



## 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: \_\_\_\_\_

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Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

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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.

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

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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

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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.

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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 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 2<sup>nd</sup> Monday every month at 11:15 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](mailto:rebekah@mifma.org), or by fax to 517-940-4522.

Hoophouses for Health is a partnership of:

