

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM /  
EMPLOYMENT AND TRAINING (SNAP/ET)  
PRE-QUALIFICATION  
APPLICATION

I.

**Organization:**

II.

**Business Address:**

III.

**Type of Organization:** (non-profit, municipality, etc.)

IV.

**Contact Name and Title:**

V.

**Contact E-mail Address:**

**Contact Telephone # :**

VI.

**Eligible SNAP/ET Service Components Provided by Entity:**

VII.

**Estimated % of Eligible or Potentially Eligible Non-TANF Food Stamp Recipients being Serviced by the Organization:**

VIII.

**Type of Organization's Eligible Funding Sources: (private donations, foundations, etc.)**

**IX.**

**Estimated Annual Eligible SNAP/ET Expenditures:**

**Date submitted:**

**Name and Title of Individual Submitting Application (contact information, if different from above):**

**Submit to:**

**Anthony Owumi  
University of Massachusetts Medical School  
Commonwealth Medicine  
Center for Health Care Financing (CHCF)  
529 Main Street, Schrafft Center 3<sup>rd</sup> floor  
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