

MARKET SEASON SUMMARY

This form should be completed annually at the end of the season (or reflecting on the previous season). The first section is for the Market Organization. The second section is for the Market Location* (a physical site—where one or market days occur). If you operate markets in more than one location, please complete a Location Season Summary for each.*

I. MARKET ORGANIZATION* SEASON SUMMARY for the year _____

Please answer the following questions about your most recently completed market season.

0. Your Name/Email: _____

1. Market Organization*: _____

2. In how many different locations* do you operate markets? _____

A. MARKET REVENUE SOURCES

3. Select any of the following that were revenue sources for your market(s) last season.

- | | |
|--|---|
| <input type="checkbox"/> Vendor Fees | <input type="checkbox"/> Credit or SNAP-EBT processing fees charged to vendors or customers |
| <input type="checkbox"/> Sponsorships | <input type="checkbox"/> Merchandise sales |
| <input type="checkbox"/> Private Donations from individuals | <input type="checkbox"/> Fundraisers/special events |
| <input type="checkbox"/> Grants- Market-specific grants | <input type="checkbox"/> General subsidy from Market Organization |
| <input type="checkbox"/> Grants- Part of larger grants to your Market Organization | <input type="checkbox"/> Other (specify): _____ |
-

4. Rank the top three revenue sources for your market(s) last season.

Place a 1 next to your source of greatest revenue, and a 2 and 3 next to your next greatest sources.

- | | |
|---|--|
| ___ Vendor Fees | ___ Credit or SNAP-EBT processing fees charged to vendors or customers |
| ___ Sponsorships | ___ Merchandise sales |
| ___ Private Donations from individuals | ___ Fundraisers/special events |
| ___ Grants- Market-specific grants | ___ General subsidy from Market Organization |
| ___ Grants- Part of larger grants to your Market Organization | ___ Other (specify): _____ |
-



B. VENDORS

5. **How many TOTAL VENDORS sold at least one market day at any of your market locations?**
*Include any vendors who sold at least once during the last market season. This list is called your Vendor Roster.**

6. **How many of those on your Vendor Roster* primarily sold AGRICULTURAL FOODS that they produce or harvest?**
Include vendors who sold fruit/veg, eggs, meat, dairy, honey, seafood.

7. **How many of those on your Vendor Roster* sold a COTTAGE FOOD PRODUCT they made?**
They may also have sold other items, such as a fruit farmer who sold fruit pies made under a state cottage food law.

C. MARKET PERSONNEL

This form is capturing the estimated personnel contributions during your most recent completed season. Include both paid and volunteer roles in the counts below. See Glossary at the end for definitions of each type of staff.

8. **Based on the Glossary definition, how many MARKET MANAGER(S)* did your organization employ?**
9. **How many other DIRECT MARKET STAFF* did your organization employ (paid & volunteer)?**
10. **How many other INDIRECT MARKET STAFF* did your organization employ (paid & volunteer)?**
11. **How many GENERAL VOLUNTEERS* supported your farmers markets last year?**
12. **Including your General Volunteers, plus any staff from above who were volunteers (Market Manager, Direct Market Staff, and Indirect Staff), how many TOTAL VOLUNTEERS supported your farmers market last year?**
-

<i>Please estimate as best as possible:</i>	Annual Paid Hours	Annual Volunteer Hours
13. How many hours did the MARKET MANAGER* work last year? <i>Include any hours during market season and outside of market season.</i>	a.	b.
14. How many hours did other DIRECT MARKET STAFF* work last year?	a.	b.
15. How many hours did other INDIRECT MARKET STAFF* work last year? <i>Only include hours dedicated to the market(s).</i>	a.	b.
16. How many GENERAL VOLUNTEER* hours supported your market this year?	N/A	a.
17. TOTALS	a. Paid Hours:	b. Volunteer Hours:

D. FOOD ASSISTANCE & NUTRITION PROGRAMS

18. In your last completed season, how many vendors on your roster: <i>Write a number in each column. If no one at your market was eligible for or participated in a program, write N/A.</i>	Were eligible to accept this benefit or program. Some vendors are eligible to accept a benefit but choose not to. Other markets require all eligible vendors to accept.	Accepted this benefit through a Central Terminal Model* or the market organization managing	Accepted this benefit by being individually authorized.*
a. SNAP-EBT			
b. SNAP-EBT Incentives			
c. Farmers Market Nutrition Program (FMNP)			
d. Senior Farmers Market Nutrition Program (Senior FMNP)			
e. WIC Cash Value Vouchers (CVV)			
f. Produce Prescription			
g. Other (specify):			

19. **What type of scrip/currency do you utilize for each food assistance/nutrition program that your market administers?**

	Tokens (metal/plastic/wooden)	Electronic payment/customers swipe a card with vendors	Paper coupons or paper receipt	Not applicable/No one at market accepts this	Other:
a. SNAP-EBT					
b. SNAP-EBT Incentives					
c. Farmers Market Nutrition Program (FMNP)					
d. Senior Farmers Market Nutrition Program (Senior FMNP)					
e. WIC Cash Value Vouchers (CVV)					
f. Produce Prescription					
g. Other (specify):					

II. MARKET LOCATION* SEASON SUMMARY for the year _____

Please answer the following questions about your most recently completed market season. If you operate more than one location*, please duplicate this part of the form and complete for each market location.

0.	Your Name/Email:								
<hr/>									
1.	Market Organization:								
<hr/>									
2.	Market Name: <i>If different than Market Organization.</i>								
<hr/>									
3.	Market Location: <i>Enter address or name of location (e.g., in Cardinal Park)</i>								
<hr/>									
4.	How many TOTAL DAYS did markets operate at this location during last season?								
<hr/>									
5.	How many TOTAL VISITS* did your market(s) at this location have during last season?								
<hr/>									
6.	What METHOD(S) do you use to come up with the visitor count?*								
<hr/>									
<table border="0"><tr><td><input type="checkbox"/> Full count (using handheld clicker or another tool)</td><td><input type="checkbox"/> Sticker count</td></tr><tr><td><input type="checkbox"/> Sample count (using handheld clicker or another tool)</td><td><input type="checkbox"/> Electronic counter or other device</td></tr><tr><td><input type="checkbox"/> Walkthrough count</td><td><input type="checkbox"/> Estimate/educated guess</td></tr><tr><td></td><td><input type="checkbox"/> Other:</td></tr></table>		<input type="checkbox"/> Full count (using handheld clicker or another tool)	<input type="checkbox"/> Sticker count	<input type="checkbox"/> Sample count (using handheld clicker or another tool)	<input type="checkbox"/> Electronic counter or other device	<input type="checkbox"/> Walkthrough count	<input type="checkbox"/> Estimate/educated guess		<input type="checkbox"/> Other:
<input type="checkbox"/> Full count (using handheld clicker or another tool)	<input type="checkbox"/> Sticker count								
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<input type="checkbox"/> Walkthrough count	<input type="checkbox"/> Estimate/educated guess								
	<input type="checkbox"/> Other:								
<hr/>									
7.	Average number of vendors present on a market day during your peak season*:								

A. PRODUCTS

8.	What types of products were present at your market(s) at this location?	<input type="checkbox"/> Dairy and eggs	<input type="checkbox"/> Other foods
	<input type="checkbox"/> Bread & baked goods	<input type="checkbox"/> Plants & Flowers	
	<input type="checkbox"/> Fruits & vegetables	<input type="checkbox"/> Body care; Art/Crafts	
	<input type="checkbox"/> Meat, seafood, & poultry	<input type="checkbox"/> CBD or cannabis-derived products	
	<input type="checkbox"/> Condiments/sauce	<input type="checkbox"/> Community groups	
	<input type="checkbox"/> Beverages (non-alcoholic)	<input type="checkbox"/> Services:	
	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Prepared foods		
<hr/>			
9.	What types of products are difficult to RECRUIT vendors to sell at this market location?	<input type="checkbox"/> Dairy and eggs	<input type="checkbox"/> Other foods
	<input type="checkbox"/> Bread & baked goods	<input type="checkbox"/> Plants & Flowers	
	<input type="checkbox"/> Fruits & vegetables	<input type="checkbox"/> Body care; Art/Crafts	
	<input type="checkbox"/> Meat, seafood, & poultry	<input type="checkbox"/> CBD or cannabis-derived products	
	<input type="checkbox"/> Condiments/sauce	<input type="checkbox"/> Community groups	
	<input type="checkbox"/> Beverages (non-alcoholic)	<input type="checkbox"/> Services:	
	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Prepared foods		

10. **What types of products are difficult to RETAIN vendors to sell at this market location?**
- | | |
|--|---|
| <input type="checkbox"/> Dairy and eggs | <input type="checkbox"/> Other foods |
| <input type="checkbox"/> Bread & baked goods | <input type="checkbox"/> Plants & Flowers |
| <input type="checkbox"/> Fruits & vegetables | <input type="checkbox"/> Body care; Art/Crafts |
| <input type="checkbox"/> Meat, seafood, & poultry | <input type="checkbox"/> CBD or cannabis-derived products |
| <input type="checkbox"/> Condiments/sauce | <input type="checkbox"/> Community groups |
| <input type="checkbox"/> Beverages (non-alcoholic) | <input type="checkbox"/> Services: |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Prepared foods | |

B. VENDOR SALES & FOOD ASSISTANCE TRANSACTIONS

Fill out based on all market days at this location, as tallied through Market Day Reports. Some markets will not track all of this information.

11. Total Vendor Sales:	12. How did you arrive at the total Vendor Sales? <input type="checkbox"/> Weekly reporting from vendors <input type="checkbox"/> Seasonal reporting <input type="checkbox"/> Percentage sales reporting <input type="checkbox"/> Other: <input type="checkbox"/>
13. Total SNAP \$ Distributed:*	14. Total SNAP \$ Redeemed:*
15. Total NUMBER of SNAP-EBT Transactions:*	16. Total FIRST-TIME SNAP-EBT Customers:
17. Total non-SNAP Food Assistance \$ Redeemed:* <i>This may include FMNP, SFMNP, SNAP Incentives/matching programs, and others. Do not include SNAP Redeemed.</i>	

C. MARKET ACTIVITIES

18. How often did the market(s) at this location host the following ACTIVITIES?	Never	1-2 times per season	3-4 times per season	1 time per month	2-3 times per month	Every market
a. Cooking Demo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health Screening/ Health Fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Exercise Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Live Entertainment (music, dance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children's Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Senior Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Educational Demonstrations (Gardening, Art, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Special Events (Festivals, Themed Days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Market Tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*INSTRUCTIONS & GLOSSARY:

Market Organization Section

Q#	Term	Definition
1.	Market Organization	An entity that runs one or more farmers markets. This might be an umbrella nonprofit, municipality, institution, business, or other entity who does things beyond running farmers markets. Or, lacking that, the market itself would be considered the Market Organization.
2.	Market Location	<p>A physical site where one or more market days occur.</p> <p>Example A: At 123 Main Street you run a Tuesday and a Saturday market, and at ABC Church you run a Wednesday market. Your total market locations would be 2, and total market days each week would be 3.</p> <p>Example B: If you run a Sunday market in the summer at one location, and run a Sunday market in the winter at a different location, your total market locations would be 2. Your total market days each week would be 1.</p>
5. 6. 7.	Vendor Roster	List of any vendors who sold at least once during the market season.
8.	Market Manager	The lead person on site at a given location on a market day, whether paid or volunteer. They may have a different title at your market, but please consider them the market manager for this form. Your organization may employ one or more person with this role.
9.	Direct Market Staff	Includes anyone other than the market manager(s) whose role was entirely dedicated to the market(s). This may include market assistants, food navigators, and similar roles. May be paid or volunteer.
10.	Indirect Market Staff	Includes bookkeepers, administrators, fundraisers, facilities, and similar support personnel, for whom the farmers market was only a portion of their role in the Market Organization. May be paid or volunteer.
11.	General Volunteers	Include those one-time or repeat volunteers who did NOT have a named staff role specified in the definitions for Market Manager, Direct Staff, or Indirect Staff.
18.	Central Terminal Model	Markets apply for and hold authorization (through USDA FNS) to process SNAP-EBT transactions on behalf of their vendors. SNAP-EBT transactions take place at a central terminal in the market. Customers receive scrip to spend with eligible vendors, who are in turn reimbursed by the market.
18.	Individual Authorization	Eligible vendors apply for and hold authorization (through USDA FNS) to process SNAP-EBT transactions. Customers spend by swiping their SNAP-EBT cards directly with vendors at their market booths.

Market Location Section

Q#	Term	Definition
5.	Visits	Number of unique visits to a market, typically added up over multiple periods of time. Note this is NOT the number of unique visitors, as it's possible the same person visited a market multiple times.
6.	Visitors	<p>Estimated total visitors in a market day, to be conducted on a day that represents “normal” market attendance, avoiding bouts of unusual market activity (such as opening or closing minutes of the market, or major events). Methods include:</p> <ul style="list-style-type: none"> • Full count. Each person who enters the market is deemed a unique visitor and counted upon entry. Requires data collectors stationed at every market entrance for the entire duration of the market. This is the most time- and resource-intensive visitor count method. • Timed entry count. Each person who enters the market is deemed a unique visitor and counted upon entry. Requires data collectors stationed at every market entrance for a defined time each hour (usually a 10- or 20-minute interval). This is the most popular visitor count method. • Walkthrough count. Data collectors walk through and count everyone in the market during a particular interval. This method uses a calculation based on an assumed average stay for patrons <i>of your particular market</i>, multiplied by the counting interval. For this reason, architects of other methods are leery of using it. <p>See also: FMC's "Counting Visitors at Markets" (May 2017).</p>
13.	Distributions	Dollar value of SNAP-EBT (or other alternative currency) scrip distributed to customers, as measured from your market's Central Terminal. Note this is different from the dollar value spent (redeemed) with vendors.
14. 17.	Redemptions (or Spending)	Dollar value of SNAP-EBT (or other alternative currency) spent with vendors, as measured through daily vendor sales logs, and/or alternative currency redemption forms. Note this is different from the dollar value of Distributions.
15.	Transactions	Number of SNAP-EBT (or other alternative currency) transactions, as measured from your market's Central Terminal.