APPENDIX N

VISIT CONFIRMATION EMAIL

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OMB Control No.: 0584-0606

Expiration Date: 03/31/2019

Dear [Respondent Name]:

This email is to confirm our visit plans for the Outlying Areas Cost Study Feasibility Reassessment. Our schedule is below. We have limited time to complete these interviews and must coordinate the visit carefully. Please contact me immediately at [Email] or [Phone] if there are any problems with your scheduled appointment.

* [DAY AND TIME]: [INTERVIEWEE NAME], [INTERVIEWEE LOCATION]
* [REPEAT FOR ALL INTERVIEWS.]

[IF APPLICABLE: Please provide the following documents by [DATE]. [PROVIDE TRANSMISSION INSTRUCTIONS.] [LIST ONLY ITEMS THE RESPONDENT WILL PROVIDE.]

* Audited and unaudited revenue and expenditure statements for the school food authority (SFA) from fiscal year [FILL]
* Completed daily production records that document the foods that were prepared for and served in reimbursable meals each day for a typical school week for the selected schools
* Documentation that identifies the cost categories and support functions included in the district’s indirect cost rate(s) or cost allocation plan(s), such as documentation submitted to the State Department of Education for approval
* Your [SFA’s cycle menu(s)/school’s cycle menu/school’s menu for a typical week]
* Your SFA’s food service management company contract
* Your SFA’s food service employees union contract
* Examples of records of food purchases, such as invoices, delivery slips, or monthly vendor statements, that show the item, unit size, price per unit, and quantity obtained; please gather an example from each of your SFA’s suppliers, including all vendors, USDA Foods, and, if applicable, DoD Fresh.
* Examples of standardized recipes for foods prepared from scratch
* Examples of records for SFA personnel and personnel in the selected schools who work on food service activities and are *paid out of the food service account*
	+ These records should show job title, salary, hours worked, amount of leave time, and amount of time spent on food service activities. Please redact any names, Social Security Numbers, or other personally identifiable information from these records.
* Examples of records for district personnel and personnel in the selected schools who work on food service activities but are *paid out of the district account rather than the food service account*
	+ These records should show job title, salary, hours worked, amount of leave time, and amount of time spent on food service activities. Please redact any names, Social Security Numbers, or other personally identifiable information from these records.
* Examples of records of non-reimbursable foods sales (for example, adult meals or items that are sold a la carte in the cafeteria or elsewhere in school, such as in vending machines, school stores, food carts, or snack bars)]

We are looking forward to meeting with you soon.

Sincerely,

[Recruiter Name]