

C13. SFA POST-PLANNING EMAIL (GROUPS 2 & 3)

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SFA DIRECTOR POST-PLANNING EMAIL

Subject: SNMCS-II visit information and document request

Dear [SFA Director]:

Thank you for working with us to schedule the visit for the USDA School Nutrition and Meal Cost Study-II (SNMCS-II).

[If Group 3: As we discussed, we are requesting the following financial statement(s) from you. Please upload [it/them] to [site] by [date] so we can adequately prepare for our visit. [Add instructions for uploading.]

1. Final expense statement for SY 2018-2019 for the SFA. This is part of what is usually called the “statement of income and expense” or the “profit and loss statement.” It is okay to provide the entire statement.
2. [For a small sample of SFAs: Final revenue statement for SY 2018-2019 for the SFA. This may also be called a “profit” statement.]]

Below are visit dates and individuals we discussed speaking with at each location. If any information was left blank or changes before our visit, please reply to this email with the appropriate information. [If Group 3: See the attached list of data collection activities to help identify the correct staff and to prepare for the visit.]

1. Target week: week of [DATE]
2. [Group 3: SFA and district staff we plan to interview
 - a. Visit date: [DATE]
 - b. [SFA director name], [SFA director contact information]
 - c. [Business manager name], [Business manager contact information]
 - d. [other SFA/district staff, as needed]]
3. Schools included in the study
 - a. [School 1 name], [School 1 address]
 - i. Visit date: [DATE]
 - ii. [Principal name], [Principal contact information]
 - iii. [SNM name], [SNM contact information]
 - b. [School 2 name], [School 2 address]
 - i. Visit date: [DATE]
 - ii. [Principal name], [Principal contact information]
 - iii. [SNM name], [SNM contact information]
 - c. [School 3 name], [School 3 address]
 - i. Visit date: [DATE]
 - ii. [Principal name], [Principal contact information]

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 10 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. 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 Service, 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.

- iii. [SNM name], [SNM contact information]
- d. [School 4 name], [School 4 address]
 - i. Visit date: [DATE]
 - ii. [Principal name], [Principal contact information]
 - iii. [SNM name], [SNM contact information]

We will contact you again approximately two weeks before our visit to confirm all of this information [Group 3: and provide a full list of documentation that we will be asking to review on-site].

Please forward this email and the attached documents to the schools selected for the study. These documents stress the importance of the study and describe the study's activities [If Group 2: and describe the next steps for principals]. We would greatly appreciate it if you would express your support for the study when you forward the information.

This assessment is not an audit. The information your SFA provides will be used to provide nationally representative findings on the nutritional quality and cost of meals for the NSLP and SBP, and student participation in meal programs. Your cooperation is mandatory under Section 28 of the Richard B. Russell National School Lunch Act.

Please email or call me if you have any questions about SNMCS-II. I can be reached at [Email] or [Telephone Number]. Thank you in advance for your help and cooperation.

Sincerely,

[Recruiter Name]

Attachments: [IF G3: Data Collection Activities and Respondents], School Nutrition Manager Introduction Letter, Principal Introduction Letter to Schools [IF G2: Next Steps for Principals]