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

## ATTACHMENT A.1A: STATE SNAP DIRECTOR EMAIL

{DATE}

## Dear [STATE SNAP DIRECTOR]:

I am writing to request your continued assistance with the ongoing study of the Community Partner Demonstration Project, entitled "An Assessment of the Roles and Effectiveness of Community-Based Organizations in the Supplemental Nutrition Assistance Program." As you may remember, the U.S. Department of Agriculture's Food and Nutrition Service (FNS) is sponsoring this study to gather information about existing partnerships between community-based organizations (CBOs) and SNAP offices, and to assess the impact of those partnerships on program outcomes. FNS has contracted with Insight Policy Research (Insight) to conduct this study.

At this time, I am requesting your participation in a one hour telephone interview that will include questions about the waiver agreement between SNAP and the community partners in your State, how those partners were selected, and how they are trained to conduct the SNAP eligibility interview.

I will contact you by phone within the next few days to answer any questions you may have and to try to schedule the interview. If you prefer, you can contact me by phone or email with some dates and times that are convenient for you.

Thank you in advance for your cooperation. I look forward to speaking with you soon.

Sincerely,

{electronic signature of Insight researcher}

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-XXXX. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.