



Instructions: To participate in the FMNP a farmer must submit a Crop Plan (FMC-12) to every market where FMNP checks are accepted. Photocopies of this form may be used if a farmer attends multiple markets. Crop plans must remain in the market files for three years. The NYS Department of Agriculture and Markets (Department) may request to see crop plans at any time.

Farmer Name(s): \_\_\_\_\_ FMNP Returning Farmer Stamp ID: \_\_\_\_\_

Farm Name: \_\_\_\_\_ Total Annual Planted Acres in Produce: \_\_\_\_\_

Production field(s): Please be specific so we can locate the property - if you are growing fruits and vegetables at more than one location, list each location and the number of acres or row-feet in production at each location.

Field Location(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of crops: If this form is insufficient to list all your crops of fruits, vegetables, and culinary herbs) use additional forms or the back of this page.

Table with 6 columns: Product, Acres\*, Period\*\*, Product, Acres\*, Period\*\*. Includes example row: (e.g. corn), (e.g. 2 acres), (e.g. July-Aug)

\* Or row-feet (specify) \*\*Month(s) of availability (e.g. June – August)

Farmer signature. I am an FMNP bona fide farmer and plan to grow vegetables and/or fruits on land owned or leased by me at the location(s) above for sale at a NYS FMNP market to NYS FMNP participants. I understand that a 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 significantly affect the validity of the information I have provided.

Signature

Date

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For further information, please call the Department at (800) 554-4501 or Albany (518) 457-7076 or NYC (718) 722-2830 or email farmersmarkets@agriculture.ny.gov

