

CROP PLAN (FMC-12)

CLEAR ALL

Instructions: Provide a list of all fruit and vegetable crops to be grown by you ('Farmer') on your farm this season and 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.

Farm/Business Name: _____

Owner's Name (Farmer): _____ FMNP ID: _____

Farm's Total Tillable Acres: _____ Farm's Anticipated Cultivated Acres in Fruits and Vegetables: _____

Check this box if you grow in a community garden plot that is sponsored by a third party.

Field Locations: List the mailing address or a physical description of every location where your fruit and vegetable production fields are located. If your farm is growing fruits and vegetables at more than one location, list each location separately, along with the number of acres/row-feet in production at each location.

Location #1: _____ Acres: _____

Location #2: _____ Acres: _____

Location #3: _____ Acres: _____

Grown by You (Farmer):

Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Or row-feet or square-feet or number of plants for smaller operations and greenhouses. Specify which unit you are using.

Purchased for Re-sale (Not Grown by You):

N/A, I do not plan on purchasing produce for re-sale at my market stall this FMNP season.

Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)	Producer/Supplier (e.g. Joe's Blueberry Farm)	Market Availability (e.g. June-November)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Farmer Signature. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Farmers (FMC-05)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information is true and correct to the best of my knowledge.

Signature (required): _____ **Date:** _____