OMB Control No.: 0584-0523 Expiration Date: xx/xx/xxxx

## **APPENDIX 4** Sample Confidentiality Agreement

## **CONFIDENTIALITY AGREEMENT**

I hereby agree to keep confidential all information which I am participating in (location, date, to performing service) on behalf of the USDA, Cent	time) being conducted by (name of contractor
Signature of Participant	Date
Name of Participant	_
(name of contractor performing service) hereb discussed during the (Interview/Focus Group) h USDA, Center for Nutrition Policy and Promotion	neld in (location, date, time) on behalf of the
Signature of Authorized Personnel	Date
Name of Authorized Personnel	_
[RESEARCH FACILITY] hereby agrees to kee] the (Interview/Focus Group) held in (location, on Nutrition Policy and Promotion.	
Signature of Authorized Personnel	Date
Name of Authorized Personnel	_