

New York State Department of Agriculture and Markets
New York State Farmers' Market Nutrition Program (FMNP)

Farmer Crop Plan

Instructions: One (1) Crop Plan must be submitted to the market sponsor/manager at EVERY farmers' market where Farmers' Market Nutrition Program checks are accepted (Photocopies of this form may be used).

Name _____ FMNP Stamp ID-Returning Farmers _____

Farm Name _____ Total Acres in Vegetables/Fruit _____

Home Phone _____ Cell Phone _____

E-mail _____ Vehicle type/size _____

Farm location(s) (Please be specific - if you are growing produce crops at more than one location, please list each farm location and the number of acres in production at each):

LIST OF CROPS (If form is insufficient to list all crops, use additional forms or the back of this page):

Table with 6 columns: Product, Acres*, Period**, Product, Acres*, Period**. Multiple rows for listing crops.

* or row-feet (specify) **months of availability

I am a bona fide New York State farmer and plan to grow vegetables and/or fruits on land owned or leased by me at the location(s) above for sale at the market to FMNP participants. I understand that a farmers' market representative may verify the information provided on this application by visiting my farm or requesting other evidence of my status as a bona fide farmer. I agree to inform the market of any changes in my production or marketing that affect the validity of the information I have provided.

Signature _____

Date _____

To participate in the NYS FMNP a farmer must submit this form (or similar) to every FMNP-authorized farmers' market sponsor or manager where a farmer accepts NYS FMNP checks. Farmers must also complete one (1) FMNP Farmer Participation Agreement (FMC-6) per FMNP season; market sponsors/managers may request to see a farmer's authorized FMC-6 at anytime. For further information, please call the Department at (800) 554-4501 or (518) 457-7076 or NYC (718) 722-2830.

