

APPENDIX B-1:

Template Email and Spreadsheet From FNS Contractor to State Special Nutrition Program (SNP) Director

NOTE TO REVIEWER:

This appendix includes the following:

- (a) B-1: Template email and spreadsheet from the FNS contractor to the State Special Nutrition Program (SNP) Director
 - Estimated burden to State to read the email and complete the spreadsheet is 60 minutes

- (b) B-2: Reminder email from the FNS contractor to the State SNP Director to complete and return the spreadsheet
 - Estimated burden to State to read the reminder email is 3 minutes; up to two reminder emails will be sent for a total burden of 6 minutes.

The Total Burden to State for Appendix B is 66 minutes.



OMB Number: 0584-0613
Expiration Date: 02/28/2021

Dear <<STATE SPECIAL NUTRITION PROGRAM DIRECTOR>>:

The U.S. Department of Agriculture’s (USDA) Food and Nutrition Service (FNS) has contracted with 2M Research Services (2M) and its partner, Mathematica Policy Research (MPR) to conduct the Special Nutrition Program (SNP) Quick Response Surveys (QRS). In order to conduct these surveys, contact and other respondent information for your local [INSERT PROGRAM NAME] agencies will be used to build the sample frames used in selecting local agencies that will be surveyed. As the State [INSERT PROGRAM NAME] Director, your cooperation is expected and greatly appreciated.

All information collected will be used for research purposes only and kept private to the extent provided by law. The information collected will not affect program benefits for any participating State agency or local program entity.

We request that as part of your participation you complete the enclosed spreadsheet by providing the contact information for all [INSERT PROGRAM NAME] local agencies. Using the spreadsheet template below, please record the name, position title, telephone number, email address, and local agency mailing address for each local agency director who will serve as the point of contact for the QRS.

Spreadsheet Template:

Contact Information at Local [INSERT PROGRAM NAME]									
Local [INSERT PROGRAM NAME] Agency	Director First Name	Director Last Name	Position Title	Telephone Number	Email Address	Mailing Address	City	State	ZIP
[LOCAL AGENCY 1]									
[LOCAL AGENCY 2]									
[LOCAL AGENCY 3]									

Please email the completed spreadsheet back to me within 30 days.

This is a very important study. Your assistance is critical to ensure a representative sample, scientifically valid findings, and improvements to the [INSERT PROGRAM NAME].

Thank you in advance for help and cooperation.

Sincerely,

<NAME AND TITLE OF SENDER>

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 0584-0613. The time required for the State Special Nutrition Program Director to complete this information collection is estimated to average 60 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.

APPENDIX B-2:

Reminder Email From FNS Contractor to State Special Nutrition Program (SNP) Director



Dear <<STATE SPECIAL NUTRITION PROGRAM DIRECTOR>>:

We are writing to confirm that you received an email and spreadsheet template for the Special Nutrition Program (SNP) Quick Response Surveys (QRS). As a reminder, we need local agency contact information in order to build the sample frames used in selecting the local agencies that will be surveyed. Please note that your cooperation in this study is encouraged under the Healthy, Hunger-Free Kids Act of 2010. Section 305 of that Act states that:

“States, State educational agencies, local educational agencies, schools, institutions, facilities, and contractors participating in programs authorized under this Act and the Child Nutrition Act of 1966 (42 U.S.C 1771 et seq.) shall cooperate with officials and contractors acting on behalf of the Secretary, in the conduct of evaluations and studies under those Acts.”

Therefore, let me encourage you to complete and return the spreadsheet by [INSERT DATE]. Please let us know if there is any way we can help you. If you did not receive this information previously via email, please let me know as soon as possible.

Thank you in advance for help and cooperation.

Sincerely,

<NAME AND TITLE OF SENDER>

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 0584-0613. The time required for the Special Nutrition Program Director to complete this information collection is estimated to average 3 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.

