



Senior Farmers' Markets Nutrition Program Application

Kentucky Department of Agriculture

Division of Food Distribution

PH: 502-573-0282

FAX: 502-573-0304

Name _____ Title _____

County _____

Farmers' Market _____

Farmers' Market Address _____

Farmers' Market Information

Market Coordinator _____ Phone Number (____) _____

Number of years in operation _____

Months the farmers' market is open (i.e. July-Sept.) _____

Market days and times (i.e. Monday 8-12am) _____

Number of farmers in the farmers' market _____

I want our county Farmers' Market to be on the Senior Farmers' Market Nutrition Program because... _____

*Note. If the market is selected for the Farmers' Market Nutrition Program, the coordinator must have access to a phone so that the department and coordinator will be available for communication. Also the farmers' will be responsible for completing one day training.

Return completed form no later than September 30th for following fiscal year for consideration. **Please feel free to include any additional information or comments on this application.**

Mail to: Kentucky Department of Agriculture
ATTN: Tina Garland
107 Corporate Drive
Frankfort, KY 40601

Signature _____ Date _____