

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

Crop Plan

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

Farmer Name(s) _____ FMNP Returning Farmers Stamp ID _____

Farm Name _____ Total Annual Planted Acres in Produce _____

Home Phone _____ Cell Phone _____

E-mail _____ Vehicle type/size _____

Production Field(s) - (Please be specific so we can locate the property - if you are growing produce crops at more than one location, list each location and the number of acres or row-feet in production at each location):

Field Location(s): _____

LIST OF CROPS (If this form is insufficient to list all your crops of fruits, vegetables, and culinary herbs) use additional forms or the back of this page.):

Product	Acres*	Period**	Product	Acres*	Period**
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Or row-feet (specify) **Month(s) of availability (e.g. June – August)

I am a *bona fide* farmer and plan to grow vegetables and/or fruits on land owned or leased by me at the location(s) above for sale at a NYS FMNP market to NYS FMNP participants. I understand that a 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 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 Albany (518) 457-7076 or NYC (718) 722-2830 or email farmersmarkets@agriculture.ny.gov

OVER ==>

