



Hoophouses for Health

Community Partner Commitment Form

Completing this form demonstrates your commitment to participating in the Hoophouses for Health program and outlines our expectations of participating community partners. You must complete this form prior to your approval as a Hoophouses for Health partner.

Hoophouses for Health seeks to benefit farmers, farmers markets and vulnerable families while strengthening Michigan's Good Food infrastructure. With funding from the W.K. Kellogg Foundation, Hoophouse for Health benefits farmers by providing capital for hoophouses thus increasing their ability to provide fresh, healthy foods for an extended season. Participating farmers at select farmers markets will accept vouchers distributed by you and our other community partners.

Organization or Agency Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Location Address: _____

City, State and Zip Code: _____

Website URL: _____

Contact Person: _____

Phone Number: _____

Email Address(es): _____

Alternate Contact Person: _____

Phone Number: _____

Email Address: _____

Program Information

Number of families you serve: _____

Total number of children involved in the program: _____

What is the age range of participating children? _____

How many children do you serve between the ages of 0-8 years? _____

Please provide a general description of your organization’s programming including but not limited to your mission and specific programs that you offer for vulnerable families.

What are the income eligibility requirements for families to participate in your program?

Do you or your organization have an established relationship with a local farmers market(s) or local farmer(s)?

Yes No

If ‘yes’ please indicate which farmers market(s) or farmer(s) and who your primary contact is at each location

Do you offer nutrition education to the families your organization serves?

Yes, we provide nutrition education Yes, we work with partners to provide nutrition education No

If ‘yes’ please describe the nutrition education you provide and list any partners you collaborate with to provide nutrition education.

Please use the check boxes below to indicate that you understand the responsibilities of your agency or organization in the Hoophouses for Health Program.

- I will distribute Hoophouses for Health vouchers to families with children ages 0-8 my agency or organization serves.
- I will complete required record keeping documents such as tracking voucher distributions by amounts and families (training will be provided for recordkeeping requirements).
- I understand farmers need to collect these vouchers to meet their loan payback.
- I understand that my agency or organization can use up to 25% of the total number of vouchers allotted for our programs.
- I will participate in monthly conference calls with the Michigan Farmers Market Association (MIFMA) on the 2nd Monday every month at 9:30 am.
- I will participate in Hoophouses for Health program annual evaluation efforts, which could include online surveys and/or participating in focus groups.

This letter of commitment will be considered valid for a total of five consecutive years from the date of the signature or until the expiration of the Hoophouses for Health program. By signing below you agree to all of the above.

Signature _____ Date _____

Please return this commitment form to the Michigan Farmers Market Association by mail to 480 Wilson Road, Room 172 Natural Resources, East Lansing, MI 48824, by email to rebekah@mifma.org, or by fax to 517-940-4522.

Hoophouses for Health is a partnership of:

