

Food Affidavit: Verification of Source & Organic Growing Practices

Required for all Common Ground Country Fair food vendors applying to use organically produced ingredients that are not Certified Organic and/or not on the source's USDA list of Certified Organic products.

PART A: **Food Vendor/Applicant:** Complete and sign Part A.

If you are growing your own organically uncertified ingredients, then please also complete Part B. If using a third-party source, then forward to your grower for them to complete Part B.

I affirm that I am sourcing the food ingredients listed below from the source named in Part B. Indicate ingredients and the food item they will be in for consumption at the Common Ground Country Fair: Food Product Ingredient(s) Food Vendor's Name: Food Vendor's Signature ______ Date PART B: **Grower:** *Please complete and sign Part B, then forward to the MOFGA office.* I have agreed to be the source for the ingredients listed above for the Common Ground Country Fair vendor/applicant named above. I affirm that I am growing/raising/producing these ingredients in accordance with the organic practices as prescribed by the USDA National Organic Program (NOP) standards. These practices include growing in soil that has been free of synthetic chemical pesticides, herbicides and fertilizers for at least 3 years prior to the date of planting these items and ingredients are not genetically modified organisms (GMO). I intend for MOFGA to rely upon this for verification of my organic practices solely with respect to the ingredients listed above and solely for their use at the Common Ground Country Fair by the vendor named above. I understand that during the growing season, a representative of MOFGA may visit my production land to verify organic growing practices. Grower's Name Grower's Farm Name Farm Location

Signature _____ Date _____

| ** - Organic Certification Standards and applications for certification are available free on MOFGA's website www.mofgacertification.org. | |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |