



## Hoophouses for Health

### Farm to School Commitment Form

Hoophouses for Health is designed to increase access to good food for vulnerable families while at the same time expanding the good food infrastructure and season extension capacity of Michigan farmers. With funding from the W.K. Kellogg Foundation, Hoophouses for Health benefits farmers by providing loans for hoophouses. This increases their ability to provide healthy, locally produced foods for an extended season to vulnerable families. Participating farmers can provide vegetables, fruit, and other food products as loan repayment to eligible schools/districts and early childhood programs through Farm to School.

Completing this form demonstrates your commitment to participating in Hoophouses for Health and outlines our expectations of participating K-12 schools/districts and early childhood programs. You must complete this form prior to your approval as a community partner participating in Farm to School through Hoophouses for Health. As a participating school/district or early childhood program, we ask you to agree to receive and use food produced by Hoophouses for Health participating farmers in your food program(s). We also ask that you sign a copy of a zero-balance invoice upon receipt of this food to help us and participating farmers track repayment and participate in evaluation efforts upon request.

#### **Eligibility of Schools/Districts**

For K-12 public, private and charter schools/districts to participate, the food service program must have at least 50% free and reduced-price meal eligibility and participate in school-based USDA Child Nutrition Programs such as the National School Lunch Program. Food service directors from a school district may choose to focus local food procurement efforts on selected school buildings or an entire district's food service program, but the entire district must have 50% free and reduced-price meal eligibility to qualify.

#### **Eligibility of Early Childhood Programs**

To participate in Hoophouses for Health, all early childhood programs must participate in the USDA Child and Adult Care Food Program (CACFP).

- Head Start, Early Head Start, and Great Start Readiness Programs (GSRP) are automatically eligible to participate given federal or state requirements for these programs.
- If a preschool or other early childcare program is within a K-12 school/district, the school or district must have at least 50% free and reduced price eligibility or greater.
- Other center-based programs including private for-profit, private non-profit, faith-based programs, and day care homes must be located within an attendance area of a school building where at least 50% of the enrollment are eligible for free and reduced price meals.

**School/District or Early Childhood Program**

This section should be completed by the Food Service Director, Nutrition Director, or Procurement Manager.

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: \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_

1) Please fill out the section below that applies to your programming.

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<b>K – 12 School/District</b>	<b>Early Childhood Program</b>
<p>Please select which type of school or school district you represent:</p>	<p>Please select which type of program you represent:</p>
<p><input type="checkbox"/> Public school district</p> <p><input type="checkbox"/> Private school</p> <p><input type="checkbox"/> Charter school</p> <p><input type="checkbox"/> Other _____</p>	<p><input type="checkbox"/> Head Start</p> <p><input type="checkbox"/> Early Head Start</p> <p><input type="checkbox"/> Great Start Readiness Program</p> <p><input type="checkbox"/> Center-based program (private for-profit or non-profit, faith-based, etc.)</p> <p><input type="checkbox"/> Home day care</p>
<p>What is the current percentage of free and reduced price meal eligibility in your school/district? (Districts must report the free and reduced rate for the entire district.) _____</p>	<p>For center-based and home day care programs, is your program located in an attendance area of a school building where at least 50% of the enrollment are eligible for free and reduced price meals? **</p>
	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
	<p>School name: _____</p>
	<p>Does your program receive USDA CACFP (Child and Adult Food Care Program) meal reimbursements?</p>
	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>

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2) Does your program have an established relationship with a local farmers market(s) and/or farmer?

- Yes    No

If 'yes,' please indicate which farmers market(s) and/or farmer and your main contact person at the market(s).

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3) Do you offer nutrition education to the families?

- Yes, we provide nutrition education.
- Yes, we work with partners to provide nutrition education.
- No, we do not provide nutrition education.

If 'yes,' please describe the nutrition education you provide and list any partners you work with.

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\*\*Visit <https://www.mischooldata.org/Other/DataFiles/StudentCounts/HistoricalFreeAndReducedLunchCounts.aspx> and click on the excel document under "building" for the most recent school year free and reduced price meal rates.

Please use the check boxes below to indicate that you understand the role of your school/district or early childhood program in the Hoophouses for Health Program:

- As a participating partner, I will receive and use food produced by Hoophouses for Health participating farmers in my food program.
  
- I will sign zero-balance invoices provided by participating farmers for food received through Hoophouses for Health to track farmers' loan repayment.
  
- I will participate in Hoophouses for Health program annual evaluation efforts upon request, which could include completing 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. Completing this form represents only an intention to participate in a Farm to School relationship. It does not guarantee the establishment of any Farm to School relationship for any length of time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Please return this commitment form to the Michigan Farmers Market Association by mail to 480 Wilson Rd, Room 172, East Lansing, MI 48824, by email to Rebekah Faivor at [rebekah@mifma.org](mailto:rebekah@mifma.org), or by fax to 517.940.4522.

Hoophouses for Health is a partnership of:

