

*Appendix A.2: Certification and Participation Data Request Email*

OMB #: 0584-xxxx  
Expiration Date: xx/xx/20xx

**From:** Joshua Leftin  
**Sent:** [DATE]  
**To:** [STATE CN REPRESENTATIVE]  
**Cc:** Lara Hulseley  
**Subject:** DC-Medicaid Demonstration Evaluation Certification and Participation Data Request - [STATE]

Greetings. Thank you again for your participation in the DC-Medicaid Demonstration Evaluation Cost Survey. The next component of the study is the collection [*or, in subsequent rounds: It is now time to provide the next batch*] of administrative data on certification and participation in the school meal programs. The attached document provides details of the request for these data.

Please let me know if you have any questions.

Thanks,  
Josh

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