

**Appendix Z**

**Grantee Administrator Pre Intervention**

**Thank You Card – English Only**



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

{Date}

{FIRST NAME} {LAST NAME}  
{STREET ADDRESS}  
{CITY}, {STATE} {ZIP CODE}

Dear {FIRST NAME} {LAST NAME}:

Thank you very much for talking to discuss how you implemented FINI and the challenges and success factors in implementing FINI. We know your time is valuable and we appreciate your cooperation.

The information you provided will be very important to the Food and Nutrition Service of the United States Department of Agriculture in evaluating the impact of nutrition incentives provided at the point of purchase on the purchases, consumption, nutrition, and health outcomes of SNAP recipients.

If you have any questions, please contact us at xxx-xxx-xxxx.

Sincerely,

PROJECT DIRECTOR



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 time required to complete this information collection is estimated to average 1 minute 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.