

**APPENDIX E08. PRE-TARGET WEEK REMINDER EMAIL
- ENGLISH (FULL AND LIMITED OUTLYING AREAS)
AND APPENDIX E17. PRE-TARGET WEEK REMINDER
EMAIL - SPANISH (LIMITED OUTLYING AREAS)**

Note: The burden associated with preparing SFA-level documentation referenced in this document is included in the burden disclosure statement on Appendix F05.02/F05.03. The burden associated with SNMs preparing documentation is included in the burden disclosure statement on Appendix F05.10. The burden associated with principals preparing documentation is included in the burden disclosure statement on Appendix F05.12.

PRE-TARGET WEEK REMINDER EMAIL

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

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 0.05 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.

Sent to: All contacts (SFA Directors, District Business Managers, SNMs, Principals, etc.)

Subject: Action requested - National School Foods Study confirmation

Dear [NAME]:

Thank you in advance for your participation in the 2024–2025 National School Foods Study. The dates of your scheduled interviews are listed at the end of this email. [FULL OA, SNM only AND LIMITED OA, SFA only: If you have not already been contacted to complete the Menu Survey, you will be contacted shortly.]

As we will be reviewing SFA [FULL OA: and school] costs in depth, we ask that you please have any of the following documentation available during the phone interview, if it is applicable to [FULL OA: your school or] SFA.

- [SFA only, if not already submitted: Final expense statement for SY 2023-2024 for the SFA. This is part of what is usually called the “statement of income and expense” or the “profit and loss statement.” It is okay to provide the entire statement. **Please upload it to [site] by [date].**]
- [SFA only, if not already submitted: A complete set of price lists from all vendors for commercially purchased food items and USDA Foods acquisitions. We need this to collect information on the costs of purchased foods and the value of USDA Foods used by this SFA during the past 3 months. This documentation should have information on it that helps us calculate the unit price of foods served in [FULL OA: sampled schools during the target week / LIMITED OA: the SFA (FILL TIMEFRAME)]. **Please upload them to [site] by [date].**]
- [FULL OA, SFA only: Equipment inventories in order to report the value of food service equipment or depreciation cost]
- [FULL OA, SFA only: Indirect cost allocation rate(s) or plan(s)]
- [FULL OA, SFA only: Documentation for any food service costs (direct, indirect/overhead, or uncharged) not listed on the submitted expense statement]
- [FULL OA, SFA only: Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities, including both SFA central staff and district staff]
- [FULL OA, SNM only: Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities. This includes any school food service employee who is

paid out of the food service account. We will ask principals about any school staff who work on food service activities but are paid out of the district account.]

- [FULL OA, Principal only: Pay rates, paid hours worked, and annual fringe benefit rates for each job title or position that works on food service activities, but is not paid out of the food service account. We will ask school nutrition managers about any employees who are paid out of the food service account.]

Attached is a reference guide that describes all of the information we will need for the interview in more detail. To make our interview as efficient as possible, please review the enclosed reference guide prior to your interview and gather any additional documentation needed in order to answer the questions in the guide. Please also have this guide available during the interview so that we can refer to it.

Below is the data collection schedule [FULL OA: for the week of [DATE]].

1. SFA and district
 - a. [SFA Director name], [SFA Director contact information]
 - i. Date and time of interview: [DATE] at [TIME]
 - b. [Business manager name], [Business manager contact information]
 - i. Date and time of interview: [DATE] at [TIME]
 - c. [other SFA/district staff, as needed]
 - i. Date and time of interview: [DATE] at [TIME]
2. [FULL OA: Schools included in the study]
 - a. [School 1 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - b. [School 2 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - c. [School 3 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - d. [School 4 name]
 - i. [Principal cost respondent name], [Principal cost respondent contact information]
 1. Date and time of interview: [DATE] at [TIME]
 - ii. [SNM name], [SNM contact information]
 1. Date and time of interview: [DATE] at [TIME]

Please let me know as soon as possible if there are conflicts with the timing of any interviews or if you have any questions about the National School Foods Study. I can be reached at [EMAIL] or [PHONE]. Thank you in advance for your help and cooperation.

Sincerely,
[Recruiter Name]

CORREO ELECTRÓNICO DE RECORDATORIO PARA LA SEMANA PREVIA A LA RECOLECCIÓN DE DATOS

Número de OMB: 0584-xxxx
Fecha de Vencimiento: xx/xx/20xx

Esta información se recopila para ayudar al Servicio de Alimentos y Nutrición a comprender las prácticas de compra de alimentos en las escuelas, la calidad nutricional de las comidas y meriendas escolares, el costo de producción de las comidas escolares y la participación e ingesta dietética de los estudiantes. Se trata de una recopilación obligatoria y el FNS utilizará la información para supervisar las operaciones del programa. En esta recopilación no se solicita información de identificación personal en virtud de la Ley de Privacidad de 1974. De acuerdo con la Ley de Reducción de Trámites de 1995, una agencia no puede llevar a cabo o patrocinar, y una persona no está obligada a responder, a una recopilación de información a menos que muestre un número de control válido de la OMB. El número de control OMB válido para esta recopilación de información es 0584-[xxxx]. El tiempo necesario para completar esta recopilación de información se estima en una media de 0.05 horas por respuesta, incluyendo el tiempo necesario para revisar las instrucciones, buscar en las fuentes de datos existentes, recopilar y mantener los datos necesarios, y completar y revisar la recopilación de información. Envíe sus comentarios sobre esta estimación de la carga o sobre cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir esta carga, a: 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). No envíe el formulario cumplimentado a esta dirección.

Enviado a: Todos los contactos (Directores de los SFA, Gerentes de Negocios del Distrito, etc.)

Tema: Acción solicitada – Confirmación del Estudio Nacional de Comidas Escolares

Apreciable [NOMBRE]:

Gracias de antemano por su participación en el Estudio Nacional de Alimentos Escolares 2024-2025. Las fechas para sus entrevistas están listadas al final de este correo electrónico. Si aún no se han puesto en contacto con usted para completar la encuesta del menú, se pondrán en contacto con usted en breve.

Ya que estaremos revisando a profundidad los costos del SFA, le solicitamos por favor tener la siguiente documentación disponible durante la entrevista telefónica, si se aplica al SFA.

- [Si no ha sido entregado anteriormente, solo del SFA: Reporte final de gastos del SFA para el ciclo escolar 2023-2024. Esto es parte de que usualmente se conoce como “reporte de gastos e ingresos” o “reporte de ganancias y pérdidas.” Está bien si nos proporciona los reportes completos. **Por favor, súbalo al [sitio] antes del [fecha].**]
- [Si no ha sido entregado anteriormente, solo del SFA: Un juego completo de las listas de precios de todos los proveedores de alimentos adquiridos de manera comercial y de adquisiciones de alimentos USDA. Necesitamos estos datos para recopilar la información de costos de alimentos comprados y el valor de alimentos USDA utilizados por su SFA durante la semana de recolección de datos. Estos documentos debieran tener información que nos ayuden a calcular los precios por unidad de alimentos servidos en el SFA (COMPLETE EL PERIODO DE TIEMPO) **Por favor, súbalos al [sitio] antes del [fecha].**]

[INSERT UPLOAD INSTRUCTIONS]

Se adjunta una guía de referencia que describe en más detalle toda la información que necesitaremos para la entrevista. Para hacer nuestra entrevista lo más eficiente posible, favor de revisar la guía de referencia que se adjunta antes de la entrevista y reúna cualquier documentación adicional que pueda necesitar para contestar las preguntas de la guía. Por favor, durante la entrevista tenga a mano también esta guía para usarla como referencia.

Abajo está el calendario de recolección de datos:

1. El SFA y distrito

- a. [Nombre del Director del SFA], [Información de contacto del Director del SFA]
 - i. Fecha y Hora de la entrevista: [FECHA] a las [HORA]
- b. [Nombre del Gerente de Negocios], [Información de contacto del Gerente de Negocios]
 - i. Fecha y Hora de la entrevista: [FECHA] a las [HORA]
- c. [Otro personal del SFA/distrito, si es necesario]
 - i. Fecha y Hora de la entrevista: [FECHA] a las [HORA]

Por favor déjenos saber tan pronto como le sea posible si existe algún conflicto con la fecha de alguna de las entrevistas o si tiene usted cualquier pregunta acerca del Estudio Nacional de Comidas Escolares. Usted puede contactarme al [CORREO ELECTRÓNICO] o al [NÚMERO TELEFÓNICO]. Gracias de antemano por su ayuda y cooperación.

Sinceramente,

[Nombre del Reclutador]