NEW YORK STATE | Department of Agriculture and Markets
Farm-to-School Program

Sourcing Verification List

Processor/Distributor Name: _____

Date: _____

NYS Sourcing List. *Fill in the following table for each NYS item carried. Items with multiple sources should list 1 source per line for that product. For producer and distributor guidelines, please see the Producer's Handbook.*

NYS Product or Ingredient	Farm Source			
	Farm Name	Town	State	Zip Code

I certify the above information is true and correct and that the product identified above is comprised of over 51 percent agricultural raw materials grown, harvested, or produced in NYS, by weight or volume.

_____ _____ _____

Signature of Official Company Representative | Title | Phone Number

_____ _____ _____

Printed Name | Date | Email Address

Submit Form