref:** Q_1049

Contact Last Name

Choice Options: 1,25

38. **Question Ref:** Q_1050

Contact Title

Choice Options: 1,40

39. **Question Ref:** Q_1051

Additional Contact Title

Choice Options: 1,50

40. **Question Ref:** Q_1052

Additional Project Contact First Name

Choice Options: 1,25

41. **Question Ref:** Q_1054

If National Environmental Policy Act (NEPA) Record of Decision has been issued, please explain (include date of Record of Decision).

42. **Question Ref:** Q_2362

If funding was awarded in prior CFA rounds, what were the CFA numbers for which funding was awarded? (separate multiple CFA numbers with commas)

43. **Question Ref:** Q_2364

What is the status of State and/or Federal Environmental Review? If review of the project is underway or completed pursuant to the State Environmental Quality Review Act (SEQRA) or National Environmental Policy Act (NEPA), please indicate the lead agency (if applicable).

44. **Question Ref:** Q_1987

Please complete and attach the following required MWBE documents: 1. MWBE Subcontracting Utilization Form 2. MWBE Letter of Intent to Participate 3. EEO Staffing Plan 4. MWBE / EEO Policy Statement 5. MWBE Subcontractor Request for Waiver (if applicable) 6. MWBE Goal Requirements Certification of Good Faith Efforts For convenience, these forms

have been combined into one document titled SNAP Opportunities MWBE Forms. Please see the help section for a link to OTDA's website where the forms are posted.

45. **Question Ref:** Q_1967

Please complete and attach the SNAP Opportunities Non-federal Funding Agreement. Please see the help section for a link to OTDA's website where the form is posted.

46. **Question Ref:** Q_1986

Please attach the letter(s) of support from employer(s) who have committed to hire program participants.

47. **Question Ref:** Q_1985

Please attach a letter of support from the SSD.

48. **Question Ref:** Q_1979

What are your overall program goals and objectives, including specific outcomes, project design, who are your partner(s) agency/employers and what are their roles and responsibilities?

Choice Options: 0,5000

49. **Question Ref:** Q_2045

What types of job opportunities/employment areas will your project target? Please include a description of types of jobs (job duties, predicted wages) participants are expected to obtain upon completion of the SNAP Opportunities program.

50. **Question Ref:** Q_2069

Please enter the amount of federal SNAP E&T reimbursement funds you are requesting. The maximum is \$300,000. The amount requested should equal the amount of eligible non-federal funds you are providing as part of the program. For example, if you are requesting \$300,000 in federal reimbursement, your SNAP Opportunities Non-federal Funding Agreement form must also reflect \$300,000. If you are requesting \$200,000 in federal reimbursement, you would need to provide \$200,000 on your SNAP Opportunities Non-federal Funding Agreement form and so forth.

Choice Options: 0,300000

51. **Question Ref:** Q_1980

Please enter the number of 90 day unsubsidized employment retentions you expect to achieve as part of this initiative.

Choice Options: 0,

52. **Question Ref:** Q_1981

What is your strategy for identifying and recruiting eligible individuals who reside in the REDC Opportunity Area to be enrolled in the SNAP Opportunities program? How will you work with the SSD to facilitate referral of eligible SNAP participants?

53. **Question Ref:** Q_1982

What is your case management approach to service delivery for SNAP Opportunities enrollees?

54. **Question Ref:** Q_1983

What experience does your agency/organization have in operating a job placement/retention training program(s) for low income individuals? What experience does your agency have in operating a job readiness or job skills training program, if applicable?

55. **Question Ref:** Q_2065

By typing my name in the box below, I attest that they have read the SNAP Opportunities Guidance Document and required attachments posted on OTDA's website <http://otda.ny.gov/contracts/2013/SNAPOPS>
