



OMB Control No: 0584-XXXX
Expiration date: XX/XX/XXXX

DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear [RESPONDENT'S NAME]:

Thank you for agreeing to attend the group discussion about the [RECOGNIZABLE NAME OF DEMONSTRATION PROJECT]. The group will be held on **DAY, DATE** at **TIME a.m./p.m.** at **[PLACE, ADDRESS, FLOOR/ROOM NUMBER]**. The discussion will last approximately one-and-a-half hours. One of our project staff will be there to greet you.

As we discussed on the phone, the purpose of this study is to learn how well [RECOGNIZABLE NAME OF DEMONSTRATION PROJECT] is working for you and families like yours. We will use the information collected in this discussion group to understand how to improve [RECOGNIZABLE NAME OF DEMONSTRATION PROJECT] and efforts like it in other places. The organizations conducting the discussion group on behalf of the U.S. Department of Agriculture, Food and Nutrition Service are independent research firms and are not part of any agency or institution directly involved with [RECOGNIZABLE NAME OF DEMONSTRATION PROJECT]. Your participation in this discussion will not affect any benefits or services you receive from [RECOGNIZABLE NAME OF DEMONSTRATION PROJECT] or any other program.

We will give you a \$50 gift card for [STORE] at the end of the session as a token of our appreciation and to offset the cost of your transportation and any childcare you may need to participate. It is very important that you show up on time. If you arrive late you may not be able to participate in the group. Please plan to arrive about 15 minutes early to meet the other participants and have [REFRESHMENTS OR DINNER]. Remember, only one parent or guardian from each family will be able to participate. If another adult comes with you they will not be able to join you in the room where the discussion is held. We will not be able to accommodate your children in the discussion group.

We really want to hear about your experiences and we are counting on you to attend. If something comes up and you cannot attend, please call [NAME] toll free at 800-XXX-XXXX so that we may find a replacement.

Enclosed are directions to the group discussion. Thank you once again.

Sincerely,

[NAME]

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 15 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.