

MISSISSIPPI FARMERS MARKET NUTRITION PROGRAM

P.O. BOX 1609 JACKSON, MISSISSIPPI 39215-1609 Phone (601) 359-1100 • Fax (601) 354-6290

2023 FARMER APPLICATION AND AGREEMENT

~COMPLETE THE FRONT AND BACK OF FORM~

Name(s):	FMNP #:						
	(Doing business as) Acres in Production:						
	(Doing business as)						
Mailing Address:	This is the address to receive all FMNP information, please list accurately.)						
	(This is the address to receive all FMNP Information, please list accurately.)						
City:	State: Zip:						
Telephone:	e-mail:						
Farm Location: (List address or county if different	han above and travel directions from nearest highway or county road)						
List other <u>growers</u> with whom you shan <u>people</u> that may be selling production.	•						
Farmers Market(s):	(List all markets farmer will be selling)						
	BY SIGNING BELOW:						
I certify that I am a direct producer currently of I certify the information I provided on this form	rowing or will grow the items listed on this form in 2023 . is accurate,						
I have received training and/or have reviewed	the rules of the Mississippi Farmers Market Nutrition Program (FMNP),						
I agree to abide by the rules/regulations gove including the nondiscrimination provisions un	rning the Mississippi Farmers Market Nutrition Program (FMNP) der federal law.						
I understand that any violation of the FMN	P rules may result in suspension or disqualification.						
Signature	Date (trained, if new)						
Market Manager, MDAC or Training C	Official Date received						

FMNP MARKET LIST

Fruit/Honey/Herbs

Season

(Place a C next to the items in co-op with another Mississippi grower)

Season

Vegetable

		J					
TO BE COMPLETED BY THE MISSISSIPPI DEPT OF AGRICULTURE AND COMMERCE STAFF							
This certifies the farmer completing this form is approved for participation in the Mississippi Farmers Market Nutrition Program, the Senior Farmers Market Nutrition Program and/or Pilot Project target sites.							
FMNP Number:							
Market(s):							
FMNP/MDAC:			Date:				

This institution is an equal opportunity provider.