



Farmers' Market Nutrition Program (FMNP)

Rev 12/20/2018

FARMER PARTICIPATION AGREEMENT (FMC-6)

Stamp in the box below using the official cancellation stamp issued to you last year or the last year you participated:

Or, I lost my stamp and I need a replacement stamp (check here): []

Or, this is my first year participating in the program (check here): []

Interactive training is mandatory for farmers new to the FMNP.

If you are new to the FMNP, please indicate your training status:

I trained on this date: _____ or [] I plan on training or [] N/A, I am not new to the FMNP.

Do you have an EBT card reader for your own personal use on your farm and/or at market? [] No [] Yes [] In-Progress

If yes, do you use your EBT card reader at market to conduct SNAP EBT transactions? [] No [] Yes

Farm Business Name: _____

Farm's Total Tillable Acres: _____ Farm's Anticipated Cultivated Acres in Fruits and Vegetables This Season: _____

Principal/Owner's Name(s) ("Farmer"): _____ Title: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____ Farm County: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____ Farm Website: _____

List of Markets: List all markets you plan on attending this season (June – November) where FMNP checks are accepted, and include your personal farm stand if you operate one. Farm stand operators must also submit a Market Participation Agreement (FMC-8) annually for their farm stand. If you require additional room, use the back of this form.

Table with 3 columns: County, Market Name, Check Day(s) in Attendance. Includes 4 rows for listing markets.

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

Signature(s) (Required): _____ Date: _____

[] N/A, I manage my own farm stand and I do not attend any other FMNP markets; a counter-signature is not required.

Market Manager/Sponsor Counter-signature. As market manager/sponsor for a market listed above, I certify that the above farmer is a vendor at my market this year and is eligible to participate in the FMNP this year at my market.

Signature (Required): _____ Date: _____

Market Manager/Sponsor Name (Printed): _____

Return applications to: NYS Department of Agriculture and Markets Attention: FMNP 10B Airline Drive Albany NY 12235 FAX (518) 457-8398 farmersmarkets@agriculture.ny.gov Toll-free (800) 554-4501 Albany (518) 457-7076 prompt #1

This institution is an equal opportunity provider.