Farmers' Market Nutrition Program (FMNP) Plan of Operation

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

Government Institution (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		
ProgramOutreach		
Nutrition Education		
Transportation – Rate per Mile		
Other (specify):		
Other (specify):		
	Total	

Section 4 – Management Plan

List all administrative personnel who will be responsible for managing and monitoring your FMNP operation. (Do not include site supervisors.)

Title of Position	Number of Individuals in Position	Specific FMNP Duties

Section 5 – Training

CEs must train each staff member before they assume any FMNP duty at one or more sites. Further, CEs must train each staff member during each program year thereafter. At a minimum, training must include the required Civil Rights curriculum. CEs must also provide civil rights training to farmers' market associations and farmers according to TDA guidelines. Provide a list of planned training topics and the proposed dates when you will conduct the training. You must document your efforts to train staff and retain this documentation with your records.

Planned Topics	Proposed Date
Civil Rights (Mandatory)	
Voucher Reconciliation	

Section 6 – Site Information

CEs must serve a county or other identifiable service area, where vouchers are distributed to qualified WIC clients. (a) Describe the geographic area that your organization will serve.

(b) Complete Form H1420, *S/FMNP Farmers' Market Locations and Site Information*, which includes each site where vouchers will be distributed. You may attach additional sheets if necessary. Before operating the FMNP at one of these sites, your organization must conduct a visit of the site to verify that it will operate in full compliance with the requirements mandated in the FMNP Agreement.

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.