**Exhibit 5: State Agency Email**

OMB Control No.: 0584‐0601

Expiration Date: 04/30/2018

*Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,

*Several of the at-risk centers that participated in the CACFP Sponsor and Provider Characteristics Study last spring/summer also participate in the regular CACFP. FNS needs some additional information about these centers. Specifically, we need information about the number and percentage of children enrolled in the* ***regular CACFP component of centers*** *whose meals are reimbursed at the free, reduced-price, and paid rates. This information is needed for the following centers:*

|  |  |  |
| --- | --- | --- |
| **Center Name** | **State ID Number** | **Address** |
|  |  |  |
|  |  |  |
|  |  |  |

***Could you please access the link below and submit your answers to three questions for each of these centers.***

*Thank you,*

*Frederic Glantz, President*

*Kokopelli Associates, LLC*

Disclosure 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 0584‐0601. The time required to complete this information collection is estimated to average two 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.