



OMB Control No: 0584-XXXX

Expiration Date: XX/XX/20XX

## Appendix C1. Email Requesting SFSP and SSO Site and Sponsor List

### SUBJECT: Summer Meals Study: Request for SFSP and SSO Site and Sponsor List

Dear <STATE DIRECTOR NAME>,

Thank you for agreeing to provide State program data for the <Summer Food Service Program (SFSP) and/or Seamless Summer Option (SSO)> to support USDA's *Summer Meals Study*. As you may recall, the study will help us better understand who participates in summer meal programs and how we could better meet the needs of children. We will examine how satisfied participants are with the programs and why eligible families and their children do not participate in summer meals. We will also collect information on meal service characteristics and the nutritional quality of summer meals.

We have OMB approval for the study (OMB Control Number: 0584-####) and are ready to receive the <SFSP and/or SSO> site and sponsor list for your State. The data you are providing enables us to select sites and sponsors to participate in the study and helps us to analyze the study results.

At your earliest convenience, please provide your State's [<final list of participating sites and sponsors for 2017.> OR <list of approved sites and sponsors for 2018, current as of June 1, 2018.> OR <final list of participating sites and sponsors for 2018.>

The file should contain the following variables:

#### **Information on each sponsor:**

1. Name of sponsoring organization
2. Sponsor organization unique identifier (e.g., vendor number, contract number, agreement number)
3. Sponsoring organization contact person name and title
4. Sponsor contact person's phone number
5. Sponsor contact person's email
6. Sponsor mailing address
  - a. Street number and name
  - b. City
  - c. State
  - d. Zip code

#### **For each sponsor, information on each site:**

7. Name of site
8. Unique site identifier (e.g., vendor number, contract number, agreement number)
9. Status of current application
10. Name of site supervisor

Public reporting burden for this collection of information is estimated to average 2 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. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302 ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.

11. Site physical address
  - a. Street number
  - b. City
  - c. State
  - d. Zip code
12. Site phone number
13. Site supervisor email
14. Program start and end date(s) for 2017 and 2018
15. Site type (i.e., open, restricted open, closed enrolled, camp, migrant)
16. Types of meals served (i.e., breakfast, lunch, snack, supper)
17. Days of operation (e.g., Monday through Friday)
18. Times of operation by meal type
19. Numbers of meals served by meal type [for final 2017 and 2018 lists only]

You may upload the list for your State to Westat's secure server at <https://securetransfer2.westat.com>. Please let us know if you are anticipating delays in submitting this file to us.

Thank you again for your partnership and help in this very important study of the summer meal programs that provide critical nutrition to children when school is out of session. We look forward to receiving your data. Please email us at [SUMS@westat.com](mailto:SUMS@westat.com) or call 1-XXX-XXX-XXXX if you have any questions.

Sincerely,

The Summer Meals Study Team  
Westat