



STATE OF NEW HAMPSHIRE

Department of Agriculture, Markets, and Food

APPLICATION FOR NH Farm to School Local Food Incentive Pilot Program

Solicitation ID Number RFA-2025-DEV-FARMTOSCHOOL

Section 1. Applicant Information

A. SAU Information

SAU Name _____

SAU Address _____

SAU Telephone _____

State of NH Vendor Code Number (required) _____

Date of Submission _____

B. Authorized Signor

Individual authorized to sign applications and contracts on behalf of the SAU.

Name _____

Title _____

Email _____

Telephone _____

C. Primary Point of Contact

Individual who will serve as the Vendor's primary contact for fiscal matters.

Name _____

Title _____

Email _____

Telephone _____

D. Fiscal Contact

Individual who will serve as the Vendor's primary contact for fiscal matters.

Name _____

Title _____

Email _____

Telephone _____

Section 2. Mandatory Questions

Please answer the following questions completely. If you need additional space attach additional pages and reference the corresponding question number.

Question 1:

Describe in detail your organization's current use of NH products in your programs and include the approximate number of NH products and NH producers that are regularly used.

- (a) Include a description of your participation in any other farm to school programs in the past 5 years including planning grants and informal programs.
- (b) Explain why your organization is interested in participating in this pilot and what you seek to accomplish.

Question 2:

Describe in detail how you plan to implement the pilot program including the schools that will be included in the pilot program and how your organization's use of NH products will expand if you are selected to participate in this pilot including potential challenges.

- (a) Please include how you plan to locate local products and procure local products, identify key partners, and describe any necessary steps to ensure you can prepare and incorporate local products into your operation.
- (b) Include any anticipated barriers or challenges and how you will overcome them.

Question 3:

Provide the name and complete of each school identified to participate in the pilot program including name and location and describe the socio-economic environment for each school.

Section 3. Signature & Attestation

We read and fully understands this Request for Applications and agree to be bound by its terms, conditions, and requirements.

This document is signed by a person who is authorized to legally obligate the SAU.

Authorized Signature _____ Date _____

Authorized Signature (printed) _____

Title _____

Telephone _____

Email _____