



Mt. Shasta Fresh!

Sign up closes
May 19
1st pickup
June 6

Fresh produce for your family

Join us this growing season, from June to September, for fruits and vegetables fresh from our local farmers and gardeners.

Boxes will include an array of produce. Possible items include: peas, greens, carrots and apricots early on, then tomatoes, cucumbers, squash, beans, peppers and pears in mid-summer, and in the fall winter squash and apples.

The program will be supplemented with products purchased through a produce wholesaler.

Please complete the form on the back. You will be notified upon enrollment in the program, receive the distribution calendar, location for pickup and be required to complete the Public Service Program Self Certification of Income form required for CDBG Funded Activity.

Mt. Shasta Fresh Produce Assistance Program

Mt. Shasta Fresh, the *Fresh Produce Assistance Program* (FPAP), is a *Community Development Block Grant* (CDBG) program offering support to households living within the city limits of Mt. Shasta. To be eligible for participation, an applicant's annual income must be below the median household income limit by size of household (*see chart below for current income limits*).

This program assists eligible applicants in need of supplemental healthy food by providing a box of fresh produce once a month. During the local growing season, produce will be purchased from local farmers whenever possible.

Once enrolled in the program, participants will receive a distribution calendar for pickup of produce boxes. Pickup times and locations will be set in an effort to make the program easily accessible by working families and seniors.

Participants will be required to complete the *Public Service Program Self Certification of Income for CDBG Funded Activity* form one time, as well as provide a City of Mt. Shasta water bill as proof of residency within City limits.

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
INCOME LIMIT	\$33,000	\$37,700	\$42,400	\$47,100	\$50,900	\$54,650	\$58,450	\$62,200

◆ PARTICIPANT INFORMATION FORM ◆

Please complete the following *Participant Information Form*. This information will help us determine your eligibility.

Have you been enrolled in the program before? ☐ YES ☐ NO

Name of head of household: _____ Number people in household: _____

Current address: _____

Mailing address (if different): _____

Telephone number: _____ ☐ Home ☐ Cell ☐ Work ☐ Other

Telephone number: _____ ☐ Home ☐ Cell ☐ Work ☐ Other

e-mail address: _____ ☐ I would like to be contacted by e-mail

Date: _____

Signature: _____



Mail to: Great Northern Services, 310 Boles St., Weed, CA 96094 or
Drop at: Mt. Shasta City Hall, 305 N. Mt Shasta Blvd, Mt. Shasta, CA 96067
or e-mail to: hsolus@gnservices.org
For more information call Heather (530) 938-4115, extension 128

