



FARMERS MARKET NUTRITION PROGRAM TRAINING ACKNOWLEDGEMENT FORM

Farmer Name _____

Name of Farm _____

Date of Training _____

The farmer shall print their name in the paragraph that follows and read accordingly:

I, _____, hereby acknowledge, through my signature below, that I have been trained for the Farmers Market Nutrition Program. I acknowledge I am familiar with the current Farmer Handbook, considered part of the current Farmers Market Nutrition Program Agreement. I understand that I must register for the CDP Vendor Portal to be able to accept FMNP vouchers for redemptions by scanning QR code on front of voucher. I am familiar with various kinds of fraud, and sanctions for non-compliance with the farmer agreement. I further acknowledge that by signing this form, I am obligated to ensure that all of my employees are trained on Farmers Market Nutrition Program rules and regulations.

Vouchers for the 2024 farmers market season must be deposited by August 31, 2024.

(Signature) _____ Date _____

Dept. of Health Farmer Market Representative:

(Signature) _____ Date _____