



Farmers Market Nutrition Program (FMNP)
ATTENDANCE ROSTER (FMC-7)

FMNP Farm or Farmer Name	FMNP Farmer ID	Instructions: In the left hand columns put the names of the farmers participating in the NYS FMNP at your market, along with their FMNP ID. In the column headings for market dates (e.g. Week 1) write the dates of your weekly markets that occur during the FMNP season (June 1-November 30). Place an "X" in the box below a weekly market when the farmer is in attendance that week. If the market changes hours of operation, location and/or closes early, please update us immediately. Submit rosters monthly. Make copies for your market records. Note: Only list farmers participating in NYS FMNP.														
		Market Dates														
		Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15
(e.g. John Smith Farm)	(e.g. 0001)	X														

Signature. I certify the above farmers attended the market on the days indicated.

Submit to:

Mail: NYS Department of Agriculture and Markets
 Farmers' Market Nutrition Program
 10B Airline Drive Albany NY 12235
Fax: (518) 457-8398
Email: farmersmarkets@agriculture.ny.gov

 Signature (FMNP Market Representative)

 Market Name and FMNP Market ID#

 Date

 Market County