



Farmers' Market Nutrition Program (FMNP)

Rev 11/22/2017

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.

Table with 3 columns: County, Market Name, Check Day(s) in Attendance. Rows 1-5 for listing markets.

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 Dept. of Agriculture and Markets 10B Airline Drive Albany NY 12235 Attention: FMNP FAX (518) 457-8398 farmersmarkets@agriculture.ny.gov or (800) 554-4501 Brooklyn (718) 722-2830 Albany (518) 457-7076

This institution is an equal opportunity provider.

\*\*\*\*\* Official Use Only \*\*\*\*\* Date Application Received: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_ Application Approved By: \_\_\_\_\_