|  |  |  |
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| 0.  | **Today’s Date:** |  |
|  | **Name/Phone/Email:** |  |
| 1. | **Farmers Market requesting this form:** |  |
| 2. | **Your Farm or Vendor Enterprise Name:**  |  |
| 3. | **What types of products do you sell at this farmers markets?***Check all that apply.* | * Dairy and eggs
* Bread & baked goods
* Fruits & vegetables
* Meat, seafood, & poultry
* Condiments/sauce
* Beverages (non-alcoholic)
* Alcohol
* Prepared foods
 | * Other foods
* Plants & Flowers
* Body care; Art/Crafts
* CBD or cannabis-derived products
* Community groups
* Services:
* Other:
 |
| 4. | **How many farmers market locations will you sell at this year?**  |  | **5.**  | **How many farmers market locations per week will you sell at this year?**  |  |
| 6. | **What other outlets do you sell or donate your product to?***Check all that apply.* | * CSA
* Farm stand
* Food hub
* Grocery
* Other retail
 | * Restaurant
* Institution (school, hospital, prison, government agency)
* Wholesale/Distributor
 | * Festivals/fairs
* Online
* Food bank
* Other:
 |
| 7. | **What percentage of your household income is derived from farmers market sales?** | * 1-10%
* 11-20%
* 21-30%
 | * 31-40%
* 41-50%
* 51-60%
 | * 61-70%
* 71-80%
* 81-90%
 | * 91-100%
* Other:
 |
| 8. | **How many miles do you travel from your production site to this farmers market?** |  |
| 9. | **Do you/does your business individually process credit card transactions?** | * Yes
* No
* No, but we intend to do so in the future
* Used to but no longer
* In process of setting up
* Unsure
 | **10.** | **Are you/Is your business individually authorized\* to process SNAP-EBT transactions?** | * Yes
* No
* No, but we intend to do so in the future
* Used to but no longer
* In process of applying
* Unsure
 |

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| 11. | **How many people were involved in decisions\* for this operation, related to its presence at farmers markets?***Include yourself, co-owners, hired managers, and family members if they were part of decision making. Exclude hired workers unless they were a manager. See Glossary for more details.* | * 1
* 2
* 3
* 4
 |
| 12. | **Do any of the Decision Makers\* listed in question 10 identify as the following?***Check all that apply for each Decision Maker.* | Decision Maker 1 (You) | Decision Maker 2 (Optional) | Decision Maker 3 (Optional) | Decision Maker 4 (Optional) |
| a. | **Under-35** |  |  |  |  |
| b. | **Veteran** |  |  |  |  |
| c. | **Immigrant** |  |  |  |  |
| d. | **BIPOC** |  |  |  |  |
| e. | **LGBTQ** |  |  |  |  |
| f. | **Woman** |  |  |  |  |
| g. | **Disabled** |  |  |  |  |
| h. | **New/Beginning Farmer** |  |  |  |  |
| i. | **Prefer Not To Share** |  |  |  |  |
|  |  |  |  |  |  |
| 13. | **What race(s) do the Decision Makers for your enterprise identify as? Select all that apply.***Check all that apply for each Key Decision Maker.* | Decision Maker 1 (You) | Decision Maker 2 (Optional) | Decision Maker 3 (Optional) | Decision Maker 4 (Optional) |
| a. | **American Indian/Alaska Native** |  |  |  |  |
| b. | **Asian** |  |  |  |  |
| c. | **Black/African American** |  |  |  |  |
| d. | **Latino/Hispanic** |  |  |  |  |
| e. | **Middle Eastern/North African** |  |  |  |  |
| f. | **Native Hawaiian/Other Pacific Islander** |  |  |  |  |
| g. | **White** |  |  |  |  |
| h. | **Prefer Not To Share** |  |  |  |  |

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| **EMPLOYEES***For the following questions, please include yourself, family workers (paid and unpaid), hired production or office workers, people hired to sell at markets, contract or custom hire farm labor, and paid interns or apprentices.* |
| 14. | **How many people worked 149 DAYS OR FEWER for your enterprise last year?** *Include yourself in the count if applicable.* |  | 15. | **How many people worked 150 DAYS OR MORE for your enterprise last year?** *Include yourself in the count if applicable.* |  |
| 16. | **Including yourself, how many people were present to sell at this farmers market at any point last year?***If this is your first year selling at farmers markets, write N/A.* |  |
| **CERTIFICATIONS** |
| 17. | **Does your farm or enterprise hold USDA Organic Certification?** | * Yes
* No
* In Process
* Used to but no longer do
* Unsure
 |
| 18. | **What types of third party certifications/accreditations does your enterprise have?** | * Environment/Sustainability (e.g., Non-GMO, Certified Organic)
* Animal Welfare (e.g., American Grassfed)
* Health/Nutrition (e.g., Certified Gluten Free)
* Human Rights/Ethics (e.g., Fair Trade Certified)
* Religious (e.g., Halal, Kosher)
* Local Business Promotion (local/regional or geographically distinct production)
* Other:
 |
| **AGRICULTURAL & AQUACULTURAL PRODUCERS** |
| 19. | **For agricultural, aquaculture, and seafood vendors, which category do you most identify with?** | * Farmer
* Fisher
* Rancher
 | * Forager
* Other
* Not applicable
 |
| 20. | **How many acres of farmland do you own or lease?** | * Less than 1
* 1-5
* 6-10
* 11-25
 | * 26-50
* 51-100
* 101+
* Not Applicable
 |
| 21. | **How many acres of farmland do you actively cultivate or use for grazing?** | * Less than 1
* 1-5
* 6-10
* 11-25
 | * 26-50
* 51-100
* 101+
* Not Applicable
 |

**\*INSTRUCTIONS & GLOSSARY:**

|  |  |  |
| --- | --- | --- |
| **Q#** | **Term** | **Definition** |
| **10.** | **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.  |
| **11.** **12.** | **Decision Maker(s)** | Refers to those who make key decisions for an enterprise AS RELATED TO ITS PRESENCE AT FARMERS MARKETS. At for-profit businesses, they are most likely owners or managing partners; for other legal structures they may be directors or managers. Farmer and fisher is inclusive of agricultural producers who grow, raise (such as ranchers), fish, forage, or otherwise produce a direct, raw product for human consumption. |