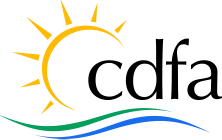
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**State of California**

**California Department of Food and Agriculture**

**Office of Farm to Fork**

**Farm to Community Food Hubs Grant Program**

**Track 2 Food Producer Verification Form**

**Instructions.** To receive full points, Track 2 applicants should submit 10 food producer verification forms from food producers that are included in the Track 2 Food Producer Network List. The Track 2 applicant should fill out Section 1. The food producer should fill out Section 2 and sign at the bottom. Do not share more personal information than is requested. For a Spanish-language version of this form or to review the grant application scoring criteria, please visit the [Farm to Community Foods Hubs Program website](https://cafarmtofork.cdfa.ca.gov/F2CFHP.html). Please submit all food producer verification forms (as separate files or a single combined file) with the completed Track 2 application materials.

**Collection of personal information**. The information shared via this form will only be used by the California Department of Food and Agriculture to accept and evaluate grant applications for the Farm to Community Food Hubs Grant Program. All grant application materials are subject to public disclosure per the California Public Records Act. You can view [CDFA’s Privacy Policy online](https://www.cdfa.ca.gov/privacy.html).

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**SECTION 1. APPLICANT’S INFORMATION**

**Applicant’s Legal Entity Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is this food producer included on the applicant’s Food Producer Network List?**

Yes \_\_\_\_\_ No\_\_\_\_\_\_ *(****Note:*** *each food producer should be included in the Food Producer Network List)*

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**SECTION 2. FOOD PRODUCER INFORMATION**

**Note:** “Food producers” include farmers, ranchers, seafood harvesters, and Native American Tribes, Tribal members, or people using Indigenous food production practices.

**Food Producer’s Business/Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Producer’s First and Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County or counties where business/organization operates (do not include an address):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your business/organization interested in selling your food products to the applicant’s community food hub?**

Yes \_\_\_\_\_ No\_\_\_\_\_\_

**Which are true for your business/organization? Place an “X” for all that are true.**

\_\_\_\_\_\_\_\_\_ I use **sustainable, climate smart, or regenerative practices**. These practices could include a wide variety of practices. Examples include: cover cropping, no or reduced till, hedgerow plantings, using compost, prescribed grazing, certified organic, transitioning to certified organic, or other practices that increase resilience to climate change, improve the health of communities and soil, protect water and air quality, increase biodiversity, and help store carbon in the soil. California Native American Tribal place-based environmental knowledges and food production practices are included and exemplify such strategies.

\_\_\_\_\_\_\_\_\_ I operate on **500 acres or less**

\_\_\_\_\_\_\_\_\_ 50% or more of the owners identify as at least one of the following:

* African-American or Black
* American Indian or Alaska Native
* Asian or Asian American
* Hispanic or Latino
* Native Hawaiian or other Pacific Islander
* A woman
* Lesbian, gay, bisexual, transgender, queer, or another sexual or gender identify that is part of the LGBTQ+ community

\_\_\_\_\_\_\_\_\_ 50% or more of the owners identify as a **limited resource food producer,** meaning the owners have had low sales and low household income for two years in a row

\_\_\_\_\_\_\_\_\_ 50% or more of the owners identify as **a beginning food producer**, meaning the owners have been operating 10 years or less

\_\_\_\_\_\_\_\_\_ My operation is **cooperatively owned**

\_\_\_\_\_\_\_\_\_ 50% or more of the owners identify as a **veteran**

\_\_\_\_\_\_\_\_\_ 50% or more of the owners identify as a **person with a disability**

I confirm that all the information above is true. **Required Signature *( “wet” or e-signature):***

