

OMB Control Number: 0584-XXXX
Expiration Date: XX/XX/XXXX

## Attachment E: Data confidentiality pledge

#### Confidentiality Pledge

**I, *Field Interviewer Name,***in my role as an employee of ICF, working as a telephone interviewer for a study titled “Assessment of the Roles and Effectiveness of Community-Based Organizations in the Supplemental Nutrition Assistance Program,” under subcontract to Insight Policy Research on behalf of the U.S. Department of Agriculture, Food and Nutrition Service, I understand and agree to comply with the following:

#### Confidentiality of Data

All information I obtain, from either formal interviews or in casual observation or conversation, will be treated as confidential and will not be discussed with any parties not authorized to have access to such data, including (but not limited to) State and local SNAP agency staff, other households I may contact, and USDA/FNS staff.

**Support for Study Objectivity**

I will collect, to the best of my ability, complete and accurate data, and will record the data objectively and without regard to how it might affect the results of this study. I will be objective in all dealings with study participants. I will voice no opinions I may have about SNAP participants and how the SNAP program is administered, and I will not discuss them with any study participants (including SNAP local agency staff and households).

**Treatment of Information**

Any personal information related to this study that I have access to will be treated as confidential and not discussed with or shown to any parties who not authorized to have access to such information, including (but not limited to) project staff, other households I may contact, State and local SNAP agency staff, and USDA/FNS staff.

My signature below signifies my agreement with the above stipulations.

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

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

Office of Management and Budget (OMB) clearance for this study has been obtained, and the OMB clearance number is xxxx-xxxx. All information collected is subject to confidentiality requirements**.**