

Attachment #3

MODEL INVITATION LETTER TO PARTICIPATE IN SURVEY

Dear Syringe Services Providers,

The North American Syringe Exchange Network is pleased to distribute the Dave Purchase Memorial Survey. The survey has been a key source of national information about syringe services programs for the last 20 years and has been vital in the efforts to support syringe services programs nationwide. This survey is being conducted in conjunction with New York University, Cornell University, the University of Washington, and the Centers for Disease Control and Prevention.

The survey is intended to understand program operational characteristics and services, drug use patterns, funding resources, community relations, unmet need, and operational and programmatic successes and challenges with an overall goal to support, sustain, and improve syringe services programs nationwide.

There are two ways for you to complete this survey:

- Option 1: You can enter responses to survey questions via a secure, web-based application. The survey link is provided here: [link to survey]. *You may save your responses and return to the survey later if you are unable to complete it all at one time.*
- Option 2: You can provide responses to survey questions over the phone or videoconferencing, using a scheduling link provided here [link to scheduling system] to coordinate date and time with an interviewer.

A Word copy of the survey is also attached [here] for your review and convenience.

After the completion of the survey, you will receive \$125 for participating in the survey. Please click here for further instructions on how to receive this [].

Please note that your program name or locations will not be reported in any way, and will only be used to inform internal analyses. In addition, at the end of the survey, you will be given an opportunity to indicate whether or not you want to share your data with public health partners and academic institutions beyond those listed. If you have questions about this information or the survey, please call or email at [name, phone number and email address].

Thank you for your incredibly important work and for participating in the survey. Your contribution will ensure high-quality program data at the national level to improve resources for syringe services programs.

Sincerely,

[Survey Team]