

Intent To Form A Foodspa Cooperative

Application Form

*Items with an * are required fields.*

***Foodspa Facilitating Partner:** (You must have applied to be a facilitating partner prior to filling out this form)

***Contact Person First Name:**

***Contact Person Last Name:**

***Prospective Project Community Name:**

***How many people are in this community?**

***Is there a potential market for pork and eggs and vegetables?**

***Email Address:**

***Describe, in brief, your goals:**

Indicate the names of at least 5 families that could benefit from a Foodspa Project: (These families will require training and encouragement prior to find an addition 10 families to form a cooperative.)

***#1:**

#2:

#3:

#4:

#5:

***Describe the conditions in this community that indicate a need for a Foodspa Project:**

***Privacy Statement:**

*Items with an * are required fields.*