

Dear Local Program Sites,

Due to the introduction of the enhanced CSFP Food Package in February 2020, FNS is interested in collecting feedback from State agencies and local program sites about the implementation process, feedback received, and additional training and technical assistance needed. We are seeking voluntary feedback from State agencies and local programs involved in distributing CSFP food packages.

Please identify someone from your program to fill out [this survey](#) to provide feedback to FNS. We are requesting feedback through the survey by XXXX XX, 2020. Thanks in advance for your assistance!

If you have any questions, please contact USDAFoods@usda.gov.

Sincerely,

Christina Riley

This information is being collected to assist the Food and Nutrition Service in obtaining feedback related to the Enhanced CSFP Food Package. This is a voluntary collection and FNS will use the information to improve training and technical assistance related to the changes in the food package. The collection does not request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law. 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 0584-0611. The time required to complete this information collection is estimated to average 20 minutes (0.33 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 Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0611). Do not return the completed form to this address.