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CONFIDENTIALITY AGREEMENT

(name of contractor performing service) hereby agrees to keep confidential all information discussed during the (Interview/Focus Group) held in (location, date, time) on behalf of the USDA, Center for Nutrition Policy and Promotion.

Signature of Authorized Personnel

Date

Name of Authorized Personnel

[RESEARCH FACILITY] hereby agrees to keep confidential all information discussed during the (Interview/Focus Group) held in (location, date, time) on behalf of the USDA, Center for Nutrition Policy and Promotion.

Signature of Authorized Personnel

Date

Name of Authorized Personnel