

FARMER APPLICATION INSTRUCTIONS

Step One: Read the Rules

Read the Harvest Home Market Rules & Operating Procedures and indicate that you have read it and agree to abide by <u>all</u> the rules and regulations by signing the Authorization Page and returning it with your application.

Step Two: Complete the application

Fill out the farmer application and attach your crop plan and/or list of items to be sold. If you are planning to sell items not grown or produced by you be sure to provide clear documentation of the source (ie: farm name, address and contact number).

Step Three: Submit the completed documents:

- 1) Application
- 2) Crop Plan/Product list
- 3) Signed Operating Procedures/Agreement
- 4) Farm, Blot, Land Lease/Deeds

Step Four: Obtain Insurance

Once you have received written notification of your acceptance to sell at a market(s) you **MUST** obtain personal liability insurance in the amount of \$1,000,000.00 with a rider of \$1,000,000.00 in property damage.

You will not be allowed to sell at any market(s) without a current insurance certificate on file.

The insurance certificate must list the market location, <u>Harvest Home Farmer's Market as an additional insured</u>, and based on the selected market location you must also list <u>New York City Parks</u>, <u>City of New York or other entity as an additional insured</u>. See Instructions for Filing Insurance Certificates.

Step Five: Mail in deposit

Mail in your deposit no later than Friday, **March 15, 2024,** to reserve your space. Please refer to Section VI of the Market Rules and Operating Procedures for rates. (See below)

Special Note: We have implemented a new program. The Farm-To-City program is an incentive designed to help small farms grow their business. If interested, please complete the supplemental application found on our website or contact Markb@harvesthomefm.org for more information.

(Updated 1/02/2024)



INSTRUCTIONS FOR FILING INSURANCE CERTIFICATES

Harvest Home Farmer's Market, Inc. must be the designated certificate holder.

Markets that require **City of New York Community Assistance Unit** (100 Gold Street; New York, NY 10038) and each corresponding market you intend to sell at listed as additional insured are:

Brower Park • East Harlem • Harlem Hospital • Jacobi Hospital • Kings County Hospital • Lenox Avenue • Metropolitan Hospital

For Co-op City, please contact HHFM for special instructions required. HHFM will provide instructions via email to vendors at this location.

Markets that require **NYC Parks & Recreation** (The Arsenal, Central Park; 830 5th
Avenue; New York, NY 10021) and each
corresponding market you intend to sell at listed as additional insured:

Coney Island Hospital • Hunt's Point • Mt. Eden Malls • North Central Bronx • St. Mary's Park • Utica Avenue

Please be sure to provide one certificate per market category you intend to sell at.

Please submit (or have your insurance company) by mail or email a copy of the insurance certificate showing the correct insured.

Mail: Harvest Home Farmer's Market

8 West 126th Street New York, NY 10027

Email: marketapplication@harvesthomefm.org

For additional information, please contact us at: marketapplication@harvesthomefm.org

We look forward to seeing you this summer!



FARMER APPLICATION FORM (2024)

| Business Name: | | Address: | Address: | | | | |
|----------------|--|----------|---|------------------|--|--|--|
| Owner Name(s): | | | | | | | |
| | | | Office Mgr Nar | Office Mgr Name: | | | |
| (| Owner Phone: | | | | | | |
| | Owner E-Mail: | | | ffice Mgr Email: | | | |
| | | | | | | | |
| 1 | Fax: | Size | of Your Farm (acres):T | otal | # of Acres in Production: | | |
| | | | | | | | |
| Ple | ase indicate which location(s) you | are inte | erested in by 🗸 the respective boxes | s. <u>Cli</u> | ck market name to view location. | | |
| Ma | nhattan | Bro | ooklyn | Br | onx | | |
| | East Harlem Market (Thursday) | | Brower Park Market (Thursday) | | Co-op City Market (Wednesday) | | |
| | Harlem Hospital Mkt (Friday) | | Coney Island Hospital Mkt (Friday) | | Co-op City Market (Saturday) | | |
| | Lenox Avenue Market (Saturday) | | Kings County Hospital Mkt (Wednesday) | | Hunt's Point Market (Wednesday) | | |
| | Metropolitan Hospital Market (Friday) | | Utica Avenue Mkt (Wednesday) | | Jacobi Hospital Market (Friday) | | |
| | metropontari ricopitari maritot (i ricay) | _ | <u>Stour Worldo Wile</u> (Wodillooddy) | | Mt Eden Malls Market (Tuesday) | | |
| | | | | | Mt Eden Malls Market (Thursday) | | |
| | | | | | North Central Bronx Market (Wednesday) | | |
| | | | | | St. Mary's Park Market (Thursday) | | |
| | | | | _ | Carried (Transaction) | | |
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| | | | Merchant? (as described in the Ha | rves | t Home Market Rules & Operating | | |
| | Procedures, Section VI, Subsection V | | ☐ Yes ☐ No to market? : | | | | |
| | ii so, now often do you wish | come | o marketr. | | | | |
| | | | | | | | |
| | Have you ever sold at a Farm | iers' M | arket before? □ Yes □ No | | | | |
| | If Yes, at which Market(s): | | | | | | |
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| | Space Reservation: | | | | | | |
| | | | ach additional stall is 10′ x 10′. nit a deposit equivalent to 3 days of you | r WO | akly rent (or 3 weeks) | | |
| | | | ilable for prepayments of 10 weeks. | ı we | eny tene (or 5 weeks). | | |
| | N1 | M 4 | 4. M | | | | |
| | Number of 10' x 10' Spaces I | Neede | | | | | |
| | | | Minimum | | | | |



| Farmer Growing Practices (Please check all that apply): | |
|--|--|
| Conventional; if so, are you currently on the path to transition to organic or sustainable growth?IPM (Integrated Pest Management) | |
| Organic | |
| Naturally Grown | |
| Biodynamic | |
| Hydroponic | |
| Free of synthetic chemicals (including manufactured pesticides and fertilizers) | |
| Free of growth hormones and antibiotics | |
| Grass-fed, pastured raised meat | |
| Other (please specify): | |
| | |
| | |
| | |
| | |
| Do you possess any of the following certifications ? | |
| USDA Organic | |
| Certified Naturally Grown | |
| NOFA- Farmer's Pledge | |
| Other (please specify): | |



NEW YORK STATE FARMER'S

MARKET NUTRITION PROGRAM CROP PLAN (FMNP)

FARMER CROP PLAN-2024

| Name: | |
|--|---|
| Farm Name: | |
| Total Acres in Vegetables: | Total Acres in Fruit: |
| Name on Lease/Deed: | |
| Address: | |
| City: State: _ | Zip: |
| Phone: | Cell phone: |
| Email Address: | Fax: |
| Farm location (Please be specific-If you are growing farm location and the specific crops and number o | Vehicle Type/ Size: ng produce crops at more than one location, please list each f acres in production at each): |
| me at the location(s) above for sale at the market listed below. I agree to abide by the rules of the fa of the rules may result in suspension or loss of my I understand that a farmers' market representative visiting my farm or requesting other evidence of m | to grow vegetables and/or fruits on land owned or leased by to FMNP participants in 2024. The crops I plan to grow are armers' market and the FMNP, and understand that violation privilege to sell at the market and to participate in the FMNP may verify the information provided on this application by my status as a bona fide farmer. I agree to inform the market t affect the validity of the information I have provided. |

*If you are renting or growing on other than your own farm you MUST provide signed copies of lease or land use agreements with the property owner.



List of Crops-2024

| Product | Acres* | Period** | Product | Acres* | Period** |
|---------|--------|----------|---------|--------|----------|
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*Or row-feet (specify)

^{**}Months of availability



Additional Goods

| Please list all items from your farm which you plan to sell at the market on the previous crop plan: Any goods from a neighboring farm should be listed here (limited to 30% of total crop plan maximum) | | | | |
|---|-------------------------|--|--|--|
| <u>Farm Name</u> | <u>Items to be Sold</u> | | | |
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