Clear Form

NEW YORK STATE OF OPPORTUNITY. Agriculture and Markets

Farmers' Market Nutrition Program (FMNP)

Rev 11/01/2018

CROP PLAN (FMC-12)

Instructions: Provide a list of all fruit and vegetable crops to be grown by you (the farmer) on your farm this season and the location of each field where these crops are grown. If you plan on purchasing items for re-sale, list those items too. If you require additional room, please use the back of this form.

Farmer Name(s): _____ FMNP Stamp ID: _____

Farm Name: _____

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

☐ Check this box if your produce is grown in a community garden plot that is sponsored by a third party.

Field Locations: List the mailing address or a physical description of every location where your fruit and vegetable production fields are located. If your farm is growing fruits and vegetables at more than one location, list each location separately, and the number of acres/row-feet in production at each location.

Location #1: _____Acres: ____

Location #2: _____Acres: ____

Location #3: _____Acres: ____

Grown by You:

Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability

*Or row-feet or square-feet or number of plants for smaller operations and greenhouses; specify which unit.

Purchased for Re-sale:

☐ N/A, I do not plan on purchasing produce for re-sale at my market stall this FMNP season.

Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)	Producer/Supplier (e.g. Joe's Blueberry Farm)	Market Availability (e.g. June-November)

Signature of Applicant. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Farmers (FMC-5)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information is true and correct to the best of my knowledge.

Signature (required): _____ Date: _____

This institution is an equal opportunity provider.

CROP PLAN (FMC-12)

Grown (con't):

Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability

*Or row-feet or square-feet or number of plants for smaller operations and greenhouses; specify which unit.

Purchased for Re-sale (con't):

☐ N/A, I do not plan on purchasing produce for re-sale at my market stall this FMNP season.

Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)	Producer/Supplier (e.g. Joe's Blueberry Farm)	Market Availability (e.g. June-November)

Submit to:

- If your farm participates in the NYS FMNP exclusively as a vendor at a traditional multi-vendor farmers market, you must submit this form to every market manager where you accept FMNP checks every year, annually. Markets participating in the NYS FMNP must retain a copy of all crop plans in the market records for every farmer at their market participating in the NYS FMNP. Note: Farmers must also submit a Farmer Participation Agreement (FMC-6) every year, annually.

- If your farm operates a farm stand, and you want to enroll your farm stand in the NYS FMNP as an authorized market, you must also submit this form as support documentation with your farm stand application annually. Include a copy of your crop plan when you submit your Market Participation Agreement (FMC-8) for your farm stand. Note: Farmers enrolling their farm stand into the program must also submit a Farmer Participation Agreement (FMC-6) every year, annually.

NYS Dept. of Agriculture and Markets Attention: FMNP
10B Airline Drive Albany NY 12235

Fax: (518) 457-8398
Email: farmersmarkets@agriculture.ny.gov

Questions? Albany: (518) 457-7076 prompt #1 Toll-free: (800) 554-4501

This institution is an equal opportunity provider.