## Appendix AQ.2.

## State Agency Telephone Discussion Schedule Confirmation Email English Only





OMB Approval No. 0584-XXXX Expiration Date: XX/XX/20XX

Dear < NAME >,

Based on your availability, we have scheduled a follow-up call with you on:

DATE: DAY: TIME:

As a reminder, this call is to discuss the process to obtain the SNAP participant data for your State. The information you provide will be used to develop a sampling frame and select the sample of SNAP participants. Selected SNAP participants will be invited to complete a survey to evaluate the effect of Food Insecurity Nutrition Incentives on their fruit and vegetable purchase and consumption behaviors.

At the scheduled time, please dial-in to the conference line:

DIAL IN: 800-531-4204 PASSCODE: XXXX XXX#

We look forward to speaking with you soon.

Best,

PROJECT DIRECTOR

