



OMB Control No: 0584-XXXX
Expiration Date: XX/XX/20XX

Appendix F8. Email to Submit Site Menu Follow-Up Report

Dear [NAME OF SPONSOR/SITE SUPERVISOR],

Thank you for sending the list of foods and beverages served and recipes for the week of <SELECTED WEEK> at <SITE NAME>. We have looked at the information, and need some more details about some of the foods and beverages served.

The form below shows the food or drinks we have questions about and the day of the week they were served. For each food or drink, we have listed our questions in the column called "Additional details" to describe the type of information we need.

[INSERT MENU FOLLOW-UP REPORT]

Please provide the information listed on the report as soon as possible. You may return the completed Menu Follow-up Report to us using any of the following methods:

FTP SITE	https://www.SUMS.org username: password:
Email	SUMS@westat.com
Fax	1-800-XXX-XXXX
U.S. Mail	SUMS Westat 1650 Research Blvd Rockville, MD 20850

You may also ask that we contact you by telephone to get the information.

If you have any questions about the study or how to or submit your Menu Follow-up Report, please email us at SUMS@westat.com or call us toll-free at 1-800-XXX-XXXX.

Your feedback and partnership matters to us. Thank you for helping us with this important study!

Sincerely,

The *Summer Meals Study* Team
Westat

Public reporting burden for this collection of information is estimated to average 5 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.
