



**Michigan Farmers Markets Food Assistance Partnership
2011 Commitment Form**



Name: _____

Organization: _____

Address: _____

City, State and Zip Code: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Please use the check boxes below to indicate your organization's level of support to the Michigan Farmers Markets Food Assistance Partnership. You may check more than one box.

- I identify with the mission and focus of the Food Assistance Partnership as described below and will support efforts to continue and expand its efforts.
 - The Michigan Farmers Markets Food Assistance Partnership provides networking opportunities, shares resources, and facilitates collaboration for individuals and organizations working to increase consumers' access to healthy, locally-produced foods through farmers markets. Our focus is on those consumers who are eligible for food assistance.*
- I want to be a host of the Michigan Farmers Markets Food Assistance Partnership. Hosting organizations will make a \$250 contribution to help the Partnership provide training, education and technical assistance to farmers markets. Hosting organizations will also be listed in all marketing materials and communications and will be invited to participate in all Partnership activities.
- I will be a partner in advancing the work of the Food Assistance Partnership. I understand that this commitment includes participating in bi-monthly conference calls on the second Monday of every other month from 11 am – 12 pm and involvement in online collaboration, training sessions, outreach activities and the year-end meeting. As a partner I also have the option of making a financial contribution based on my capacity.
- I am not interested in being an active participant in the Michigan Farmers Markets Food Assistance Partnership at this time but would like to serve as an Outreach Partner. I understand that this involves forwarding information and resources about farmers market access for low-income and diverse communities on to colleagues and clients. I will receive a quarterly email update to help me stay abreast of the Partnership's efforts.
- I am not interested in being involved at this time.

Financial Information: Please make your contribution payable to the Michigan Farmers Market Association (MIFMA) and list Food Assistance Partnership in the memo line. Please mail your contribution to: MIFMA, Attn: Food Assistance Partnership, 172 Natural Resources, East Lansing, MI 48824.

For more information about the **Michigan Farmers Markets Food Assistance Partnership**, please visit www.mifma.org or email Amanda Segar at segarama@msu.edu.