

FARMERS' MARKET
NEW YORK STATE FARMERS' MARKET NUTRITION PROGRAM (FMNP)

FARMER CROP PLAN - 2009

Name _____

Farm Name _____ Total acres in vegetables/fruit _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Cell phone _____

E-mail Address _____

Marketing season _____

Vehicle type/size _____

Farm location (please be specific - if you are growing produce crops at more than one location, please list each farm location and the specific crops and number of acres in production at each):

I am a bona fide New York State farmer and plan to grow vegetables and/or fruits on land owned or leased by me at the location(s) above for sale at the market to FMNP participants in 2009. The crops I plan to grow are listed below. I agree to abide by the rules of the farmers' market and the FMNP, and understand that violation of the rules may result in suspension or loss of my privilege to sell at the market and to participate in the FMNP. I understand that a farmers' market representative may verify the information provided on this application by visiting my farm or requesting other evidence of my status as a bona fide farmer. I agree to inform the market of any changes in my production or marketing that affect the validity of the information I have provided.

Signature _____
Date

LIST OF CROPS 2009

Product	Acres*	Period**	Product	Acres*	Period**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* or row-feet (specify)

**months of availability

LIST OF CROPS – 2009 (continued)

Product	Acres*	Period**	Product	Acres*	Period**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* or row-feet (specify)

**months of availability

(If form is insufficient to list all crops, please use additional forms)

(NOTE: THE SECTION BELOW IS ONLY FOR MARKETS THAT PERMIT LIMITED PURCHASING AND RESALE OF LOCALLY GROWN PRODUCE BY FARMERS)

Subject to farmers’ market rules and/or approvals, I intend to purchase the following locally grown items for resale a the market during 2009 (use additional form if necessary)

Produce Item	Location Where Grown	Producer/ Supplier	Period/Weeks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form (or similar document) must be submitted to an FMNP-authorized farmers’ market sponsor or manager with an FMNP Farmer Participation Agreement (Form FMC-6) to enable participation in the NYS FMNP. For further information, call the Department’s FMNP staff at (800) 554-4501; (518) 457-7076 or (718) 722-2830.

Accepted by market representative _____ Date _____