

**C14. GROUP 3—RECRUITING CALL SCRIPT**

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## SUGGESTED TEXT – FIRST CALL TO SFA DIRECTOR

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) to follow up on a letter sent to [SFA DIRECTOR NAME] and your district about the School Nutrition and Meal Cost study (SNMCS). Could I speak to [SFA DIRECTOR NAME]?

**IF NOT SFA DIRECTOR / SFA DIRECTOR UNAVAILABLE:** And your name again? When is the best time to call [SFA DIRECTOR NAME]? Is there an assistant SFA director I can speak with about the study? \_\_\_\_\_. Thank you \_\_\_\_\_ for your help, and please let [SFA DIRECTOR NAME] know I called.

**IF ASKED FOR MORE DETAILS:** SNMCS will collect data from nationally representative samples of public School Food Authorities (SFAs), schools, and students and parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with information about how federally sponsored school meal programs are operating after the implementation of the new nutrition standards and other changes in regulations. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). The results from SNMCS will be compared with previous studies (School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC)) and will provide information on the effects of the new nutrition standards on foodservice operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake.

**IF SPEAKING TO THE SFA DIRECTOR:** I am following up on a letter sent to you and your district on [DATE] regarding the School Nutrition and Meal Cost study (SNMCS). The letter advised you that a member of the study team would be following up with your office to provide more information and to coordinate your district's participation in the study. Do you recall this letter?

**IF YES, RECALLS LETTER:** As you know, GO TO PARAGRAPH 2 OF "SUGGESTED TEXT – SPEAKING TO SFA DIRECTOR"

**IF NO, SFA DOESN'T HAVE THE LETTER:** Could I have/confirm your email? I can send you a copy and tell you more about the study/call again later. [GO TO PARAGRAPH 2: "SUGGESTED TEXT-SPEAKING TO SFA DIRECTOR"/ TAKE DATE and TIME FOR CALLBACK]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 42 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

## SUGGESTED TEXT – SPEAKING TO SFA DIRECTOR

Hello, my name is \_\_\_\_\_. I'm calling on behalf of the US Department of Agriculture (USDA), Food and Nutrition Services (FNS), following up on a letter sent to you and your district on [DATE] regarding the School Nutrition and Meal Cost study (SNMCS). Did you receive the letter? [IF NOT RECEIVED, SEND AND CONTINUE]

The letter explains that SNMCS will collect data from nationally representative samples of public School Food Authorities (SFAs), schools, and students and parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with information about how federally sponsored school meal programs are operating after the implementation of the new nutrition standards and other changes in regulations. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). The results from SNMCS will be compared with previous studies (School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC)) and will provide information on the effects of the new nutrition standards on foodservice operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake. Do you have any questions so far?

## **OBTAINING STUDY APPROVAL (MOU/RA)**

We want to make sure we get the appropriate approvals for your district to participate in the study. Therefore, we sent a letter informing you and [SUPERINTENDENT NAME] about the study. Is [SUPERINTENDENT NAME] the best person to contact for district approval?

***IF NOT THE RIGHT PERSON/RESEARCH APPLICATION (RA) NEEDED:*** [NAME, TITLE, EMAIL and PHONE #]

Do you know how the approval process works?

***IF HE/SHE KNOWS ABOUT THE APPROVAL PROCESS:***

- What are the steps in the process?
- How long do you anticipate it taking to get approval?
- What can we do to facilitate the process?

***IF RESEARCH APPROVAL IS NEEDED, INFORM THE TEAM LEADERS ABOUT IT AND DOCUMENT ON TRACKING SPREADSHEET.***

## STUDY DETAILS

Mathematica and Abt are selecting a nationally representative sample of about 500 school districts nationwide and 3 to 4 schools per district. Data collection activities will be limited to only those necessary for success of the study. Your SFA's participation will focus on costs and revenues for school foodservice, and the school environment. Your SFA has **not** been selected to participate in the parts of this study which require interviews with students and parents. During SY 2014-2015, your SFA and schools will be asked to:

**Complete a Menu Survey.** This survey will collect detailed information on the foods offered and served in reimbursable lunches, breakfasts, and afterschool snacks (if offered) during a target week.

**SFA Director, School Nutrition Manager and Principal Surveys.** SFA directors, school nutrition managers and principals will be asked to respond to questions needed to characterize district policies, the school environment, and foodservice operations.

**SFA Director, School Nutrition Manager and Principal Cost Interviews.** SFA directors, food service managers and principals will be interviewed to gather information about the full cost of foodservice, including indirect and administrative costs.

**Competitive Foods Checklists.** A member of the school staff will be asked to complete a simple set of forms detailing the availability to students of vending machine items and other sources of food such as school stores.

**Cafeteria Observations.** Data collectors will observe one lunch and one breakfast period in selected schools to document characteristics of foodservice operations.

**[IF APPLICABLE] Plate Waste Observations.** Data collectors will estimate the proportion of foods wasted by students in order to assess the nutrient and food group composition of foods wasted, and to assess the relationship between plate waste and characteristics of students, school food environments, and school foodservice operations.

**The valid OMB control number for this information collection is 0584-XXXX, expires X/XX/20XX.**

**INFORMATION TO COLLECT FROM SFA DURING INITIAL CALL**

Now I would like to ask you a few questions to help us plan data collection.

When does school start and end for SY2014-2015?

START DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

**VERIFYING SAMPLED SCHOOLS—STILL OPERATING /ANY NEW SCHOOLS**

**IF LIST AVAILABLE:** Are any of the sampled schools [NAME SAMPLED SCHOOLS] no longer operating?

If so, we'll need to substitute it with its replacement (alternate).

**IF PART OF SAMPLE UPDATE SUBSET:** Has your district added any new schools since Fall 201X (LATEST DATA WE HAVE)

**IF YES:** For each newly added school, could you tell me the name, grades served, and enrollment (ESTIMATE IS FINE)?

	School Name	LEAI D	Grades Served	Enrollment
1				
2				
3				

**FOODSERVICE PROGRAMS OPERATED BY SFA**

I'm going to read through a list of programs. Please tell me whether or not your SFA operates each program. **IF YES, CHECK BOX.**

- National School Lunch Program (NSLP)
- School Breakfast Program
- After-school snacks under NSLP
- Child and Adult Care Food Program (Day care or after-school snacks/meals)
- Seamless Summer Program Option
- Summer Food Source Program
- Fresh Fruit and Vegetables Program
- Extended school year (more than 9 months)

**CONFIRM THE PROGRAMS NOT OPERATED BY SFA.** Again, the programs not operated in your district include... **READ LIST OF PROGRAMS ABOVE NOT CHECKED.**

Let's go through the programs offered in each of the sampled schools. In [SCHOOL 1], do you offer...  
**READ THROUGH LIST OF PROGRAMS OFFERED BY SFA. IF YES, CHECK BOX. REPEAT FOR EACH SCHOOL.**

	[SCHOOL 1]	[SCHOOL 2]	[SCHOOL 3]
National School Lunch Program (NSLP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Breakfast Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-school snacks under NSLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adult Care Food Program (Day care or after-school snacks/meals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seamless Summer Program Option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Food Source Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fresh Fruit and Vegetables Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended school year (more than 9 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CAFETERIAS AND KITCHENS BY PRODUCTION TYPE**

We would like a count of cafeterias and kitchens in your district by production type. Throughout your district, please tell me...

	Number
The number of school cafeterias where <u>all</u> food served is prepared <b>on-site</b>	
The number of school cafeterias where <u>all</u> food served is prepared <b>off-site</b>	
The number of school cafeterias serving food with a <b>mix of on-site and off-site preparation</b>	
The number of kitchens that <b>prepare food but the food is not served on-site</b> (central or commissary kitchens)	

**OUTSIDE VENDOR FOR PRE-PREPARED MEALS**

Thinking about the current 2014-2015 school year, does any school in your district use an outside vendor to provide pre-prepared reimbursable meals that are served by SFA personnel?

- YES  
How many schools use this method of meal production?

\_\_\_\_\_ SCHOOLS  
 DON'T KNOW NUMBER OF SCHOOLS

- NO
- DON'T KNOW



## USE OF FOODSERVICE MANAGEMENT COMPANY (FSMC)

Is your foodservice operation currently under the direction of a foodservice management company, or does your school district use a consulting company or independent consultant to help plan or manage foodservice operations?

- YES—USE FOOD SERVICE MANAGEMENT COMPANY (**ASK ALL OTHER FSMC QUESTIONS**)
- YES—USE OTHER TYPE OF CONSULTING SERVICE (**ASK ALL OTHER FSMC QUESTIONS**)
- NO (**SKIP ALL OTHER FSMC QUESTIONS**)
- DON'T KNOW (**SKIP ALL OTHER FSMC QUESTIONS**)

Are you employed by the foodservice management company, by the school district, or as a consultant? **CHECK ONE ONLY.**

- Foodservice management company employee
- School district employee
- Consultant
- Other (*Specify*): \_\_\_\_\_
- DON'T KNOW

Who employs the foodservice cafeteria workers? **CHECK ALL THAT APPLY.**

- A management company
- The school district
- A consultant company, or
- Some other entity? (*Specify*): \_\_\_\_\_
- DON'T KNOW

On what basis is the foodservice (management/consulting) company fee determined? **CHECK ONE ONLY.**

- Flat administrative fee
- Per-meal fee
- Combination of administrative fee and per-meal fee
- Percentage of total cafeteria sales, or
- Some other arrangement? (*Specify*): \_\_\_\_\_
- DON'T KNOW

Who monitors the performance of the foodservice (management/consulting) company? **CHECK ALL THAT APPLY.**

- School district business manager
- Superintendent
- School principal
- School board
- No one is designated to monitor
- Someone else? (*Specify*): \_\_\_\_\_
- DON'T KNOW

### **CAFETERIAS AND FOOD PRODUCTION AT EACH SCHOOL**

***THE FOLLOWING QUESTIONS WILL NEED TO BE ASKED FOR EACH OF THE THREE SAMPLED SCHOOLS WITHIN THE DISTRICT.***

Let's get some information about cafeterias and food production for each of the sampled schools. We'll start with [SCHOOL 1].

How many cafeterias (that is, indoor rooms or areas where students can get a reimbursable lunch) are in [SCHOOL]?

- \_\_\_\_\_
- REFUSED
  - DON'T KNOW

Is there a courtyard or other outdoor space where students are permitted to eat lunch, either year-round or only in warm and/or dry weather? **CHECK ONE ONLY.**

- YES, YEAR-ROUND
- YES, ONLY IN WARM AND/OR DRY WEATHER
- NO
- REFUSED
- DON'T KNOW

Does [SCHOOL] receive and serve any foods that are prepared off-site? **CHECK ONE ONLY.**

YES

For foods prepared off-site, does the school ever assemble or complete assembly of foods, such as sandwiches or desserts?

- YES
- NO
- REFUSED
- DON'T KNOW

Does [SCHOOL] receive fully plated meals prepared off-site?

YES

**IF YES** What is the name of the facility [SCHOOL] receives food from?

NAME OF FACILITY: \_\_\_\_\_

- DON'T KNOW
- REFUSED

- NO
- REFUSED
- DON'T KNOW

- NO
- REFUSED
- DON'T KNOW

Does [SCHOOL] prepare any foods for other schools in your district?

YES

**IF YES** How many other schools in the district does [SCHOOL] prepare food for?

\_\_\_\_\_ SCHOOLS

- NO
- REFUSED
- DON'T KNOW

Does [SCHOOL] prepare and deliver foods (other than a la carte or USDA-reimbursable school meals) to other sites, such as day care centers? **CHECK ONE ONLY.**

YES

**IF YES** What are these sites? Are they:

- Schools that are not part of the district
- Day care centers or head start centers not located at a school
- Senior Citizen Programs (such as centers or feeding sites)
- Other \_\_\_\_\_
- REFUSED
- DON'T KNOW

NO

REFUSED

DON'T KNOW

### **FOOD SERVICE MANAGER QUESTIONS**

We will also be interviewing the Food Service Manager at the school and checking to see if there are any questions or issues in completing the online Electronic Menu Survey for the target week. May I please have the [SCHOOL] Food Service Manager's name? email address? phone number? mailing address?

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Does the Food Service Manager in [SCHOOL] have access to the Internet at school to complete an on-line survey? **CHECK ONE ONLY.**

YES

NO

REFUSED

DON'T KNOW

Will (he/she) be able to provide meal pattern contributions (or creditable amounts) for all menu items offered in reimbursable meals during the target week?

YES

How will (he/she) obtain the meal pattern contributions or crediting information?

**CHECK ALL THAT APPLY.**

- From SFA-level staff (SFA director, district nutritionist, menu planner, etc.)
- From memory
- From CN labels, USDA Foods Fact Sheets, the Food Buying Guide, or other product information
- Listed on production records
- Listed on recipes
- Other (explain) \_\_\_\_\_

NO

DON'T KNOW

**IF ANSWERED NO OR DON'T KNOW:** Who is the menu planner or the person that can provide meal pattern contributions (or crediting information) for the Menu Survey? Can you give me (his/her) contact information? What is the best way to reach (you/him/her)? We would like (you/him/her) to provide the meal pattern contributions at the end of the target week for the Menu Survey.

NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DON'T KNOW

**PLATE WASTE RECRUITMENT**

**IF SFA IS IN THE PLATE WASTE STUDY SAMPLE:** To plan for the study of plate waste, we would like to know what methods are used to serve breakfast and lunch in each of the sampled schools. Let’s start with [SCHOOL]. **READ A METHOD AND THE MEAL. IF YES, METHOD IS USED, CHECK BOX. REPEAT FOR EACH SCHOOL. CHECK ALL THAT APPLY.**

Method	[SCHOOL 1]	[SCHOOL 1]	[SCHOOL 1]
Conventional serving line(s)	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Food court	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Grab and go from cafeteria	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Food cart(s) not in cafeteria	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Outside of school building (bus, playground etc.)	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Classroom	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Other ( <i>Specify</i> )	_____ _____	_____ _____	_____ _____

**NEXT STEPS: CONFIRM POINTS OF CONTACT**

**BUSINESS MANAGER QUESTIONS**

Some of the Cost Interviews will ask for information on specific fringe rates, staff salary information, food service expenses, and food vendor costs. Will you be able to answer these questions, or would it be better for us to contact a Business Manager?

- I will be able to answer these questions.
- The Business Manager will need to answer these questions.

I'd like to send a letter to the Business Manager explaining this study, and their role in it. May I please have the Business Manager's name? email address? phone number? mailing address?

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

You will be our point of contact for everything SFA related, and I'll contact Mr./Ms. \_\_\_\_\_ about obtaining approval for [DISTRICT NAME] to participate in the study. Would it be best to include you in that phone call?

***IF THE SFA DIRECTOR WANTS TO BE INCLUDED IN A CONFERENCE CALL:***

What day and times are good for you? I'll call the district office to set up the call with [SUPERINTENDENT NAME][ADMINISTRATOR NAME] during one of the times you've mentioned and send you a confirmation. Would you prefer I notify you of the conference call date by email or phone?

***END CALL:*** Thank you so much for your help, I will send you my contact information via email in case you have any questions after the call. [CONFIRM CONTACT EMAIL] As the date of our first visit to the district approaches, a member of the data collection team will contact you to coordinate logistics.

SEND THANK YOU EMAIL AFTER CALL AND UPDATE SPREADSHEET.  
CALL DISTRICT TO GAIN STUDY APPROVAL AND START MOU PROCESS.

## SUGGESTED TEXT – FIRST CALL TO SUPERINTENDENT [MOU]

Hello, my name is \_\_\_\_\_. I'm calling on behalf of U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS) to follow up on a letter sent to [SUPERINTENDENT NAME] and your district about the School Nutrition and Meal Cost study (SNMCS). Could I speak to [SUPERINTENDENT NAME]?

**IF NOT SUPERINTENDENT / SUPERINTENDENT UNAVAILABLE:** And your name again? When is the best time to call [SUPERINTENDENT NAME]? Is there an Assistant Superintendent I can speak with about the study? \_\_\_\_\_. Thank you \_\_\_\_\_ for your help, and please let [SUPERINTENDENT NAME] know I called!

**IF ASKED FOR MORE DETAILS:** SNMCS will collect data from nationally representative samples of public School Food Authorities (SFAs), schools, and students and parents during SY 2014-2015. These data will provide Federal, State, and local policymakers with information about how federally sponsored school meal programs are operating after the implementation of the new nutrition standards and other changes in regulations. Participation in the study by selected states, districts, and schools is required under Section 305 of the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). The results from SNMCS will be compared with previous studies (School Nutrition and Dietary Assessment (SNDA) and School Lunch and Breakfast Cost (SLBC)) and will provide information on the effects of the new nutrition standards on foodservice operations, the nutrient content of school meals offered and as served, meal costs and revenues, and student participation and dietary intake. I spoke with [SFA NAME] about participation and need to speak with [SUPERINTENDENT NAME] regarding the district's approval process.

**IF SPEAKING TO THE SUPERINTENDENT:** I am following up on a letter sent to you and your district on [DATE] regarding the School Nutrition and Meal Cost study (SNMCS). The letter advised you that a member of the study team would be following up with your office to provide more information and to coordinate your district's participation in the study. Do you recall this letter?

**IF YES, RECALLS LETTER:** As you know from the letter, the USDA/FNS has contracted with Mathematica Policy Research, Abt Associates, and its research partners (Agralytica and Relyon Media), to conduct the School Nutrition and Meal Cost study (SNMCS) for 2014-2015 school year (SY) and your school district has been selected to participate. GO TO OBTAINING STUDY APPROVAL (MOU)

**IF SUPERINTENDENT DOESN'T HAVE THE LETTER:** Could I have/confirm your email or fax number? I can send you a copy and tell you about the study/call again later. [IF NOT

- According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



RECEIVED, SEND AND TRY TO CONTINUE or SEND AND SET CB] When can I call you back? [DATE and TIME]

## **OBTAINING STUDY APPROVAL (MOU/RA)**

We want to make sure we get the appropriate approvals for your district to participate in the study because the study will ask for lists of students and contact information to mail letters to households. [SFA DIRECTOR NAME] has agreed to participate and has named you as the person to contact to obtain district approval in the form of a Memorandum of Understanding. Are you the correct contact for this approval?

**IF NOT THE RIGHT PERSON/RESEARCH APPLICATION (RA) NEEDED:** Who should I speak with about obtaining approval/RA? [NAME, TITLE, EMAIL and PHONE #]

**IF CORRECT CONTACT FOR APPROVAL PROCESS:** I would like to send you the MOU we have prepared for participating districts describing the responsibilities of the study team and [DISTRICT NAME]. We can talk about it once you have reviewed it. IF NOT MENTIONED DURING CONVERSATION ASK:

- What are the steps in the process?
- How long do you anticipate it taking to get approval?
- What can we do to facilitate the process?

IF DISTRICT REQUESTS A RESEARCH APPLICATION (RA) OR OTHER DOCUMENTATION, ASK IF THE MOU CAN BE REVISED TO TAKE THE PLACE OF THE RA. IF IT CANNOT, OBTAIN COPY OF RA AND SUBMISSION REQUIREMENTS. INFORM THE TEAM LEADERS ABOUT THIS REQUIREMENT AND DOCUMENT ON TRACKING SPREADSHEET.

**END CALL:** Thank you so much for your help, I will send you my contact information via email in case you have any questions after the call, and will send you [DISTRICT NAME] MOU shortly. [CONFIRM CONTACT EMAIL].

## **SEND THANK YOU EMAIL AFTER CALL AND UPDATE TRACKING SPREADSHEET**

- Recruiter customizes MOU draft and sends to district for review. The purpose of sharing the draft is to make sure everyone is in agreement and MOU is approved. If the district wants to make changes, there is a team to help from here on. If no changes needed, save the MOU to [XXX] as [XXX] and email [XXX].
- Recruiter follows up as needed.
- Recruiter sends final version of MOU to district. Enter date counter signed MOU was received on tracking spreadsheet.

## **EMAIL TEMPLATES**

### **THANK YOU, MOU COMING/ATTACHED**

Dear [CONTACT NAME],

Thank you for speaking with me about [DISTRICT]'s participation in the School Nutrition and Meal Cost Study (SNMCS). [I will soon be sending you /Attached please find] a Memorandum of Understanding (MOU) summarizing the data collection efforts and other details of the study; such as our data security and privacy procedures.

[Please review the MOU and let me know if you have any comments by [DATE]. Once we agree on the content of the MOU, I will send you the finalized document for you to sign and return. If there are no changes, please sign and return to me for countersignature.]

I look forward to working with [DISTRICT NAME] on this very important study.

Thanks again,

[RECRUITER NAME]

[RECRUITER CONTACT INFORMATION]

### **SENDING FINALIZED MOU TO DISTRICT**

Dear [CONTACT NAME],

Thank you for your patience as we finalized the Memorandum of Understanding (MOU) summarizing data collection efforts and other details about the School Nutrition and Meal Cost study. We are happy to be able to send you the final document via email for your signature. Please keep a copy of the document for your records. After you have reviewed the document, please sign it and either send it back by email to [SNMCS@abtassoc.com](mailto:SNMCS@abtassoc.com) as a PDF, or by fax to (XXX) XXX-XXXX, attn: XXX.

Thanks again and please do not hesitate to contact me if you have any questions.

Sincerely,

[RECRUITER NAME]

[RECRUITER CONTACT INFORMATION]