

APPENDIX B-14

VISIT CONFIRMATION EMAIL

This page has been left blank for double-sided copying.

Dear [Respondent Name]:

This email is to confirm our visit plans for the Outlying Areas Cost Study Feasibility Reassessment. Our schedule is below. We have limited time to complete these interviews and must coordinate the visit carefully. Please contact me immediately at [Email] or [Phone] if there are any problems with your scheduled appointment.

- [DAY AND TIME]: [INTERVIEWEE NAME], [INTERVIEWEE LOCATION]
- [REPEAT FOR ALL INTERVIEWS.]

[IF APPLICABLE: Please provide the following documents by [DATE]. [PROVIDE TRANSMISSION INSTRUCTIONS.] [LIST ONLY ITEMS THE RESPONDENT WILL PROVIDE.]

- Audited and unaudited revenue and expenditure statements for the school food authority (SFA) from fiscal year [FILL]
- Completed daily production records that document the foods that were prepared for and served in reimbursable meals each day for a typical school week for the selected schools
- Documentation that identifies the cost categories and support functions included in the district's indirect cost rate(s) or cost allocation plan(s), such as documentation submitted to the State Department of Education for approval
- Your [SFA's cycle menu(s)/school's cycle menu/school's menu for a typical week]
- Your SFA's food service management company contract
- Your SFA's food service employees union contract
- Examples of records of food purchases, such as invoices, delivery slips, or monthly vendor statements, that show the item, unit size, price per unit, and quantity obtained; please gather an example from each of your SFA's suppliers, including all vendors, USDA Foods, and, if applicable, DoD Fresh.
- Examples of standardized recipes for foods prepared from scratch
- Examples of records for SFA personnel and personnel in the selected schools who work on food service activities and are *paid out of the food service account*
 - These records should show job title, salary, hours worked, amount of leave time, and amount of time spent on food service activities. Please redact any names, Social Security Numbers, or other personally identifiable information from these records.
- Examples of records for district personnel and personnel in the selected schools who work on food service activities but are *paid out of the district account rather than the food service account*
 - These records should show job title, salary, hours worked, amount of leave time, and amount of time spent on food service activities. Please redact any names, Social Security Numbers, or other personally identifiable information from these records.

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 0584-0606. The time required to complete this information collection is estimated to average 3 minutes 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, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0606). Do not return the completed form to this address.

- Examples of records of non-reimbursable foods sales (for example, adult meals or items that are sold a la carte in the cafeteria or elsewhere in school, such as in vending machines, school stores, food carts, or snack bars)]

We are looking forward to meeting with you soon.

Sincerely,

[Recruiter Name]