

Attachment 1: Vendor Peer Group Description
State Plan Checklist I. Food Delivery

Vendor Peer Groups, State Agency: _____ Fiscal Year: _____					Comparable Vendors Peer Group No.
Peer Group No.	Description (e.g., supermarkets, chain stores, pharmacies)	Number of Vendors in Peer Group			
		Regular Vendors	Above- 50% Vendors	Total	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					