

Farmers' Market Nutrition Program and Senior Farmers' Market Nutrition Program

Site Information

Before operating at a specific site for certification and/or voucher distribution, your organization must conduct a visit of the site to verify that it will operate in full compliance with the requirements mandated in the Agreement Between the Texas Department of Agriculture and Contracting Entity (CE).

You must provide complete information for each site. Attach additional sheets if necessary.

Check applicable program:		
<input type="checkbox"/> Senior Farmers' Market Nutrition Program <input type="checkbox"/> Farmers' Market Nutrition Program		
Name of Contracting Entity (CE)		Area Code and Telephone Number - -
Address (Street or P.O. Box, City, State, ZIP Code)		
Name of Contact Person	Contact Person Telephone - -	Contact Person E-mail

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Name of Site		
Address (Street or P.O. Box, City, State, ZIP Code)		Area Code and Telephone Number - -
Name of Site Coordinator	Name of Site Eligibility Specialist (if applicable)	Date that Eligibility Specialist Completed Training

Certification

<p>I certify that the information on this form is true and correct to the best of my knowledge. I further certify that all sites have been visited or will be visited prior to the start of operations and each site must be found capable, and have adequate facilities, as appropriate, prior to the start of operations. I know that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.</p>		
Name of Authorized Representative (type or print)	<p>_____ Signature—Authorized Representative _____ Date</p>	
Title of Authorized Representative		

For TDA Use Only

CE ID	Texas Identification Number	Effective Date	Fiscal Year
<input type="checkbox"/> Approved <input type="checkbox"/> Denied If denied, provide justification:			
Name of TDA Representative (type or print)		<p>_____ Signature—TDA Representative _____ Date</p>	
Title of TDA Representative			