

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

Public Burden Statement

This information is being collected to assist the Food and Nutrition Service to better understand the implementation and impact of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) modernization efforts on WIC State and local agencies, WIC vendors and WIC participants. This is a voluntary collection and FNS will use the information to monitor and strengthen WIC program modernization efforts. 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 .0167 hours/1 minute 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, Evidence, Analysis, and Regulatory Affairs Office, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306, ATTN: PRA (0584-xxxxx). Do not return the completed form to this address.

To: [WIC Vendor Staff/Farmers/Farmers' market staff]

From: The Research study team

When: One week after WIC State director email

Subject: Welcome to the [WIC Vendor Staff/Farmers/Farmers' Market Staff] Experience Survey

Dear [WIC Vendor staff name/Farmers/Farmers' market staff name],

Congratulations on being selected to participate in the **WIC Modernization Evaluation!** You should have received an email last week from [State director] introducing the study. In short, the Food and Nutrition Service (FNS) contracted with Mathematica and partners to survey [WIC vendor staff/farmers/farmers' market staff] about their experiences with recent updates to the WIC & FMNP programs.

We want to hear from you about your experience with WIC/FMNP over the past several years. [NAME OF STATE WIC DIRECTOR], director of [STATE AGENCY NAME] identified you to complete the survey based on your experience and knowledge. Your responses are important for FNS to continue improving the WIC and FMNP programs for [WIC vendor staff/farmer/farmers' market staff] like you.

About the survey

The purpose of this survey is to understand how [WIC vendor staff/farmer/farmers' market staff] have participated in the WIC & FMNP modernization efforts, and how their experiences could be improved. The survey will take about 10 minutes to complete.

As a thank you for participating in the survey, you will receive a \$10 [TYPE] gift card.

To start the survey, please visit [fill unique web survey URL].

Please complete the survey by [XX weeks from start date].

Questions about the survey?

If you have any questions or concerns about the survey, please reply to this email or contact the Mathematica study team at [EMAIL]@mathematica-mpr.com or XXX-XXXX-XXXX. You can reach the FNS project officer, Carol Dreibelbis, at carol.dreibelbis@usda.gov.

Thank you for taking the time to participate in this important study.

Sincerely,

Caroline Lauver
Survey Director, WIC Modernization Evaluation