PART A – APPLICANT INFORMATION

Applicant: Name:	
Address:	
Name:	ntact for the Applicant:
Phone:	Alternate Phone:
Fax:	E-mail:
	Local, State or Indian tribal government entity Not-for-profit organization, NYS Charities Bureau Registration Number Public Benefit Corporation Public Authority rket Location ct one farmers' market location per application. A separate application MUST be submitted
for each loca	Central Harlem, NYC St. Albans, Queens Niagara Falls, Niagara County Flushing, Queens Bedford-Stuyvesant, Brooklyn Mount Vernon, Westchester County Cypress Hills, Brooklyn Parkchester, Bronx North Tonawanda, Niagara County Sharon Springs, Schoharie County Boonville, Oneida County Newburgh, Orange County Westbury, Nassau County Mobile Markets, Buffalo, Erie County Mobile Market, Syracuse, Onondaga County Mobile Market, Madison County

PART B - PROJECT DETAILS

Farmers' Market Management Experience

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

Advertising and Promotion

Describe how you will advertise and promote the market.

Operation and Management

Describe an operations and management plan for the market.

Nutrition Education

Describe a nutritional education plan for the market.

PART C - BUDGET INFORMATION

Complete the table below. Provide sufficient detail in bullet or paragraph format in the narrative column that explains how the work will be accomplished. All requested budget items/activities should correlate to the purpose/goals of the project and demonstrate that they are reasonable and adequate for the proposed work.

	Proposed Amount	Narrative Explanation
Budget Categories		
Salaries Benefits		
Advertising and Promotion	NYS funds - \$1,500 allowance	
Nutritional Education		
Insurance, permits, etc.		
Other Costs		
TOTAL		