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## **Appendix E2 State MOU**

### **Evaluation of the Summer Food Service Program (SFSP) Participant Characteristics**

#### **Memorandum of Understanding**

#### **Between**

#### **Optimal Solutions Group, LLC,**

#### **And**

#### **< STATE AGENCY >**

### **I. PURPOSE OF AGREEMENT**

The purpose of this Memorandum of Understanding (MOU) is to define the terms under which the <STATE AGENCY> will participate in an evaluation of the Summer Food Service Program (SFSP) participant characteristics for the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS).

#### **Background/Overview**

The USDA has contracted with Optimal Solutions Group, LLC (Optimal), to study and prepare a report documenting the Summer Food Service Program (SFSP) providers and participant characteristics. This study will evaluate the current operations of the SFSP. Using a mixed-method approach of web surveys and telephone calls, Optimal will collect data from a nationally representative sample of states, sponsors, and sites, augmented by qualitative data collection with parents/caregivers of eligible participants and non-participants. A final report will be prepared and a briefing provided to FNS staff. Optimal will conduct a sub-study of states with high SFSP participation and states with low SFSP participation to examine factors that account for differences in SFSP participation across the states.

#### **Research team roles/responsibilities:**

- Submit a detailed data request.
- Submit any required documentation for an institutional review board (IRB).
- Maintain stringent privacy and safeguard all data according to applicable federal, state, and local laws and guidelines.
- Not identify sponsors, sites, or parents/caregivers in publications or other communications outside the research team.
- Operate a help desk number and e-mail address for questions regarding participation in the study and/or technical difficulties completing the survey.
- Hold webcasts with state agencies and sponsors to ensure clarity of roles.

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- Compensate parents/caregivers for their participation in the interviews.

**State agency roles/responsibilities:**

- Provide the research team with a list of all active SFSP sponsors by <date>. Include the following information:
  - Sponsor name
  - Contact information for sponsor’s main point of contact (name, role, phone number, e-mail address)
  - Sponsor’s dates of operation
  - Number of sites sponsor operates
  - Sponsor type (government, nonprofit, NYSP, residential camp)
  - Types of meals served
  - Meal counts by sponsor for each type of meal served
- Complete the web survey in its entirety.
- Submit the signed MOU.
- Encourage sponsors to cooperate if they are selected for the study.

**Preferred Points of Contact for State Agency:**

| Name | State Agency | Role | E-mail | Phone |
|------|--------------|------|--------|-------|
| 1.   |              |      |        |       |
| 2.   |              |      |        |       |
| 3.   |              |      |        |       |

**Preferred Points of Contact for Research Team:**

| Name                  | Organization | Role                                 | E-mail                                | Phone        |
|-----------------------|--------------|--------------------------------------|---------------------------------------|--------------|
| 1. Mark Turner        | Optimal      | Project Director                     | SFSP@optimalsolutionsgroup.com        | 877-776-8501 |
| 2. Carla Bozzolo      | Optimal      | Project Manager                      | SFSP@optimalsolutionsgroup.com        | 877-776-8501 |
| 3. Chan Chanhatasilpa | USDA/FNS     | Contracting Officer’s Representative | Chanchalat.Chanhatasilpa@fns.usda.gov | 703-305-2115 |

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|                 |          |                        |                           |              |
|-----------------|----------|------------------------|---------------------------|--------------|
| 4. Ashley Owens | USDA/FNA | Contracting Specialist | Ashley.Owens@fns.usda.gov | 703-305-2940 |
|-----------------|----------|------------------------|---------------------------|--------------|

For issues regarding data, contact Carla Bozzolo. For issues regarding study design, contact Mark Turner. For issues regarding authorization to conduct this study, contact Chan Chanhathasilpa or Ashley Owens.

**II. TERM OF AGREEMENT**

This agreement will be effective from <DATE> through <DATE>.

**III. PROCEDURES FOR AMENDING AGREEMENT**

Any changes, amendments, or modifications to this agreement must be made and agreed to by the parties in writing. No amendment, change, waiver, or discharge hereof shall be valid unless it is in writing and signed by an authorized representative of the party against which the amendment, change, waiver, or discharge is sought to be enforced.

**IV. CONFIDENTIAL INFORMATION**

Confidential information or data, as used in this clause, mean (1) information or data of a personal nature about an individual or (2) proprietary information or data submitted by or pertaining to an institution or organization.

The parties shall use any private data or information provided or developed under this agreement solely for the purpose for which the data or information was provided or developed. The parties shall establish administrative and physical safeguards to prevent the unauthorized disclosure and/or use of all private data or information provided or developed under this disclosure or the dissemination of private data or information.

**V. TERMINATION PROCESS**

Either party may terminate this agreement by giving thirty (30) days' written notice to the other.

**VI. ASSIGNMENT**

This agreement, and all rights and obligations hereunder, may not be assigned without the express prior written consent of all other parties hereto. Any assignment or attempt at the same in the absence of such prior written consent shall be void and without effect.

Should you agree with the terms of this Memorandum of Understanding, please sign in the appropriate spaces below.

**VII. SIGNATURE OF THE PARTIES**

**For: <STATE AGENCY>**

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Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For: Optimal Solutions Group, LLC**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_