

**NEW YORK STATE FARMERS’ MARKET NUTRITION PROGRAM (FMNP)  
FARMER PARTICIPATION AGREEMENT**

Stamp in the box below using the official FMNP cancellation stamp issued to you last year or the last year you participated:

Or, I lost my stamp and I need a replacement stamp:

Or, this is my first year participating in the NY FMNP:

Farmer Name (s): \_\_\_\_\_

Farm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Farm County: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ (optional)

I have read and agree to all rules outlined in the “Rules and Procedures for Farmers” provided to me by the NYS Department of Agriculture & Markets.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**List all farmers’ markets you plan on attending this upcoming FMNP season below. Have one (1) market manager counter-sign below, verifying your status as a bona fide farmer for the purposes of the NY FMNP.**

**Note:** This form will encompass all your farmers’ markets; only one (1) FMC-6 per farmer is required annually.

<b>FMNP Market #</b>	<b>Market Name</b>	<b>Market County</b>
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1. \_\_\_\_\_

\*As market manager/sponsor for the above listed farmers’ market (market #1), I certify that the above farmer is a participant at my farmers’ market this season and has provided a current year Crop Plan as evidence of his or her bona fide status as a producer of fresh fruits and vegetables and/or culinary herbs. I understand that I am agreeing to be the sole certifier for the NY FMNP for the above farmer.

Market Manager/Sponsor Signature \*: \_\_\_\_\_ Date: \_\_\_\_\_

Market Manager/Sponsor Name (Printed): \_\_\_\_\_

**List All Additional Markets (If Applicable) (If more room is necessary use back or attach list):**

<b>FMNP Market #</b>	<b>Market Name</b>	<b>Market County</b>
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2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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Official NYS Department of Agriculture and Markets use only.

The farmer above is authorized by the NYS Department of Agriculture and Markets to participate in the FMNP at all of the above markets.

FMNP Stamp Number: \_\_\_\_\_ Date Approved: \_\_\_\_\_ By: \_\_\_\_\_