Date: \_



## **CROP PLAN (FMC-12)**

**Instructions:** Provide a list of all fruit and vegetable crops to be grown by your farm this season and the location where each item is grown. If you plan on purchasing items for resale, list those items too.

Farm Name: Farm's					Total Tillable Acres:				
Farmer Name(s)	FMNP Farmer Stamp ID:								
Production Field(s) Location: (If your farm is growing fruits and vegetables at more than one location list each location and an estimated number of tillable acres or row-feet at each location.)									
List of Crops: (If	you require	additional room, plea	se use the back	of this for	m or p	photocopy.)			
Farm Grown:									
Product (e.g. Corn)	Acres* (e.g. 2)	,	Product	Acr	es*	Market Availability			
* Or row-feet (specif	 fy)								
Purchased:	N/A, I do no	ot plan on purchasing	fruit and/or vege	tables for	re-sa	le at my market stall.			
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)				
Farms (FMC-5)" pro	vided by the N	vledge that I have read and NYS Department of Agricu he best of my knowledge.							

Signature (required):

## **List of Crops (Continued):**

Farm	i Gr	own:
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Product (e.g. Corn)	Acres* (e.g. 2)	Market Availability (e.g. Jun-Nov)	Product	Acres*	Market Availability
Purchased:					
Product (e.g. Blueberries)	Production Field(s) Location (e.g. Albany, NY)		Producer/Supplier (e.g. Joe's Blueberry Fa	Ma rm) (e.ç	rket Availability g. June-November)

## Submit to:

• If your farm operates an FMNP authorized farm stand:

NYS Dept. of Agriculture and Markets Attn: FMNP 55 Hanson Place Room 388 Brooklyn NY 11217

Fax: (718) 722-2836

Email: farmersmarkets@agriculture.ny.gov

• If your farm participates in the FMNP as a vendor at a farmers market:

Every market manager where you accept FMNP checks.

Questions? Brooklyn: (718) 722-2830 Albany: (518) 457-7076 Toll Free: (800) 554-4501

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