



Farmers' Market Nutrition Program (FMNP)

Rev 1/25/2016

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 (face-to-face or online webinar) is mandatory for new farmers.

[Empty box for cancellation stamp]

Do you have a personal SNAP EBT card reader? [] No [] Yes If yes, what is the FNS# _____

Farmer Name(s): _____

Farm Name: _____

Farmer Mailing Address: _____

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

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

E-mail: _____

List All Markets:

List all markets you plan on attending this season (June – November) where FMNP checks are accepted. If you require additional room, please use the back of this form. Reminder: Submit a crop plan to each market listed below.

Table with 3 columns: County, Market Name, Check Day(s) in Attendance. Rows 1-5 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.

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

Market Manager/Sponsor Signature. As market manager/sponsor for _____ market(s), I certify that the above farmer will be/is a vendor at my market this FMNP season and he/she has provided a current year crop plan as evidence of his/her status as a bona fide farmer for the purposes of the NYS FMNP. Note: [When a market manager counter-signs below they are verifying: (1) attendance at their market (2) status as a bona fide farmer at their market.]

Market Manager/Sponsor Signature (Required): _____ Date: _____

Market Manager/Sponsor Name (Printed): _____

Return applications to: NYS Dept. of Agriculture and Markets 10B Airline Drive Albany NY 12235 Attention: FMNP FAX (518) 457-2716 farmersmarkets@agriculture.ny.gov or (800) 554-4501 Brooklyn (718) 722-2830 Albany (518) 457-7076

This institution is an equal opportunity provider.

***** Official Use Only ***** Date Application Received: _____ Date Application Approved: _____ Application Approved By: _____