

C19. PRE-VISIT REMINDER EMAIL (GROUPS 2 & 3)

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*Note for reviewers: The burden associated with preparing SFA-level documentation referenced in this document is included in the burden disclosure statement on Appendix G3. The burden associated with SNMs preparing documentation is included in the burden disclosure statement on Appendix G4. The burden associated with principals preparing documentation is included in the burden disclosure statement on Appendix G5.*

## PRE-VISIT REMINDER EMAIL

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

**Sent to:** All contacts (SFA Directors, District Business Managers, SNMs, Principals, etc.)

**Subject:** SNMCS-II visit confirmation- Action requested

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Dear [NAME]:

Thank you in advance for your participation in the USDA School Nutrition and Meal Cost Study-II (SNMCS-II). The dates of your site visit are listed below. [SNM only: If you have not already been contacted to complete the Electronic Menu Survey, you will be contacted shortly.]

[Group 3 only: As we will be reviewing SFA and school costs in depth, we ask that you please have any of the following documentation available during the visit, if it is applicable to your school or SFA.

- [SFA only: A complete set of price lists from all vendors for commercially purchased food items and USDA Foods acquisitions. We need this to collect information on the costs of purchased foods and the value of USDA Foods used by this SFA during the week that we are visiting for the study. This documentation should have information on it that helps us calculate the unit price of foods served in sampled schools during the target week. **Please upload them to [site] by [date].**
- Equipment inventories in order to report the value of food service equipment or depreciation cost
- Indirect cost allocation rate(s) or plan(s)
- Documentation for any food service costs (direct, indirect/overhead, or uncharged) not listed on the submitted expense statement
- Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities, including both SFA central staff and district staff]
- [SNM only: Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities. This includes any school food service employee who is paid out of the food service account. We will ask principals about any school staff who work on food service activities but are paid out of the district account.]
- [Principal only: Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities, but is not paid out of the food service account. We will ask school nutrition managers about any employees who are paid out of the food service account.]]

Below are visit dates for each location [Group 3 only: and who we plan to interview at each site].

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 3 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.

1. Target week, week of [DATE]
2. [Group 3 only: SFA and district]
  - a. Visit date: [DATE]
  - b. [SFA Director name], [SFA Director contact information]
    - i. Time of interview: [TIME]
  - c. [Business manager name], [Business manager contact information]
    - i. Time of interview: [TIME]
  - d. [other SFA/district staff, as needed]
    - i. Time of interview: [TIME]
3. Schools included in the study
  - a. [School 1 name], [School 1 address]
    - i. Visit date: [DATE]
    - ii. [Principal cost respondent name], [Principal cost respondent contact information]
      1. Time of interview: [TIME]
    - iii. [SNM name], [SNM contact information]
      1. Time of interview: [TIME]
  - b. [School 2 name], [School 2 address]
    - i. Visit date: [DATE]
    - ii. [Principal cost respondent name], [Principal cost respondent contact information]
      1. Time of interview: [TIME]
    - iii. [SNM name], [SNM contact information]
      1. Time of interview: [TIME]
  - c. [School 3 name], [School 3 address]
    - i. Visit date: [DATE]
    - ii. [Principal cost respondent name], [Principal cost respondent contact information]
      1. Time of interview: [TIME]
    - iii. [SNM name], [SNM contact information]
      1. Time of interview: [TIME]
  - d. [School 4 name], [School 4 address]
    - i. Visit date: [DATE]
    - ii. [Principal cost respondent name], [Principal cost respondent contact information]
      1. Time of interview: [TIME]
    - iii. [SNM name], [SNM contact information]
      1. Time of interview: [TIME]

Please let me know as soon as possible if there are conflicts with the timing of the site visit or if you have any questions about the SNMCS-II. I can be reached at [Email] or [Telephone Number]. Thank you in advance for your help and cooperation.

Sincerely,

[Name]