



**NEW YORK STATE FARMERS' MARKET NUTRITION PROGRAM CROP PLAN (FMNP)**

**FARMER CROP PLAN-2011**

Name: _____
Farm Name: _____
Total Acres in Vegetable: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell phone: _____
Email Address: _____ Fax: _____

Marketing Season:	Vehicle Type/ Size:
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Farm location (Please be specific-If your not growing produce crops at more than one location, please list each farm location and the specific crops and number of acres in production at each):

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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 in 2011. The crops I plan to grow are listed below. I agree to abide by the rules of the farmers' market and the FMNP, and understand that violation of the rules may result in suspension or loss of my privilege to sell at the market and to participate in the FMNP. 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

