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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 Letter of Support Form**

**Instructions.** Track 2 applicants are required to use this Letter of Support Form.Please see instructions in the Track 2 application for which types of organizations applicants should include letters from. Grant applicants should complete Section 1. The individuals and/or organizations signing in support of the grant applicant’s project should complete Section 2, sign at the bottom, and return to the grant applicant. If the organization intends to purchase food from the community food hub, they should also complete Section 3. Signing the Letter of Support Form (“wet” or e-signatures) is required. Grant applicants should submit all Letter of Support forms with their completed application materials. For Tribal-led nonprofit organization applicants. Please see the Track 2 application for instructions on submitting letters of support from California Native American Tribes.

**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. For Grant Applicant**

1. **Grant applicant’s legal entity name:** *Your text here*
2. **Project title:** *Your text here*
3. **Which category does this Letter of Support relate to? Select one by writing an “X” next to your selection. Please see more details about these categories in the Track 2 application.**
* California Buyer *(complete Sections 2 and 3)* \_\_\_\_\_\_\_
* Business/Economic Development Supporter *(complete Section 2)*\_\_\_\_\_\_\_
* Community Supporter *(complete Section 2*)\_\_\_\_\_\_\_
* Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2. For Organization/Person Signing in Support of the Grant Applicant**

1. **Name of organization signing to support the grant applicant’s project:** *Your text here*
2. **Name of person signing to support the grant applicant’s project:** *Your text here*
3. **Work email address:** *Your text here*
4. **Work phone number:** *Your text here*
5. **Which of the following best describes you or your organization? Write an “X” next to your selection.**
* California Native American Tribe \_\_\_\_\_\_\_
* County economic development agency \_\_\_\_\_\_\_
* Food system technical assistance provider \_\_\_\_\_\_\_
* Food producer or producer cooperative \_\_\_\_\_\_\_
* Food processor \_\_\_\_\_\_\_
* Food distributor \_\_\_\_\_\_\_
* Nonprofit organization buying food\_\_\_\_\_\_\_
* Public institution buying food\_\_\_\_\_\_\_
* Small business center \_\_\_\_\_\_\_
* Other. Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Please briefly describe yourself / your organization. For example: what connection and/or experience do you have related to the community the grant applicant’s project will serve OR what experience do you have strengthening local food systems OR if you have business/economic development expertise, describe your relevant background and experience. (Limit: 500 words)**

*Your text here*

1. **Please describe why you/your organization supports the grant applicant’s project (Limit: 500 words).**

*Your text here*

1. **Please describe how you/your organization will support or partner with the grant applicant throughout the project. What will your relationship be or look like during the project if it is selected for award? (Limit: 500 words)**

*Your text here*

**Section 3. For Buyers. If your organization is a public institution or nonprofit buyer, please complete Questions 1-2 below. If not, please skip to the end to sign.**

1. **Is your organization intending to purchase food products from the grant applicant’s community food hub? Write an “X” for your selection. NOTE: this is not an enforceable commitment.**

Yes (please answer Question 2) \_\_\_\_\_ No \_\_\_\_\_\_

1. **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: prepare school meals; distribute the food to partner organizations serving food-insecure households; etc.**

*Your text here*

**REQUIRED SIGNATURE**

The individual / organization supporting the grant applicant’s project must include a signature (“wet” or e-signature) below.

**By signing below, I confirm the above information is accurate.**

**Full Name:** *Your text here*

