

**APPENDIX C20.a**

**PROGRAM EXPERIENCES SURVEY INVITATION LETTER - ENGLISH**

XX/XX/XXXX

To: **[SELECTED WIC PROGRAM PARTICIPANT]**  
From: **[RESEARCH TEAM]**  
Subject: Participate in a National 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).

You have been selected to participate in an important survey. We are conducting a survey to learn more about individual's experiences and satisfaction with a national program you have participated in. The survey will have you answer questions over the phone. The survey will take about 30 minutes. After completing the survey, you will receive a \$25 Visa debit card. All of the information share with our research team will be kept private. While your participation is voluntary, we value your opinion and encourage you to participate.

If you are interested in participating, please contact us at 1-866-465-7738 (toll free) or by email at **[SUPPORT EMAIL]**.

Thank you,

**[RESEARCH TEAM CONTACT INFORMATION]**

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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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