

Farmers' Market Nutrition Program (FMNP)
FARMER PARTICIPATION AGREEMENT (FMC-6)

Stamp in the box below using the official FMNP 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; I read the rules.

Does your farm have its own EBT card reader to use on the farm and/or at market? No Yes In-Progress
If yes, do you use this EBT card reader at market to conduct SNAP EBT transactions? No Yes

Is this farm operated by a nonprofit agency? No Yes

Farm Business Name: _____

Farm's Total Tillable Acres: _____ Farm's Anticipated Cultivated Acres in Fruits/Vegetables This Season: _____

Principal/Owner's Name(s) ("Farmer"): _____ Title: _____

Business Mailing Address: _____

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

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

E-mail: _____ **Communication preference:** email mail phone

List of Markets: List all markets you plan to attend this season (June – November) and include your personal farm stand, if you operate one. Farm stand operators must submit a Market Participation Agreement (FMC-8) for their farm stand if they want to accept FMNP checks there. Use the backside for additional listings.

County	Market Name	Check Day(s) in Attendance
1. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
2. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
3. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
4. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
5. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> 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 (Department). By signing below, I certify that all information is true and correct to the best of my knowledge.

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.

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

Market Manager/Sponsor Name (Printed): _____

Submit applications by: EMAIL: farmersmarkets@agriculture.ny.gov; FAX (518) 457-8398;
 MAIL: NYS Department of Agriculture and Markets Attention: FMNP 10B Airline Drive Albany NY 12235;
 PHONE: Toll-free (800) 554-4501 Albany (518) 457-7076 x1