Attachment C

FMC-3 (rev 4/08)

SAMPLE

New York State
Department of Agriculture and Markets
10-B Airline Drive
Albany, New York 12235

NYS SENIOR FARMERS MARKET NUTRITION PROGRAM (SFMNP)
ISSUANCE CERTIFICATION

This certifies that I have issued the following check booklets to eligible recipients at:

Site Name_____ SFMNP Site Number: | | | | | |

Address_____ Date Issued | Month | Day | Year |

City_____ Zip_____

Check Booklet Number	Race	Hispanic Y/N	Recipient's Signature	Issuing Staff Initials

Race/Ethnicity Codes

N - Native American or Alaska Native, **A** - Asian, **B** - Black or African American,
P - Native Hawaiian or Pacific Islander, **W** - White

_____ _____

Issuing Staff Signature Date

Outside of NYC, please send PROMPTLY to the NYS Department of Agriculture and Markets (see address above). In NYC, please send to NYC Dept for the Aging, 2 Lafayette St., NY, NY 10007. If you have questions about the SFMNP please call (800) 554-4501 or (518) 457-7076.