



# MISSISSIPPI FARMERS MARKET NUTRITION PROGRAM

P.O. BOX 1609  
JACKSON, MISSISSIPPI 39215-1609

## 2024 FARMER APPLICATION AND AGREEMENT

~COMPLETE THE FRONT AND BACK OF FORM~

Name(s): \_\_\_\_\_ FMNP #: \_\_\_\_\_

Farm/Business Name: \_\_\_\_\_ Acres in Production: \_\_\_\_\_  
(Doing business as)

Mailing Address: \_\_\_\_\_  
(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 than above and travel directions from nearest highway or county road)  
\_\_\_\_\_  
\_\_\_\_\_

List other growers with whom you share vendor space or coop produce or other family members or people that may be selling produce at the market on your behalf:

\_\_\_\_\_  
\_\_\_\_\_

Farmers Market(s): \_\_\_\_\_  
(List all markets farmer will be selling)

\_\_\_\_\_

### BY SIGNING BELOW:

I certify that I am a direct producer currently growing or will grow the items listed on this form in **2024**.

I certify the information I provided on this form 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 governing the Mississippi Farmers Market Nutrition Program (FMNP) including the nondiscrimination provisions under federal law.

**I understand that any violation of the FMNP rules may result in suspension or disqualification.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (trained, if new)

\_\_\_\_\_  
Market Manager, MDAC or Training Official

\_\_\_\_\_  
Date received

(New farmers must have manager signature)

## FMNP MARKET LIST

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

Vegetable	Season

Fruit/Honey/Herbs	Season

<b>TO BE COMPLETED BY THE MISSISSIPPI DEPT OF AGRICULTURE AND COMMERCE STAFF</b>	
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.*