

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]									

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.