



Hoophouses for Health

Farmers Market Commitment Form

Completing this form demonstrates your commitment to participating in the Hoophouses for Health program and outlines our expectation of participating farmers markets. You must complete this form prior to your approval as a farmers market participating in Hoophouses for Health program

The Center for Regional Food System (CRFS) at Michigan State University (MSU) in partnership with the Michigan Farmers Market Association (MIFMA) and the MSU Department of Horticulture are excited to continue the work of Hoophouses for Health. Hoophouses for Health seeks to benefit farmers, farmers markets and vulnerable families while strengthening Michigan's Good Food infrastructure. With the funding from the W.K. Kellogg, Hoophouse for Health benefits farmers by providing zero-interest loans for hoophouses, increasing their ability to provide healthy, local produced foods for an extended season to vulnerable families in their community. Participating farmers at participating farmers markets will accept vouchers distributed at Community Partner Agencies.

Farmers Market Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Location Address: _____

City, State and Zip Code: _____

Website URL: _____

Market Manager Name: _____

Phone Number: _____

Email Address(es): _____

Please take a moment to visit MIFMA's "Find a Farmers Market" website application (www.mifma.org) to review your markets listing. Is all of the information about your market correct? (Check the box below to indicate your answer)

Yes No

If 'No', please use the lines provided to indicate the appropriate changes:

Market Vendor Information

How many total vendors attend your market? _____

Average number of vendors on a market day? _____

Number of vendors selling fruits and vegetables that they produce? _____

Number of vendors using season extension _____

List of vendors already participating in Hoophouses for Health

Do you or your farmers market have an established relationship with a local Great Start Readiness Program (GSRP), or Head Start or Early Head Start program?

Yes No

If 'yes' please indicate below your primary contact for each program you work with.

Name of Program	Name of Primary Contact

Do you or your farmers market have an established relationship with a local early childhood education program (other than GSRP or Head Start programs), which could include daycare centers or homes, early childhood centers, or schools that serve vulnerable families, or other community partners?

Yes No

If 'yes' please indicate your primary contact for each program and/or community partner you work with.

Name of Program	Name of Primary Contact

Please check the box next to the food assistance programs that your farmers market currently accepts. Your farmers market must accept at a minimum, Supplemental Nutrition Assistance Program (SNAP) benefits via the Michigan Bridge Card, and Women, Infants and Children (WIC) Project FRESH to be eligible for this program.

- Supplemental Nutrition Assistance Program (SNAP) benefits via the Michigan Bridge Card
- Women, Infants, and Children (WIC) project FRESH
- Market FRESH (formerly Senior Project FRESH)
- Double Up Food Bucks
- WIC Cash Value Benefits

Please use the check boxes below to indicate that you understand your farmers market manager and farmers market's role in the Hoophouses for Health Program

- I will share all Hoophouses for Health information with participating or interested farmers at my market.
- I will work with MIFMA to confirm Hoophouses for Health farmer or vendor applications when necessary.
- I will participate in the annual spring conference call and/or meeting with local Hoophouses for Health farmers, vendors, and community partners.
- I will work to promote Hoophouses for Health alongside all other food assistance program accepted at my market
- I will participate in Hoophouses for Health program annual evaluation efforts, which could include completing 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 Rd, Room 172 Natural Resources, East Lansing, MI 48824, by email to dru@mifma.org, or by fax to 517.353.7961.

Hoophouses for Health is a partnership of:

