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Cohort 4 California Farm to School Incubator Grant Program
Track 3: The California Farm to School Producer and Food Hubs Grant

Letter of Intent

Date:

Project Title:

Name of Grant Applicant:

Name of School District, County Office of Education, Charter School, Tribal School, or Child Care Center that is completing this letter:

CDS Code:

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Please respond to the questions below. Please note that the school district, county office of education, charter school, Tribal school, or child care center named in this letter must respond "Yes" to Question 4 to be an eligible project partner.

1) Entity type: please check one.

   ☐ **School district in CA** that is a School Food Authority currently operating the National School Lunch Program
   ☐ **County office of education in CA** that is a School Food Authority currently operating the National School Lunch Program
   ☐ **Charter school in CA** that is a School Food Authority currently operating the National School Lunch Program
   ☐ **Tribal school in CA** (such as those administered through the Bureau of Indian Education) that is a School Food Authority currently operating the National School Lunch Program

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☐ **Tribal school in CA** that is operating school meal programs outside of traditional USDA school meal programs *(NOTE: The CDFA acknowledges that Tribal governments and Tribal-based non-profit organizations may operate school meal programs outside of traditional USDA school meal programs like the NSLP. Beyond the eligibility criteria in the four checkboxes above, the CDFA will determine eligibility of Tribal schools as Track 3 project partners on an individual basis and encourages interested applicants to connect via email at cafarmtoschool@cdfa.ca.gov.)*

2) Describe your history of collaboration with the grant applicant, including procurement history (purchasing method, types of products purchased, purchase volumes, ultimate uses), and hands-on education history if applicable.

3) Describe your intention to collaborate with the grant applicant, including procurement collaboration (purchasing method, types of products, volumes, ultimate uses) and hands-on food education collaborations, if applicable
NOTE: This is a "good faith" intention to purchase or accept, not a commitment

(a) Estimate the start date when you plan to begin purchasing the food product(s) from the Grant Applicant:

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Intent to Collaborate Agreement

By signing this document, the School District, County Office of Education, Charter School, Tribal School, or Child Care Center named above manifests its intent to collaborate with the Grant Applicant as described above in this letter. Both parties will make a good faith effort to execute the sale of the food product(s) and, if applicable, the implementation of the hands-on food education opportunities as described in the terms above.

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_____

Printed First and Last Name
[Director of the school meal program at the District, County Office of Education, Charter School, Tribal School, or Child Care Center named in this letter]

_____ _____

Signature
[Director of the school meal program at the District, County Office of Education, Charter School, Tribal School, or Child Care Center named in this letter]

Date

_____

Printed First and Last Name
[Signing Authority for the Grant Applicant]

_____ _____

Signature
[Signing Authority for the Grant Applicant]

Date