Appendix J.2. Agenda for Meeting With ADSEF

Introductions and goals of the call

Introduce team/roles; ask ADSEF to introduce their team

Discuss objective of the call:

* + Describe the data request
	+ Discuss timeline and data elements requested
	+ Discuss challenges, issues, and concerns, if any
	+ Confirm primary point(s) of contact

Data request

Provide an overview of data request

Identify timeframe of data request

Identify file format

Describe secure file transfer protocol site, confirm ADSEF’s ability to use this site to deliver data or discuss alternative methods of providing data

Discuss data elements in requested variable list

Other considerations?

Next steps

Request test file

Discuss timeline for submitting test file

Questions?

**Public Burden Statement**

*This information is being collected to assist the Food and Nutrition Service (FNS) in understanding food security status and economic well-being among Puerto Rico residents. This is a voluntary collection. FNS will use the information as a baseline for future assessments of food security and the Nutrition Assistance Program, particularly in the context of natural disasters. This collection does not request personally identifiable information under the Privacy Act of 1974. 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 45 minutes per response, including the time for reviewing instructions 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, Alexandria, VA 22314. ATTN: PRA (0584-XXXX). Do not return the completed form to this address.*