**APPENDIX C2**

**STATE AGENCY CHILD NUTRITION DIRECTOR ADMINISTRATIVE DATA REQUEST**

 [2M LOGO] OMB Clearance # XXX-XXXX

Expiration Date: xx/xx/20xx

[DATE]

[CN DIRECTOR NAME AND ADDRESS]

Dear [CN DIRECTOR]:

As you know, 2M Research Services is conducting a Community Eligibility Provision (CEP) Characteristics Study for the Food and Nutrition Service (FNS). Thank you for the cooperation you have already provided by participating in the State Agency web survey. Now we are asking for your cooperation in providing administrative data so that we can estimate the impacts of CEP on LEAs, schools and children, including impacts on program administration, school meals and foodservice costs and revenues.

See the attached document, *Requested Data Elements,* for the specific information we are requesting. We are asking for this information to be transferred to us via a secure SharePoint address. The address is (web page link) and your login credentials are:

 Username: XXXXXXXXXXX

 Password: YYYYYYYYYYYY

We will be able to read your data files, provided they are in one of the following formats: Microsoft excel (unlocked), delimited text files, and/or common database files such as .dbf, .MDD, and .ACCDB. A senior member of the 2M Research project team will contact you in the near future to answer any questions and to review the best methods for transferring your data to 2M Research.

Thank you in advance for your assistance in this important study. In the meantime, if you have any questions regarding the project, feel free to contact me at (xxx) xxx-xxxx or via email at xxxxxxxxx@2mresearch.com. You may also contact John Endahl, the FNS Project Officer at (703) 305-2127 or via email at john.endahl@fns.usda.gov.

Sincerely,

Jim Murdoch

Project Director

2M Research Services

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, expires XX/XX/XXXX. The time required to complete this information collection is estimated to average 24 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Office of Policy Support, U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, Alexandria, VA 22302. Attention: Dr. John Endahl.

***Requested Data Elements***

*Time period*: School Years 2013-14, 2014-15, 2015-16, 2016-17

*Frequency of data:* Monthly

*Coverage of data*: All LEAs for your State

*Data elements requested* *for each month of each school year* (note: we understand that reduced-price may not be available for LEAs participating in CEP):

1.      Number of NSLP lunches reimbursed – free, reduced price, paid, and total

2.      Number of SBP breakfasts reimbursed – free, reduced price, paid, and total

3.      Number of operating days for breakfast

4. Number of operating days for lunch

5.      Student enrollment (please specify how this is reported, i.e., as of 1st or last day of the month)

6.      Average daily student attendance for month of October

7.      School foodservice revenues

a.      Federal payment from National School Lunch Program (preferably excluding Afterschool Snack Program)

b.      Federal payment from School Breakfast Program

c.      Federal payment from Afterschool Snack Program (may be included in 7a)

d.      State payments

*Date Requested:* Confirmation of data to be provided and a preliminary file with all requested data elements from July 2013 through the most recent available month by March 31, 2017. The preliminary file will help determine whether the analysis team can work with the format and structure of the data. Data for all School Years by September 30, 2017.