

TOWN COPY

FRESH CONNECT PROGRAM CHECKLIST

Please complete and sign this checklist and submit it with your application form and any attachments.

Application:

- All questions are answered on the Application Form
- Original and four (4) copies of the Application Form and corresponding attachments are included
- Proposal submitted in time to be received by 4:30 p.m., EDT, Wednesday, April 2, 2014*
- Envelope clearly marked: RFP-Fresh Connect Program-Traditional Farmers' Market
- Envelope is addressed to: Lucy Roberson, Director of Fiscal Management
NYS Department of Agriculture and Markets
10B Airline Drive, Albany, New York 12235

Eligibility:

- Applicant and project is eligible, as described in the RFP*
- Prequalified (NFP) or Preregistered (governmental) in NYS Grants Gateway

Budget:

- Budget information included and complete
- Proposal does not request more than \$10,000 in funding
- Matching funds equal or exceed 25% of the total project costs*

Documentation:

- Match Commitment Letters
- Project Budget Detail provided
- List of farmers and community partners
- Farmers' Market Ownership & Control documents
- Certified SNAP Vendor documents
- Proof of Workers Compensation & Disability Insurance
- If not-for-profit organization, NYS Charities Bureau registration number provided or proof of application is attached
- Food donation program letter of participation, if applicable
- Additional pages are attached for further explanation of any answers in the Application Form

*Required element of proposal. Applications not meeting these requirements will be returned and not considered for funding.

Name (printed): Shaun Gilliland

Signature: [Handwritten Signature]

Date: 2/21/14



New York State
Department of Agriculture & Markets
FRESH CONNECT PROGRAM

Farmers' Market Projects

APPLICATION FORM

PART A - APPLICANT INFORMATION

Applicant Name: Town of Willsboro
Address: 5 Farrell Road, PO Box 370, Willsboro, NY 12996
Website: www.townofwillsboro.com
Social Media: Farmer's Market - Willsboro Farmers Market
Grants Gateway GDV Number: 1

Applicant Type:

- local government entity
- regional market authority
- public benefit corporation
- not-for-profit corporation; NYS Charities Bureau Registration Number: _____

Project Eligibility Type:

- creating new and/or strengthening existing farmers' market location(s) serving low-income and/or underserved communities
- creating a new or strengthening existing nutrition incentive programs to attract new customers from low-income and/or underserved communities at a new or existing farmers' market
- creating new or strengthening existing partnerships or programs to better connect low-income and/or underserved communities with local farm and food products at a new or existing farmers' market

Farmers' Market Ownership & Control:

- Yes, operating a farmers' market is a component of this proposal
 - Copies of all necessary permits, proof of permit application, or a signed letter of consent addressed to the applicant and signed by the property owner is included in this proposal
- No, operating a farmers' market is not a component of this proposal, but operating an eligible project in connection with a farmers' market is a component of this proposal

A formal written and executed (signed) agreement between the applicant and associated farmers' market operator is included in this proposal

Permanent Improvements to Property:

Yes, permanent improvements to property, owned by the applicant, are a component of this proposal

Yes, permanent improvements to property, not owned by the applicant, are a component of this proposal

A formal written and executed (signed) agreement between the property owner and applicant to retain the farmers' market and permanent improvements on said property is included in this proposal

No, permanent improvements to property are not a component of this proposal

SNAP Vendor Certification:

Yes, SNAP vendor certification has been/will be obtained by the applicant or affiliated market and the applicant or affiliated market agrees to accept SNAP benefits as part of the proposed project

Proof of SNAP vendor certification is included in this proposal, or

Proof of SNAP vendor application, or intent to become certified, is included in this proposal

No, SNAP vendor certification has not been obtained by the applicant or affiliated market

Food Donation Program:

Yes, a food donation program is a component of this proposal

A letter of participation addressed to the applicant and signed by the food donation center, food pantry, soup kitchen, etc. is included in this proposal

No, a food donation program is not a component of this proposal

Principal Contact:

Name, Title: Ashley R Blanchard, Planner - or - Shawn Gilliland, Supervisor

Address: 5 Farrell Rd, PO Box 370, Willsboro, NY 12996

Office Phone: (518) 963-8668 Cell Phone: _____ Fax: (518) 963-7488

Email: (AB) dptytownclerk@willex.com (SG) willsborosupervisor@willex.com

PART B - FARMERS' MARKET OPERATION INFORMATION

Complete the following information. If project involves the operation of multiple locations, please provide all of the below information for each location.

Market Name: Willisboro Farmer's Market

Market Sponsor: Adirondack Farmer's Market Cooperative

Physical Address or Location of the Market: 3866 NYS Route 22

Market County: Essex City: Willisboro Zip: 12996

This is a New or Existing farmers' market. If existing, year established: _____

Website: www.adirondackfarmersmarket.com/Willisboro.html

Social Media: Willisboro Farmer's Market

Market Contact Person: Linda Therrien

Contact Mailing Address: 3985 NYS Route 22, Willisboro, NY 12996

Contact Office Phone: (518) 913-4383 Contact Cell Phone: _____

Contact Fax: (518) 913-7488 Contact Email: franklynfarm@gmail.com

Market Manager: Same as above

Manager Mailing Address: _____

Manager Office Phone: _____ Manager Cell Phone: _____

Manager Fax: _____ Manager Email: _____

Market Opening Day: June Market Closing Day: Sept Year Round

HOURS OF OPERATION	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
(e.g. 4pm-6pm)					9am-1pm		

* See enclosed

Farmers' Market Type: (please check all that apply)

Retail Wholesale Retail

Vendor Fees: \$120⁰⁰ Total Annual Budget: 25% of Vendor Fees Received

Number of Farmer Vendors: 5 Number of Non-Farmer Vendors: 5

Does the applicant own the property where the farmers' market is held? Yes No

Is the applicant the operator of the subject farmers' market? Yes No

PART C - BUDGET INFORMATION

The State will provide up to 75% of the total cost of a project, not to exceed \$10,000. Applicants must provide at least 25% of the cost of the project. In-kind contributions and/or cash by or on behalf of the application may satisfy the match requirement.

Grant Funds Requested: \$ 10,000 (e.g. \$10,000) (not to exceed \$10,000)

Applicant Match: \$ 12,668.64 (e.g. \$3,333) (must be 25% of total project cost)

Total Cost of Project: \$ 22,668.64 (e.g. \$13,333)

Source of Match	Sector (Circle One)	Amount
Town	Public / Private	\$ 5,168.64
Park and Ext Fundraiser	Public / Private	\$ 5,000.00
Give A Day (Get A Game) Fundraiser	Public / Private	\$ 2,500.00
	Public / Private	\$
TOTAL APPLICANT MATCH		\$

Matching Funds Source Documentation

Match Commitment Letters must be attached documenting the sources and the dollar value of matching funds.

Using the form on the following page, provide a summary of the project budget, as well as an additional page to describe the project's budget details.

FRESH CONNECT PROGRAM PROPOSED BUDGET

Applicant: Town of Willsboro

Project Title: Willsboro Farmers Market Pavilion

Market Name: Willsboro Farmers Market

All of the Fresh Connect funds being proposed must be used for costs that are directly related to the completion of the proposed project.

Anticipated Expenses	Fresh Connect Funds	Other Funds		Total Project Costs
		Cash	In-Kind	
Salaries & Wages			2500.00	
Advertising & Promotion			100.00	
Outreach & Education				
Insurance & Permits				
Supplies & Equipment	10,000.00		10,068.64	
Contractor Services				
Permanent Improvements				
Transportation				
Other Expenses				
TOTALS	10,000.00		12,668.64	22,668.64

NOTE: The total Fresh Connect funds requested must not exceed the lesser of 75% of the total project cost or \$10,000.

Attach Project Budget Details

Attach a separate page to provide a reasonably detailed breakdown of each expenditure category above. Include detail regarding how budget amounts for contractual services (if any) were derived. List the names of known contractors. List salary and wage rates (cash and in-kind) and estimated work days for project personnel. Provide a reasonably detailed breakdown of other project expenses. If the project has multiple components that can be undertaken independently, provide an expense breakdown for each component of the project. The Department may request additional information as deemed necessary to more fully determine the reasonableness of project costs.

PART D - PROJECT DETAILS

Please answer the following questions to the best of your ability. Please be as complete as possible and attach any supporting documents or additional pages as necessary.

1. Describe the project overall. What is the main objective? Why is it important or needed in the targeted community? How will the project help New York farmers?

See attached.

2. Describe to the best of your ability the demographics of the community: the population, income levels, any special needs, barriers, challenges, etc.

See attached

3. Describe the demonstrated, quantifiable benefits and impact of the project including, but not limited to:

- a. Number of New York farmers participating, per market location
- b. Projected SNAP sales goal (\$ SNAP dollars), per market day, broken out by market location
- c. Projected reach of target population (# people), per market day, broken out by location
- d. Increase in access to local farm and food products (number of hours) (e.g. 2 market locations, 4 hours each market day, for 10 weeks is $2 \times 4 \times 10 = 80$ hours access)
- e. SNAP sales from calendar year 2013. Disregard if new market.

See attached.

4. Describe the demonstrated experience and qualifications of key persons involved, including but not limited to a demonstrated track record in operating a SNAP EBT program at the market or another market or venue operated by the market sponsor.

See attached 6

5. Describe the defined plan of work for the operation of the project for the term of the grant. Describe the plan of work addressing the feasibility and sustainability of the proposed project to become self-sustaining in a 3 year timeframe. How will this project be evaluated for success? What are the short-term and long-term goals? Specify any benchmarks.

See attached.

6. Describe the committed level of support for the project from community partners and farmers.

See attached.

7. Provide list of community partners supporting this project. Please include their name, title, affiliation, office phone and email.

NAME, TITLE & AFFILIATION	PHONE	EMAIL
Mountain Lake Services	See	attached
Mike McCauliffe	See	attached
Scott Sayward	See	attached.

8. Provide the names and contact information of farmers that support this project and are committed to participate. Attach additional pages if necessary.

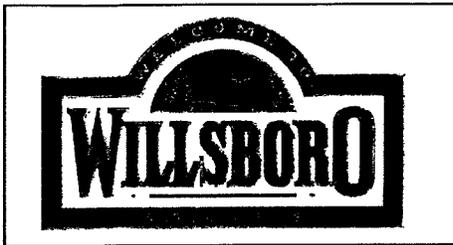
FARMER NAME, FARM NAME	COUNTY	EMAIL/PHONE
Reber Rock Farm	See	attached
Groyno Farms	See	attached
Bucksberry Farm	See	attached
Harrington Farms	See	attached

PART E - BONUS POINTS

A total of five (5) extra points may be available to applicants that can positively answer the following and provide appropriate detail.

1. Will the project and/or market involve a food donation program? If yes, explain how the food donation program will be administered at the market, who will receive the donated product, and any goals for the food donation program. A letter of participation or agreement from the food donation center (food bank, food pantry, soup kitchen, etc.) is also required.

See attached.



TOWN OF WILLSBORO
PLANNING DEPARTMENT

FRESH CONNECT GRANT APPLICATION – 2014

PART A – APPLICANT INFORMATION

Applicant Type: Local Government Entity

Project Eligibility Type:

Strengthening existing farmer's market location serving low-income and/or underserved communities

Farmer's Market Ownership and Control:

Yes, operating a farmer's market is a component of this proposal

- Copy of a signed letter of support enclosed
- Individual vendor permits are required by the market, general market permit is not.
- A formal agreement/contract is enclosed.

Permanent Improvements to Property:

Yes, permanent improvements to property, owned by the applicant, are a component of this property.

SNAP Vendor Certification:

Yes, SNAP vendor certification will be obtained by the affiliated market and the affiliated market agrees to accept SNAP benefits as part of the proposed project

- Proof of SNAP vendor application is included in this proposal.

Food Donation Program:

Yes, a food donation program is a component of this proposal

- A letter of participation addressed to the applicant and signed by the food donation center, food pantry, soup kitchen, etc. is included in this proposal.

PART D – PROJECT DETAILS

1. Describe the project overall. What is the main objective? Why is it important or needed in the targeted community? How will the project help New York farmers?

Presently the vendors of the Willsboro Farmer's Market are required to bring their own tents, set them up, and take them down. The Town would like to construct a pavilion for the market to not only provide a consistent means of shelter for the vendors in order to ease transport complications, but to also promote the use of the market by residents during various weather conditions. A pavilion for the site is vital as it will be an attractive feature for local and neighboring community vendors which will in turn provide a productive and varied offering of goods and wares to residents. It will be an excellent marketing, networking, and out-reach location for our area farmers and artisans. The market will also provide a healthy option for needy families that do not necessarily have the capability of traveling long distances to access such variety.

2. Describe to the best of your ability the demographics of the community: the population, income levels, any special needs, barriers, challenges, etc.

Willsboro's year-round population consists of approximately 2,000 residents. The average income level for the community is estimated at just under \$48,000. There are a significant number of needy, disabled, and elderly individuals within the population of the community. We contain several group homes for individuals of special needs, as well as two senior community homes, and a number of low-income residents. The Town of Willsboro in conjunction with the Food Shelf and Emergency fund presently holds a food distribution site within its main hall, but it is limited in its availability of fresh produce, meat, dairy products, etc. The offering of SNAP, WIC, and EBT at the market provide a suitable supplement to the Town's food shelf.

3. Describe the demonstrated, quantifiable benefits and impact of the project including, but not limited to:

a. Number of New York Farmers participating, per market location:

Approximately 4 farmers participate in the market with several other goods and wares vendors as well.

b. Project SNAP sales goal (\$SNAP dollars), per market day, broken out by market location
\$3,846.15 per day within Willsboro's Farmer's Market

c. Projected reach of target population (# people), per market day, broken out by location
Target population – 80 people per day at Willsboro Farmer's Market site

d. Increase in access to local farm and food products (number of hours) (e.g. 2 market locations, 4 hours each market day, for 10 weeks is $2 \times 4 \times 10 = 80$ hours access)
Access to local farm and food products is 60 (1 market x 4 hours per day x 1 day per week x 15 market weeks)

e. SNAP sales from calendar year 2013.

The Willsboro Farmer's Market is a new SNAP applicant.

4. Describe the demonstrated experience and qualifications of key persons involved, including but not limited to a demonstrated track record in operating a SNAP EBT program at the market or another market or venue operated by the market sponsor.

Linda Therrien has managed the Willsboro Farmer's Market for several years under the auspices of the Adirondack Farmer's Market Cooperative. She has consistently updated the Town on the market and has made requests to the Town Board to better the conditions of the property for the vendors and consumers. The Town of Willsboro has provided the parcel on which the market is held, for use by the market vendors. Ms. Therrien has taken the necessary steps required to provide the EBT services and has begun the process of applying for the SNAP program.

5. Describe the defined plan of work for the operation of the project for the term of the grant. Describe the plan of work addressing the feasibility and sustainability of the proposed project to become self-sustaining in a 3 year timeframe. How will this project be evaluated for success? What are the short-term and long-term goals? Specify any benchmarks.

The Town of Willsboro and the Willsboro Farmer's Market will begin construction of the pavilion upon receipt of the funds. The material will be purchased, volunteers will be recruited to be supervised by the building and grounds department, and the work will be beginning. Estimated construction time is 1 to 2 weeks. Upon completion the pavilion will be advertised for use to area farmers and artisans via the Willsboro Farmer's Market group. Over the following years the Town will evaluate the overall use of the pavilion. Success will be measured based upon an increase in use by vendors and consumers alike. The short-term goal is to construct the pavilion. The long-term goal is to increase the variety of market vendors, as well as use by area and visiting consumers.

6. Describe the committed level of support for the project from community partners and farmers.

Since the inception of the market farmers and artisans have expressed their frustrations with the lack of a permanent large scale shelter under which they can collectively sell their produce and wares. There is very strong support not only from the Town, but from the vendors of the Willsboro Farmer's Market themselves.

7. Provide list of community partners supporting this project. Please include their name, title, affiliation, office phone and email.

Name, Title, Affiliation	Phone	Email
Mountain Lake Services Basket Weavers Guild	518-546-3376	N/A
Papa Dukes BBQ/Carriage House Garden Center Christ & Mike McCauliffe	518-645-2788	mommcc4@gmail.com
Boquet River Jelly Mill Scott Sayward	N/A	brjellymill@gmail.com

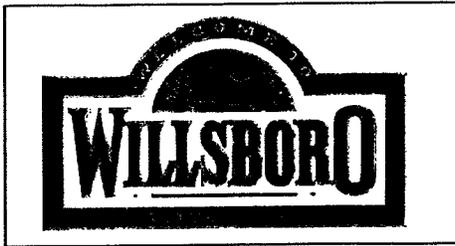
8. Provide the names and contact information of the farmers that support this project and are committed to participate. Attach additional pages if necessary.

Farmer Name, Farm Name	County	Email/Phone
Reber Rock Farm	Essex	info@reberrockfarm.com / 572-7377
Goymo Farms	Clinton	bon304@gmail.com / 493-4644
Bucksberry Farm	Essex	bryan.eugene@hotmail.com / 518-572-237
Harrington Greenhouse	Essex	cwharrington@cptelco.net / 518-597-3643

PART E – BONUS POINTS

1. Will the project and/or market involve a food donation program? If yes, explain how the food donation program will be administered at the market, who will receive the donated product, and any goals for the food donation program. A letter of participation or agreement from the food donation center (food bank, food pantry, soup kitchen, etc.) is also required.

The market manager has agreed to collect a few items at the end of each market day from vendors willing to donate to the food shelf. Items will be collected by the food shelf volunteers and brought to the food pantry site. The goal is to commence a small scale working relationship with Willsboro Farmer's Market and the Willsboro Food Shelf. Please see attached letter.



TOWN OF WILLSBORO
PLANNING DEPARTMENT

PROJECT: FARMER'S MARKET PAVILION AT GATEWAY PARK
APPLICANT: TOWN OF WILLSBORO
FISCAL YEAR: 2014
ITEM: SCOPE OF WORK

The Farmer's Market Pavilion at Gateway Park is a Town vision to create a welcoming market place filled with dynamic activities and variety. It is intended to serve the citizens and visitors of the Town of Willsboro with unique recreational and leisure opportunities.

Construction of an attractive park pavilion building will be shared between the various community groups and the Adirondack Farmers Market.

The Farmer's Market Pavilion at the Gateway Park will be designed to:

- meet community recreation and leisure needs
- be cost efficient
- ensure sustainability through agri-tourism
- improve use of the park
- offer a bookable community spaces

The Farmer's Market Pavilion will include: (See attached plan sketch and items list)

- a public washroom or port-a-potty sheltered space
- one multi-purpose bookable community space
- bookable concession space for farmer's market vendees to be managed by the Willsboro Farmer's Market Manager via the Adirondack Farmer's Market Cooperative.
- dedicated lease space for the Adirondack Farmer's Market Cooperative Vendors participating in the Willsboro Farmer's Market

Additional scope of work related to the Willsboro Farmer's Market at Gateway Park includes:

- roadway and pavilion parking lot
- landscaping
- installation of utility infrastructure (water, electric)

- public art installation

Construction of the Town of Willsboro Farmer’s Market Pavilion Project at Gateway Park will start August 2014, with anticipated construction completion by October 1st, 2014.

PROJECT TIMELINE

	Open to the Farmer’s Market and Public
	Grant closed
	Monthly Report
	Construction completed
	Monthly Report
	Construction Begins
	Funds received
2014	Funding Identification, Project planning and Design

WFM - PARK N’ EAT FUNDRAISER

The Park N’ Eat campaign will:

- Raise funds for the Farmer’s Market pavilion shelter
- Promote the importance of “agri-tourism” in our community
- Provide a family friendly weekend day recreation event

Activities/Opportunities to be provided:

- Farmer’s Market (produce, wares, etc)
- Reber Snack Shack
- Live Music
- Games (Bocce Ball, Parachute, Ladderball, Bag Toss)
- Clown (?)

Event Details

- Free admission event with market produce and wares, as well as food to be sold. Games and music will be free of charge.
- Date TBD, will be on a Saturday and located that the Gateway Park NYS Route 22, Willsboro, NY 12996

WFM - GIVE A WEEK – WIN A GAME FUNDRAISER

The Willsboro Farmer’s Market will commit itself to hosting a Give a Week – Win a Game event with the assistance of the Town of Willsboro Planning Department. The event will seek out

experienced local volunteers through advertising in local publications to participate in the construction of the pavilion with the guidance of the Town of Willsboro Buildings and Grounds staff. Each volunteer will be entered into a drawing for a Boston Red Sox vs. New York Yankees professional baseball game. Upon completion of the structure the WFM manager will select (at random) via a drawing one of the volunteers for the prize.



TOWN OF WILLSBORO
PLANNING DEPARTMENT

March 31st, 2014

PROJECT BUDGET DETAILS

SALARIES & WAGES

Buildings & Grounds Employee Hourly Rate \$17.86

2 volunteers will be recruited

At an estimated rate of \$17.86 per hour, with a 7 hour day, 5 day duration

Estimated volunteer labor cost will be \$1250.20

2 Buildings & Grounds Employees will oversee the project

At an estimated rate of \$17.86 per hour, with a 7 hour day, 5 day duration

Estimated employee labor cost will be \$1250.20

Total Estimated Salaries & Wages Cost \$2500.40 (including donated time)

ADVERTISING & PROMOTION

\$100.00 will be spent to produce flyers advertising the new pavilion to the local vendors, farmers, and artisans once construction is complete.

Haley Lumber and Building Supply

1472 Military Turnpike
Plattsburgh, NY 12901

Estimate

Date	Estimate #
3/27/2014	4571

Name / Address
Town of Willsboro Box 370 Willsboro, NY 12996

Description	Qty	Cost	Project
			Total
PAVILLION	26	6.50	169.00
10"X4' SONOTUBE .9BAGS 80LB PER FT	104	5.93	616.72
80# QUIKRETE CONCRETE MIX EQUALS 2/3 CU FT.	26	29.41	764.66
6X6-10 PT	26	24.55	638.30
6X6-8 PT	26	26.13	679.38
6X6 ADJ. POST BASE	1	4,863.63	4,863.63
30' SPAN 5/12 PITCH 2' TCOH 2' O/C 49 REG 2 GABLE	26	22.00	572.00
2X10-16 SPF	12	13.10	157.20
2X10-10 SPF	102	0.99	100.98
RT15 HURRICANE TIE	161	9.32	1,500.52
2X4-16 PREMIUM	75	9.32	699.00
2X4-16 PREMIUM BRACING	18	12.30	221.40
2X6-16 PREMIUM	68	46.23	3,143.64
WHITE WEATHERBEST 18"5" LONG	11	21.80	239.80
RCR WHITE RIDGE CAP 10"6"	37	8.00	296.00
1" WHITE WOODGRIP SCREWS 100 CT BAG	4	12.00	48.00
2" WHITE WOODGRIP SCREWS 100 CT BAG	4	10.95	43.80
2X4-16 PT # 1 PREMIUM	4	6.73	26.92
2X4-10 PT # 1 PREMIUM	8	9.32	74.56
2X4-16 PREMIUM	8	4.67	37.36
2X4-10 PREMIUM	100	4.67	467.00
2X4-10 PREMIUM	4	6.36	25.44
2X6-8 PREMIUM	91	38.17	3,473.47
4X8-5/8 ROUGH SAWN T1-11 PLYWD.	1	204.67	204.67
3/0X6/8 6 PANEL PREFIN WHITE			
4 9/16 RHIS WOOD EDGE	1	15.79	15.79
43056 ENTRY ULTRA SECURITY KNOB STURBRIDGE SERIES POLISHED BRASS KA3			
Total			

Customer Signature _____

Haley Lumber and Building Supply

1472 Military Turnpike
Plattsburgh, NY 12901

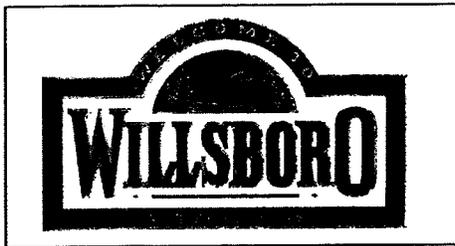
Estimate

Date	Estimate #
3/27/2014	4571

Name / Address
Town of Willsboro Box 370 Willsboro, NY 12996

			Project
Description	Qty	Cost	Total
PVC WHITE SINGLE HUNG 3'0"X 3'6" REG I/G GLASS HALF SCREEN	2	119.70	239.40
FASTENER ALLOWANCE	1	750.00	750.00
ATTN: TONY STOKER TONY, CHECK IT OVER LET ME KNOW IF I MISSED ANYTHING THANKS SCOTT			
Total			\$20,068.64

Customer Signature _____



TOWN OF WILLSBORO
OFFICE OF THE SUPERVISOR

March 31st, 2014

NYS Department of Agriculture and Markets
Attn: Lucy Roberson, Director of Fiscal Management
10 B Airline Drive, Albany, NY 12235

Subject: Fresh Connect Grant Program – Willsboro Farmer's Market Pavilion

Dear Ms. Roberson,

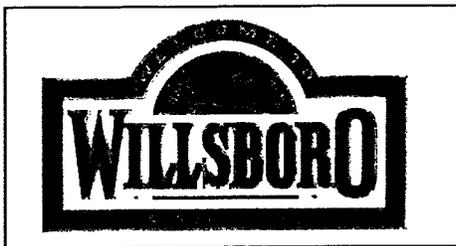
This letter is to verify the Town's commitment to support agri-tourism in our community by way of the farmer's market initiative. For the past 4+ years the Willsboro Farmer's Market, through an agreement with the Adirondack Farmer's Market Cooperative, has operated within our Town's Gateway Park. The fact that there is not a permanent structure on the site has posed a negative impact on the vendor interest causing a decrease in variety offered to the public. The Town wishes to enhance and promote our local farmer's. We sincerely believe that a farmer's market is the perfect opportunity to promote one's business. Not having a permanent structure for vendors to gather under deters local farmers, artisans, etc. from attending our market as it requires that they bring their own shelter. It also deters the public from gathering on hot or poor weather days as the individual vendor tents are separated by 6 to 7 feet versus being under one roof. In addition, the Town continues to encourage the farmer's market's benefit programs (EBT and now SNAP). By allowing needy families access to a variety of fresh produce the farmer's market will promote health and wellness amongst all income levels.

We, the Town of Willsboro, support the effort to construct a pavilion at the Gateway Park site to support and enhance the efforts of our local farmer's market and the Adirondack Farmer's Market Cooperative.

If you would like to speak with me further or have questions regarding the Town's support of this effort, please contact me at the number below or via email at willsborosupervisor@willex.com.

Sincerely,

Shaun Gilliland
Town Supervisor



TOWN OF WILLSBORO
COMMUNITY HOUSING ASSISTANCE TASKFORCE

March 31st, 2014

NYS Department of Agriculture and Markets
Attn: Lucy Roberson, Director of Fiscal Management
10 B Airline Drive, Albany, NY 12235

Subject: Willsboro Farmer's Market Food Donations

Ms. Roberson,

With approval from the CHAT committee I hereby state that the Willsboro Food Shelf accepts the participation of the Willsboro Farmer's Market in the matter of donations to our pantry. We will work with the farmer's market to facilitate the coordination of the food pick-up each Thursday that the market is in session. The Willsboro Food Shelf will be stored at the Mountain Lake Services building on Clarence Oliver Drive in Willsboro. At this facility there will be constant review of the items by the residents and their aids. The food shelf has a refrigerator and a freezer suitable for longer storage of produce, meats, and dairy products.

If you should have any questions please feel free to contact me at (518) 963-8933 or via email at willsborotownclerk@willex.com.

Sincerely,

Bridget Brown
CHAT Member



WILLSBORO FARMER'S MARKET

GATEWAY PARK – NYS ROUTE 22, WILLSBORO, NY 12996

March 31st, 2014

NYS Department of Agriculture and Markets

Attn: Lucy Roberson

10B Airline Drive, Albany, NY 12235

Subject: Willsboro Farmer's Market Pavilion Project

Ms. Roberson,

The Willsboro Farmer's Market (WFM) is a sub-organization of the Adirondack Farmer's Market Cooperative, with whom the Town holds a location user agreement. The WFM supports the efforts of the Town to pursue funding to assist with the construction of a park pavilion. We hereby propose to host a "Park and Eat" event on Saturday, July 20th, 2014. This event will be a fundraising effort to promote the farmer's market initiative and our efforts to construct a permanent shelter for our vendors. With this new shelter we will draw further vendors to our community which will promote and support our local economy by way of our farmers and small business owners. We propose to raise approximately \$5,000 in funds at our fundraising event. The event will consist of the following as also presented in the Scope of Work outline:

PARK N' EAT FUNDRAISER

The Park N' Eat campaign will:

- Raise \$5,000 for the Farmer's Market pavilion shelter
- Promote the importance of "agri-tourism" in our community
- Provide a family friendly weekend day recreation event

Activities/Opportunities to be provided:

- Farmer's Market (produce, wares, etc)
- Reber Snack Shack
- Live Music
- Games (Bocce Ball, Parachute, Ladderball, Bag Toss)
- Clown

Event Details

- \$5.00 suggested donation admission event with market produce and wares, as well as food to be sold. Games and music will be free of charge.
- Date July 20th, 2014, will be on a Saturday and located that the Gateway Park NYS Route 22, Willsboro, NY 12996

WFM - GIVE A WEEK – WIN A GAME FUNDRAISER

The Willsboro Farmer's Market will commit itself to hosting a Give a Week – Win a Game event with the assistance of the Town of Willsboro Planning Department. The event will seek out experienced local volunteers through advertising in local publications to participate in the



WILLSBORO FARMER'S MARKET

GATEWAY PARK - NYS ROUTE 22, WILLSBORO, NY 12996

construction of the pavilion with the guidance of the Town of Willsboro Buildings and Grounds staff. Each volunteer will be entered into a drawing for a Boston Red Sox vs. New York Yankees professional baseball game. Upon completion of the structure the WFM manager will select (at random) via a drawing one of the volunteers for the prize.

If you have any questions please feel free to contact me by phone at 518-963-4383 or via email at franklynnfarms@gmail.com.

Sincerely,

Linda Therrien, Willsboro Farmer's Market Manager

**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
APPLICATION FOR STORES**

FOR FIELD OFFICE USE ONLY

FNS Number

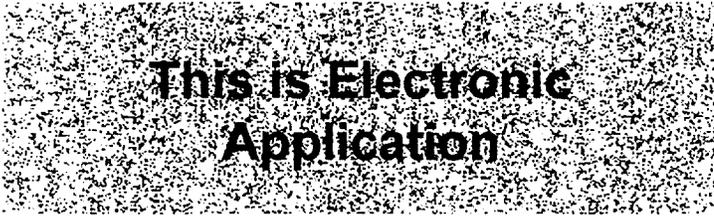
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Authorization Initials

--	--

Date Authorized

--	--	--	--	--	--



1 When did or when will the store open for business under your ownership (MM/DD/YYYY): 04 / 01 / 2014

2 Store Name: Willsboro Farmers Market 3 Chain Store Number (if applicable): NAFMNP

4 Store Location Address (do not enter P.O. Box here):
 Street Number: Street Name: Nys Rt. 22 Additional Address (Bldg #, Unit #, Stall #, etc.):
 City: Willsboro State: NY Zip Code: 12996

5 Store Mailing Address (Skip if your mailing address is the same as your store location. If you have a PO Box address, enter it in the street name field):
 Street Number: 3985 Street Name: Nys Route 22 Additional Address (Bldg #, Unit #, Stall #, etc.):
 City: Willsboro State: NY Zip Code: 12996 - 4506 If foreign address, add Country:

6 Store Telephone Number: (518) 963 - 4383 7 Alternate Telephone Number: () -

8 Do you want to receive official correspondence by email? Yes No

8a If Yes, enter owner or store email address:

9 Is your business a delivery route, farmers' market, farm stand/stall/u-pick, military commissary/exchange or specialty food store that primarily sells one food type such as meat/poultry, seafood, bread, or fruits/vegetables? Yes No

9a If Yes, check the one store type that best describes your store:

- Meat/Poultry Market Bakery Military Commissary/Exchange Farm Stand/Stall/U-Pick
 Seafood Market Produce Market Delivery Route Farmers' Market

Do not use this Form FNS-252E if you are applying as a restaurant. Restaurants must use Form FNS-252-2, Application for Meal Services.

10 Type of Ownership (check only one box):

- Privately Held Corporation Sole Proprietorship Limited Liability Company Government Owned
 Publicly Owned Corporation Partnership Nonprofit Cooperative

11 Corporation or Government Agency Information: If privately held corporation or limited liability company, enter the name and address of your corporation as on record with the State. If government owned, enter the name and address of the responsible government agency. If publicly owned corporation, enter the name and address of the parent corporate office. All others skip to the next question.

11a Corporation Name:

11b Corporation Address:

Street Number: Street Name: Additional Address (Bldg #, Unit #, Stall #, etc.):
 City: State: Zip Code: If foreign address, add Country:

11c If publicly owned or government owned, enter a contact person:

Contact Person Name: Telephone Number: () - Email Address:

12 Owner/Officer Information: Enter the name and home address of all officers, owners, partners, and members. You must enter spousal information for each owner and officer if your business is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI). **If this is a public corporation or government owned store, skip to question 13.** See instructions for more information about this question.

12a Print name exactly as it appears on the social security card:

First Name: Linda		Middle Name:	Last Name: Therrien	
Street Number: 3985	Street Name: Nys Route 22		Additional Address (Unit #, Suite #, Apt #, etc.):	
City: Willsboro		State: NY	Zip Code: 12996 - 4506	If foreign address, add Country:
Social Security Number: *** - ** - ****		Date of Birth: (MM/DD/YYYY) 02 / 04 / 1954	Business Title (i.e. owner, partner, spouse, etc.): Owner	

12b Print name exactly as it appears on the social security card:

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Unit #, Suite #, Apt #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number:		Date of Birth: (MM/DD/YYYY)	Business Title (i.e. owner, partner, spouse, etc.):	

12c Print name exactly as it appears on the social security card:

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Unit #, Suite #, Apt #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number:		Date of Birth: (MM/DD/YYYY)	Business Title (i.e. owner, partner, spouse, etc.):	

12d Print name exactly as it appears on the social security card:

First Name:		Middle Name:	Last Name:	
Street Number:	Street Name:		Additional Address (Unit #, Suite #, Apt #, etc.):	
City:		State:	Zip Code:	If foreign address, add Country:
Social Security Number:		Date of Birth: (MM/DD/YYYY)	Business Title (i.e. owner, partner, spouse, etc.):	

13 Has any officer, owner, partner, member, and/or manager ever had a license denied, withdrawn or suspended, or been fined for license violations (i.e. Supplemental Nutrition Assistance Program, WIC, business, alcohol, tobacco, lottery, or health license)? Yes No

13a If yes, provide an explanation:

14 Was any officer, owner, partner, member, and/or manager convicted of any crime after June 1, 1999? Yes No

14a If yes, provide an explanation:

15 Do you sell products wholesale to other businesses such as hospitals or restaurants? Yes No
 15a If Yes, does your retail food sales meet or exceed \$250,000 or 50% of your total sales? Yes No

16 Does the sale of hot and/or cold freshly prepared foods that are ready-to-eat exceed 50% of your total sales? Yes No

17 **Total Retail Sales.** Enter the total retail sales from all products you sell at this location (both food and non-food products and services). If your store has been open under your ownership for more than one year, enter actual total retail sales from your most recent IRS tax return for this store (17a), or if your store has been open under your ownership for less than one year, you must provide estimated sales (17b). If you sell products wholesale to other businesses, do not include those sales. **You must complete either 17a or 17b.**

17a Actual Retail Sales: \$, , , .00 in Tax Year: 20

17b Estimated Retail Sales: \$, , 0 , 0 0 .00 (check one) Day Week Month Year

17c If you have an Employer Identification Number (EIN) enter it here: -

18 Do you stock at least three different items in each of these food categories? Include fresh, frozen, canned, packaged. See instructions for more information.

- Breads/Grains (Example: bread, cereal, pasta, rice, flour, etc.) Yes No
- Dairy (Example: milk, butter, cheese, yogurt, infant formula, etc.) Yes No
- Fruits/Vegetables (Example: frozen corn, dried beans, applesauce, canned peas, bananas, 100% juice, etc.) Yes No
- Meat/Poultry/Fish (Example: canned meats and fish, ground beef, deli meats, bacon, frozen chicken, eggs, etc.) Yes No

18a What percent of your total retail sales comes from these food categories? %

18b Do you stock fresh, frozen or refrigerated foods in at least two of these categories? Yes No

19 Do you sell "other" foods, such as snack foods, soft drinks, or condiments? Yes No

19a If Yes, what percent of your total retail sales comes from these items? %

20 Do you sell non-food items or food that is hot at the time the customer pays for it? Yes No

- 20a If Yes, check the items you carry: tobacco products alcohol lottery
 gasoline hot food other

20b If Yes, what percent of your total retail sales comes from non-food and hot food items? %

The sum of the three percentage figures above must equal 100%

21 How many cash registers are at this store?

22 Is this store open year round? Yes No

- 22a If No, check which month(s) you are open:
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

23 Is this store open 7 days a week, 24 hours per day? Yes No

23a If No, indicate operating hours:

	Opening Time	Select AM or PM	Closing Time	Select AM or PM
Monday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Tuesday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Wednesday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Thursday:	9:00	<input checked="" type="checkbox"/> <input type="checkbox"/>	1:00	<input type="checkbox"/> <input checked="" type="checkbox"/>
Friday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Saturday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
Sunday:	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>

PRIVACY ACT STATEMENT - Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 405 (c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109 (f)), authorizes collection of the information on this application.

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of the owners' Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

USE AND DISCLOSURE - Routine Uses: We may use the information you give us in the following ways;

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service, for the purpose of reporting delinquent retailer and wholesaler monetary penalties of \$600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C 6050P);
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 55 2a(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C 3711(d)(4));
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.

CERTIFICATION AND SIGNATURE - By signing below, you are confirming your understanding of and agreement with the following:

- I am an owner of this firm;
- I have provided truthful and complete information on this form and on any documents provided to the Food and Nutrition Service;
- If I provide false information, my application may be denied or withdrawn;
- Any information I have provided or will provide may be verified and shared by the USDA with other agencies as described in the Privacy Act and Use and Disclosure statement;
- By my signature below, I release my tax records to the Food and Nutrition Service;
- I will receive Supplemental Nutrition Assistance Program training materials upon authorization. It is my responsibility to ensure that the training materials are reviewed by all firm's owners and all employees (whether paid or unpaid, new, full-time or part-time); and that all employees will follow Supplemental Nutrition Assistance Program regulations. If I do not receive these materials I must contact the Food and Nutrition Service to request them;
- I am aware that violations of program rules can result in administrative actions such as fines, sanctions, withdrawal or disqualification from the Supplemental Nutrition Assistance Program; I am aware that violations of the Supplemental Nutrition Assistance Program rules can also result in Federal, State and/or local criminal prosecution and sanctions;
- I accept responsibility on behalf of the firm for violations of the Supplemental Nutrition Assistance Program regulations, including those committed by any of the firm's employees, paid or unpaid, new, full-time or part-time. These include violations such as, but not limited to:
 - Trading cash for Supplemental Nutrition Assistance Program benefits (i.e. trafficking);
 - Accepting Supplemental Nutrition Assistance Program benefits as payment for ineligible items;
 - Accepting Supplemental Nutrition Assistance Program benefits as payment on credit accounts or loans;
 - Knowingly accepting Supplemental Nutrition Assistance Program benefits from people not authorized to use them.
- Disqualification from the WIC Program may result in Supplemental Nutrition Assistance Program disqualification and a disqualification from the Supplemental Nutrition Assistance Program may result in WIC Program disqualification.
- In accordance with Federal law and U.S. Department of Agriculture policy, no customer may be discriminated against on the grounds of race, color, national origin, sex, age, religion, political beliefs, or disability. Supplemental Nutrition Assistance Program customers must be treated in the same manner as non-Supplemental Nutrition Assistance Program customers;
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by Federal, State or local agencies, including civil rights laws and their implementing regulations;
- I am responsible for reporting changes in the firm's ownership, address, type of business and operation to the Food and Nutrition Service.

Supplemental Nutrition Assistance Program authorization may not be transferred to new owners, partners, or corporations. An unauthorized individual or firm accepting or redeeming Supplemental Nutrition Assistance Program benefits is subject to substantial fines and administrative sanctions.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us.

In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning and Certification Statements as provided above, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.

X _____
Signature

X _____
Print Name

Date Signed

Print Title



STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE AND MARKETS
10B Airline Drive
Albany, New York 12235

Division of Agriculture Development
518-457-7076
Fax 518-457-2716

March 28, 2014

Linda Therrien
3985 NYS Route 22
Willsboro, NY 12996

Dear Linda Therrien,

We have received and processed your application for the Farmers' Market Nutrition Program (FMNP). Your farmers' market is authorized to operate the FMNP this season. Enclosed in this letter are the following:

- ✓ Market Participation Agreement
- ✓ Plan of Work
- ✓ Market Attendance (FMC-7)
- ✓ Crop Plan
- ✓ Rules and Procedures for Farmers
- ✓ Farmer Participation Agreement (FMC-6)

**** PLEASE NOTE RECENT CHANGES ****

- **Farmers are required to complete just one (1) FMC-6 per FMNP season.** It is strongly discouraged that farmers who also function as a market manager counter-sign their own FMC-6; farmers who also function as managers should have their FMC-6 counter-signed by a manager from a different market.
- **Farmers are still required to complete a current year Crop Plan per FMNP season.** Farmers must submit a copy of their Crop Plan to each market where they are authorized to accept FMNP checks.

Please sign and return this letter. Your signature below indicates that you accept the terms and conditions set forth in the Agreement and agree to abide by them in administering the FMNP at the market listed below. It is the market's responsibility to forward all completed FMC-6's to the Department promptly. Program documents may be found online (www.agriculture.ny.gov).

Market: Willsboro Farmers' Market FMNP Authorized Market Number: 0804h

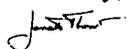
Operation Details on Record – Please Review and Make Corrections!

Route 22 - South of Chamberlain Bank
Thursday 9am-1pm
June 19 - September 4

Signature _____ Name (Print) _____ Date _____
Market Sponsor/Coordinator/Manager

If you have questions please call Albany (518) 457-7076 or email farmersmarkets@agriculture.ny.gov.

Sincerely,


Jonathan Thomson
Program Manager

Nutrition Assistance Programs at New York State Farmers Markets

General Info Sheet

Farmers that direct market their products at farmers markets can increase their revenue through the acceptance of the following nutrition assistance programs. Please consider participating in the following programs. These programs help keep local farmers in business and healthy food on the table!

WIC Farmers' Market Nutrition Program (FMNP)

This program provides low-income pregnant or nursing mothers, infants and children up to the age of five, who are enrolled in the NYS Special Supplemental Nutrition Program for Women, Infants and Children (WIC), \$4.00 WIC FMNP checks that can only be used at participating farmers markets to purchase local, fresh, unprocessed vegetables and fruit. WIC participants receive their \$4.00 WIC FMNP checks at their local county WIC office.

www.agriculture.ny.gov/AP/agsservices/marketing.html

www.fns.usda.gov/wic/WIC-FMNP-Fact-Sheet.pdf

Senior Farmers' Market Nutrition Program (SFMNP)

This program provides eligible, low-income seniors living in New York State with \$4.00 Senior FMNP checks that can only be used at participating farmers markets to purchase local, fresh, unprocessed vegetables and fruit. Eligibility is based on age and income; 60 years or older and income not more than 185% of the federal poverty guidelines. Seniors receive their \$4.00 Senior FMNP checks by contacting their local county Office for the Aging.

www.agriculture.ny.gov/AP/agsservices/marketing.html

www.fns.usda.gov/wic/SFMNP-Fact-Sheet.pdf

WIC Vegetables and Fruit Check Program at Farmers Markets

This newer program, started in 2009, provides all WIC enrolled families with \$6 and \$10 checks to purchase fresh, unprocessed produce from authorized farmers. Farmers can become authorized to accept the newer \$6 and \$10 WIC Vegetable and Fruit Checks with the caveat that they can only do this if they are first authorized by NYS Department of Agriculture and Markets to participate in the WIC and Senior FMNP.

www.agriculture.ny.gov/AP/agsservices/fmnp-wic-vf.html

SNAP/Food Stamps/EBT at Farmers Markets

This program enables both farmers and market coordinators to become authorized vendors in the Supplemental Nutrition Assistance Program (SNAP)(formerly Food Stamps) and therefore provide eligible food items in exchange for SNAP benefits using an Electronic Benefits Transfer (EBT) card reader.

www.nyfarmersmarket.com/resources/resources-for-farmers-markets/ebt.html

www.snaptomarket.com

Fresh Connect Checks Program

The newest program, started in 2011, is an incentive program that encourages the use of SNAP benefits at New York farmers markets operating a Wireless EBT Program. For every \$5 transaction using an EBT card, a \$2 Fresh Connect Check (FCC) is handed to the customer. FCC's may be used to purchase any SNAP eligible food item, including but not limited to vegetables, fruit, dairy, eggs, bread, jam, honey, and meat.

www.freshconnect.ny.gov/content/about-freshconnect

For Program & Application Information, Please Contact:

WIC/Senior Farmers' Market Nutrition Program WIC Vegetables & Fruits Check Program Fresh Connect Checks Program	NYS Department of Agriculture & Markets (518) 457 7076 or (800) 554 4501 www.agriculture.ny.gov or farmersmarkets@agriculture.ny.gov
SNAP/Food Stamps/EBT	Farmers Market Federation of NYS (315) 637 4690 deggert@nyfarmersmarket.com or www.nyfarmersmarket.com

AFMC LOCATION REQUEST FORM

Date:

Please fill out and return to: Adirondack Farmers' Market Cooperative
PO Box 862
Malone, NY 12953

Site Owner: Town of Willsboro
Phone: (518) 963-8268
Mailing Address: 5 Farrell Rd, Po Box 370
Willsboro, NY 12996

Site Location Description: Gateway Park

Market Schedule: June 19th, 2014 - Sept 4th, 2014 Every Thursday 9am to 1pm
Market Manager: Linda Therrien

Site Facilities:

electricity availability water available restroom for vendors
 restrooms for customers a storage area for market tents and sign during the week

Zoning or codes officers have given permission: Yes Not Required *Douglas Rock*

I (check one) own/ am authorized to manage use of the above property and allow the AFMC, which is incorporated as a not-for-profit cooperative, to hold a community farmers' market on the site described above.

I give the AFMC permission to place temporary signage. Permanent signs must have my approval and the AFMC will be responsible for complying with local zoning regulations.

The company insuring the AFMC will send a certificate of insurance to the above listed as Owner with the address given.

List any restrictions our market managers should know:

It is our Market Manager's duty to see that our vendors leave the market site as clean as found. Please feel free to call the Manager or our Executive Director if you have any concerns, now or during the market seasons.

SIGNATURE:



PRINT NAME:

SHAWN GILLILAND
SUPERVISOR



Jane Desotelle, *Executive Director*

518 563-4777

AFMC Board

Dick Crawford, *President*

Adam Hainer, *Vice President*

Jo Ellen Saumier, *Treasurer*

Victoria Rayl, *Secretary*

Gina Agoney, *Assistant Treasurer*

Jim Dugan

Chris McCauliffe

John Eick

Linda Therrien

Ellen Beberman

Bonnie Gonyo

Tony Corwin

61 Riley Avenue, Plattsburgh, New York 12901

518.563.4777

www.adirondackfarmersmarket.com



Welcome to....

The 2014 Adirondack Farmers' Market Season

10 Locations Season Rates Special Events

Please read this vendor packet carefully. There have been changes made.

We encourage you to join us in making these markets an enjoyable community event and a success for everyone! Since we are vendors as well as owners, we wish to keep our prices as low as possible. To keep market prices reasonable, we need you to help organize our craft shows and special events.

Vendor Deadlines for 2014 lowest rates

Deadline for Season Vendor Sign-up:

MAY 1, 2014 – Elizabethtown, Saranac Lake, Tupper Lake

JUNE 1, 2014 – All other markets

If you commit to one season at any market by June 1 you will be entitled to a listing on the AFMC website: www.adirondackfarmersmarket.com.

Adirondack Farmers' Market Cooperative, Inc. is an Agricultural Cooperative.

Keene Farmers' Market is limited to only Season Vendors with priority going to 2013 Keene Season Vendors

The Sampler Pass has been discontinued.

AFMC Vendor Membership Benefits

One membership fee covers all our markets. For \$35.00 you can become a member of a vendor-owned cooperative that can increase your sales and reduce your overhead. Becoming a member:

- Reduces rates.
- Gives you a Voice and a Vote in the operation of the Adirondack Farmers' Market Cooperative, Inc.
- Covers your Farmers' Market site with General Liability Insurance.
- Makes fruit and vegetable producers eligible to apply to accept Farmers' Market nutrition program coupons for WIC recipients and Senior citizens. Some markets accept EBT Cards.
- Offers you the chance to set up and sell at other craft shows and events under our tent.
- Keeps you connected with Cornell Cooperative Extension offices.
- Links you automatically to "Adirondack Harvest" which has programs to aid farmers and encourages consumers to buy locally. www.adirondackharvest.com
- Makes you a member of the Federation of Farmers' Markets of NY that offers product liability insurance.
- Allows you to buy products from other vendors and resell them at AFMC markets.
- Allows you to join together with other members to share booth space.
- Lists you on our web site.

www.adirondackfarmersmarket.com

2014 AFMC Markets and Rates

Chateaugay Lakes Farmers' Market:

State Rt. 374, Lawn of the Hollywood Inn

Market Manager: Donnie Jackson (518)293-7487 Donnie_jackson@yahoo.com

10 ft. x 8 ft. space under tent.

Saturdays: June 21 – September 6 10:00 am – 2:00 pm

Discounted season rate \$120.00 for 12 markets

Special Events: Chateaugay Arts and Crafts Festival:

Elizabethtown Farmers' Market:

Behind Adirondack Center Museum

Market Manager: Gina Agoney (518)293-7877 mtgagoney89@aol.com

10 ft. x 8 ft. spaces under Adirondack-style pavilion, free electricity.

Fridays: May 16 - October 10 9:00 am – 1:00 pm

Discounted season rate \$220.00 for 22 markets

Special Events: Customer Appreciation Day

Keene Farmers' Market:

Route 73, Marcy Airfield

Market Manager: Dick Crawford (518)561-7167

10 ft. x 8 ft. spaces under tent or bring your own cover

Sundays: June 15 - October 12 9:30 am – 2:00 pm

Season rate \$180.00 for 18 markets

SEASON VENDORS ONLY

**Priority will go to 2013 Keene
Season Vendors – Second
priority to existing AFMC
Season Vendors**

Malone Farmers' Market:

Rt. 11, Malone Airport

Market Manager: Victoria Rayl (518)772-1064 burkeplants@gmail.com

10 ft. x 8 ft. space under a pavilion.

Wednesdays: June 11 - Oct. 15 12:00 pm – 4:30 pm

Discounted season rate \$190.00 for 19 markets

Saranac Lake Farmers' Market:

Fusion Market

Market Manager: Lou Lesniak (518)521-0998 llesniak54@gmail.com

Tuesdays: May 13 – September 30 10:00 am – 2:00 pm

Discounted Season Rate: \$210.00 for 21 markets

Paul Smith Farmers' Market

VIC Center under the pavilion

Market Manager: Janet Burl (518)483-6863 mountainelf25@aol.com

Fridays: June 27 - September 12 2:00 pm - 5:00 pm

Discounted season rate \$120.00 for 12 markets

Tupper Lake Farmers' Market

Wild Center Museum under tent – limited space, contact Market Manager

Market Manager: Ellen Beberman (518)637-6653 beberman@verizon.net

Thursdays June 5 - September 18 11:00 am to 3:00 pm

Discounted season rate \$160.00 for 16 markets

Special Events: Food Fest August 14 and Customer Appreciation Day September 18

Willsboro Farmers' Market

Route 22 - south of Champlain National Bank

Market Manager: Linda Therrien (518)963-4383 franklynnfarms@gmail.com

Thursdays June 19 – September 4 9:00 am - 1:00 pm

NEW HOURS

Discounted season rate \$120.00 for 12 markets

Keeseville Farmers' Market

Riverside Park behind the library on Front Street

Market Manager: Jane Desotelle Email: Underwoodherbs@gmail.com

Wednesdays: June 18-August 27 10:00 am – 2:00 pm

Discounted season rate: \$110.00 for 11 markets

Port Henry Farmers' Market

4264 Main Street

Market Manager: Jackie Viestenz (518)546-9855 and Cathy Sprague (518)546-7935

Wednesdays June 25-August 27 10:00 am -2:00 pm

Discounted season rate \$100 for 10 markets

The Sampler Pass has been discontinued.

Member Name _____ Telephone # _____

AFMC 2014 Season Sign-Up

Deadline is May 1, 2014 for Elizabethtown, Saranac Lake, Tupper Lake

Deadline is June 1, 2014 for all other markets

Season vendors will be assured the same space every week.

You should call the manager for availability of space.

Market Site	Day	Discount Rate	by number of spaces	Total Cost	25% Deposit
Elizabethtown	Fridays	\$220.00	x		
Keene	Sundays	\$180.00	x		
Saranac Lake	Tuesdays	\$210.00	x		
Chateaugay Lakes	Saturdays	\$120.00	x		
Malone	Wednesdays	\$190.00	x		
Tupper Lake	Thursdays	\$160.00	x		
Willsboro	Thursdays	\$120.00	x		
Paul Smith's	Fridays	\$120.00	x		
Keeseville	Wednesdays	\$110.00	x		
Port Henry	Wednesdays	\$100.00	x		
Sampler Pass	Discontinued				

Choose either full season total or 25% market deposit total: _____

If not already paid, membership dues are required (add \$35.00): _____

Total due now: _____

Checks returned for insufficient funds will be subject to bank fees plus a \$25 handling fee.

**For all markets "By-The-Day" Rates are \$15 for members, \$25 for non-members.
Please request our "Day Rate Brochure" for this information**

Need a payment plan for the season?

- By June 1 Deposit of 25% due for all markets
- By July 1 Another 25% of season rate due
- By Aug 1 Remainder (50%) of season rate due.

Vendors with overdue payments to AFMC will be charged \$20 per market site and will not be allowed to set up until fees are paid.

Return this page, the Vendor Agreement with check payable to AFMC for Total Due to:

**AFMC
P.O. Box 716,
Morrisonville, NY 12962**

Vendor Agreement

As a Cooperative, we ask for your cooperation!

I understand that I am required to bring to market and display not less than 70% items produced directly by me, my family or my employees. I agree to label or place signage on all other items indicating producer or place of origin.

I understand that I am responsible for any and all permits and licenses my products require and will bring these documents to the markets.

I understand that if I am unable to attend a market as contracted, I am still responsible for paying the stall rental fee and informing the market manager that I will be absent.

I understand that an inspection by a committee of AFMC members may occur during the market season.

I agree to hold harmless the market, its sponsor and manager from any legal or financial liability in case of accidents or incidents at the market. I understand that I am responsible for keeping my space safe for vendors and customers.

I understand that if I engage AFMC in litigation for any reason and AFMC is cleared of the charges, I am liable for all legal expenses incurred by AFMC during the course of the litigation.

I have read and agree to abide by the By-Laws and Rules & Regulations of the Adirondack Farmers' Market Cooperative, Inc. (AFMC) which are posted at our website, www.adirondackfarmersmarket.com or will be mailed to me upon request.

Name _____
Business Name _____
Address _____
Phone _____
Fax _____
E-mail _____

Signature _____ Date _____

 Please attach copies of all relevant certificates, permits and licenses your business has been issued including your New York state sales tax number certificate (for non-food items). If you do not attach them, AFMC will request copies before you begin vending at any market. There are new regulations for offering samples at Farmers' Markets.

ENCLOSE THE VENDOR AGREEMENT AND PRODUCTS TO BE SOLD LIST WITH YOUR APPLICATION

Name _____

Farm Business _____

Date _____

Check I am selling box for all items to be sold. Fill in License/Permit # where needed.

I am Selling	Vegetables /Fruits Plants	License /Permit
	Vegetables from my farm	None needed
	Vegetables from a NY State or neighboring state farm	None needed
	Fruits from my farm	None needed
	Fruits from a NY State farm	None needed
	Plants from my farm/nursery/garden center	Growers Lic # _____, Sales tax # _____
	Fresh dried cut flowers from my farm/nursery/garden center	Sales tax # _____

I am Selling	Beverages/Alcoholic Beverages	License /Permit
	Wine from my vineyard	Farm Winery permit # _____, Sales tax # _____
	Cider/Fruit juice, pasteurized, from my orchard/farm	20C license # _____
	Beer from my farm brewery	Farm Brewery permit # _____, Sales tax # _____

I am Selling	Honey/Maple	License /Permit
	Honey/Maple products from my farm	if not single ingredient, 20C license # _____
	Honey/maple products from a NY State farm (30% limit)	if not single ingredient, 20C license # _____
I am Selling	Meats/ Poultry/ Eggs/Dairy	License /Permit
	USDA inspected meat from my farm (Facility where processed _____)	None needed
	Poultry from my farm, processed on my farm	None needed
	Poultry/rabbits from my farm, processed in a 5A facility	None needed

	(Facility where processed _____)	
	USDA processed Poultry from my farm (USDA facility _____)	None needed
	Eggs from my farm	None needed
	Eggs from a NY State farm (30% limit)	None needed
	Cheese/ dairy product	Ag and Markets Milk Control permit # _____

I am Selling	Baked Foods/ Jams/ Foods	License /Permit
	Baked goods from my NY Certified kitchen (20C exempt)	20C exemption # _____
	Baked goods from my 20C licensed kitchen	License # _____
	Baked goods from my Dept. of Health licensed kitchen	License # _____
	Jams, jellies, marmalades from my NY Certified kitchen (20C exempt)	20C exemption # _____
	Jams, jellies, marmalades, candy (not chocolate), repackaged spices and herbs, popcorn, caramel corn and peanut brittle from my 20C kitchen	License # _____ Sales tax # _____
	Processed foods from my 20 C licensed kitchen	License # _____ Tax # _____
	Food prepared on-site (County or State Health Department)	Permit # _____ Exp. Date _____ Tax # _____
	Food items not included in any of the above	License # _____ Tax # _____

I am Selling	Hand crafted Products that I have produced	Sales tax #
	Wood items	
	Made from nature (bark, . cones, etc.)	
	Jewelry	
	Fiber/Fabric	
	Ceramic/pottery	
	Photography/ Paintings/ Pen and Ink/ Art	
	Paper	
	Cosmetic/Health products	

**Please fill out vendor information below.
Please print legibly and fill out completely.**

(Deadline June 1, 2014 for listing in Website)

Please print your information carefully

Products: _____

Business Name: _____

Vendor Name: _____

Address: _____

Phone: _____

Email Address: _____

Website (If applicable) _____

Mail this completed form with your sign-up form and vendor agreement to:
AFMC
P.O. Box 716
Morrisonville, NY 12962



TOWN OF WILLSBORO
OFFICE OF THE SUPERVISOR

March 31st, 2014

Lucy Roberson, Director of Fiscal Management
NYS Department of Agriculture and Markets
10 B Airline Drive, Albany, NY 12235

Subject: Verification of Workers Compensation / Disability Coverage

Dear Ms. Roberson,

This letter is to verify that the Town carries workers compensation coverage through Public Employers Risk Management (PERMA). Our carrier ID is W861223. If you need further confirmation, the company can be reached by phone at 518-220-1111, or contact the Supervisor's office at the number below.

Sincerely,

Codia Holland
Clerk to the Supervisor



STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE & MARKETS
10B Airline Drive, Albany, NY 12235
518-457-4188
www.agriculture.ny.gov

*Rec'd
05/19/14
RB*

Andrew M. Cuomo
Governor

Richard A. Ball
Commissioner

May 15, 2014

Ms. Ashley Blanchard
Town of Willsboro
PO Box 370, 5 Farrell Road
Willsboro, NY 12996

Dear Ms. Blanchard:

I am pleased to inform you that the Department of Agriculture and Markets has approved your grant application for the 2014 New York Fresh Connect Program, and is awarding you the sum of \$10,000.

Before State funds can be provided for your project, it is necessary to complete a contract between you and the Department. The contract start date will be May 15, 2014, which is the day the awards were officially announced. After your contract is prepared, it will be sent to you for your approval and signature. Please note that although expenses incurred after the award of the grant and prior to the execution of a contract are eligible for reimbursement, the State will not reimburse these expenses if the contract is not fully executed. Therefore, incurring expenses after the award of the grant and prior to the execution of a contract is done at your risk.

Meg McCabe, Contract Management Specialist, will be contacting you immediately with additional details you will need to execute the contract. Meg may be reached at meg.mccabe@agriculture.ny.gov, or by calling 518.457.2195.

The New York Fresh Connect Program works to enhance nutrition and economic health in New York State. The Department is pleased that you have chosen to join the Governor in this endeavor and work to increase the access to fresh, locally grown foods by low-income and/or underserved neighborhoods throughout New York State's agricultural industry through this grant.

Sincerely,

Richard A. Ball
Commissioner