|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DAD-BEBD-011 Rev. 01/23) | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Development  PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-5095 | | | | | | | | | | | | |
| DATCP Farm to School Advisory Council - 2023 Nomination Form | | | | | | | | | | | | | |
| *s. 15.04(l)(c), Stats* | | | | | | | | | | | | | |
| I would like the opportunity to serve on the Farm to School Advisory Council. | | | | | | | | | | |
| I nominate (nominee’s name) | | |  | | | to serve on the Council. | | | | |
| NOMINEE NAME | | | | NOMINEE AFFILIATION | | | | | | |
| STREET ADDRESS | | | | CITY | | | STATE | | ZIP | |
| PHONE:  (   )     - | | E-MAIL | | | | | | | | |
| If you are nominating someone else, please provide your contact information: | | | | | | | | | | | | |
| AFFILIATION/FARM NAME | | | | | | | | | | | | |
| STREET ADDRESS | | | | | CITY | | | STATE | | ZIP | | |
| PHONE:  (   )     - | | E-MAIL | | | | | | | | | | |
| What category best describes this individual? | | | | | | | | | | | | |
| Farmer selling to Schools (Direct, Wholesale, through an aggregator, or Processor) | | | | Meal Program/ Food Service Personnel | | | | | | | | |
| Child Health Professional | | | | Other Farm to School Professionals | | | | | | | | |
| Work in a Supporting Organization | | | |  | | | | | | | | |
| What background, experience, and/or education would this person bring to the Advisory Council? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| What interpersonal, organizational, and/or leadership skills would this person bring to the Council? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| In what capacity/role could the nominee share information and communicate with the constituency he/she represents? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Is the Nominee able to meet all of the requirements of council members listed? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Attend Council Annual on-boarding, education, appointment meeting each June. | | | | | | | | | | | | | |
| Attend each of the required quarterly meetings on the 2nd Wed of January, April, July and October | | | | | | | | | | | | | |
| Participate in creating a WI Farm to School Annual Report | | | | | | | | | | | | | |
| Provide insight on the needs and opportunities for statewide strategy, collaboration and advancement of  WI Farm to School | | | | | | | | | | | | | |
| Complete required Council trainings: Open Meetings- on line training | | | | | | | | | | | | | |
| What advancements is the nominee most passionate about and would most like to see accomplished in WI Farm to School? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Application Deadline: March 31, 2023.  Please send to:  April Yancer Farm to Institution and WI Foods Specialist [april.yancer@wi.gov](mailto:april.yancer@wi.gov)  608-512-2950 | | | | | | | | | | | | | | |
| s. 15.04(l)(c), Stats., the DATCP Secretary is authorized to create advisory councils to advise the department on matters within the department's jurisdiction.  Personally, identifiable information you provide may be used for purposes other than that for which it was collected. (s. 15.04 (1) (m), Wis. Stats.) | | | | | | | | | | | | | | |