Clear Form

Rev 11/01/2018

Farmers' Market Nutrition Program (FMNP)

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 is mandatory for farmers new to the FMNP.

If you are new to the FMNP, please indicate your training status:

I trained on this date: _____ **or** ☐ **I plan on training** **or** ☐ **N/A, I am not new to the FMNP.**

Do you have an EBT card reader for your own personal use on your farm and/or at market? ☐ **No** ☐ **Yes** ☐ **In-Progress**

If yes, do you use your EBT card reader at market to conduct SNAP EBT transactions? ☐ **No** ☐ **Yes**

Farmer Name(s): _____ Title: _____

Farm Name: _____

Farmer Mailing Address: _____

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

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

E-mail: _____ Farm Website: _____

List of Markets: List all markets you plan on attending this season (June – November) where FMNP checks are accepted, and include your personal farm stand if you operate one. Farm stand operators must also submit a Market Participation Agreement (FMC-8) annually for their farm stand. If you require additional room, use the back of this form.

	County	Market Name	Check Day(s) in Attendance
1.	_____	_____	☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat
2.	_____	_____	☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat
3.	_____	_____	☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat
4.	_____	_____	☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat
5.	_____	_____	☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat

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.

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

☐ N/A, I manage my own farm stand and I do not attend any other FMNP markets; a counter-signature is not required.

Market Manager/Sponsor Counter-signature. As market manager/sponsor for a market listed above, I certify that the above farmer is a vendor at my market this year and is eligible to participate in the FMNP this year at my market.

Signature (Required): _____ **Date:** _____

Market Manager/Sponsor Name (Printed): _____

Return applications to: NYS Department of Agriculture and Markets Attention: FMNP 10B Airline Drive Albany NY 12235
FAX (518) 457-8398 farmersmarkets@agriculture.ny.gov Toll-free (800) 554-4501 Albany (518) 457-7076 prompt #1

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Date Application Received: _____ Date Application Approved: _____ Application Approved By: _____