

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 <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	

