

Farmers' Market Nutrition Program (FMNP) Application for Farmers' Market Managers

Instructions

This form must be completed to participate in the WIC and Senior FMNP. If a separate sheet of paper is needed, please attach it to this form. Submit the information to: dhswicfmnp@wisconsin.gov or Division of Public Health, FMNP, 201 E. Washington Ave., PO Box 2659, Madison, WI 53701-2659.

Include a copy of the market rules. Include a map of the market if available. If rules and map are posted on the market's website or have not changed since last submitted, you do not need to include the rules and map. Please be sure all information is complete to ensure quick processing of this application.

Market location and information

Name of market: _____

Street address of market: _____

City: _____ County: _____

Name of market: _____

Market manager information

Name of market manager: _____

Street address of market manager: _____

City: _____ State: _____ ZIP code: _____

Area code/phone number: _____ Email address: _____

May we share your contact information with organizations that promote farmers' markets?

☐ Yes ☐ No

Market details

Specify dates when locally-grown fruits and vegetables are available, and when at least three produce farmers will be present at the market (i.e., June 15 – October 31): _____

Specify the days and hours your market will be open (i.e., Saturdays, 7 a.m. to 5 p.m.): _____

Specify dates, times and locations of temporary market site relocations and/or additional dates due to festivals, construction, etc.: _____

Estimate the number of all farmers participating in your market each month, beginning with June and ending with October (i.e., July-20 farmers, etc.):

June: _____ July: _____ August: _____ September: _____ October: _____

Check one box that is most true to the best of your knowledge. The FMNP will work with farmers to authorize them to accept checks if needed.

☐ The market has FMNP farmers who accept FMNP checks

☐ I am not sure if there are FMNP farmers who accept FMNP checks

☐ Other, specify: _____

What is the main product sold at the farmers' market?

☐ Wisconsin grown fruits and vegetables ☐ Plants ☐ Crafts ☐ Other, specify: _____

Does your market allow selling of produce grown outside of Wisconsin?

☐ Yes ☐ No

Since the FMNP primarily allows Wisconsin-grown produce to be purchased with FMNP checks, will there be enough produce available to justify approving your market to accept FMNP checks?

☐ Yes ☐ No

If there is an annual meeting, can FMNP be present to train farmers on FMNP rules? If yes, please list the annual meeting date, time and location. _____

Does your market accept SNAP/FoodShare purchases? SNAP/FoodShare was previously named the Food Stamp program.

☐ Yes ☐ No

Provide the market website address: _____

This institution is an equal opportunity provider.