

New York State Department of Agriculture and Markets
New York State Farmers' Market Nutrition Program (FMNP)
PARTICIPATION REQUIREMENTS FOR FARMERS' MARKETS

To be eligible to participate in the FMNP, a farmers' market must:

1. Submit a Farmers' Market application by **March 1st**. Do not delay. If you do not have a complete application, submit a partial application and update the Department when the information is available. Upon review, the Market will be mailed an approval package containing support material. Program documents may also be found online www.agriculture.ny.gov.
2. Be comprised of **bona fide** New York State farmers (see 7) who grow and harvest fresh fruits and vegetables on land owned or leased by them and who sell directly to consumers at the market. Have a minimum of 2 independent **bona fide** farmers willing to participate in the program who collectively offer a sufficient diversity of fruits and vegetables (see 10).
3. Verify the status of participating farmers as **bona fide** producers of fresh fruits and vegetables based on the market's rules (see 7) by obtaining from each farmer a current year "Crop Plan" with specific farm location(s) and a list of the vegetables and/or fruits expected to be grown for sale at the market, with acreage or row-feet of each crop and its expected period of availability at the market. If the market's rules permit limited purchasing and resale of locally grown fruits and/or vegetables by participating farmers, the Crop Plan must list all the items expected to be purchased by the farmer, the location(s) grown, the name of the producer or supplier, and the period of purchase.
4. Operate at a designated location, easily accessible by WIC and Senior FMNP participants, which has been approved for use as a farmers' market during the FMNP period of operation (June 1-November 30).
5. Have a fixed schedule of operation, with a minimum of one day per week and three hours per day for a minimum of three months during the FMNP period of operation. Exceptions to this are allowed with prior approval from the Department.
6. Have an organizational structure, including a name, sponsoring organization, and designated manager. The sponsor may be an unincorporated association, not-for-profit corporation, co-operative corporation, municipal corporation, government agency, public benefit corporation, public authority, private corporation, or private individual.
7. Have printed rules and regulations that include (1) criteria for vendor participation and product eligibility that target **bona fide** farmers/producers and emphasize locally grown agricultural products; (2) standards for ensuring the display and sale of fresh, high quality, locally grown fresh fruits and vegetables and other farm products, including the posting of prices; (3) vendor compliance with federal, state, and local food safety requirements; (4) standards for vendor conduct; and (5) sanctions for violations, including violations of FMNP rules. A market's rules and regulations must define the terms "**bona fide** farmer/producer" and "locally grown produce" in accordance with the following: (A) Require, at a minimum, participating farmers to grow, on land owned or leased by them, 50% or more of the fresh fruits, vegetables, and herbs brought to market each day (by quantity) during the FMNP period June 1-November 30. If market rules require farmers to grow a higher percentage than 50% (e.g. 100%) of the fresh produce brought to market each day, the higher percentage defines "**bona fide** farmer" status for the purpose of FMNP eligibility; (B) Define "locally grown produce" geographically, either narrowly or as broadly as "NY State" or "NY and adjacent states".
8. Have a minimum of 50% of all produce vendors at a market being **bona fide** farmers (see 7) who themselves grow fresh fruits and vegetables for sale at the market.
9. Provide display space in the market for FMNP-related nutrition education activities by Cornell Cooperative Extension, local WIC agencies, or other organizations, and assist in disseminating educational materials to farmers.
10. Supply a sufficient volume and variety of high quality fresh vegetables and fruits to meet the nutrition needs of WIC and Senior FMNP recipients including dark green or leafy vegetables (such as spinach, broccoli, greens, or kale), root vegetables (such as carrots or beets), and winter squash.
11. If previously authorized, have met FMNP farmers' market participation requirements and contracted responsibilities in the previous year. If a new applicant farmers' market, provide evidence of successful market operation in a previous year or farmers' market applications or other commitments by farmers to participate in the market during the FMNP season.
12. Sign an Agreement with the Department to administer the program at the market in accordance with FMNP Guidelines and Procedures for Markets (Plan of Work).

**New York State Department of Agriculture and Markets
New York State Farmers' Market Nutrition Program (FMNP)**

FARMERS' MARKET APPLICATION

I have read the information regarding the New York State Farmers' Market Nutrition Program (FMNP) and request that our farmers' market(s) be selected to participate. I understand that to be selected, markets must meet the attached FMNP participation requirements, including offering sufficient access for WIC and Senior nutrition assistance program participants, sufficient participation by New York farmers, and a diversity of locally grown fresh fruits and vegetables. I understand that priority will be given to markets that participated previously in the FMNP and met program requirements as well as to new markets in areas with limited access to locally grown fresh fruits and vegetables. I understand that in accordance with USDA FMNP guidelines, the Department reserves the right to select markets that assure successful program operations and offer the greatest distribution of benefits to WIC and Senior FMNP participants over the widest geographic area and to the most farmers. **The FMNP season is Jun 1- Nov 30.**

Please be specific - this information will be provided to WIC families and seniors who may not have a way to research further details

Market Name: _____ **Market County:** _____

Summer Market Location: _____ **City:** _____ **Zip:** _____

Opening Day: _____ **Closing Day:** _____ **Year-round:** Yes No

Winter Location (If applicable): _____ **City:** _____ **Zip:** _____

Opening Day: _____ **Closing Day:** _____ **Winter Frequency (circle):** Monthly Weekly Alternate-weeks Other

HOURS OF OPERATION (e.g. 4pm-6pm)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Summer							
Winter							

Notes: _____

Does your farmers' market have a central card reader/terminal to accept EBT/SNAP transactions? Yes No Unknown

Do you have farmers authorized to accept WIC Vegetables and Fruits Checks*(WIC VF) (\$6/\$10 checks)? Yes No Unknown

If yes, how many WIC VF* farmers will be in attendance at your farmers market (e.g. 2)? Summer __ Winter __

*The WIC VF (\$6 or \$10 checks) is a completely separate program from FMNP (\$4 checks).

Market Sponsor Name (required) _____

Market Website (if any) _____

Contact Person Name _____ E-mail _____

Contact Person Mailing Address _____

Contact Person Phone _____ Fax _____ Cell Phone _____

Market Manager _____ Manager E-mail _____

Manager Mailing Address _____

Manager Phone _____ Manager Cell phone _____

Anticipated Number of Vendor's to be in Attendance (e.g. 2) (Jun 1 – Nov 30)	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Number of bona fide ** FMNP farmers (fruit and vegetable growers)							
Number of total vendors (all vendors, including above FMNP farmers)							

Note: Definition of **bona fide (see Participation Requirements for Farmers' Markets, item 7, for definition.).

REQUIRED! Attach a list of your **bona fide FMNP farmers & market rules & regulations for this upcoming market season.**

____ Attached is a list of the **bona fide**** FMNP fruit & vegetable farmers including: farm name, farmer name(s), address, & phone.

____ Attached is our current farmers' market rules and regulations (or last year's rules and regulations with expected changes).

Note: If applying for multiple markets please submit separate applications or attach a list containing all the above info for each market.

Signature: _____ **Name (Printed):** _____ **Date:** _____

DEADLINE! MAIL OR FAX ASAP OR BY March 1st to: NYS Farmers' Market Nutrition Program, NYS Dept. of Agriculture and Markets, 55 Hanson Place, Brooklyn, NY 11217 FAX (718) 722-2836 Phone: (800) 554-4501