

Farmers' Market Nutrition Programs (FMNP)

MARKET PARTICIPATION AGREEMENT (FMC-8)

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

Market Type: Multi-vendor Farmers' Market Single-stall Farm Stand Mobile Market Other _____

Summer Market: Address: _____ City: _____ Zip: _____

Opening Date: _____ Closing Date: _____ Weekly Monthly Year-round Other _____

Winter Market or Other Operation change: Address: _____ City: _____ Zip: _____

Opening Date: _____ Closing Date: _____ Weekly Monthly Year-round Other _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Summer Market hours							
Winter/Other Market hours							

*Markets exclusively operating as honesty boxes are not permitted; someone must be present during the hours of operation listed above.

Market Contact Person: _____ **Email:** _____

Contact Mailing Address: _____

Contact Phone (required and is published): _____ **Cell Phone:** _____

Manager information is the same as market contact person information above.

Market Manager Name: _____ **Email:** _____

Manager Mailing Address: _____

Manager Phone: _____ **Cell Phone:** _____

Who sponsors the market? (i.e. self; organization; farm business, etc.): _____

Who owns the land where the market is located? _____

Has the landowner granted permission this year to operate the market on their property? Yes No In progress

Provide your market website or social media: _____

Does the farmers' market operate a central SNAP token program? Yes No In progress N/A

Does the farm stand/mobile market accept SNAP EBT directly? Yes No In progress N/A

Does the market operate a SNAP based incentive program? (check if yes): FreshConnect Checks NYC Health Bucks

CNY Health Bucks DoubleUp Bucks Other _____

Attachments. Provide additional documentation and rules. Incomplete applications will not be processed.

Provide and select one: Vendor List (FMC-11) **or** Crop Plan (FMC-12) **or** Supplier List (FMC-10)

Attached is the market's rules, operation guide, etc. (*Grower operated farm stands are exempt*). Yes Exempt

I am applying as a mobile market and **attached** is our scheduled weekly stops. Yes N/A, not a mobile market

Signature of Applicant. I acknowledge that I, the representative of the market, 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: _____ **Date:** _____

Name (printed): _____