



FARMERS MARKET NUTRITION PROGRAM TRAINING ACKNOWLEDGEMENT FORM

Farmer Name _____

Name of Farm _____

Date of Training _____

The farmer shall print their name in the paragraph that follows and read accordingly:

I, _____, hereby acknowledge, through my signature below, that I have been trained for the Farmers Market Nutrition Program. I acknowledge I am familiar with the current Farmer Handbook, considered part of the current Farmers Market Nutrition Program Agreement. I understand how to fill out checks upon receipt. I am familiar with various kinds of fraud, and sanctions for non-compliance with the farmer agreement. I further acknowledge that by signing this form, I am obligated to ensure that all of my employees are trained on Farmers Market Nutrition Program rules and regulations.

Checks for the 2023 farmers market season must be deposited by September 15, 2023.

(Signature) _____ Date _____

Dept. of Health Farmer Market Representative:

(Signature) _____ Date _____