

## Appendix D3: Telephone Script for Nonrespondent State Directors

### Introduction

Good morning/afternoon [STATE DIRECTOR NAME]. Thank you for taking the time to speak with me. My name is [CONTACT NAME] and I work for Westat, a private research company in Rockville, Maryland. The Food and Nutrition Service (FNS) has contracted with Westat to evaluate the independent review of applications requirement for school meal programs, also called the second review of applications.

The first part of the study is an online survey of all State Child Nutrition Directors. We emailed you a link to the survey, and we are contacting you now because we have not yet received a completed survey from [STATE]. Did you receive an email from us with a link to this survey?

**IF YES:** Did you have any trouble accessing the survey? (IF NEEDED: We can resend the link to you.)

**IF NEVER RECEIVED:** Sorry about that! Can you please provide me with your email address? [*Caller: check it against the email we have on file*]. We will resend the survey link to you via email. The link may be shared with your colleagues, and should take about 60 minutes to complete.

(IF NEEDED: Your participation in this study is completely voluntary. There are no penalties if you decide not to respond, either to the survey as a whole or to any particular questions on the survey. However, your feedback is important and will improve our understanding of the IRA process and its effectiveness.)

(IF NEEDED: All responses will be reported at the aggregate level in our reports. The law governing the school meal programs requires *organizations* participating in the programs to cooperate in studies such as the *IRA Study*. While *your* participation in this study is completely voluntary, your feedback will improve our understanding of the IRA process and its effectiveness. Please know that your responses will be kept private as required by law, and will not be shared with anyone not involved with conducting the study. Neither your name nor any other information about your identity will be used in any reports. The information you provide will be combined with information from everyone who participates in the study. You may skip any question that you prefer not to answer.)

Do you have any questions? [ANSWER ALL QUESTIONS]

Thank you. Do you think you will be able to complete the survey by [INSERT DATE]? [If yes:] Thank you. We really appreciate receiving your input through the survey. [If no:] What date would be reasonable? We'd really like to make sure we have your input. [Interviewer: record date].

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-XXX. The time required to complete this information collection 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

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If you have any questions about the survey or the study please give me a call at [study phone number] or you can email me at [study email]. Thank you for your participation in this important FNS study. Good-bye.

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