

Farmers' Market Nutrition Program (FMNP)
Plan of Operation

Complete all fields. You may attach additional sheets if necessary; identify your organization on each attachment.	For TDA Staff Use Only	
	CE ID	Texas Identification Number
	Effective Date	Fiscal Year

Section 1 – Organization

Name of Contracting Entity (CE)		Area Code and Telephone Number - -
Address (Street or P. O. Box, City, State, ZIP Code)		Fax Area Code and Number - -
Mailing Address (if different)		E-mail Address
Name of FMNP Contact Person	Title	Area Code and Telephone Number - -
E-mail Address of Contact Person		

Section 2 – Nonprofit Status

Type of Organization <input type="checkbox"/> Government Institution (tax supported) <input type="checkbox"/> Private, Nonprofit Organization (non-tax supported) If your organization is a nonprofit organization, you must be exempt from income tax under the United States Internal Revenue Code of 1986, as amended.

Section 3 – Budget

Estimate all FMNP costs for which you will claim reimbursement during the program year.

Reimbursable Costs	Program Year Costs
Staff (management, monitor, clerical)	
Facilities	
Equipment	
Program Outreach	
Nutrition Education	
Transportation – Rate per Mile	
Other (specify):	
Other (specify):	
Total	

Section 7 – Certification and Assurance

I certify that the information provided in this application is true and correct to the best of my knowledge. I further certify that all sites have been visited and have been found capable, and have adequate facilities, for program activities, as appropriate. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes. For the faithful performances of the terms and conditions of this Plan of Operation and the program agreement, as an Authorized Representative, I affix my signature.

Name of Authorized Representative (type or print)	_____ Signature—Authorized Representative	_____ Date
Title of Authorized Representative		

This document becomes public record and is subject to disclosure. With a few exceptions, you have the right to request and be informed about the information that the Texas Department of Agriculture obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask TDA to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request corrections, please contact the TDA Food Distribution Program.

For TDA Use Only

<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied		
If denied, provide justification:		
Name of TDA Representative (type or print)	_____ Signature—TDA Representative	_____ Date
Title of TDA Representative		