

APPENDIX B-2. SITE SUPERVISOR INSTRUMENT PRE-TEST REQUEST



Dear [RESPONDENT NAME],

OMB Control Number: 0584-XXXX Expiration Date: XX/XX/20XX
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We are writing to ask if you would talk with us about the Summer Meals Program you operate at [organization/agency name]. We were hired by the U.S. Department of Agriculture to conduct a research study to better understand how organizations like yours operate summer meal programs around the country, and what challenges they face.

Before we begin this research study in 2020, it helps to test the questions we have for organizations offering summer meal programs. You know best how the program operates, and we would like to get your feedback on the questions we want to ask of organizations like yours.

If you agree to help us, we would send you the list of questions we have about summer meals programs and then call you to discuss them. We are most interested in getting your feedback on whether the questions are worded clearly, and whether there are other parts of the Summer Meals Program that we should ask about. Your feedback will help us to edit our questions for use in the main research study.

Let me know if you are willing to talk with us, and we will find a time that is convenient for you. We would want to talk with you for up to 60 minutes. **In the table below, please provide us with the times that work best for you.**

On which of the following dates and times are you available? Select all slots that work for you.								
	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
TIME AM <local time zone>								
TIME PM <local time zone>								

If you have any questions or concerns about the study or about providing this feedback, you can contact Melissa Rothstein, the Project Director, at [301-315-5975](tel:301-315-5975) or MelissaRothstein@westat.com.

Thank you in advance for your consideration.
[NAME]

The Food and Nutrition Service (FNS) is conducting this study to obtain information about the administration and oversight of the Summer Food Service Program and to identify potential barriers to ensuring the integrity and effective management of the program. Participation in this study is voluntary and the information collected will be used to determine resources, develop training, and provide technical assistance. Under the Privacy Act of 1974 and the System of Record Notice FNS-8 USDA/FNS Studies and Reports, any personally identifying information obtained 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-XXXX. The time required to provide this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of