

FARMERS' MARKET

NEW YORK STATE FARMERS' MARKET NUTRION PROGRAM (FMNP)

FARMER CROP PLAN

Name: _____ FMNP Stamp _____

Farm Name: _____ Total acres in vegetable/fruit _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell phone: _____

E-mail Address: _____

Vehicle type/size: _____

Farm location (please be specific – if you are growing produce crops at more than one location, please list each farm location and the specific crops and number of acres in production at each):

I am a bona fide New York State farmer and plan to grow vegetables and/or fruits on land owned or leased by me at the location(s) above for sale at the market to FMNP participants. The crops I plan to grow are listed below. I agree to abide by the rules of the farmers' market and the FMNP, and understand that violation of the rules may result in suspension or loss of my privilege to sell at the market and to participate in the FMNP. I understand that a farmers' market representative may verify the information provided on this application by visiting my farm or requesting other evidence of my status as a bona fide farmer. I agree to inform the market of any changes in my production or marketing that affect the validity of the information I have provided.

Signature: _____ Date: _____

LIST OF CROPS.

Product	Acres*	Period**	Product	Acres*	Period**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* or row-feet (specify)

** months of availability

LIST OF CROPS – (continued)

Product	Acres*	Period**	Product	Acres*	Period**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* or row-feet (specify) ** months of availability
 (If form is insufficient to list all crops, please use additional forms.)

NOTE: THE SECTION BELOW IS **ONLY** FOR MARKETS THAT PERMIT LIMITED PURCHASING AND RESALE OF LOCALLY GROWN PRODUCE BY FARMERS.

Subject to farmers’ market rules and/or approvals, I intend to purchase the following locally grown items for resale at the market during this current market year (use additional form if needed):

Produce item	Location where grown	Producer/Supplier	Period/Weeks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

 This form (or similar document) must be submitted to an FMNP-authorized farmers’ market sponsor or manager with an FMNP Farmer Participation Agreement (Form FMC-6) to enable participation in the NYS FMNP. For further information, call the Department’s FMNP staff at (800) 554-4501; (518) 457-7076, or (718) 722-2830.

Accepted by market representative: _____ Date: _____