



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

Public reporting burden for this collection of information is estimated to average xx minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx*). Do not return the completed form to this address

Appendix F9 SPONSOR INFO FIRST REQUEST

<Date>

USDA Food and Nutrition Service
Office of Policy Support
3101 Park Center Drive, Room 1014
Alexandria, VA 22302

RE: Follow-Up Sponsor information request - <State agency> - Participant Characteristics Study (AG-3198-C-13-0016)

Dear <State Agency Director's Name>,

Thank you for your participation in the U.S. Department of Agriculture's Food and Nutrition Service study on summer meals programs. This is the follow-up request for a comprehensive list of sponsors that we referenced in our letter on <Date>. We hope that complying with this new request will be a simple matter of adding the new sponsors who attended the state agency-provided training for new SFSP sponsors, but you do have an opportunity to correct your initial list. We have again enclosed/attached the FAQs from the FNS webcast of <webcast date> for your convenience. The successful completion of this important study requires a complete list of the new and returning summer meals sponsors under your jurisdiction by <date>. We thank you for the information you have already provided and for this additional information.

For each sponsor, please provide the following information:

- Sponsor name
- Sponsor address (street number, street city, state, zip) in separate columns
- Sponsor phone number
- Sponsor planned dates of meal service (Start date | End date)
- Number of sites sponsor plans to operate this year. (For returning sponsors, we understand that your "best guess" may be the number of sites they operated in 2014)
- Sponsor type (school, government, non-profit, NYSP, camp)
- Meal types sponsor plans to serve (breakfast, lunch, snacks, etc)
- Meal counts per sponsor in 2014 or the number of meals by type you expect a new sponsor to provide this summer
- New or returning sponsor

You may email, fax, or mail your list using the contact information below:

Email: SFSP@optimalsolutionsgroup.com

Fax: (301) 985-3760

Mail: Optimal Solutions Group, Attention: SFSP Sponsors, 5825 University Research Ct., Ste 2800, College Park, MD 20740

If you have any questions or concerns about your participation in this study, please contact Optimal at 877-776-8501 or SFSP@optimalsolutionsgroup.com.



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For inquiries about the authorization of this study, please contact Dr. Chan Chanhatsilpa at FNS Headquarters at 703-305-2115 or chanchalat.chanhatsilpa@fns.usda.gov.

Thank you for your time and cooperation.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mark Turner", with a long horizontal flourish extending to the right.

Dr. Mark Turner
Project Director

Enclosure