**\*\* IF YOU ARE A NEW MANAGER, PLEASE CONTACT HEATHER TODARO TO ARRANGE A TRAINING SESSION \*\***

2022 MARKET INFORMATION FOR FARMERS MARKET NUTRITION PROGRAM

**Please complete all areas and e-mail to Heather Todaro:** **heather.todaro@dhhs.nc.gov** **and Monica Wood:** **monica.wood@ncagr.gov** **.Mail to: Heather Todaro, Division of Child and Family Well-Being, Community Nutrition Services Section, 1914 Mail Service Center, Raleigh, NC 27699-1914**

COUNTY:       MARKET NAME:

MARKET MANAGER:

MARKET LOCATION/PHYSICAL ADDRESS:

CITY/STATE/ZIP CODE:

TELEPHONE (INCLUDING AREA CODE):       FAX#:

MARKET E-MAIL:       WEBSITE:

HOURS & DAYS OPEN:

OPENING & CLOSING DATES:

**\*If your hours change anytime during the year*,* please contact Heather Todaro immediately.**

* AVERAGE # OF FARMERS THAT SELL FRUITS & VEGETABLES AT YOUR MARKET:
* ESTIMATED DATE THAT ADEQUATE AMOUNT OF ELIGIBLE PRODUCE WILL BE AVAILABLE FOR REDEMPTION OF FMNP COUPONS:

NC Cooperative Extension Information

EXTENSION AGENT:       E-MAIL:

ADDRESS:       CITY/STATE/ZIP:

TELEPHONE (INCLUDING AREA CODE):       FAX #:

List below where all information should be mailed concerning the Farmers Market Nutrition Program. Include contact person to receive information.

NAME:

ADDRESS:       CITY/STATE/ZIP

TELEPHONE (INCLUDING AREA CODE):       FAX #:

E-MAIL:

* DOES YOUR MANAGER NEED TO ATTEND A MANAGER TRAINING? YES[ ]  NO[ ]
* DOES YOUR MARKET ACCEPT SNAP/EBT BY USING TOKENS, ETC.? YES[ ]  NO[ ]
* DOES YOUR MARKET HAVE INTERNET OR WI-FI ACCESS? YES[ ]  NO[ ]
* # OF YOUR FARMERS THAT ARE CERTIFIED TO ACCEPT SNAP/EBT INDIVIDUALLY:

NAME OF PERSON SUBMITTING:       TITLE:

**\*\*Please include a copy of your current Farmers Market Rules along with a map, brochure, etc. that includes more details about your market.**