Farmers' Market Nutrition Program (FMNP)

Rev 12/18/2017

SUPPLIER LIST (FMC-10)

Instructions: Fill in the information below for every fruit and vegetable business anticipated to supply/is currently supplying your market during either the FMNP season (June 1 – November 30) or from your market's opening day to your closing day, whichever is the shorter season. The supplier information should be specific to each market day and location. For example, if your market operates on Tuesday and Thursday, submit a separate supplier list for each day. List any business you purchase from including growers, dealers, distributors, food hubs, etc. If more room is needed, make copies of this form.

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

Is the market operated/sponsored by a private nonprofit agency? ☐ Yes ☐ No ☐ In-Progress

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Business Name (#1): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

Business Name (#2): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

Business Name (#3): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

OVER ➡

Signature of Applicant. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" 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: _____

Print Name: _____ Title: _____

Submit to:

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.

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Business Name (#4): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

Business Name (#5): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

Business Name (#6): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

Business Name (#7): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

Business Name (#8): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

Business Name (#9): _____

Owner's First and Last Name(s): _____

Business Address: _____ Zip: _____

If the farm is participating in the FMNP, indicate the following: ☐ N/A, this supplier is not an FMNP farm.

FMNP Stamp ID: _____ Acreage Cultivated in Fruits/Vegetables: ____ Farm's Total Tillable Acreage: ____

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