

C27. PRE-TARGET WEEK REMINDER EMAIL
(FULL AND LIMITED OUTLYING AREAS)

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Note: 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-TARGET WEEK 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: OACS data collection confirmation- Action requested

Dear [NAME]:

Thank you in advance for your participation in the Outlying Areas Cost Study (OACS), a sub-study of the USDA School Nutrition and Meal Cost Study-II. The dates of your scheduled interviews are listed at the end of this email. [FULL OA, SNM only AND LIMITED OA, SFA only: If you have not already been contacted to complete the (Electronic) Menu Survey, you will be contacted shortly.]

As we will be reviewing SFA [FULL OA: and school] costs in depth, we ask that you please have any of the following documentation available during the phone interview, if it is applicable to [FULL OA: your school or] SFA.

- [SFA only, if not already submitted: 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. **Please upload it to [site] by [date].**]
- [SFA only, if not already submitted: 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 past 3 months. This documentation should have information on it that helps us calculate the unit price of foods served in [FULL OA: sampled schools during the target week / LIMITED OA: the SFA (FILL TIMEFRAME)]. **Please upload them to [site] by [date].**]
- [FULL OA, SFA only: Equipment inventories in order to report the value of food service equipment or depreciation cost]
- [FULL OA, SFA only: Indirect cost allocation rate(s) or plan(s)]
- [FULL OA, SFA only: Documentation for any food service costs (direct, indirect/overhead, or uncharged) not listed on the submitted expense statement]
- [FULL OA, SFA only: 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]

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.

- [FULL OA, 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.]
- [FULL OA, 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.]

Attached is a reference guide that describes all of the information we will need for the interview in more detail. To make our interview as efficient as possible, please review the enclosed reference guide prior to your interview and gather any additional documentation needed in order to answer the questions in the guide. Please also have this guide available during the interview so that we can refer to it.

Below is the data collection schedule [FULL OA: for the week of [DATE]].

1. SFA and district
 - a. [SFA Director name], [SFA Director contact information]
 - i. Date and time of interview: [DATE] at [TIME]
 - b. [Business manager name], [Business manager contact information]
 - i. Date and time of interview: [DATE] at [TIME]
 - c. [other SFA/district staff, as needed]
 - i. Date and time of interview: [DATE] at [TIME]
2. [FULL OA: Schools included in the study]
 - a. [School 1 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - b. [School 2 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - c. [School 3 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - d. [School 4 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]

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

Sincerely,

[Name]