

## Appendix F.7. Second Concept Mapping Meeting Scheduling Email

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Dear [STAKEHOLDER'S NAME],

Thank you for completing the sorting and rating task on the groupwisdom™ platform. We will use your responses to build our findings and conclusions. You will have an opportunity to review our findings during our second group concept mapping meeting.

Please use this scheduling form [link] to provide your availability for the second 90-minute virtual meeting between [month, day] and [month, day]. If you are unable to access Google forms, please let us know, and we will contact you for your availability information.

Thank you for your continued support of this important study! If you have questions, please feel free to contact me, Iliana Feliz, at [ifeliz@insightpolicyresearch.com](mailto:ifeliz@insightpolicyresearch.com).

Sincerely,

[NAME]

[Title]

### 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 0584-0674. The time required to read this information is estimated to average 10 minutes. 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 (0584-0674). Do not return the completed form to this address.*