

FARMERS' MARKET NUTRITION PROGRAM (FMNP) APPLICATION FOR FARMERS' MARKET MANAGERS

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.

If your market has been approved by the FMNP in the past, we may have preprinted some of the information previously provided. Make any corrections to the preprinted information in the same space or on the reverse side. Fill in responses where there is no preprinted response. Please be sure all information is complete to ensure quick processing of this application.

SECTION 1 – Market Location and Information

Name of Market

Street Address of Market

City

County

Location information (i.e., next to city park, bank parking lot)

SECTION 2 - Market Manager Information

Name of Market Manager

Street Address of Market Manager

City

State

Zip Code

Area Code/Telephone Number

E-mail Address of Market Manager

May we share your contact information with organizations that promote farmers' markets? ☐ Yes ☐ No

SECTION 3 – 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.

☐ Other, explain:

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

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

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.

Provide the market website address: _____