



DRAFT

State of California

California Department of Food and Agriculture Office of Farm to Fork

Farm to Community Food Hubs Grant Program

Track 2 Infrastructure and Operations

Letter of Support Form

Date:

Grant applicant organization name:

Project title:

Name of organization completing this form:

Work email address of person completing and signing this form:

Work phone number of person completing and signing this form (optional):

Please complete Section 1 below. The person completing this form to demonstrate support for the grant applicant must sign at the bottom of the form. NOTE: For Tribal-serving organization applicants. Tribal-serving organization applicants must submit signed Letters of Support from each California Native American Tribe that the applicant proposes serving as part of the project. Letters of Support from Tribes can count towards the requirements for Track 2 Letters of Support if the Tribe represents one of the four required groups (e.g. the Tribe is a producer interested in selling to or through the community food hub; the Tribe owns/operates a public institution interested in purchasing from the community food hub; the Tribe has expertise in business/economic development and is interested in supporting the project; and/or the Tribe is a food system supporter interested in supporting the project). If the Tribe(s) your organization is serving does not represent one of the four groups required for Letters of Support, your organization still must submit signed Letters of Support from each Tribe(s) for the application to pass administrative review and receive scoring.

Section 1. Basic Information

1. Which category does this Letter of Support relate to? Please check one.

California Food Producer

California Purchaser

Business/Economic Development

Food Systems Supporter

For Tribal-serving organization applicants. A California Native American Tribe that does not represent the previous four categories.

2. Entity type of organization signing this form. Please check one. *In a scenario where a California Native American Tribe is the owner/operator of one of the following entities, please select that entity type AND "California Native American Tribe".*

California Native American Tribe

County economic development agency

Food system technical assistance provider

Food producer or producer cooperative

Food processor

Food distributor

Nonprofit organization purchaser

Public institution purchaser

Small business center

Other. Please describe:

3. Please describe your relationship with the grant applicant.

Instructions. *If the organization completing this form represents a California Food Producer, please complete Section 2. If the organization/business completing this form represents a California Purchaser, please complete Section 3. If the organization completing this form represents Business/Economic Development, please complete Section 4. If the organization completing this form represents a Food Systems Supporter, please complete Section 5. If the California Native American Tribe completing this form does not represent one of the previously mentioned four categories, please complete Section 6.*

Section 2. For California Food Producer

4. Why do you/your organization support the grant applicant's project?

5. Are you interested in selling food products to or through the grant applicant's community food hub? *NOTE: this is demonstrating interest in selling, not a commitment.*

Yes (please answer Question 6)

6. Please describe or briefly list what kind of food products you/your organization grows, harvests, and sells.

Section 3. For California Purchaser

7. Why does your organization support the grant applicant's project?

8. Is your organization interested in purchasing food products from the grant applicant's community food hub? *NOTE: this is demonstrating interest in purchasing, not a commitment.*

Yes (please answer Question 9)

9. Please describe how your organization intends to use the food products you are interested in purchasing from the grant applicant's community food hub. *For example, your organization intends to use the food to prepare school meals or intends to distribute the food to partner organizations serving food-insecure households.*

Section 4. For Business/Economic Development

10. Please describe the business or economic development experience you/your organization has.

11. Why does your organization support the grant applicant's project?

12. Please describe how you/your organization will support or partner with the grant applicant throughout the project.

Section 5 is on the next page

Section 5. For Food Systems Supporter

13. Please briefly describe what food systems experience you/your organization has.

14. Why does your organization support the grant applicant's project?

15. Please describe how you/your organization will support or partner with the grant applicant throughout the project.

Section 6. For California Native American Tribe that does not represent the previous four categories in Sections 2 - 5

16. Why does the Tribe support the grant applicant's project?

I confirm that my organization supports the grant applicant's proposed project for the Farm to Community Food Hub Grant Program.

First and Last Name:

Title:

Date:

Required Signature (*this can be "wet", digital, or e-signature*):