

APPENDIX E07. SNM INTRODUCTION LETTER
(FULL OUTLYING AREAS)

OMB Number: 0584-XXXX
Expiration Date: YY/YY/20YY

This information is being collected to assist the Food and Nutrition Service in understanding school food purchasing practices, the nutritional quality of school meals and snacks, the cost to produce school meals, and student participation and dietary intakes. This is a mandatory collection and FNS will use the information to monitor program operations. This collection does not request any 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 0.13 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-xxxx). Do not return the completed form to this address.

<DATE>

<SNM_FN> <SNM_LN>
<School>

Dear <SNM_FN> <SNM_LN>:

[SCHOOL NAME] was selected as part of your school food authority’s participation in the 2024–2025 National School Foods Study. The USDA Food and Nutrition Service (FNS) selected Mathematica and Decision Information Resources to conduct the study.

The study will provide critical information to FNS about the cost of producing school meals in [Alaska/Guam/Hawaii/Puerto Rico/the U.S. Virgin Islands]. This study is important because an accurate assessment of meal costs could eventually be used to adjust per-meal reimbursement rates in your [State/Territory].

The principal has also been notified of these activities.

We are scheduled to collect data from your school during the week of: [DATE]. During this week, you will be asked to participate in the following components of the study:

- **Menu Survey.** You will be asked to complete a detailed Menu Survey. This survey will collect information on the foods offered and served in reimbursable lunches and breakfasts during the week of [DATE]. Instructions will be available with the survey and technical assistants will be available by phone and email to answer any questions. You will receive up to \$225 as a thank you for completing the survey. A technical assistant will get in contact with you about the menu survey three weeks prior to your scheduled target week. This person will be available to assist you with the menu survey.
- **School Nutrition Manager Cost Interview.** A data collector will interview you over the phone about the types of work kitchen staff do and their wages.

Your participation in this study is extremely valuable, and we appreciate the time and effort that you and other school staff will devote to the study. If you have any questions, please feel free to contact our project team at [PHONE], or email [EMAIL].

We look forward to working with you on this important study.

Sincerely,

[Project Director]
Study Project Director

Mathematica