B2. Revised Letter to State Agencies from Regional Offices

XX/XX/XXXX

To: **[STATE WIC DIRECTORS from ALL STATES]**   
From: **[RESEARCH TEAM]**  
Subject: Participation in the “Third National Survey of WIC Participants Study” Survey

Dear **[FIRST NAME] [LAST NAME]**:

2M Research Services and its partner, Abt Associates, are working with Capital Consulting Corporation, a company that does research studies in health and human services, to conduct the “Third National Survey of WIC Participants (NSWP-III).” FNS has commissioned this study to provide nationally representative estimates of certification errors in the WIC program (required by the Improper Payment Elimination and Recovery Improvement Act); to collect information on State and local WIC agencies’ certification policies and procedures, participant caseloads, services provided and other aspects of agency operations; and to collect information from current and former WIC participants about their experiences with the WIC program. You have been invited to participate in a pretest of the State Agency Survey, which is designed to identify how to improve the instrument.

**TO States pretesting The survey + they have LAs invited to take LA survey, no data collection from that State’s WIC participants**

Some local agencies from your State will be selected for the study; they are listed below. We are requesting your help to identify and contact 3–4 of your local WIC agencies. We will begin contacting local WIC agencies on **[DATE]**.

|  |  |  |
| --- | --- | --- |
| **Local Agency Contact** | **Name of Local Agency** | **Email Address/Phone** |
|  |  |  |
|  |  |  |
|  |  |  |

Each local agency will also receive an individual invitation to the Local Agency Survey with instructions.

**We will make every effort to minimize the burden of providing these data, and address any other concerns you may have**.

If you have questions, please feel free to contact us at 1-866-465-7738.

Thank you in advance for your assistance.

|  |
| --- |
| **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 number. The valid OMB control number for this information collection is 0584-0606. It will take you, on average, 1 minute to read this letter.** |