



New York State
Department of Agriculture & Markets

FARMERS' MARKET MANAGER APPLICATION FORM

Applicant Information:

Organization Name: _____

Address: _____

Office Phone: _____ Fax: _____

Email: _____

Website: _____

Social Media: _____

Applicant Type:

not-for-profit organization (provide number, proof of application or exemption)

NYS Charities Bureau Registration Number: _____

Principal Contact:

Name, Title: _____

Address: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

Do you or your organization possess a wireless EBT terminal? Yes No

If yes, New York State Wireless EBT Terminal # _____.

If no, submit proof of application with this Application Form.

Management Experience:

Describe all relevant experience in managing farmers' markets and/or similar community organizations, events, festivals, etc. Provide the names, locations of all markets, similar events, festivals, etc. managed.

Operation & Management Plan:

Describe an operation and management plan for the market. Provide the names, titles and job responsibilities of key individuals. Explain how the market requirements outlined in the procurement announcement and the goals of the New York State Fresh Connect Program will be met.

Market Advertising & Promotion:

Describe how you will advertise and promote the market. Explain how you will attract customers to the market. Include an advertising and promotion schedule that includes traditional advertising efforts, as well as any special events, entertainment or educational programs you would propose to attract new customers to the market.

Community Outreach & Involvement:

Explain how you will involve the local community through promotion, activities and/or partnerships. In addition, as the flagship market of the New York State Fresh Connect Program, one of the main goals of the market is to increase access to farm fresh products by low-income and underserved communities. Please describe low-income and/or underserved populations that could especially benefit from this market and how you will reach out and make the market accessible to them.

FARMERS' MARKET MANAGER PROPOSED BUDGET

Applicant: _____

Please complete the following budget you propose for the 125th Street Fresh Connect Farmers' Market. For the purpose of this budget, please assume the market will operate 1 day a week for 30 weeks and there will be a minimum of 12 vendors.

INCOME		Budget Comments
NYS Grant (up to \$15,000)	\$	
Vendor Fees	\$	
Additional Sponsorships	\$	
Other Income	\$	
Income Total	\$	
EXPENSES	\$	
Market Manager Salary	\$	
EBT Coordinator Salary	\$	
Advertising & Promotion	\$	
Entertainment/Education	\$	
Supplies & Equipment	\$	
Insurance & Permits	\$	
Contracted Services	\$	
Other Expenses	\$	
Total Expenses	\$	

Attach Market Budget Details

Attach a separate page to provide a reasonably detailed breakdown of each income and expenditure category above. Include detail regarding how budget amounts are derived. List salary and wage rates and estimated work days for market personnel. For any contracted service, provide the name(s) of known contractors. Provide a reasonably detailed breakdown of other expenses. The Department may request additional information as deemed necessary.

FARMERS' MARKET MANAGER CHECKLIST

Please complete and sign this checklist and submit it with your application form and any attachments.

- All sections are filled out to the best of your knowledge on the Application Form
- Registration number or proof of application for not-for-profit organization status
- Proof of wireless EBT terminal – either included number of proof of application
- Project Budget Details are complete
- Signed and dated this Checklist
- Additional pages are attached for further explanation of any answers in the Application Form
- Proposal submitted in time to be received by 4:30 p.m. on Friday, March 23, 2012
- Envelope is clearly marked with Farmers' Market Manager Procurement
- Envelope is addressed to: Emma Graham, Contracts & Purchasing
NYS Department of Agriculture and Markets
10B Airline Drive, Albany, New York 12235

I hereby certify that the information provided is accurate and correct to the best of my knowledge, and that I have the authority to apply for funding associated with this application.

Signature: _____ Date: _____