**Attachment G: Site Confirmation Letter**

**OMB Burden Statement:** 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 0584-0524. The time required to complete this information collection is estimated to average 20 minutes 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.

**Site Confirmation Letter**

Dear Mr. O’Shea,

I am familiar with your research project entitled Formative Research to Revise Materials for Mothers and Child Care Providers of Infants*.* I understand that Applied Curiosity Research and Banyan Communications are conducting research on behalf of the United States Department of Agriculture Food and Nutrition Service (USDA FNS). I understand that the study will involve one to two 60-minute focus groups with mothers, which will take place at **[SITE].** I understand that ACR will provide any necessary materials to be shared with parents.

I understand that the research requires a quiet space on site for approximately two hours before, during, or after school. I understand that **[SITE]** will be provided a $150 facility fee, and each parent will receive $40.

As the **Director** of **[SITE],** I confirm that the site grants permission for the proposed research to be conducted with mothers of babies and expectant mothers at our site. I agree to distribute and post flyers and to assist ACR in recruiting mothers for the focus groups.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research study is strictly voluntary and provides privacy of research data, as described in the protocol.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name