APPENDIX C2

LETTER TO STATE AGENCIES FROM REGIONAL OFFICES

OMB Number: 0584-XXXX Expiration Date: XX/XX/XXXX

XX/XX/XXXX

To: [STATE WIC DIRECTORS FROM ALL STATES]

From: [FNS REGIONAL OFFICE]

Subject: Participation in the "Third National Survey of WIC Participants Study" Survey

Dear [FIRST NAME] [LAST NAME]:

2M Research Services and its partner, Abt Associates, are working with Capital Consulting Corporation, a company that does research studies in health and human services, to conduct the "Third National Survey of WIC Participants (NSWP-III)." FNS has commissioned this study to provide nationally representative estimates of certification errors in the WIC program (required by the Improper Payment Elimination and Recovery Improvement Act); to collect information on State and local WIC agencies' certification policies and procedures, participant caseloads, services provided and other aspects of agency operations; and to collect information from current and former WIC participants about their experiences with the WIC program.

Within five working days, you will receive an email from Jim Murdoch, the Project Director with 2M Research Services that will explain the study in detail and your important roles in ensuring successful data collection activities.

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-XXXX. The time required to complete this information collection is estimated to average 1 minute (0.02 hours) 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. 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