APPENDIX C7

LOCAL AGENCY SURVEY INVITATION EMAIL

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

XX/XX/XXXX

To: [LOCAL WIC DIRECTORS FROM ALL STATES]

From: [RESEARCH TEAM]

Subject: "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 conducts research studies in health and human services, to conduct surveys for the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS), as part of a study called, "Third National Survey of WIC Participants (NSWP-III)."

FNS has commissioned this study to gather nationally representative information on local WIC agencies (LWAs) and service delivery sites' certification policies and operations.

Your LWA has been selected to participate in this important study and we are requesting that you complete the Local Agency Survey. The survey is designed to be completed within 1 hour (60 minutes) and should be completed by the Local WIC Agency Director or designated members of the local agency staff. You may complete parts of the survey and login using the same PIN (provided below) to continue at a later time if needed. This is a web survey that you will complete online. If necessary, please send the survey to the appropriate staff to obtain information for all responses.

To complete the survey, you may need to access or request the following types of information:

- Documentation accepted as proof of identity, proof of residence, and proof of income
- Information on denied applicants
- Certification (location and staffing)
- Number of WIC clinics, satellites, and mobile units under the authority of the local agency
- Number of full-time and part-time staff across all clinics
- Number of clients served by all clinics
- Retention rates

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.

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I encourage you to complete the study as soon as possible. To access the survey, please log on to 2MSurvey.com or by clicking on this [LINK]. You will be asked for your *PIN number*, which is provided below.

PIN: [NUMBER]

Know that the information you provide will be kept private to the extent allowed by law.

We thank you in advance for your important contribution to this research. For assistance with the survey, you may call our toll-free help line or email our help desk. The toll-free help desk phone number is 1-866-465-7738, and the email address for the help desk is [SUPPORT EMAIL/WEB FORM]. Please contact us if you have any questions or concerns about this study.

Sincerely,

[RESEARCH TEAM CONTACT INFORMATION]