

**CROP PLAN (FMC-12)**

**Clear Form**

**Instructions:** Provide a list of all fruit and vegetable crops to be grown by you (the farmer) on your farm this season and the location of each field where these crops are grown. If you plan on purchasing items for re-sale, list those items too. The purpose of this form is to provide evidence that you ("Farmer") meet the FMNP "50% Grow Rule" at every market where you ("Farmer") accept FMNP checks, as defined in the NYS FMNP Rules and Procedures for Farmers (FMC-5). This form must be given to every market manager where you ("Farmer") accept FMNP checks; submit crop plans annually.

Farm Business Name: \_\_\_\_\_

Principal/Owner's Name ("Farmer"): \_\_\_\_\_ FMNP ID: \_\_\_\_\_

Farm's Total Tillable Acres: \_\_\_\_\_ Farm's Anticipated Cultivated Acres in Fruits and Vegetables: \_\_\_\_\_

Check this box if you grow in a community garden plot that is sponsored by a third party.

Field Locations: List the mailing address or a physical description of every location where your fruit and vegetable production fields are located. If your farm is growing fruits and vegetables at more than one location, list each location separately, and the number of acres/row-feet in production at each location.

Location #1: \_\_\_\_\_ Acres: \_\_\_\_\_

Location #2: \_\_\_\_\_ Acres: \_\_\_\_\_

Location #3: \_\_\_\_\_ Acres: \_\_\_\_\_

Grown by You (Farmer):

Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Or row-feet or square-feet or number of plants for smaller operations and greenhouses; specify which unit.

Purchased for Re-sale (Not Grown by the Farmer):

N/A, I do not plan on purchasing produce for re-sale at my market stall this FMNP season.

Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)	Producer/Supplier (e.g. Joe's Blueberry Farm)	Market Availability (e.g. June-November)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Farmer Signature.** I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Farmers (FMC-5)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information is true and correct to the best of my knowledge.

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Grown (con't):

Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Or row-feet or square-feet or number of plants for smaller operations and greenhouses; specify which unit.

Purchased for Re-sale (con't):

N/A, I do not plan on purchasing produce for re-sale at my market stall this FMNP season.

Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)	Producer/Supplier (e.g. Joe's Blueberry Farm)	Market Availability (e.g. June-November)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Reminders:**

1. If your farm participates in the NYS FMNP exclusively as a vendor at a traditional multi-vendor farmers market, you must submit this form to every market manager where you accept FMNP checks every year, annually. Markets participating in the NYS FMNP must retain a copy of all crop plans in the market records for every farmer at their market participating in the NYS FMNP. Note: Farmers must also submit a Farmer Participation Agreement (FMC-6) annually.
2. If your farm operates a farm stand, and you want to enroll your farm stand in the NYS FMNP as an authorized market, you must also submit this form as support documentation with your farm stand application annually. Include a copy of your crop plan when you submit your Market Participation Agreement (FMC-8) for your farm stand. Note: Farmers enrolling their farm stand into the program must also submit a Farmer Participation Agreement (FMC-6) annually.

**Submit to:**

NYS Dept. of Agriculture and Markets Attention: FMNP  
10B Airline Drive Albany NY 12235

Fax: (518) 457-8398  
Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)

**Questions?** Albany: (518) 457-7076 prompt #1

Toll Free: (800) 554-4501

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