

CROP PLAN (FMC-12)

Instructions: Provide a list of all <u>fruit and vegetable</u> crops to be grown by you ('Farmer') on your farm this season <u>and</u> the location of each field where these crops are grown. If you plan on purchasing items for re-sale, list those items too. The purpose of this form is to provide evidence that you meet the FMNP "50% Grow Rule" at every market where you accept FMNP coupons, as defined in the NYS FMNP Rules and Procedures for Farmers (FMC-5). This form must be given to every market manager at markets where you accept FMNP coupons. Submit crop plans annually.

					EMNID ID:		
			Farm's Anticipated Cultivated Acres in Fruits and Vegetables:				
Farm's Total Tilla	ible Acres: _	Farm's Anticipa	ted Cultivated Ad	cres in Fruits a	and vegetables:		
☐ Check this box	x if you grov	v in a community gard	en plot that is sp	onsored by a	third party.		
vegetable produc	ction fields a	are located. If your far	m is growing frui	its and vegeta	on where your fruit and ables at more than one in production at each		
Location #1:					Acres:		
					Acres:		
Location #3:					Acres:		
Grown by You (F	armer):						
Product (e.g. Corn)		(e.g. Jun-Nov)	Product	Acres*	,		
*Or row-feet or squa	re-feet or num	nber of plants for smaller o	perations and greer	nhouses. Specify	y which unit you are using.		
Purchased for Re	e-sale (Not	Grown by You):					
□ N/A, I do not p	olan on purc	hasing produce for re-	sale at my mark	et stall this FI	MNP season.		
Product (e.g. Blueberries)	ct Production Field(s) Location ueberries) (e.g. Albany, NY)						
		vledge that I have read IC-05)" provided by the			YS FMNP "Rules and		
		at all information is tru					
Signature (requi	red):				Date:		

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Grown By You (Fa	armer) (con	<u>'t):</u>				
Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability	
_						
*Or row-feet or square	e-feet or num	ber of plants for smaller o	pperations and greenhous	es. Specify	which unit you are using.	
Purchased for Re-	sale (Not C	Grown by You) (con't	<u>):</u>			
□ N/A, I do not pla	an on purch	nasing produce for re	-sale at my market sta	all this FM	MNP season.	
Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)		Producer/Supplier (e.g. Joe's Blueberry Far		Market Availability (e.g. June-November)	

Reminders:

- 1. If your farm participates in the NYS FMNP exclusively as a vendor at a traditional multi-vendor farmers' market, you must submit this form to every market manager at markets where you accept FMNP coupons every year, annually. Markets participating in the NYS FMNP must retain a copy of all crop plans in the market records for every farmer at their market participating in the NYS FMNP. Note: Farmers must also submit a Farmer Participation Agreement (FMC-6).
- 2. If your farm operates a farm stand, and you want to enroll your farm stand in the NYS FMNP as an authorized market, you must submit a Market Participation Agreement (FMC-8) for your farm stand along with a copy of this Crop Plan (FMC-12) Note: Farmers enrolling their farm stand into the program must also submit a Farmer Participation Agreement (FMC-6).

Submit to:

Email: farmersmarkets@agriculture.ny.gov Mail: NYS Dept. of Agriculture and Markets Attn: FMNP

Fax: (518) 457-8398 10B Airline Drive, Albany, NY 12235

Questions? Albany: (518) 457-7076 x1 Toll Free: (800) 554-4501