

**INSTRUCTIONS FOR  
FOOD & NUTRITION  
FARMERS' MARKET NUTRITION PROGRAM  
H1406 PLAN OF OPERATION**

To participate in the Farmers' Market Nutrition Program (FMNP), organizations must complete the Plan of Operation.

---

**SECTION 1 – ORGANIZATION**

**Name of Contracting Entity (CE)** – Enter the name of the contracting entity applying to participate in the program.

**Area Code and Telephone Number** - Enter the area code and telephone number of the organization

**Address – (Street or P.O. Box, City, State, ZIP Code)** – Enter the street address. This is the physical location of the primary business office where essential program functions are conducted and essential program records are maintained.

**Fax Area Code and Number** – Enter the fax number of the organization, including the area code

**Mailing Address** – Enter if different from the street address.

**E-mail Address** – Enter the e-mail address of organization.

**Name of FMNP Contact Person** – Enter the full name of the person who is the contact for your organization.

**Title** – Enter the contact person's title.

**Area Code and Telephone Number** – Enter the area code and telephone number of the contact person this program.

**E-mail Address of Contact Person** – Enter the e-mail address of the contact person for this program.

---

**SECTION 2 – NONPROFIT STATUS**

**Type of Organization** – Mark the box indicating type of organization. Choose only one.

---

**SECTION 3 - BUDGET**

To be approved for the FMNP, you are required to submit program year budgets for estimated allowable administrative costs. Refer to Item 2220.1, Budget, in the *Farmers' Market Nutrition Program Handbook* for guidance when completing this portion of the application. Attach additional pages if necessary.

---

**SECTION 4 – MANAGEMENT PLAN**

List all administrative personnel who will be responsible for managing and monitoring the program, to include site supervisors who will be responsible for certification and distribution of vouchers. You must include the number of people in each function and their titles.

---

**SECTION 5 – TRAINING**

Provide a list of your proposed training topics and the proposed dates when training will be conducted. Refer to Section 4411, Staff Training, in the *Farmers' Market Nutrition Program Handbook* for additional topics.

---

## **SECTION 6 – FARMERS’ MARKET LOCATION AND SITE INFORMATION**

- (a) Enter the county, zip codes or other identifiable geographic area your program will serve.
  - (b) Complete Form H1420, S/FMNP Farmers’ Market Locations and Site Information, to provide information about each farmers’ market location and site where voucher distribution and/or certification will take place.
- 

### **SUBMISSION**

Submit completed plan of operation to TDA through the contract packet module in TX-UNPS.