USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

September 16, 2025

Ms. Marsha Stowers
Director
Division of Family Assistance Policy
Bureau for Family Assistance
West Virginia Department of Human Services
350 Capitol Street
Charleston, WV 25301

Dear Ms. Stowers:

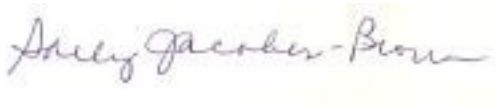
We are writing with reference to your agency's Supplemental Nutrition Assistance Program Education (SNAP-Ed) Plan for Federal Fiscal Year (FFY) 2026. We have reviewed the SNAP-Ed Plan and additional information submitted by your staff and West Virginia University Extension, and we are approving your SNAP-Ed Plan effective September 16, 2025.

The West Virginia FFY 2026 SNAP-Ed program budget is $205,677.12, comprised of FFY 2025 carry-over funding. SNAP-Ed funding is subject to the availability of Federal funds.

We would like to re-emphasize that as primary grantee, your agency is responsible for resolving issues raised by your subgrantee. If your agency is unable to respond to a question, you should contact this office for policy determination. Please feel free to contact Amanda Gomes at Amanda.Gomes@usda.gov.

Thank you for your continued commitment to nutrition education and your valued partnership.

Sincerely,



Sally Jacober-Brown
Acting Division Director
Supplemental Nutrition Assistance Program
Mid-Atlantic Region

E-cc: Puffenbarger, A.; Nowviskie, K.; McCartney, K.; Powell, B.; Yoast, K.; Hui, C.; Gomes, A.

2026 State Plan

West Virginia Department of Human Services (State Agency)

Exported on September 29, 2025 11:29:25 AM CDT

Target Audience and Needs Assessment

Needs Assessment Process

This needs assessment is an **interim update**.

Stakeholders engaged in the needs assessment process

West Virginia has high rates of obesity and chronic disease. Primary contributors to those conditions, low intake of fruits and vegetables and high intake of sugar sweetened beverages, are prevalent across West Virginia, particularly in low-income audiences. These behaviors make ideal targets as they are regularly assessed through BRFSS surveillance, are easily monitored for progress and align with the goals and strategies of West Virginia's strategic plan for combatting obesity and chronic disease.

To address the high rates of chronic disease more effectively and extend the impact of the efforts of SNAP-Ed and partners, WV SNAP-Ed confirms its continued Leadership in the work of the State Nutrition Action Council (SNAC). The council is made up of representatives of state level organizations including WVU Extension Service, Bureau for Public Health, WV SNAP - Department of Human Services (DoHS), the Office of EBT, Department of Education (Office of Child Nutrition, Office of Student Support and Wellbeing,), WIC, Department of Agriculture, Marshall University, Shephard University, Mountaineer Foodbank, Save the Children, Turnrow Farm Collective, KEYS for Healthy Kids, WV Food and Farm Coalition, Oral Health Coalition, WVU Office of Health Services Research, and West Virginia University of Parkersburg. Council representatives will meet quarterly to work strategically on projects to address obesity, nutrition and chronic disease across the state.

In addition to stakeholders at the state level, Health Educators and Nutrition Outreach Instructors partner with local community agencies such as the Boards of Education, Family Resource Networks, Adult Education, Extension/4-H, Parks and Recreation Departments, after school programs and city government to determine the local needs and interests in partnering.

Participant feedback is collected regularly through surveys and program specific focus groups which allow for tailoring of programs to better meet the needs of the target audience.

Process used to determine the State's priority goals and develop objectives and indicators to track progress toward them

The primary behavioral objectives of reduction of sugar sweetened beverages, increased consumption of fruits and vegetables and increased physical activity were chosen based on national level statistics on the relationship of those behaviors to chronic disease and state level statistics showing a need for intervention. Goals were then aligned with Healthy People 2030 goal and objectives to allow for monitoring of progress and evaluation by DoHS. Interventions to address each goal were then selected based on the interest and capacity of the Family Nutrition Program and partners at the state and local level. Evaluation of those interventions is guided by and aligned with the SNAP-Ed evaluation Framework.

Pre and post data on behavioral changes are collected to evaluate individual change. Data is entered into the WebNEERs portal and the percent of change on behaviors related to nutrition and physical activity are assessed quarterly. Health Educators report quarterly on progress with interventions including any PSE changes. Pictures and descriptions of outreach are collected from an internal Facebook page and aggregated with behavioral data into quarterly reports which are shared with partner agencies. National data are reassessed on an annual basis to determine progress towards goals.

Needs Assessment Findings

State-Specific Nutrition and Physical Activity-Related Data on Target Population

Topic	Age Group Range	Finding	Data Source
Obesity	13 to 17 65 to 100 55 to 64 45 to 54 35 to 44 25 to 34 18 to 24	27.0 % 36.0 % 45.0 % 48.0 % 45.0 % 40.0 % 30.0 %	2021 Behavioral Risk Factor Surveillance System (applies to all age groups)
Type 2 diabetes	18 to 100	13.0 %	2021 Behavioral Risk Factor Surveillance System (applies to all age groups)
Hypertension	18 to 100	44.0 %	2017 Behavioral Risk Factor Surveillance System (applies to all age groups)
High cholesterol	20 to 100	40.0 %	2016 Behavioral Risk Factor Surveillance System (applies to all age groups)
Fruit consumption	13 to 17 1 to 5 18 to 100	10.0 did not eat fruit or drink fruit juice in the 7 days prior to survey 40.0 less than 1 daily 46.0 less than 1 time daily	2021 Behavioral Risk Factor Surveillance System (applies to all age groups)
Vegetable consumption	13 to 17 1 to 5 18 to 100	8.0 did not eat vegetables during the 7 days prior to survey 50.0 less than daily 19.0 less than daily	2021 Behavioral Risk Factor Surveillance System (applies to all age groups)
Physical activity behaviors	13 to 17 18 to 100	18.0 physically active less than 60 minutes a day 30.0 no physical activity over the past monthfor exercise	2020 Behavioral Risk Factor Surveillance System (applies to all age groups)
Household food insecurity	0 to 100	14.0 low or very low food security	2021 USDA, Economic Research Service (applies to all age groups)
Other: Sugar Sweetened Beverages	13 to 17 1 to 5	31.0 at least 1 soda daily 65.0 At least once weekly	2021 National Survey of Children's Health (applies to all age groups)

Community Food Access Data

File Attachments

- WV_Food Access Map_2024.pdf

Demographic Characteristics of SNAP-Ed Target Audiences

The SNAP gross income limit (as a percentage of the Federal Poverty Level): **200%**

Race

SNAP-Ed eligible Population

Native Hawaiian or Other Pacific Islander	434
Other	30,002
White	590,529
Black or African American	27,295
American Indian or Alaska Native	1,068
Asian	3,891

Source: American Community Survey, 2021

Age

SNAP-Ed eligible Population

76 or older	48,243
Younger than 5	54,769
5-17	109,149
18-59	331,008
60-75	110,050

Source: American Community Survey, 2021

Ethnicity

SNAP-Ed eligible Population

Not Hispanic/Latino	642,224
Hispanic/Latino	10,995

Source: American Community Survey, 2021

Primary language spoken in household

SNAP-Ed eligible Population

Amharic	0	Arabic	2,078
Armenian	0	Cantonese	21
Chinese	1,085	Creole	101
English	575,580	Farsi	9
Filipino	360	French	1,118
German	1,088	Hindi	134
Hmong	0	Italian	1,048
Japanese	390	Khmer	0
Korean	193	Laotian	0

Mandarin	277	Other and unspecified languages	405
Pennsylvania German	554	Polish	180
Portuguese	146	Russian	90
Serbo-Croatian	0	Somali	0
Spanish	11,725	Telugu	195
Thai	92	Turkish	167
Urdu	21	Vietnamese	577

Source: American Community Survey, 2021

County, Ward, Parish

SNAP-Ed eligible Population

Barbour	6,324	Berkeley	33,723	Boone	8,402
Braxton	5,840	Brooke	6,978	Cabell	37,469
Calhoun	3,371	Clay	4,416	Doddridge	2,359
Fayette	16,896	Gilmer	1,987	Grant	3,732
Greenbrier	13,071	Hampshire	8,229	Hancock	9,135
Hardy	6,424	Harrison	20,951	Jackson	9,646
Jefferson	11,996	Kanawha	63,498	Lewis	6,276
Lincoln	9,110	Logan	16,470	Marion	18,486
Marshall	10,515	Mason	9,679	Mcdowell	10,903
Mercer	25,820	Mineral	7,351	Mingo	12,319
Monongalia	34,096	Monroe	5,074	Morgan	5,142
Nicholas	10,591	Ohio	13,657	Pendleton	2,352
Pleasants	2,175	Pocahontas	3,524	Preston	9,873
Putnam	14,349	Raleigh	30,172	Randolph	9,878
Ritchie	3,270	Roane	6,925	Summers	4,769
Taylor	5,915	Tucker	2,082	Tyler	2,477
Upshur	9,566	Wayne	15,223	Webster	4,403
Wetzel	6,059	Wirt	1,991	Wood	29,304
Wyoming	10,335				

Source: American Community Survey, 2021

SNAP Participation

County, Ward, Parish

SNAP-Ed eligible Population

Barbour	1,581	Berkeley	7,348	Boone	2,969
Braxton	1,594	Brooke	0	Cabell	9,346
Calhoun	979	Clay	1,429	Doddridge	611
Fayette	4,480	Gilmer	667	Grant	1,004
Greenbrier	3,146	Hampshire	1,809	Hancock	3,567
Hardy	1,108	Harrison	4,700	Jackson	2,617
Jefferson	2,629	Kanawha	16,809	Lewis	1,929
Lincoln	2,896	Logan	4,673	Marion	4,756
Marshall	2,424	Mason	2,547	Mcdowell	3,826
Mercer	7,428	Mineral	1,794	Mingo	4,149
Monongalia	4,304	Monroe	952	Morgan	1,101
Nicholas	2,987	Ohio	3,736	Pendleton	458
Pleasants	564	Pocahontas	760	Preston	2,643
Putnam	3,142	Raleigh	8,384	Randolph	2,504
Ritchie	947	Roane	1,590	Summers	1,683
Taylor	1,352	Tucker	480	Tyler	770
Upshur	2,472	Wayne	4,095	Webster	1,583
Wetzel	1,589	Wirt	722	Wood	7,759
Wyoming	2,589				

Source: Prepopulated from Bi-Annual County Level SNAP Participation and Issuance Data . Values may have been adjusted by the State agency.-1

Program Access for Diverse Target Audiences

Gaps in geographic reach of SNAP-Ed and related programs for the target audiences

Description of the areas of the State that have a significant number of SNAP-Ed-eligible individuals but little or no current programming from SNAP-Ed or other nutrition programs

The West Virginia Family Nutrition program currently covers 51 out of 55 counties in West Virginia through the work of 41 Health Educators and other strategic partners. Goals for coverage are determined by the number of SNAP recipients in the county. Counties with fewer than 3,000 SNAP recipients are allotted .25-.5 FTE, those with 3,000-6,000 are allotted .5-1 FTE and those with greater than 6,000 are allotted 1-1.5 FTEs. Using this model, FTEs are currently being allotted within those ranges. Despite this, there are areas of the state without a Health Educator. Tyler and Pleasants county are without an educator despite attempts to hire an educator there. These counties are sparsely

populated and travel between communities limits the ability to cover multiple counties with one educator. A partnership between FNP and West Virginia University of Parkersburg has been established to provide outreach to those areas by integrating experiential public health learning opportunities for students in education, agriculture and nursing. A similar partnership exists with Marshall University Dietetics Program in the southwestern portion of the state, where several vacancies exist.

File Attachments: WV staffing map.pdf

Factors that limit the geographic reach of SNAP-Ed in the State

The rurality and mountainous terrain of the state are limiting factor for reach as well as limited transportation among the targeted population. Only 9 counties have full access to public transportation. Travel between sites and travel to remote communities limits the time available to serve additional audiences. Issues with attracting qualified candidates for educator positions in rural counties demonstrates the need for more workforce development in those areas.

The SNAP-Ed State agency and implementing agencies can address the identified gaps in the State by:

The West Virginia Family Nutrition program has implemented several strategies for addressing gaps in coverage areas.

The first strategy is use of strategic partnerships in geographic regions that are underserved such as the partnerships with WVU Parkersburg and Marshall University. Additional partnership opportunities are being piloted by having the implementing agency provide training to other community-based organizations to advance the mission of SNAP-Ed. These partnerships are not only strategic because of geographic location, but also in the opportunity to build competency in the workforce using experiential and practice-based opportunities in public health outreach.

The second strategy is to continue virtual and hybrid (some virtual, some in-person) outreach programs that were initiated with COVID but were shown to be effective at expanding reach while maintaining impact. Finally, the WV Family Nutrition Program partners with Extension faculty and staff to implement programs in counties not covered by a SNAP educator.

Other factors affecting program access for diverse target audiences

Description of how SNAP-Ed programming is reaching all groups within its target audiences

SNAP-Ed reaches a high percentage of the target audience through placement of FNP staff at the county level. Currently, there are FNP staff in 41 of the 55 counties in WV. These staff provide in-person direct education and public health initiatives. Due to low numbers of target audience members, low population levels, and/or and geographical barriers, 14 counties do not have a dedicated SNAP-Ed educator. To provide eligible audience members with access to SNAP-Ed programming, WV SNAP-Ed offers online education classes. This resource is also useful for individuals who lack access to transportation to attend classes. SNAP-Ed also offers a variety of public health initiatives that can be participated in online.

West Virginia has very low racial and ethnic diversity. 90.4% of the target population is white. 88% of the target audience speaks English as their primary language, 1.8% speak Spanish. Other languages are represented by 0.3% or fewer percent of the SNAP population. WV SNAP-Ed provides direct education program materials in English and Spanish. Collaboration with a variety of organizational partners including childcare centers, schools, community centers, workforce training centers, senior centers, and grandparent support groups enables SNAP-Ed to reach its target audience across age groups.

Key factors supporting access to SNAP-Ed programming for each of these groups

Current outreach and recruitment strategies rely on both traditional methods (word of mouth, public calendars, recruitment flyers) and newer methods including social media posts across multiple platforms (TikTok, Instagram, and Facebook). In rural areas of West Virginia without local news stations or newspapers, social media is an effective method of communicating with residents. SNAP-Ed staff collaborate with local partners and organizations that assist with outreach and recruitment across a

wide variety of population sub-groups that include addiction recovery centers, workforce development centers, and grandparent classes.

Transportation issues are supported through provision of online classes, and by providing programming at everyday places and locations that people already visit like schools, daycares, libraries, retail outlets, farmers markets, workforce training centers, recovery centers and churches. 89.8% of the eligible WV SNAP audience is provided with materials in their primary language. SNAP-Ed administration has contacts at other implementing agencies who provide additional language materials as needed.

Classes are provided at community accessible spaces that have physical disability accommodations in place, such as schools and libraries. Additional accommodations are provided as needed. DoHS employs a full-time Americans with Disabilities Act (ADA) Coordinator responsible for ensuring all individuals regardless of disability status have access to all WV SNAP programming, which includes SNAP-Ed.

Key factors limiting access to SNAP-Ed programming

West Virginia’s geography creates barriers to participation. Many residents live in rural or frontier counties that require significant travel distance to participate in SNAP-Ed activities. Low population combined with large geographic distances create staffing challenges, as staff would have to cover great distances to reach small pockets of population. Virtual classes are offered state-wide, but West Virginia suffers from broadband access issues, due to income barriers or geographic barriers. The mountainous and dispersed geography and low population results in lack of public transportation in most of the state. Due to the homogeneity of West Virginia’s population, language barriers are a smaller issue.

The State agency and implementing agencies can address the above limiting factors by:

Transportation issues are beyond the scope of the implementing agency, but they can continue to provide outreach at everyday places already accessed by community members and schedule outreach events and programming at times that correspond with other activities so participants can combine trips and access multiple needs with one trip. Additionally, the implementing agency surveys participants about preferred times and locations of SNAP-Ed programming to identify opportunities to increase ability to participate. Surveys are posted quarterly and available on social media.

Program appropriateness for diverse target audiences

Strengths of current SNAP-Ed programming regarding its appropriateness for target audiences

Current SNAP-Ed delivery methods, materials, and messages in West Virginia are designed to meet the target audiences’ financial resources, food access, and cultural food preferences. Delivery of programming is provided at a variety of sites that the target audience visit as part of their everyday activities and have comfort in attending, like food pantries, churches, schools, community centers, daycare centers, after school programs, and recovery programs. Outreach and communication with the target audience utilizes a variety of communication methods and techniques to reach a broad audience. A combination of traditional communications and updated methods (text messages, reels, videos, social media across multiple platforms) create multiple venues to share information about SNAP-Ed’s programs and offerings. SNAP-Ed implementing agency administration and staff build partnerships with community level and state-level organizations that serve the same audiences and have the same overarching goals. Local community-level partnerships result in increased acceptance and comfort between the target audience and the program activities provided. Focusing on partnerships at the local and state level with organizations with parallel goals allows these collaborations to strengthen their outreach, recruitment, and impact.

Weaknesses of current SNAP-Ed programming regarding its appropriateness for target audiences

Currently SNAP-Ed programming’s biggest weakness lies in the challenges experienced by the target population. Individuals who qualify for SNAP often have issues with broadband access, transportation, and child care arrangements. Adult direct education classes that require 6 - 8 lessons lasting 1.5 hours each creates an almost insurmountable barrier for the target audience to complete. Combined in-person and virtual options could potentially address this issue.

The SNAP-Ed State agency and implementing agencies can address weaknesses related to the appropriateness of programming for its target audiences by:

SNAP-Ed implementing agencies can continue to seek creative and innovative ways to address the appropriateness of SNAP-Ed programming to its target audience. Processes are in place (participant feedback through surveys and interviews, asking for feedback via popular communication methods like social media; instructor feedback, and suggestions based on implementation barriers they experience) for continual improvement and strengthening the appropriateness of SNAP-Ed programs. The state agency and implementing agency can continue to advocate for improvements to the SNAP-Ed system through national meetings, conferences, and communication efforts.

Tribal Consultation

No data submitted

Coordination and Partnerships With Programs and Organizations From Multiple Sectors

Strengths of coordination and partnerships among SNAP-Ed and other nutrition education, obesity prevention, and health programs and organizations from multiple sectors

To address the high rates of chronic disease more effectively and extend the impact of the efforts of SNAP-Ed and partners, WV SNAP-Ed has facilitated the State Nutrition Action Council (SNAC). The council is made up of representatives of state level organizations including WVU Extension Service, Bureau for Public Health, Department of Human Services, Office of EBT, Department of Education (Office of Child Nutrition, Office of Student Support and Wellbeing,), WIC, Department of Agriculture, Marshall University, Mountaineer Foodbank, Save the Children, KEYS for Healthy Kids, WV Food and Farm Coalition, Oral Health Coalition, WVU Office of Health Services Research, West Virginia Food Justice Lab, and West Virginia University of Parkersburg who will meet quarterly to work strategically on projects to address obesity, nutrition and chronic disease across the state. In addition to state level agency partnerships, the West Virginia Family Nutrition program partners extensively with local farmers across the state to distribute fruits and vegetables to children and families participating in kids markets at schools, stores and in coordination with healthcare agencies and clinics.

Important areas for improved coordination and partnerships among SNAP-Ed and other nutrition education, obesity prevention, and health programs and organizations from multiple sectors

There are opportunities for improved coordination between partners in schools and healthcare clinics in addressing obesity in children. In the 2023-2024 school year, the WV CARDIAC Project screened over 12,000 kindergarten, 2nd grade and 5th grade students across 26 counties. Half of the 5th grade students were overweight or obese and over 30% were identified as overweight or obese in kindergarten. School nurses and PE/Health teachers can be allies in providing support to students and families in addition to healthcare providers in coordination with support from healthcare professionals. SNAP-Ed educators can serve as a link between the school, healthcare and home environments by offering support directly to families in addition to that provided elsewhere.

Efforts are already underway to link existing resources to provide training and coordination among these groups to better support families struggling with obesity. This work will additionally be supported in the state through a 5-year High Obesity Program CDC grant.

Agency/Workforce Capacity

Strengths of the SNAP-Ed workforce at the State and implementing agency levels for program planning, implementation, and evaluation

The WV Family Nutrition Program (FNP) is co-directed by Kristin McCartney and Gina Wood who are both Registered Dietitians and have master's in public health. They have a broad understanding of nutrition and how to implement and evaluate programs as well as understand the culture of the state and

barriers faced by rural communities. They have extensive and diverse partnerships throughout the state which contribute to program planning and implementation. In addition, there is a staff of around 40 educators who serve 41 counties across the state. While the educators have diverse education backgrounds, they have all received extensive training in nutrition and public health with many of them having at least 5 years of experience in the implementation of PSE outreach.

FNP also has diversified the workforce through strategic partnerships across the state which are aimed at not only providing support to the target audience, but also opportunities for future teachers and healthcare professionals to gain experience in nutrition and obesity prevention outreach. Gina and Kristin also serve as preceptors for nutrition and public health students and support education of other healthcare professionals as a part of AHEC programs.

Needs of the SNAP-Ed workforce at the State and implementing agency levels for program planning, implementation, and evaluation

There is greater opportunity for the state and implementing agency to coordinate on job placement, potentially through SNAP E&T. Hiring in small, rural communities has served as a barrier to SNAP-Ed, but better coordinator with workforce programming may offer broader opportunities for placement of the target audience into roles within the SNAP-Ed program. This coordination requires ongoing communication prior to implementation.

Action Plans

This is a **single-year plan**.

Priority Goals

Priority Goal 1

Healthy People 2030 Goal NWS-10: Reduce consumption of added sugars by people aged 2 years and older.

Goal Types

- Improve health behaviors
- Expand or strengthen coordination and collaboration with other programs

SMART Objectives

1.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.

SNAP-Ed Evaluation Framework Indicators: Healthy Eating Behaviors (MT1), Beverages (R5)
Other Performance Indicators: MT 1i. Drinking milk, MT 1g. Drinking water, MT 1h. Drinking fewer SSB, MT5c. Improvements in free water access, taste, quality, smell, or temperature (H).,

1.2 - Implement Rethink your Drink, a social marketing and educational campaign, encouraging consumption of water and reduced sugar sweetened beverages, with Health in a SNAP recipients.

SNAP-Ed Evaluation Framework Indicators: Healthy Eating Behaviors (MT1), Nutrition Supports (MT5), Social Marketing (MT12)
Other Performance Indicators: None

1.3 - Implement Rethink your Drink marketing campaign in at least 10 West Virginia food retailer stores or markets by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Social Marketing (MT12)
Other Performance Indicators: None

Priority Goal 2

Healthy People 2030 Goal NWS-06 & 07: Increase consumption of fruits and vegetables by poeple aged 2 years and older.

Goal Types

- Expand or strengthen coordination and collaboration with other programs
- Improve health behaviors

SMART Objectives

2.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.

SNAP-Ed Evaluation Framework Indicators: Healthy Eating Behaviors (MT1)
Other Performance Indicators: MT1L: Cups of fruit consumed per day. MT1M: Cups of vegtables consumed per day.

2.2 - Support Grow This, a home gardening social marketing campaign and community outreach program in 5 counties in FY26.

SNAP-Ed Evaluation Framework Indicators: Nutrition Supports (MT5), Social Marketing (MT12), Food Systems (LT12)
Other Performance Indicators: None

2.3 - Support Consumer-Driven Retail Strategies Projects in at least 5 counties by September 30, 2026.

SNAP-Ed Evaluation Framework Indicators: Nutrition Supports (MT5), Agricultural Sales and Incentives (LT14)
Other Performance Indicators: None

2.4 - Implement Behavioral Economic Strategies through the Consumer-Driven Retail Strategies Project in at least 10 stores or markets by September 30, 2026.

SNAP-Ed Evaluation Framework Indicators: Nutrition Supports (MT5), Social Marketing (MT12)
Other Performance Indicators: None

2.5 - Support SNAP Stretch (double up) in at least 10 stores in West Virginia

SNAP-Ed Evaluation Framework Indicators: Agricultural Sales and Incentives (LT14)
Other Performance Indicators: None

Priority Goal 3

Healthy People 2030 Goal PA_02: Increase the proportion of adults who do enough aerobic physical activity for substantial health benefits

Goal Types

- Improve health behaviors

SMART Objectives

3.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.

SNAP-Ed Evaluation Framework Indicators: Nutrition Supports (MT5)
Other Performance Indicators: MT5F: Reach MT5C: Total number of system changes

3.2 - Implement the 6-week Wild Wonderful Walking Challenge in at least 3 counties by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Physical Activity & Reduced Sedentary Behavior (MT3), Physical Activity and Reduced Sedentary Behavior Supports (MT6)
Other Performance Indicators: None

3.3 - Enroll at least 30 adults in community-based walking programs by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Physical Activity & Reduced Sedentary Behavior (MT3), Physical Activity and Reduced Sedentary Behavior Supports (MT6)
Other Performance Indicators: None

3.4 - Conduct Community Walk Audits in 3 counties by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Physical Activity and Reduced Sedentary Behavior Supports (MT6)
Other Performance Indicators: None

Priority Goal 4

Healthy People 2030 Goal D-02: Reduce the Proportion of adults who don't know they have prediabetes

Goal Types

- Improve health behaviors
- Expand or strengthen coordination and collaboration with other programs

SMART Objectives

4.1 - Pilot "Is it AN?" social marketing campaign in one county in West Virginia to screen people for Acanthosis Nigricans, a marker of insulin resistance

SNAP-Ed Evaluation Framework Indicators: Social Marketing (MT12)
Other Performance Indicators: None

4.2 - Engage at least 100 individuals in self-screening for AN using AN Cam by Semptember 30, 2026.

SNAP-Ed Evaluation Framework Indicators: Health Care Clinical-Community Linkages (MT11)
Other Performance Indicators: None

4.3 - Train 2 clinics on AN and recommended treatment plans by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Health Care Clinical-Community Linkages (MT11)
Other Performance Indicators: None

4.4 - "Is it AN?" campaign through in at least 2 clinics using posters, signs and promotional materials by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Organizational Partnerships (ST7), Health Care Clinical-Community Linkages (MT11), Social Marketing (MT12)
Other Performance Indicators: None

Priority Goal 5

Healthy People 2030 Goal NW-01: Reduce household food insecurity and hunger

Goal Types

- Improve health behaviors
- Other: Reduce food insecurity

SMART Objectives

5.1 - Support community and individual level food security by promoting home gardening through the Grow This social marketing campaign to at least 500 people by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Social Marketing (MT12)
Other Performance Indicators: None

5.2 - Collaborate with at least one West Virginia farmer to produce seeds for distribution through Grow This by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Agriculture (MT8)
Other Performance Indicators: None

5.3 - Establish at least 25 Grow This community teams to lead seed distribution and community challenges by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Champions (ST6), Organizational Partnerships (ST7), Nutrition Supports (MT5), Food Systems (LT12)
Other Performance Indicators: None

Priority Goal 6

Healthy People 2030 Goal PA-01: Reduce the proportion of adults who do no physical activity in their free time

Goal Types

- Improve health behaviors

SMART Objectives

6.1 - Implement the 6-week Wild Wonderful Walking Challenge in at least 3 counties by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Physical Activity and Reduced Sedentary Behavior Supports (MT6)
Other Performance Indicators: None

6.2 - Enroll at least 30 adults in community-based walking programs by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Physical Activity & Reduced Sedentary Behavior (MT3), Physical Activity and Reduced Sedentary Behavior Supports (MT6)
Other Performance Indicators: None

6.3 - Conduct Community Walk Aduits in 3 counties by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Physical Activity and Reduced Sedentary Behavior Supports (MT6), Community Design and Safety (MT10)
Other Performance Indicators: None

Priority Goal 7

Healthy People 2030 Goal PA-06: Increase the proportion of children who do enough physical activity

Goal Types

- Improve health behaviors

SMART Objectives

7.1 - Enroll 50 school aged youth in the 6-week Wild Wonderful Walking Challenge by September 30, 2026

SNAP-Ed Evaluation Framework Indicators: Physical Activity & Reduced Sedentary Behavior (MT3), Physical Activity and Reduced Sedentary Behavior Supports (MT6)
Other Performance Indicators: None

Projects Linked to the State Objectives

Health in a SNAP

WV Family Nutrition Program - WVU (Implementing Agency)

- 1.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.
- 2.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.
- 3.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.

"Is It AN"-Community Based Diabetes Screening Campaign

WV Family Nutrition Program - WVU (Implementing Agency)

- 4.1 - Pilot "Is it AN?" social marketing campaign in one county in West Virginia to screen people for Acanthosis Nigricans, a marker of insulin resistance
- 4.2 - Engage at least 100 individuals in self-screening for AN using AN Cam by Semptember 30, 2026.
- 4.3 - Train 2 clinics on AN and recommended treatment plans by September 30, 2026
- 4.4 - "Is it AN?" campaign through in at least 2 clinics using posters, signs and promotional materials by September 30, 2026

Wild and Wonderful Walking in West Virginia

WV Family Nutrition Program - WVU (Implementing Agency)

- 3.2 - Implement the 6-week Wild Wonderful Walking Challenge in at least 3 counties by September 30, 2026
- 3.3 - Enroll at least 30 adults in community-based walking programs by September 30, 2026
- 3.4 - Conduct Community Walk Audits in 3 counties by September 30, 2026
- 6.1 - Implement the 6-week Wild Wonderful Walking Challenge in at least 3 counties by September 30, 2026
- 6.2 - Enroll at least 30 adults in community-based walking programs by September 30, 2026
- 6.3 - Conduct Community Walk Aduits in 3 counties by September 30, 2026
- 7.1 - Enroll 50 school aged youth in the 6-week Wild Wonderful Walking Challenge by September 30, 2026

Consumer-Driven Retail Strategies

WV Family Nutrition Program - WVU (Implementing Agency)

- 1.3 - Implement Rethink your Drink marketing campaign in at least 10 West Virginia food retailer stores or markets by September 30, 2026
- 2.3 - Support Consumer-Driven Retail Strategies Projects in at least 5 counties by September 30, 2026.
- 2.4 - Implement Behavioral Economic Strategies through the Consumer-Driven Retail Strategies Project in at least 10 stores or markets by September 30, 2026.
- 2.5 - Support SNAP Stretch (double up) in at least 10 stores in West Virginia

Grow This! WV Garden Challenge

WV Family Nutrition Program - WVU (Implementing Agency)

- 2.2 - Support Grow This, a home gardening social marketing campaign and community outreach program in 5 counties in FY26.
- 5.1 - Support community and individual level food security by promoting home gardening through the Grow This social marketing campaign to at least 500 people by September 30, 2026
- 5.2 - Collaborate with at least one West Virginia farmer to produce seeds for distribution through Grow This by September 30, 2026
- 5.3 - Establish at least 25 Grow This community teams to lead seed distribution and community challenges by September 30, 2026

Nonproject Activities Linked to the State Objectives

No data submitted

SNAP-Ed Outreach

Methods that the State agency will use to notify SNAP applicants, participants, and eligible individuals of the availability of SNAP-Ed activities. Including a description of any specific target groups for these outreach efforts and, if relevant, how SNAP-Ed is working with State and local SNAP offices to reach participants and applicants.

In FY25 the state agency will work with the implementing agency on promoting SNAP-Ed messaging and programming by streaming educational videos and program promotions in county assistance offices. In addition, Community Service Managers who oversee county assistance offices, will

participate in professional development activities so they are more familiar with SNAP-Ed programming and can share information and opportunities for promotion with county staff.

To support programs related to increased fruit and vegetable consumption, West Virginia maintains a comprehensive list of participating farmer's markets made public for our SNAP clients. WV provides public messaging through social media and our bureau website that highlights available SNAP-Ed programming. During Summer EBT implementation the state agency will consistently remind SNAP households about opportunities through double-up buck programs. West Virginia is committed to increasing the public awareness of SNAP-Ed and food nutrition as a whole.

In 2025 the Department of Human Services will mail information related to farmer market access and double-up buck programs in SNAP approval eligibility letters. This will be a coordinated effort with the state agency, the implementing agency, and the Food and Farm Coalition.

Additionally, in FY25 the state SNAP Outreach implementing agency, Catholic Charities will begin work to disseminate nutrition education materials produced through the SNAP-Ed program. This outreach effort will target individually newly introduced to SNAP to make healthier choices from the onset of SNAP approval.

Action Plan Overview

Overview of how the planned SNAP-Ed efforts across implementing agencies and subgrantees fit together to address the target audiences' needs, accomplish SMART objectives, and complement other programs in the State to support individuals and families with low incomes in improving their healthy eating and physical activity behaviors.

The efforts of the WV SNAP-Ed program focus on decreasing obesity by focusing on three primary health outcomes:

1. Increasing consumption of fruits and vegetables, 2. Decreasing consumption of sugar sweetened beverages and 3. Increasing activity levels.

This work is accomplished both by providing direct nutrition education to adults and youth to increase knowledge, skills and attitudes and through environmental, systems and policy level approaches that aim to facilitate and promote adoption of healthy behaviors. A majority of this works has focused on food systems development by engaging farmers in the direct delivery of fruits and vegetables to targeted audiences through program like Kids Markets, Kids Market @ the Store and FARMacy/Produce Prescriptions. SNAP Stretch, a nutrition incentive program, also facilitates increased buying power for SNAP recipients at farmers markets and other local retailers. This work is facilitated through partnerships with the West Virginia Food and Farm Coalition, The West Virginia University of Parkersburg Agriculture program and the West Virginia Food Justice Lab. Preventing and providing more effective childhood obesity treatment requires integration between healthcare and community environments and schools. Partnerships with the CARDIAC Project, KEYS for Healthy Kids and health professions students at WVU Parkersburg and across the state are creating opportunities to connect screening and referral systems as well as create integrated teams of school nurses, PE teachers, healthcare providers and SNAP Educators to support high risk individuals. Campaigns like Grow This!, Food of the Month and Rethink Your Drink are adopted across partnerships to increase awareness, educate and engage audiences in positive health behaviors. The State Nutrition Action Council offers an opportunity to disseminate and inform a broad range of state agencies on the work of SNAP-Ed and offers opportunities for synergies among agencies.

Planned Projects and Activities

WV Family Nutrition Program - WVU (Implementing Agency) Projects and Activities

Health in a SNAP

This project is entering year 1 of implementation

Project Description

This project merges the former CARDIAC, Kids Market @ The Store, and FARMacy programs into a family-based produce prescription program. The goal of this pilot is to mobilize and integrate partners within the WV Local Food system to test the feasibility, acceptability and impact of meal and beverage kits on families in different regions of West Virginia. In addition to testing an existing resource at USDA this project also seeks to design, test and implement a meal kit service and delivery program that integrates local produce, offers culturally appropriate, Appalachian style options, provides education, integrates with healthcare and is accessible by all residents of the state. Finally, this program seeks to test the feasibility, acceptability and impact of a Healthy Beverage kit, that would incorporate water and low-fat milk. The focus will be on testing meal amount, food types, likeability, cost-effectiveness, and overall satisfaction as well as impact on health and dietary behaviors.

Insights gathered will inform future development of reimbursable or widely distributable meal kit programs that integrate food grown and processed in West Virginia. Unlike previous food access initiatives which were broad, population-based approaches, the “Health in a SNAP” meal kit pilot is designed to gather deeper insights into the impact and feasibility of the use of meal kits to improve health and food accessibility, particularly in rural areas and those receiving Medicaid.

- Target Population: SNAP and/or Medicaid single parent, not participating in WIC with children under the age of 18 living in the home at least 50% of the time.

- Geographic Location: Pilot locations will be located throughout the state in both rural and urban communities representing the northern panhandle, eastern panhandle, central WV, southeast and southwest.

- Dosage: 12-week program, meal kits bi-weekly for a total of 6 kits.

- Meal Kits: Meal kits will be assembled and delivered to families by educators twice monthly from October-December. Meal kits contain an average of 8 recipes and 48 servings for an average cost of around $140 per meal kit and $3 per meal. Participants will be able to choose 4 meals kits from the USDA Express Kit list of 19. All participants will test 2 Appalachian cuisine meal kits, and all participants will receive 6 Healthy Beverage kits.

- Education: Each meal kit will include recipes and step-by-step instructions for the preparation of the meals and beverages. In addition to printed materials, links for instructional videos and additional resources will be provided. Rethink Your Drink marketing materials will be provided.

- Technical Assistance: WVFNP Educators will serve as “meal kit concierges”, assisting participants as they work through the process of incorporating meal kits into their daily routine. Educators can support families by answering technical questions about the preparation of items or help with suggestions on how to get picky eaters to try new foods. Meal kit deliveries serve as a time where families can touch base and share updates on any struggles or successes. Educators will collect data on which foods were consumed and suggestions for improvements or changes.

Linked SMART Objectives

- 1.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.
- 2.1 - 1. Pilot WV “Health in a SNAP” Express Meal Kits and Healthy Drink package in 6 counties with Medicaid recipients 2. Determine feasibility, acceptability and scalability of meal kits in rural areas 3. Develop and pilot Appalachian specific meal kits using culturally relevant, local foods. 4. Evaluate impact of meal kits on skin carotenoid levels, HgA1c and dietary behaviors.
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Project Outreach

Families will be screened and referred by their health care provider or health plan. Print materials will be developed to inform potential participants about the program as well as its eligibility and participation requirements. These materials will be placed in provider offices and will be used by health plans to communicate with potential participants.

Settings and Approaches

Direct Education

Direct Ed Stages: This project does not include direct education

PSE Initiatives

PSE Stages: Planning and preparing for implementation (e.g., contacting sites, assessment, training), Implementing changes, Conducting follow-up assessments, evaluation, and/or monitoring

Settings

- Healthcare clinics and hospitals (0 tribal / 2 rural / 2 total)
- Individual homes (0 tribal / 75 rural / 100 total)

Social Marketing Campaigns

Priority Populations

Priority Age Groups

- Younger than 5
- 5–7 (or grades K–2)
- 8–10 (or grades 3–5)
- 11–13 (or grades 6–8)
- 14–17 (or grades 9–12)
- 18-59

Priority Racial Groups

- No racial group priority

Priority Ethnic Groups

- No ethnic group priority

Priority Gender Groups

- No gender group priority

Interventions

SNAP-Ed Interventions (Formerly Toolkit Interventions)

- No data submitted

Previously Developed Interventions

- Rethink Your Drink
  - 🚫 This intervention has not been approved for use by FNS.
  - Adapted for this project:

    The existing Rethink your Drink social marketing campaign will be adapted to fit families who are participating in the Health in a SNAP program, with a family-based approach.

  - Practice tested:

    Megan Wahrenburg, Chenin Treftz, Deborah Joakimson, Deborah Jones, Elizabeth Christiansen, Jamie Benedict,
    P62 Impact Evaluation Results of Rethink Your Drink Nevada: A Campaign to Promote Healthful Beverage Choices Among SNAP Households,
    Journal of Nutrition Education and Behavior, Volume 52, Issue 7, Supplement, 2020, Page S45, ISSN 1499-4046, https://doi.org/10.1016/j.jneb.2020.04.108.
    (https://www.sciencedirect.com/science/article/pii/S149940462030275X).

- Healthy Meal Kits for SNAP recipients (not adapted)
  - ✅ Approved for use by FNS.
  - Emerging: Reflects the social, cultural, and/or linguistic needs and resources of the low-income population(s) served, Addresses the results and implications of a State or community needs assessment
  - Foundational Evidence:

    Meal kits, pre-portioned and sometimes partially prepared food ingredients and recipes which are usually subscription based, increased in popularity with COVID-19. In a recent study of a meal kit program for SNAP recipients facilitating factors included improvements in health and nutrition, improved knowledge and skills, saving money, culturally relevant meals and increased efficiency associated with food purchase, preparation and customization. This project will assist participants to meet dietary goals and recommendations by addressing barriers associated with time, nutrition knowledge and skills, and access.

    Existing pilot projects used to inform the approach:

    Chiong et al (2024). A Formative Evaluation of an Online Meal Kit and Grocery Platform for SNAP Recipients. https://doi.org/10.1016/j.jneb.2023.10.016

Carman et al (2021). Acceptability and Willingness to Pay for a Meal Kit Program for African American Families with Low Income: A Pilot Study. https://doi.org/10.3390/nu13082881

Dobiecka, et al (2025). New Dietary Trends-Meal Kit Delivery Services as a Source of Nutrients: A Scoping Review. https://doi.org/10.3390/nu17071154

Fraser et al., Meal kits in the family setting: Impacts on family dynamics, nutrition, social and mental health,https://doi.org/10.1016/j.appet.2021.105816.

New Interventions

No data submitted

"Is It AN"-Community Based Diabetes Screening Campaign

This project is entering year 1 of implementation

Project Description

Over 350,000 children in the US have diabetes and rates are steadily climbing, with one study indicating a 600% increase in type 2 diabetes by 2060 without significant intervention. Since 1998, the WV CARDIAC Project has screened over 220,000 Kindergarten, 2nd and 5th grade children across the state for obesity. In addition to weight, Acanthosis Nigricans (AN), a skin condition recognized by the American Diabetes Association as an indicator of the development of diabetes, has been included as part of the screening process. In FY25, the CARDIAC project determined that 2% of kindergarten, 4% of 2nd and over 7% of 5th graders screened were positive for AN. Over the past 2 years, SNAP Ed has worked with school nurses and clinical partners to refer those identified to primary care providers and specialists for further intervention, however, a lack of awareness of AN by both parents and healthcare providers continues to limit intervention efforts.

In FY26, the WV Family Nutrition Program plans to pilot a community-based education and screening campaign to increase awareness of AN among adults and healthcare providers using a combination of traditional print and media strategies paired with technology .The goal of the campaign will be to increase early detection rates and referrals to clinical and community-based programs.

A key feature of the campaign is the integration of ANcam, a new a computer-aided screening tool for AN that quantifies hyperpigmentation with a degree of specificity beyond self- observation. This user-friendly tool offers an opportunity to vastly expand screening and identification of diabetes as it doesn't require a trained professional, accounts for varying skin tones and most lighting conditions. FNP and partners plan to combine the capability of ANcam with a campaign that encourages individuals to submit a picture to determine "Is it AN?". Pictures will be shared via text to a central location where they will be analyzed using the ANcam software. Individuals submitting pictures will be asked to complete a short survey to collect contact information, demographics, health behaviors and history of chronic disease in order to receive results. Individuals with a positive result will be referred to additional services, both clinical and community based.

Key messages of the campaign will include the following:

- Identification of AN including pictures and descriptions of skin condition.
- Education on association with AN with other health conditions, specifically diabetes
- Referral resources for clinical or community programs

Many people are aware they or their child have a skin condition but have no idea it is an indicator for risk of diabetes.This pilot project aims to increase awareness about AN in both individuals and healthcare professionals in order to increase early detection rates for diabetes. It empowers individuals to take action on their health by utilizing new technology that can identify AN at a population level through the use of a cell phone and a photo. It also engages clinical staff and facilities about increasing awareness of the condition among patients and clinical staff through promotion and education.

Linked SMART Objectives

- 4.1 - Pilot "Is it AN?" social marketing campaign in one county in West Virginia to screen people for Acanthosis Nigricans, a marker of insulin resistance
- 4.2 - Engage at least 100 individuals in self-screening for AN using AN Cam by Semptember 30, 2026.
- 4.3 - Train 2 clinics on AN and recommended treatment plans by September 30, 2026
- 4.4 - "Is it AN?" campaign through in at least 2 clinics using posters, signs and promotional materials by September 30, 2026

Project Outreach

The campaign will be targeted geographically and will focus on engagement of adults in that county or those that are patients at targeted clinics.

Settings and Approaches

Direct Education

Direct Ed Stages: This project does not include direct education

PSE Initiatives

PSE Stages: This project does not include PSE initiatives

Social Marketing Campaigns

"Is it AN?" Social Marketing Campaign

Campaign Stages: Planning (formative research), Developing (design and consumer testing), Implementing

Provided in English, Spanish

Entire State (all media markets) is the largest geographic unit.

Projected reach: 5,000

Priority Populations

Priority Age Groups

- 18-59

Priority Racial Groups

- No racial group priority

Priority Ethnic Groups

- No ethnic group priority

Priority Gender Groups

- No gender group priority

Interventions

SNAP-Ed Interventions (Formerly Toolkit Interventions)

- No data submitted

Previously Developed Interventions

No data submitted

New Interventions

No data submitted

Wild and Wonderful Walking in West Virginia

This project is entering year 2 of implementation

Project Description

West Virginia adults have high rates of chronic diseases attributable to not engaging in sufficient aerobic physical activity (PA), the lowest age-adjusted prevalence of meeting the combined aerobic and muscle-strengthening PA guidelines (22.0%), the 12th lowest state prevalence rate of adults meeting aerobic PA guidelines (47.2%), and the 3rd highest state prevalence rate of engaging in no leisure-time PA (30.2%). Youth data reflects similar lack of physical activity; 2023 YRBS data show that nearly 3/4 of West Virginia youth did not meet youth PA guidelines (72.2%). Walking is an activity that is suitable for all ages and ability levels and could improve leisure time activity of WV residents if adopted. Short-term walking challenges and outdoor walking groups have evidence to support their effectiveness for increasing walking and physical activity. The effects are more pronounced when the groups are tailored to people's needs, focus on the least active and/or most motivated to change, use pedometers, and are delivered through group-based or household-based approaches (Ogilvie et al, 2007, Kassavou et al 2013).

The SNAP-Ed Physical Activity Specialist will continue to build on FY 2025 training and planning activities to implement a multilevel six-week walk challenge + coalition intervention ("Wild Wonderful Walking" program) for adults and youth across the state. The program will recruit sedentary or mostly inactive adults and school-aged youth; recruit Team Leaders who build walking teams of at least 6 people; encourage walking groups to build social connection and accountability; use smartphone pedometer apps; and work on walkability improvement projects by conducting walk audits and/or PhotoVoice to identify barriers and facilitators to walking in the community. Coalitions will be built with organizational partners, community partners, and Team Leaders, participants. Team leaders will recruit participants; weekly in-person walks will be held. Participants will also have the option to participate in weekly challenges related to physical activity. Participants will be encouraged to set goals each week and safely increase their steps each week. At the conclusion of a 6-week walking program, the Team Leader will lead a post-program Community Walkability project that can include Photovice.

Individual participant goals (ST3) are to reduce sedentary behavior, increase steps and total physical activity (MT3), and meet aerobic physical activity guidelines (MT3, LT3). Coalition activities will focus on increasing organizational partnerships (ST7) and address PSE barriers to physical activity (MT6) through multi-sector partnerships and planning (ST8) and improving community design and safety (MT10).

Linked SMART Objectives

- 3.2 - Implement the 6-week Wild Wonderful Walking Challenge in at least 3 counties by September 30, 2026
- 3.3 - Enroll at least 30 adults in community-based walking programs by September 30, 2026
- 3.4 - Conduct Community Walk Audits in 3 counties by September 30, 2026
- 6.1 - Implement the 6-week Wild Wonderful Walking Challenge in at least 3 counties by September 30, 2026
- 6.2 - Enroll at least 30 adults in community-based walking programs by September 30, 2026
- 6.3 - Conduct Community Walk Aduits in 3 counties by September 30, 2026
- 7.1 - Enroll 50 school aged youth in the 6-week Wild Wonderful Walking Challenge by September 30, 2026

Project Outreach

Families participating in the Health in a SNAP program will be encouraged to participated in the walk challenge.

Settings and Approaches

Direct Education

Direct Ed Stages: This project does not include direct education

PSE Initiatives

PSE Stages: Planning and preparing for implementation (e.g., contacting sites, assessment, training), Implementing changes

Settings

- Bicycle and walking paths (0 tribal / 2 rural / 3 total)
- Parks and open spaces (0 tribal / 2 rural / 3 total)

Social Marketing Campaigns

Priority Populations

Priority Age Groups

- No age group priority

Priority Racial Groups

- No racial group priority

Priority Ethnic Groups

- No ethnic group priority

Priority Gender Groups

- No gender group priority

Interventions

SNAP-Ed Interventions (Formerly Toolkit Interventions)

- Walk With Ease
  - Adapted for this project:

    Wild Wonderful Walking (WWW) challenge using the same approach as Walk With Ease, incorporating group walking activities. WWW is adapted for West Virginia audiences and incorporates West Virginia landmarks and sites.

Previously Developed Interventions

- Short Term Walking Programs
  - ✅ Approved for use by FNS.
  - Adapted for this project:

Walking program materials will be created and designed to be relevant to West Virginia residents, incorporating West Virginia landmarks and state parks.

- Research tested: U.S. Department of Health and Human Services: Rural Obesity Prevention Toolkit [Read more]

New Interventions

No data submitted

Consumer-Driven Retail Strategies

This project is entering year 1 of implementation

Project Description

West Virginia has many challenges related to food access secondary to high rates of poverty and a rural landscape. An ideal opportunity for influencing food decisions is at the point of purchase. In previous years, the West Virginia Family Nutrition Program (WVFNP) partnered with the WV Food and Farm Coalition to promote and evaluate retail and market incentive programs like SNAP Stretch and Kids Market at the Store (KM@TS). These retail and market incentive programs were designed to improve health by encouraging the consumption of fruits and vegetables and supporting the economic growth and viability of WV grocers, markets and farms.

The WV Rural Grocer Network provides technical assistance and support directly to rural grocers to improve efficiency and sustainability. This network supports retailers incentivizing healthy foods through SNAP Stretch, and will be vital to the implementation of the WV SNAP soda waiver. While this waiver offers the opportunity to encourage healthier choices, it will also require small stores to figure out how to modify POS systems, train employees and educate the public on what choices are allowed and restricted. Integrating behavioral economics strategies as well as education and promotional strategies for healthy beverages into technical assistance offered through the Rural Grocer Network offers a way to sustain and expand retail programs targeting health.

Behavioral economics (BE) research suggests that subtle environmental factors influence decisions and behaviors (Quinn et al, 2018). In a 2021 review (Cory et al, 2021) of interventions targeting increased consumption of fruits and vegetables, all strategies targeting the food environment were found to be effective, particularly use of subsidies.in areas with limited fruit and vegetable production/availability and combining increased availability with choice architecture (signage, promotions) (Wolfenden, et al., 2021). Use of behavioral economics strategies in retail food environments has shown to be effective at improving purchase, sales and consumption of healthy foods using in-store prompts, displays and product placement alone.

This program consolidates efforts targeting behavior change using BE principles at the point of purchase and centers them within the rural grocers and markets. Incorporating elements of SNAP Stretch, KM@TS, and Rethink Your Drink (RYD), the Retail Strategies project will focus on educating store owners, staff, and customers.The new model of implementation involves training for store owners and staff and includes incorporating point of decision prompts, reorganization of displays, and financial incentives for purchase of healthy options.

The Retail Strategies project will design and implement a rural retail campaign through the WV Rural Grocers Network that encourages healthier food and beverage choices among WV shoppers through a combination of education and promotion. Technical assistance and support will be provided for local food retailers on implementation of SNAP Stretch incentives and the West Virginia SNAP/EBT soda waiver. Finally, this project will evaluate the acceptability and impact of promotional educational and social marketing materials (related to RYD, KM@TS, and SNAP Stretch) among shoppers, stores, and consumers.

Linked SMART Objectives

- 1.3 - Implement Rethink your Drink marketing campaign in at least 10 West Virginia food retailer stores or markets by September 30, 2026
- 2.3 - Support Consumer-Driven Retail Strategies Projects in at least 5 counties by September 30, 2026.
- 2.4 - Implement Behavioral Economic Strategies through the Consumer-Driven Retail Strategies Project in at least 10 stores or markets by September 30, 2026.
- 2.5 - Support SNAP Stretch (double up) in at least 10 stores in West Virginia

Settings and Approaches

Direct Education

Direct Ed Stages: This project does not include direct education

PSE Initiatives

PSE Stages: Planning and preparing for implementation (e.g., contacting sites, assessment, training), Implementing changes, Maintaining changes, Conducting follow-up assessments, evaluation, and/or monitoring

Settings

- Farmers' markets (0 tribal / 3 rural / 5 total)
- Small food stores (up to three registers) (0 tribal / 4 rural / 5 total)
- Large food stores and retailers (four or more registers) (0 tribal / 2 rural / 3 total)

Social Marketing Campaigns

Rethink Your Drink Remix Social Marketing Campaign

Campaign Stages: Planning (formative research), Developing (design and consumer testing), Implementing

Provided in English

Entire State (all media markets) is the largest geographic unit.

Projected reach: 10,000

Priority Populations

Priority Age Groups

- No age group priority

Priority Racial Groups

- No racial group priority

Priority Ethnic Groups

- No ethnic group priority

Priority Gender Groups

- No gender group priority

Interventions

SNAP-Ed Interventions (Formerly Toolkit Interventions)

- No data submitted

Previously Developed Interventions

- Rethink Your Drink
  - ✅ Approved for use by FNS.
  - Adapted for this project:

Rethink Your Drink materials focused on middle and high school aged youth will be developed and tested.

- Practice tested:

  Rethink Your Drink:Reducing Sugar-Sweetened Beverage Sales in a Children's Hospital: Hartigan, P., Patton-Ku, D., Fidler, C., & Boutelle, K. N. (2017). Rethink Your Drink. Health promotion practice, 18(2), 238–244. https://doi.org/10.1177/1524839915625215

  SNAP-Ed Evaluation Toolkit: Rethink Your Drink Nevada, https://rethinkyourdrinknevada.com/

  Will High School Students 'rethink their drink'? Findings from an impact evaluation of a healthy beverage curriculum. Strochlic, R., Woodward-Lopez, G., Plank, K., Hewawitharana, S., Richardson, J., & Whetstone, L. (2021). Will high school students ‘rethink their drink’? Findings from an impact evaluation of a healthy beverage curriculum. Health Education Journal, 81(1), 40-53. https://doi.org/10.1177/00178969211045725 (Original work published 2022)

- Healthy Corner Stores
  - ✅ Approved for use by FNS.
  - Adapted for this project:

    The Healthy Corner Stores intervention uses behavioral economics principles to encourage purchase of healthy foods and beverages. These strategies have been adopted and adapted for use in West Virginia rural stores and markets.

  - Research tested: U.S. Department of Health and Human Services: Guide to Community Preventive Services [Read more]

- The State Nutrition Action Council: Farmers Market Initiative
  - ✅ Approved for use by FNS.
  - Adapted for this project:

    The SNAP Stretch program utilizes methods used in the Farmers Market Initiative and the Double Up Food Bucks programs. providing financial incentives (reducing costs or doubling amount spent on eligible items) to low-income people using SNAP benefits to purchase healthy foods.

  - Research tested: U.S. Department of Health and Human Services: Guide to Community Preventive Services [Read more]

New Interventions

No data submitted

Grow This! WV Garden Challenge

This project is entering year 10 of implementation

Project Description

West Virginians also have a long and rich history of homesteading, home gardening and food preservation with gardening playing a significant role in shaping the state's culture. (Schwartz, 2010). Gardening is positively associated with improved diet quality and lower Body Mass Index which can play a role in improving health outcomes on both individual and population levels (Algert et al, 2016). More specifically, both adult and youth populations show improvements in vegetable consumption when they garden (Algert et al, 2014; Carney et al, 2011; McAleese, 2007; Parmer, 2009). Other benefits associated with gardening include increased food security among lower income populations and improved stress relief and other psychosocial measures of health (Galhena 2013, Algert et al 2016, Cases et al. 2016).

In 2017 a group of West Virginia community leaders as well as local and state health advocates came together to discuss the feasibility of a statewide gardening campaign with the intention of positively impacting physical and mental health among all West Virginians with a particular focus on limited-resource populations. It was out of these discussions that Grow This! West Virginia Garden Challenge was born and has been led by SNAP Ed since its launch in 2018. The campaign had a slow start but got a jumpstart in 2020 with the onset of the COVID pandemic when participation increased by over 4,000% from around 300 signups a year to over 26,000. The pandemic tested the resilience of the food system, and this was reflected in the heightened interest in gardening, mostly millennials.

The Grow This! Throwdown, launched in 2024, was designed to harness the power of the virtual community by creating a county-vs-county competition where individuals and teams completed challenges related to gardening, food security and community engagement for funding for a community project. The challenges were designed to reward and reinforce those individuals and organizations working within a defined geographic region, towards a common goal of building sustainability in the food system.

In FY26, WVFNP will support the transition of the Grow This! Garden Challenge to the WVU Food Justice Lab. Goals for the 2026 project year include collaborating with West Virginia farmers to produce seeds for future Grow This seed distribution, establishing community teams to lead seed distribution and community challenge efforts, and launch a WVU-based micro-credential to cover gardening basics.

Linked SMART Objectives

- 2.2 - Support Grow This, a home gardening social marketing campaign and community outreach program in 5 counties in FY26.
- 5.1 - Support community and individual level food security by promoting home gardening through the Grow This social marketing campaign to at least 500 people by September 30, 2026
- 5.2 - Collaborate with at least one West Virginia farmer to produce seeds for distribution through Grow This by September 30, 2026
- 5.3 - Establish at least 25 Grow This community teams to lead seed distribution and community challenges by September 30, 2026

Settings and Approaches

Direct Education

Direct Ed Stages: Planning (formative research)

Provided in English

Settings

- Individual homes (0 tribal / 15 rural / 20 total)

PSE Initiatives

PSE Stages: Planning and preparing for implementation (e.g., contacting sites, assessment, training), Implementing changes

Settings

- Libraries (0 tribal / 8 rural / 10 total)
- Extension offices (0 tribal / 3 rural / 5 total)
- Gardens (community/school) (0 tribal / 8 rural / 10 total)

Social Marketing Campaigns

Grow This! Social Marketing Campaign

Campaign Stages: Implementing

Provided in English, Spanish

Entire State (all media markets) is the largest geographic unit.

Projected reach: 10,000

Priority Populations

Priority Age Groups

- No age group priority

Priority Racial Groups

- No racial group priority

Priority Ethnic Groups

- No ethnic group priority

Priority Gender Groups

- No gender group priority

Interventions

SNAP-Ed Interventions (Formerly Toolkit Interventions)

- No data submitted

Previously Developed Interventions

- Gardening (not adapted)
  - ✅ Approved for use by FNS.
  - Research tested: U.S. Department of Health and Human Services: Rural Obesity Prevention Toolkit [Read more]

New Interventions

No data submitted

West Virginia Department of Human Services (State Agency) Projects and Activities

No data submitted

Planned Evaluations

WV Family Nutrition Program - WVU (Implementing Agency) Evaluations

Rethink Your Drink

Projects Evaluated

- Consumer-Driven Retail Strategies

Formative 09/01/2024 - 12/31/2027

Project Components Evaluated:

- PSE
- Social Marketing Campaign

Data Collection Methods:

- Self-administered online survey
- Qualitative interview
- Direct observation (e.g., monitoring tool)
- Focus group

Planned Use of Results:

- Intervention design
- Intervention adaptation or improvement
- Peer-reviewed paper: None
- Community-wide dissemination
- Conference presentations: None

West Virginia Department of Human Services (State Agency) Evaluations

No data submitted

Coordination and Collaboration

WV Family Nutrition Program - WVU (Implementing Agency)

Coordination and Collaborations With Other Federal Nutrition, Obesity Prevention, and Health Programs

Program/ Organization Type	Needs Assessment / Plan Development	Coordination of Messaging/ Materials/ Approaches	PSE Change Efforts	Social Marketing Campaign(s)	Improvement of SNAP-Ed Access for Target Audiences	Other
National Institute of Food and Agriculture, USDA						
Expanded Food and Nutrition Education Program (EFNEP)	⊘	✓	✓	✓	⊘	
Gus Schumacher Nutrition Incentive Program (GusNIP)	⊘	✓	✓	⊘	⊘	
Centers for Disease Control and Prevention, HHS						
Other: High Obesity Program (HOP)	⊘	✓	✓	✓	⊘	
Food and Nutrition Service, USDA						
Community Food Systems Programs (e.g., Farm to School and Community Food Projects)	⊘	✓	✓	✓	⊘	
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	✓	✓	✓	✓	⊘	
Supplemental Nutrition Assistance Program (SNAP)	⊘	✓	⊘	⊘	✓	

Program/ Organization Type	Needs Assessment / Plan Development	Coordination of Messaging/ Materials/ Approaches	PSE Change Efforts	Social Marketing Campaign(s)	Improvement of SNAP-Ed Access for Target Audiences	Other
WIC Farmers Market Nutrition Program (FMNP)	⛔	✅	✅	⛔	✅	

Engagement With Multisector Partnerships/Coalitions

State Nutrition Action Committee (SNAC) State/Territory

Sectors Represented

- Agriculture: 5
- Childcare: 2
- Education: 5
- Government: 3
- Public health and healthcare: 5

Key Activities

The West Virginia SNAC was started by SNAP-Ed in 2017 and has continued under SNAP-Ed leadership since its inception. In the final year of SNAP-Ed, the coalition will plan to transition leadership of the SNAC to a partner organization, and co-create a plan to continue efforts to increase access to healthy foods and physical activity that were led and funded by SNAP-Ed in West Virginia for the last two decades.

Food is Medicine Coalition State/Territory

Sectors Represented

- Agriculture: 3
- Childcare: 1
- Education: 3
- Public health and healthcare: 10

Key Activities

The West Virginia Food is Medicine Coalition will continue its efforts to create a streamlined and strategic approach to support food is medicine and produce prescription programs for children and adults in West Virginia. The coalition is tied in to national efforts to implement food is medicine projects and will continue to build out a West Virginia strategy.

Consultation, Coordination, and Collaboration With Tribes and Tribal Organizations

No data has been provided for this section.

Coordination and Collaboration With Minority-Serving Institutions

No data has been provided for this section.

West Virginia Department of Human Services (State Agency)

Coordination and Collaborations With Other Federal Nutrition, Obesity Prevention, and Health Programs

No data has been provided for this section.

Engagement With Multisector Partnerships/Coalitions

No data has been provided for this section.

Consultation, Coordination, and Collaboration With Tribes and Tribal Organizations

No data has been provided for this section.

Coordination and Collaboration With Minority-Serving Institutions

No data has been provided for this section.

State Budget Summary

State Budget Summary	SNAP-Ed Planned Cost ($)
1. State Agency Budget	$0.00
2. Implementing Agency Budget(s)	$205,677.12
3. Total Federal Funds	$205,677.12

Funding Source Summary	Total Funds ($)
1. Estimated unobligated balance/carry-over from previous FY	$205,677.12
2. Funds requested from current FY allocation	$0.00
3. Total Federal Funds	$205,677.12

Implementing Agency Budgets

WV Family Nutrition Program - WVU (Implementing Agency) Budget

Total Agency Budget

Agency Budget Summary	SNAP-Ed Planned Cost	Other Planned Funding
1. Direct Cost	$205,677.12	$0.00
a. Salary/Benefits 0.00% difference from planned staffing section Total SNAP-Ed-funded Salary/Benefits: $205,677.12 Discrepancy from Salary/Benefits above: $-0.00	$205,677.12	$0.00
b. Contracts/Sub-Grants/ Agreements	$0.00	$0.00
c. Non-Capital Equipment/ Office Supplies	$0.00	$0.00
d. Nutrition Education Materials	$0.00	$0.00
e. Travel 0.00% difference from planned travel section Total SNAP-Ed-funded Travel: $0.00 Discrepancy from Travel above: $0.00	$0.00	$0.00
f. Building/Space Lease or Rental	$0.00	$0.00
g. Cost of Publicly-Owned Building Space	$0.00	$0.00

Agency Budget Summary	SNAP-Ed Planned Cost	Other Planned Funding
h. Maintenance and Repair	$0.00	$0.00
i. Institutional Memberships and Subscriptions	$0.00	$0.00
j. Equipment and Other Capital Expenditures	$0.00	$0.00
2. Indirect Costs, not including building space/ contracts/subgrants/ agreements SNAP-Ed Indirect Cost Explanation Indirect cost rate: 26.00% Carryover funds from FY25, indirect costs previously paid Other Indirect Cost Explanation Indirect cost rate: 0.00% Not Applicable	$0.00	$0.00
3. Total Federal Funds for Agency Direct Cost + Indirect Costs	$205,677.12	$0.00

Funding Source	Total Funds ($)
1. Estimated unobligated balance/carry-over from previous FY for Agency	$205,677.12
2. Funds requested from current FY allocation for Agency Total Federal Funds - Estimated unobligated balance/carry-over from previous FY	$0.00
3. Total Federal Funds for Agency	$205,677.12

Direct Cost Breakdown

Project Budgets

Consumer-Driven Retail Strategies

Salary/Benefits	$0.00
Contracts/Sub-Grants/Agreements	$0.00
Non-Capital Equipment/Office Supplies	$0.00
Nutrition Education Materials	$0.00
Travel	$0.00
Building/Space Lease or Rental	$0.00
Cost of Publicly-Owned Building Space	$0.00

Maintenance and Repair	$0.00
Institutional Memberships and Subscriptions	$0.00
Equipment and Other Capital Expenditures	$0.00
Total Direct Cost	$0.00

Grow This! WV Garden Challenge

Salary/Benefits	$0.00
Contracts/Sub-Grants/Agreements	$0.00
Non-Capital Equipment/Office Supplies	$0.00
Nutrition Education Materials	$0.00
Travel	$0.00
Building/Space Lease or Rental	$0.00
Cost of Publicly-Owned Building Space	$0.00
Maintenance and Repair	$0.00
Institutional Memberships and Subscriptions	$0.00
Equipment and Other Capital Expenditures	$0.00
Total Direct Cost	$0.00

Health in a SNAP

Salary/Benefits	$0.00
Contracts/Sub-Grants/Agreements	$0.00
Non-Capital Equipment/Office Supplies	$0.00
Nutrition Education Materials	$0.00
Travel	$0.00
Building/Space Lease or Rental	$0.00
Cost of Publicly-Owned Building Space	$0.00
Maintenance and Repair	$0.00
Institutional Memberships and Subscriptions	$0.00
Equipment and Other Capital Expenditures	$0.00
Total Direct Cost	$0.00

"Is It AN"-Community Based Diabetes Screening Campaign

Salary/Benefits	$0.00
Contracts/Sub-Grants/Agreements	$0.00
Non-Capital Equipment/Office Supplies	$0.00
Nutrition Education Materials	$0.00
Travel	$0.00
Building/Space Lease or Rental	$0.00

Cost of Publicly-Owned Building Space	$0.00
Maintenance and Repair	$0.00
Institutional Memberships and Subscriptions	$0.00
Equipment and Other Capital Expenditures	$0.00
Total Direct Cost	$0.00

Wild and Wonderful Walking in West Virginia

Salary/Benefits	$0.00
Contracts/Sub-Grants/Agreements	$0.00
Non-Capital Equipment/Office Supplies	$0.00
Nutrition Education Materials	$0.00
Travel	$0.00
Building/Space Lease or Rental	$0.00
Cost of Publicly-Owned Building Space	$0.00
Maintenance and Repair	$0.00
Institutional Memberships and Subscriptions	$0.00
Equipment and Other Capital Expenditures	$0.00
Total Direct Cost	$0.00

Other SNAP-Ed Planned Expenditures

Salary/Benefits	$205,677.12
Contracts/Sub-Grants/Agreements	$0.00
Non-Capital Equipment/Office Supplies	$0.00
Nutrition Education Materials	$0.00
Travel	$0.00
Building/Space Lease or Rental	$0.00
Cost of Publicly-Owned Building Space	$0.00
Maintenance and Repair	$0.00
Institutional Memberships and Subscriptions	$0.00
Equipment and Other Capital Expenditures	$0.00
Total Direct Cost	$205,677.12

Planned Staffing

Staff Positions

Position Title	FTE's charged to SNAP-Ed	% of SNAP-Ed Time Spent on Management and Administration	% of SNAP-Ed Time Spent on SNAP-Ed Delivery	Average Full Salary, Benefits, and Wages for Position	Subtotals (FTE × Average Full Salary, Benefits, and Wages)
Grant Resources Specialist	1.0000	50.00%	50.00%	$8,469.00	$8,469.00
Physical Activity Specialist	1.0000	75.00%	25.00%	$20,904.00	$20,904.00
PI	1.0000	90.00%	10.00%	$16,402.63	$16,402.63
Program Coordinator	1.0000	90.00%	10.00%	$27,083.33	$27,083.33
Program Manager	1.0000	90.00%	10.00%	$10,904.95	$10,904.95
Public Health Evaluation & Training Specialist	1.0000	75.00%	25.00%	$19,095.54	$19,095.54
Social Media Specialist	1.0000	80.00%	20.00%	$27,916.67	$27,916.67
Team Lead Health Educator	4.0000	25.00%	75.00%	$18,725.25	$74,901.00
Total SNAP-Ed-funded Salary/Benefits					$205,677.12

Full-Time Equivalent (FTE) Definition and Basis For Calculation

Full-time equivalent equals 37.5 hours per week

Team Lead Health Educators based on 3 months salary and benefits

All other positions based on 5 month salary and benefits

Job Description Documents

Job descriptions_SNAP Ed FY26 8.11.25.pdf

Planned Travel

In State Travel

No data submitted

Out of State Travel

No data submitted

Budget Narrative

For the plan fiscal year, a total of **$205,677.12** is needed to cover SNAP-Ed operating costs, including **$205,677.12** in direct costs and **0.00** in indirect costs. Unobligated funds from the previous FY in the amount of **$205,677.12** will be used to cover the costs of operating SNAP-Ed before **$0.00** from the plan fiscal year allocation are used.

File Attachments:

- WVU-WVURC Rate Agreement FY 2026 (1).pdf

Salary/Benefits

The total amount required for **salary/benefits** is **$205,677.12**.

Due to suspended funding, Team Lead Health Educators salaries are based on a 3 month employment, all other positions are based on a 5 month employment to dissolve the SNAP-Ed program in WV.

Contracts/Sub-Grants/Agreements

The total amount required for **contracts/sub-grants/agreements** is **$0.00**.

N/A

Non-Capital Equipment/Office Supplies

The total amount required for **non-capital equipment/office supplies** is **$0.00**.

N/A

Nutrition Education Materials

The total amount required for **nutrition education materials** is **$0.00**.

N/A

Travel

The total amount required for **travel** is **$0.00**.

- Planned number of In-State trips: **0**
- Planned number of Out-of-State trips: **0**

Building/Space Lease or Rental

The total amount required for **building/space lease or rental** is **$0.00**.

N/A

Cost of Publicly-Owned Building Space

The total amount required for **cost of publicly-owned building space** is **$0.00**.

N/A

Maintenance and Repair

The total amount required for **maintenance and repair** is **$0.00**.

N/A

Institutional Memberships and Subscriptions

The total amount required for **institutional memberships and subscriptions** is **$0.00**.

N/A

Equipment and Other Capital Expenditures

The total amount required for **equipment and other capital expenditures** is **$0.00**.

N/A

Planned Staffing and Budget

West Virginia Department of Human Services (State Agency) Budget

Total Agency Budget

Agency Budget Summary	SNAP-Ed Planned Cost	Other Planned Funding
1. Direct Cost	$0.00	$0.00
a. Salary/Benefits 0.00% difference from planned staffing section Total SNAP-Ed-funded Salary/Benefits: $0.00 Discrepancy from Salary/Benefits above: $0.00	$0.00	$0.00
b. Contracts/Sub-Grants/ Agreements	$0.00	$0.00
c. Non-Capital Equipment/ Office Supplies	$0.00	$0.00
d. Nutrition Education Materials	$0.00	$0.00
e. Travel 0.00% difference from planned travel section Total SNAP-Ed-funded Travel: $0.00 Discrepancy from Travel above: $0.00	$0.00	$0.00
f. Building/Space Lease or Rental	$0.00	$0.00
g. Cost of Publicly-Owned Building Space	$0.00	$0.00
h. Maintenance and Repair	$0.00	$0.00
i. Institutional Memberships and Subscriptions	$0.00	$0.00
j. Equipment and Other Capital Expenditures	$0.00	$0.00

Agency Budget Summary	SNAP-Ed Planned Cost	Other Planned Funding
2. Indirect Costs, not including building space/ contracts/subgrants/ agreements SNAP-Ed Indirect Cost Explanation Indirect cost rate: 0.00% NA Other Indirect Cost Explanation Indirect cost rate: 0.00% NA	$0.00	$0.00
3. Total Federal Funds for Agency Direct Cost + Indirect Costs	$0.00	$0.00

Funding Source	Total Funds ($)
1. Estimated unobligated balance/carry-over from previous FY for Agency	$0.00
2. Funds requested from current FY allocation for Agency Total Federal Funds - Estimated unobligated balance/carry-over from previous FY	$0.00
3. Total Federal Funds for Agency	$0.00

Direct Cost Breakdown

Project Budgets

No project budgets submitted.

Other SNAP-Ed Planned Expenditures

Salary/Benefits	$0.00
Contracts/Sub-Grants/Agreements	$0.00
Non-Capital Equipment/Office Supplies	$0.00
Nutrition Education Materials	$0.00
Travel	$0.00
Building/Space Lease or Rental	$0.00
Cost of Publicly-Owned Building Space	$0.00
Maintenance and Repair	$0.00
Institutional Memberships and Subscriptions	$0.00
Equipment and Other Capital Expenditures	$0.00

Total Direct Cost	$0.00

Planned Staffing

Staff Positions

Position Title	FTE's charged to SNAP-Ed	% of SNAP-Ed Time Spent on Management and Administration	% of SNAP-Ed Time Spent on SNAP-Ed Delivery	Average Full Salary, Benefits, and Wages for Position	Subtotals (FTE × Average Full Salary, Benefits, and Wages)
N/A	0.0000	0.00%	0.00%	$0.00	$0.00
Total SNAP-Ed-funded Salary/Benefits					$0.00

Full-Time Equivalent (FTE) Definition and Basis For Calculation

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Job Description Documents

WV SNAP Ed positions.pdf

Planned Travel

In State Travel

No data submitted

Out of State Travel

No data submitted

Budget Narrative

For the plan fiscal year, a total of **$0.00** is needed to cover SNAP-Ed operating costs, including **$0.00** in direct costs and **0.00** in indirect costs. Unobligated funds from the previous FY in the amount of **$0.00** will be used to cover the costs of operating SNAP-Ed before **$0.00** from the plan fiscal year allocation are used.

Salary/Benefits

The total amount required for **salary/benefits** is **$0.00**.

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Contracts/Sub-Grants/Agreements

The total amount required for **contracts/sub-grants/agreements** is **$0.00**.

.

Non-Capital Equipment/Office Supplies

The total amount required for **non-capital equipment/office supplies** is **$0.00**.

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Nutrition Education Materials

The total amount required for **nutrition education materials** is **$0.00**.

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Travel

The total amount required for **travel** is **$0.00**.

- Planned number of In-State trips: **0**
- Planned number of Out-of-State trips: **0**

Building/Space Lease or Rental

The total amount required for **building/space lease or rental** is **$0.00**.

.

Cost of Publicly-Owned Building Space

The total amount required for **cost of publicly-owned building space** is **$0.00**.

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Maintenance and Repair

The total amount required for **maintenance and repair** is **$0.00**.

.

Institutional Memberships and Subscriptions

The total amount required for **institutional memberships and subscriptions** is **$0.00**.

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Equipment and Other Capital Expenditures

The total amount required for **equipment and other capital expenditures** is **$0.00**.

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