



CDFA OFFICE OF  
**FARM to FORK**

State of California  
California Department of Food and Agriculture Office of Farm to Fork (CDFA-F2F)

## 2023-24 CALIFORNIA FARM TO SCHOOL INCUBATOR GRANT PROGRAM

### TRACK 4: THE CALIFORNIA FARM TO SCHOOL PRODUCER 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:

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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

☐ **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 4 project partners on an individual basis and encourages interested applicants to connect via email at [cafarmtoschool@cdfa.ca.gov](mailto:cafarmtoschool@cdfa.ca.gov).)*

☐ **Child care center in CA** currently participating in the Child and Adult Care Food Program (CACFP)

- 2) Name the school meal program(s) you operate (e.g., National School Lunch Program (NSLP), School Breakfast Program (SBP)):

- 3) Describe your relationship with the Grant Applicant:

- 4) Do you intend to purchase California grown or produced, whole or minimally processed food product(s) from the Grant Applicant for school meals?

*NOTE: This is a "good faith" intention to purchase or accept, not a commitment.*

☐ Yes (please answer questions 4a-4c)

- (a) Describe how this project will contribute to your effort to source California grown or produced, whole or minimally processed foods for your school meal program(s):

- (b) Describe the California grown or produced, whole or minimally processed food product(s) you intend to purchase from the Grant Applicant:

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

- 5) Do you intend to collaborate with the Grant Applicant to implement hands-on food education opportunities for your organization's students and/or staff that complement the Grant Applicant's food sales to your organization?

☐ Yes (please answer questions Sa-Sc)

☐ No (please skip questions Sa-Sc)

- (a) Describe how the project will contribute to your efforts to provide hands-on food education opportunities for your organization's students and/or staff and how these opportunities will complement the Grant Applicant's food sales to your organization:

- (b) Describe the type(s) of hands-on food education opportunities you plan to implement with the Grant Applicant for your organization's students and/or staff:
- (c) Estimate the start date when you plan to begin implementing the hands-on food education opportunities with the Grant Applicant for your organization's students and/or staff:

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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 School District, County Office of Education, Charter School, Tribal School, or Child Care Center named in this letter]

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 Signature

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

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 Date

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 Printed First and Last Name

[Signing Authority for the Grant Applicant]

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 Signature

(Signing Authority for the Grant Applicant]

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 Date