Local Food Purchase Assistance Grant

Community Partner Letter of Intent

[please place on organization letterhead]

Please submit a 1-2 page letter from an authorized representative from each community partner that you will be working with. The following questions should be addressed in the letter.

1. Please describe what your organization’s involvement in the proposed LFPA project will be.
2. Please describe the organization’s mission and activities.
3. Please describe the organization’s relationship with the applicant and any prior work together.
4. Please describe your involvement with planning the project.
5. If the project requires staff time of your organization’s employees, do you consent to that?

Sincerely,

Authorized Representative’s signature

Printed Name

Title

Address and contact information