



**Senior Farmers' Markets Nutrition Program Application**

Kentucky Department of Agriculture

Division of Food Distribution

PH: 502-573-0432

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 30<sup>th</sup> 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: Jessica Anderson-Hinkle  
107 Corporate Drive  
Frankfort, KY 40601

Signature \_\_\_\_\_ Date \_\_\_\_\_