

**CROP PLAN (FMC-12)**

**Instructions:** Submit this form annually to the market manager at every market where you accept FMNP coupons. This form provides evidence that you meet the FMNP "50% Grow Rule" at every market where you accept FMNP coupons, as defined in the NYS FMNP Rules and Procedures for Farmers (FMC-5). You must list all fruit and vegetable crops to be grown by this farm this season and the location of each field where these crops are grown.

Farm/Business Name: \_\_\_\_\_

Owner's Name (Farmer): \_\_\_\_\_ FMNP ID: \_\_\_\_\_

Farm's Total Tillable Acres: \_\_\_\_\_ Farm's Anticipated Cultivated Acres in Fruits and Vegetables: \_\_\_\_\_

Check this box if you grow in a community garden plot that is sponsored by a third party.

Field Locations: Provide the address of every fruit and vegetable production field. If your farm is growing fruits and vegetables at more than one location, list each location separately, along with the number of acres or row-feet in production at each location.

Location #1: \_\_\_\_\_ Acres: \_\_\_\_\_

Location #2: \_\_\_\_\_ Acres: \_\_\_\_\_

Location #3: \_\_\_\_\_ Acres: \_\_\_\_\_

Grown by You (Farmer):

Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Or row-feet, square-feet, or number of plants for smaller operations and greenhouses. Specify which unit you are using.

Purchased for Resale (Not Grown by You):

N/A, I do not plan on purchasing produce for resale at my market stall this FMNP season.

Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)	Producer/Supplier (e.g. Joe's Blueberry Farm)	Market Availability (e.g. June-November)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Farmer Signature.** I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Farmers (FMC-05)" 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 (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CROP PLAN (FMC-12)**

Grown By You (Farmer) (continued):

Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Or row-feet, square-feet, or number of plants for smaller operations and greenhouses. Specify which unit you are using.

Purchased for Resale (Not Grown by You) (continued):

N/A, I do not plan on purchasing produce for resale at my market stall this FMNP season.

Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)	Producer/Supplier (e.g. Joe's Blueberry Farm)	Market Availability (e.g. June-November)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Reminders:**

1. If your farm participates in the NYS FMNP as a vendor at multi-vendor farmers' markets, you must submit this form annually to the market manager at every market where you accept FMNP coupons. Markets participating in the NYS FMNP must retain the Crop Plan of every farmer at the market participating in the NYS FMNP. Note: Farmers must also submit a Farmer Participation Agreement (FMC-6).
2. If you operate a personal Farm Stand and you intend to accept FMNP coupons at your Farm Stand, you must submit the Farm Stand Participation Agreement (FMC-8.2). Note: Farmers must also submit a Farmer Participation Agreement (FMC-6).

**Submit to:**

Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)  
 Fax: (518) 457-8398

Mail: NYS Dept. of Agriculture and Markets, Attn: FMNP  
 10B Airline Drive, Albany, NY 12235

**Questions?** Albany: (518) 457-7076 x1

Toll Free: (800) 554-4501