

**NEW YORK STATE OFFICE FOR THE AGING**

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

Greg Olsen, Acting Director

An Equal Opportunity Employer

**PROGRAM INSTRUCTION**

**Number: 16-PI-09 - REVISED**

**Supersedes: 15-PI-09**

**Expiration Date**

**DATE:** May 31, 2016

**TO:** Area Agency on Aging (AAA) Directors

**SUBJECT: 2016 Senior Farmers Market Nutrition Program (SFMNP)  
Information and Instructions**

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**PURPOSE:** The purpose of this Program Instruction is to provide administrative instructions for the 2016 Senior Farmers Market Nutrition Program (SFMNP).

**MAJOR PROGRAM ELIGIBILITY CHANGE:**

- In past years, distribution of coupon booklets was limited to “one booklet per household” regardless of the number of eligible older adults that reside there. This year, each older adult in a household is eligible to receive a booklet if they meet the age and income requirements.

**HIGHLIGHTS FOR THIS YEAR:**

- Check value and color – the value of each check remains \$4.00 and each booklet of checks contains 5 checks.
- Check color for this program year will be rust.
- Eligibility Clarification – eligibility is determined by two factors, age and income. Eligible recipients must be age 60 or older. Someone who is age-eligible must then meet the income eligibility requirement as listed on the form labeled Attachment A.
- “And Justice for All” Poster will be provided for each AAA to display.

**PROGRAM DATES:**

- **Checks can be issued by the AAA once they are received and inventoried.**
- **Checks cannot be issued after September 30, 2016.**
- **Checks may be used by recipients through November 30, 2016.**
  - Not all markets remain open through November 30. Please encourage recipients to contact their local farmers market prior to their visit.
- Notification if AAA will not be able to issue all of the allocated SFMNP check booklets during the program period should occur as soon as possible, but no later than, **August 19, 2016.**

**PROGRAM MATERIALS:**

1. Allocated quantity of SFMNP booklets will be sent to the AAA from the NYS Department of Agriculture and Markets' printer by UPS or other delivery service. Coupons are packaged in sets of 20 and the color for this year is **rust**.
2. SFMNP Statement of Eligibility Forms (Attachment A)
  - AAAs should duplicate this form. This document is being provided in English and Spanish. If there is a population with limited English proficiency (LEP) in your service area, it may be necessary to translate this document into other languages. Language assistance must be made available by the AAA to these individuals as necessary (e.g., telephonic interpretation).
3. FMC-1 Form: Certification of Distribution of Farmers Market Checks (Attachment B is a sample form). This form contains your AAA SFMNP Site Number and is used to inventory materials once you receive them.
4. FMC-3 Form: Check Issuance Certification. This form is used to track check issuance. (Attachment C)
5. Un-Issued Booklets Log Sheet: This form is available in PDF and Excel for tracking un-issued booklets. (Attachment D)
6. The Department of Agriculture and Markets will ship a supply of pocket folders and market schedules similar to your agency allocation of check booklets. The location, days and hours of operation of the nearest participating farmer's market(s) should be made available to program participants. It is also located online: <https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State-Map/qfni-eg8a>

**CHECK INVENTORY AND HANDLING:** Each AAA will receive materials in separate deliveries. The shipment of SFMNP checks must be accepted and signed for by the AAA director or staff assigned by the AAA director. When the checks are delivered the

following procedures should be enacted immediately:

1. The checks should be reviewed to see if the total amount and check numbers correspond to the FMC-1: Certification of Distribution of Farmers' Market Check Form(s).
  - Check each wrapped package of checks to verify that the full sequence of numbered check booklets has been received and indicate this by checking off the sequences on the FMC-1 form.

Each original page of the FMC-1 form must be kept at the distribution site. The copy must be returned **within two (2) days of receipt of the checks** to the NYS Department of Agriculture and Markets using the enclosed envelope OR via email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)

**If the shipment of SFMNP checks is incomplete or inconsistent in any way with the FMC-1 inventory form(s), AAAs should immediately contact New York State Department of Agriculture & Markets:**

**Food and Nutrition Unit**  
**Phone: 518-457-7076 prompt #1**  
**[farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)**  
**Fax: 518-457-2716**

AAA must also notify Lynn Hart, NYSOFA (518) 474-4945;  
[Lynn.Hart@aging.ny.gov](mailto:Lynn.Hart@aging.ny.gov)

2. **All SFMNP checks must be stored in a secure, locked location until needed.** Checks must NOT be kept on top of desks or other such places. The AAA (and/or any local agency partners) is responsible for ensuring the security of checks that have not yet been issued to participants.
  - The AAA must have a procedure in place for keeping track of where the SFMNP check booklets are being stored and issued. It is recommended that a copy of the original FMC-1 form: Certification of Distribution of Farmers Market Checks be made and used to track the location and allocation of the checks for issuance.
  - If an AAA distributes SFMNP checks at multiple locations or through other local agencies, a separate record for each location must be kept of when, where, and to whom SFMNP checks have been transferred from the AAA, bearing the signature of both the AAA and local staff persons involved. Each location must then follow all SFMNP issuance and record keeping procedures as the designated agent of the AAA.
3. When issuing SFMNP checks, the FMC-3: Check Issuance Certification form (Attachment C) must be used (see section below). When each FMC-3 form has

been completed with the check booklet numbers and signatures of individual recipients receiving the booklets, the form must be signed and dated by the issuing officer. The agency must keep one copy of the form and **send the original within two (2) days of its completion** directly to:

**Preferred Data  
P.O. Box 15136  
Albany, NY 12212-5136**

4. If SFMNP checks are lost or stolen before issuance, they must be reported as follows:
  - Immediately report the numbers of any lost or stolen SFMNP checks by telephone to Lynn Hart at (518) 474-4945. NYSOFA will notify the Department of Agriculture and Markets. A decision will then be made as to whether the local police should be contacted, if this has not already occurred.
  - Lost or stolen SFMNP check numbers must be noted on the appropriate FMC-3 form by indicating that the checks were "stolen" or "lost". Enter any other pertinent information on the form regarding these checks.
  - Lost or stolen SFMNP checks cannot be replaced.

**ELIGIBILITY AND TARGETING CRITERIA:**

1. Issuance of SFMNP checks should be targeted to older adult households (one or more individuals 60+) who are, or affirm that they are, low-income based on one of the following criteria (A or B):

A: Gross monthly income at or below 185% of Federal Poverty Guidelines:

\$1,832/month for a one-person household;

\$2,470/month for a two-person household; or

\$3,108/month for a three-person household.

Income levels increase by \$642 /month based on the number of persons in the applicant's household.

These amounts are based on the Special Supplemental Nutrition Program for Woman, Infants and Children (WIC) Income Eligibility Guidelines (IEGs) for FY 2016, published in the Federal Register on March 18, 2016, at [80 FR 14826].

**OR**

B: Currently receiving or eligible to receive one of the following benefits: Supplemental Security Income (SSI), public assistance, or Section 8 housing subsidy.

2. SFMNP check issuance MUST occur to eligible older adults on a FIRST COME FIRST SERVE basis. Farmers Market checks cannot be reserved for “regulars” at congregate nutrition or other sites. Encourage older adults to participate only if they are planning to use the coupons. **If necessary, keep waiting lists, which is a USDA requirement.**
3. **Each older adult in a household is eligible to receive a booklet if they meet the age and income requirements.** (In past years, distribution of coupon booklets was limited to “one booklet per household” regardless of the number of eligible older adults that reside there.)
4. Selection of sites for issuance of SFMNP checks should be determined by the AAA in collaboration with appropriate agency partners to increase check distribution to low-income older adults. The intent of this program is to economically support local farmers and provide low-income older adults with access to local fresh produce. It is very important that each area agency make every effort to distribute allocated booklets for the maximum benefit to older adults and the local economy.

Criteria for site selection for the distribution of the checks includes the following:

- Sites in communities or neighborhoods with a high proportion of low income older adults (including congregate sites and senior centers);
- Sites in close or reasonable proximity to participating farmers markets;
- Sites with access to group or public transportation on market days;
- Low income housing complexes;
- Other sites that can efficiently serve current participants in programs such as SSI, HEAP, public assistance, or Section 8 housing subsidy that qualify older adults for SFMNP participation; or
- Farmers markets in low-income communities may be used as issuance sites with the approval of the market sponsor or manager.

Please issue checks in as many communities with farmers markets as possible to increase geographic variability and benefit the most farmers and low-income older adults. Each AAA will be asked to provide a list of distribution sites at the end of the SFMNP year. The list should include street address, city, state, zip. NYSOFA will contact AAAs at the end of the program period to collect this

information.

Participating Farmers Markets including sponsor or manager information can be found on the following link: <https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State-Map/gfni-eg8a>

**CHECK ISSUANCE:** Eligible recipients must (1) personally sign the Statement of Eligibility form (Attachment A) to receive SFMNP checks, and (2) sign the FMC-3 form (Attachment C).

- Checks cannot be mailed to eligible older adults.
- Proxies may not pick-up and sign for checks. A valid Power of Attorney (POA) may sign for checks and pick up books for an eligible older adult.
- For older adults, with physical limitations, who are unable to come to an issuance site, the issuance must occur in person and the recipient must sign for the checks.

1. SFMNP Statement of Eligibility (Attachment A)

After explaining the program to the interested older adult, show him/her the SFMNP Statement of Eligibility (Attachment A). If he/she indicates that he/she is eligible, the individual must then sign the statement. This statement should be kept on file at the distribution site location for at least 3 years as required by federal regulations for the program.

- The form also has the participant’s Statement of Rights and Responsibilities and the Race/Ethnicity questions. You may need to help participants read the forms. To complete the questions about Race/Ethnicity, participants:

- Check either Yes or No for the Hispanic/Latino question and
- Put a Y (for Yes) or N (for No) for each of the races listed.

2. FMC-3: Issuance Certification form (Attachment C)

To complete the FMC-3: Issuance Certification form (Attachment C):

- Enter the name of the AAA under “Site Name” and the address of the AAA under “Address” on each of the copies of this form.
- Enter the five-digit SFMNP site number that has been assigned by the Department of Agriculture and Markets to your AAA or site. **This number can be found on the Certification of Distribution of Farmers Market Check form (FMC-1) directly above the AAA or site address. Be sure to list this number on each copy of this form that you use.**
- Enter the date the checks are being issued. Only one date may be used on each FMC-3 form -- a new form must be started each day.
- Enter the check booklet number in the first column (the check booklet number is the nine-digit number of the first check in the booklet).

- The recipient must sign in the recipient’s signature column when he/she receives checks; and
  - The issuing staff member must sign his/her initials in the last column.
  - Collection of Race/Ethnicity data: As with other federal benefit programs, collection of this data are used to help oversight agencies determine that benefits are distributed in a fair and equitable way. The Department of Agriculture and Markets has amended the FMC-3 form (Certificate of Issuance) to help capture this data.
  - Please note, race and/or ethnicity will not determine eligibility. While participants are not required to disclose race or ethnicity AAAs should attempt to collect this data by asking participants to self-identify.
3. Each SFMNP check booklet is worth \$20 and contains five (5) \$4.00 checks. Recipients **MUST** be issued the entire \$20 benefit. Booklets may NOT be subdivided among recipients.
  4. SFMNP check booklets should be issued in numerical sequence and the FMC-3 form completed in this sequence at each issuance site (if more than one site is used.)
  5. As SFMNP checks are issued, each FMC-3 form must be signed and dated by the issuing officer at the bottom and sent to the NYS Department of Agriculture and Markets via **Preferred Data within two days of completion, even if only one participant is issued checks during that period.**

**INSTRUCTING OLDER ADULTS IN THE USE OF THE CHECKS:** Many older adults may be confused about the rules and limitations placed on using the checks they receive. It is very important then that staff take special care in reviewing the rules with them.

1. When the checks are issued, the issuing officer should explain:
  - The purpose of the program (promote increased use of locally grown fresh fruits and vegetables and support local farmers);
  - What a farmers market is (an assembly of individual local farmers – selling what they grow);
  - The nature of the SFMNP checks (a booklet of five (5) \$4.00 checks worth \$20); and
  - The key guidelines for their use (see below).

This should be done either on a one to one basis or in a group setting. Staff should emphasize that:

- SFMNP checks may only be used at authorized multiple vendor farmers markets and farm stands participating in the program and not at grocery stores. <https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State-Map/gfni-eg8a>
  - Checks may only be used to buy locally grown fresh fruits and vegetables from participating farmers -- although other items are also commonly available at the markets. (Farmers will not accept the checks for ineligible items like cider, jams, honey, or baked goods, and recipients should not insist that the checks be accepted for them.)
  - Checks may only be used to buy from fruit or vegetable farmers who display the brightly colored Farmers' Market Nutrition Program sign saying "We Gladly Accept Farmers Market Checks".
  - Other vendors, such as producers of other food items or non-farmers will not accept the checks and recipients should not insist they do.
  - Explain checks cannot be used after November 30<sup>th</sup> of the current year. Program dates are listed on the face of each check and in the check folders that are issued with the checks.
  - Individual Farmers Market Checks are worth \$4.00. Farmers will not give change. If a purchase is less than \$4.00, farmers may add additional items of the recipient's choice to make up the difference.
  - Coupons may be redeemed by caregivers/others if recipients are not able to shop in person at the farmers market for produce.
2. In addition to the SFMNP check booklets, each recipient should be issued a SFMNP check pocket folder and a schedule of participating farmers markets in the area. The cover and inside of the pocket folder lists guidelines and additional suggestions for check use – such as "Come early for the best selection."
  3. Once checks are issued to a recipient, the recipient is responsible for them. **Lost checks cannot be replaced.**

**UNISSUED BOOKS:** If you think you will not be able to issue all of your allocated SFMNP check booklets during the program period, contact NYS Department of Agriculture and Markets at as soon as possible, but no later than, **August 19, 2016**, so arrangements can be made to reallocate them to meet requests from AAAs that exceeded their 2016 SFMNP allocation. Since check booklets cannot be issued beyond September 30, 2016 it is important to return undistributed booklets as quickly as possible.

Un-issued books must be tracked on Attachment D: Un-issued Booklets Log Sheet (Excel or pdf version). Write “Returned to the NYS Department of Agriculture and Markets” on the “Recipient’s Signature” line and email to New York State Department of Agriculture & Markets Food and Nutrition Unit [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov) with subject line “SFMNP Unissued Booklets”. Return the checks and the completed Un-Issued Log Sheet by mail to:

**New York State Department of Agriculture & Markets  
Food and Nutrition Unit  
10B Airline Drive, Albany, NY 12235**

#### **COORDINATION WITH FARMERS MARKET SPONSOR OR MANAGERS:**

1. It is strongly recommended that an AAA representative contact the sponsors or managers of farmers markets where SFMNP check redemption is most likely to occur, to discuss program operations. By clarifying the market’s location, facilities, and schedule, as well as identifying the local produce items available at various times you will help maximize the benefits of the program for older adults and farmers. This added information can help AAA staff best explain the program. A visit to the market or a pre-season meeting with the manager will also be helpful.
2. If group transportation can be coordinated with the SFMNP, doing so can help to maximize redemption rates and program impact. If you are able to arrange this, it is particularly important to contact market sponsors and managers to help the market and farmers prepare for a group visit.
3. Farmer’s market sponsors are the organizations that operate farmers markets – including cities and villages, civic and not-for-profit organizations like chambers of commerce, and farmer cooperatives or associations. Market managers are the people responsible for on-site market operations. Market sponsor/manager contact names and telephone numbers are listed on the Department of Agriculture and Markets website given in this instruction.

#### **NUTRITION EDUCATION FOR THE SFMNP**

1. Nutrition Education is a major component of this program. Cornell Cooperative Extension (CCE) facilitates nutrition education activities across the state at locations including farmers markets and have educational material available on their website <http://fmnp.nutrition.cornell.edu/>. It is important that AAAs explore and coordinate the provision of this service with a nutrition educator at the local Cooperative Extension office in order to maximize the educational benefits of this program. Some county-based CCE nutrition educators host pre-season planning meetings regarding the FMNP that include representatives from AAAs, WIC local agencies, and farmer market sponsors or managers. AAAs are reminded to report nutrition education units that meet NYSOFA Standard Definitions.

**PROBLEMS OR COMPLAINTS REGARDING FARMERS MARKETS:** The Department of Agriculture and Markets staff visits the farmers markets participating in the SFMNP to check for compliance with program requirements. However, if you become aware of any problems or complaints the following steps should be taken:

1. Interview the recipient who reported the problem to determine the nature of the problem as specifically as possible (date, time, location). If an individual farmer at the farmers market is involved, try to obtain the name of the farm or farmer or location within the market where the problem occurred.
2. If possible, interview other recipients to determine whether there may be similar complaints to see if a pattern exists.
3. Report the problem to Lynn Hart, NYSOFA Aging Services Nutrition Consultant (ASNC) (518) 474-4945 or email: [Lynn.Hart@aging.ny.gov](mailto:Lynn.Hart@aging.ny.gov). State the nature of the problem and any suggestions you have to avoid the problem from happening again. Please do this whether or not you have resolved the problem yourself.
4. NYSOFA will contact the Department of Agriculture and Markets for their assistance. The Department is in close communication with markets and farmers, and will follow up on reports.
5. Agency staff that receive complaints from FMNP check recipients alleging civil rights violations must explain there is a complaint process and refer them as stated below:  
To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
  - mail: USDA  
Office of the Assistant Secretary for Civil Rights  
400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
  - fax: (202) 690-7442; or
  - email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

## **ATTACHMENTS**

- A: SFMNP Statement of Eligibility Forms (NYSOFA English and Spanish)
- B: Sample FMC-1: Certificate of Distribution of Farmers Market Check Forms
- C: Sample FMC-3: Check Issuance Certification
- D: Un-Issued Booklets Log Sheet
- E: 2016 Allocation Schedule by County

**PROGRAMS AFFECTED:**

- |                                      |                                      |                                      |  |  |
|--------------------------------------|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Title III-D | <input type="checkbox"/> Title III-E | <input type="checkbox"/> Title III-B | <input type="checkbox"/> Title III-C-1 | <input type="checkbox"/> Title III-C-2 |
| <input type="checkbox"/> EISEP       | <input type="checkbox"/> NSIP        | <input type="checkbox"/> CSE         | <input type="checkbox"/> WIN           | <input type="checkbox"/> Energy        |
|                                      |                                      | <input type="checkbox"/> Title V     | <input type="checkbox"/> HIICAP        | <input type="checkbox"/> LTCOP         |

**Other: Senior Farmers Market Nutrition Program**

**CONTACT PERSON:** Lynn Hart, ASNC

**TELEPHONE:** (518) 474-4945

**SENIOR FARMERS MARKET NUTRITION PROGRAM (SFMNP)  
 2016 Statement of Eligibility**

- I. **I am:**
- **60 years of age or older; AND**
  - **My monthly income is at or below**  
 \$1,832/month for a one-person household,  
 \$2,470/month for a two-person household,  
 \$3,108/month for a three-person household;
- OR**
- **Currently receiving or eligible to receive SSI, public assistance, or Section 8 housing subsidy;**
- II. **Also, I have not received Farmers Market checks from any other location.**

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal Law.

Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision made by the local agency regarding my eligibility for the SFMNP.

- III. Please complete the following chart. These answers are optional; this information will not affect your eligibility.
- IV. Free Language Access and Interpretation Services Are Available for Persons with Limited English Proficiency.

<b>Hispanic or Latino?</b>		<b>Enter Y (Yes) or N (No) for each race*</b>				
<b>Yes</b>	<b>No</b>	<b>N</b>	<b>A</b>	<b>B</b>	<b>P</b>	<b>W</b>

\*Race/Ethnic Codes: **N** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES  
Declaración de Elegibilidad Para el año 2016**

**I. Certifico que yo:**

- **Tengo 60 años de edad o mayor; y**
- **Mis ingresos mensuales están en o debajo**  
\$1,832/ mes para una casa de una persona,  
\$2,470/ mes para una casa de dos-personas,  
\$3,108/ mes para una casa de tres-personas  
**o**
- **Actualmente recibo, o soy elegible para recibir, Seguro Social (SSI), asistencia publica, o domicilio de subsidio de la sección 8(sección 8);**

**II. No he recibido cupones de Mercado de agricultores de ningún otro programa.**

He sido advertido sobre mis derechos y obligaciones bajo PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES. Certifico que la información que he proveído para la determinación de mi elegibilidad es correcta, según mi conocimiento. Este formulario de certificación está siendo remitido en conexión con el recibo de asistencia Federal. Oficiales del programa pueden verificar información en este formulario. Entiendo que hacer falsas o engañosas declaraciones intencionalmente, o representar falsamente o encubrir hechos intencionalmente puede resultar en pagarle a la agencia de Estado, en efectivo, el valor de los beneficios alimenticios que fueron impropriamente entregados a mí y puedo ser sometido a prosecución civil o criminal bajo la ley del Estado y Federal.

Estándares para elegibilidad y participación en el PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES son los mismos para todos, sin importar la raza, color, origen nacional, edad, incapacidad, o sexo. Entiendo que puedo apelar cualquier decisión hecha por la agencia local con respecto a mi elegibilidad para el PROGRAMA DE CUPONES DE MERCADO DE AGRICULTORES.

**III.** Por favor completa la forma siguiente. Esta información es voluntaria de su parte; sus respuestas no afectarán su habilitación para recibir beneficios.

**IV.** Los servicios de interpretación y de asistencia lingüística están disponibles sin costo alguno para las personas con habilidades en inglés limitados.

<b>Hispano o Latino?</b>		<b>Indique S (Si) o N (No) para cada código de raza*</b>				
<b>Si</b>	<b>No</b>	<b>N</b>	<b>A</b>	<b>B</b>	<b>P</b>	<b>W</b>

\***Códigos de Raza/Etnia:** **N-** Indígena Norte Americano o Nativo de Alaska, **A-** Asiático, **B-** Negro o Afro-Americano, **P-** Nativo de Hawai o Islas del Pacifico, **W-** Blanco

\_\_\_\_\_  
**Firma**

\_\_\_\_\_  
**Fecha**

FMC-1(REV 6/98) NYS DEPARTMENT OF AGRICULTURE AND MARKETS  
10-B AIRLINE DRIVE  
ALBANY, NY 12235

CERTIFICATION OF DISTRIBUTION OF FARMERS MARKET CHECKS  
THIS CERTIFIES THAT THE FOLLOWING CHECK BOOKLETS HAVE BEEN  
RECEIVED FOR DISTRIBUTION TO ELIGIBLE RECIPIENTS AT -

50100  
ALBANY COUNTY OFFICE FOR THE AGING  
6<sup>th</sup> floor- SFMNP Coordinator  
162 Washington Ave  
ALBANY NY 12207

BOOKLET NUMBER	FIRST CHECK	LAST CHECK	RECEIVED?
19000001	19000001	19000010	<input type="checkbox"/> Y <input type="checkbox"/> N
19000011	19000011	19000020	<input type="checkbox"/> Y <input type="checkbox"/> N
19000021	19000021	19000030	<input type="checkbox"/> Y <input type="checkbox"/> N
19000031	19000031	19000040	<input type="checkbox"/> Y <input type="checkbox"/> N
19000041	19000041	19000050	<input type="checkbox"/> Y <input type="checkbox"/> N
19000051	19000051	19000060	<input type="checkbox"/> Y <input type="checkbox"/> N
19000061	19000061	19000070	<input type="checkbox"/> Y <input type="checkbox"/> N
19000071	19000071	19000080	<input type="checkbox"/> Y <input type="checkbox"/> N
19000081	19000081	19000090	<input type="checkbox"/> Y <input type="checkbox"/> N
19000091	19000091	19000100	<input type="checkbox"/> Y <input type="checkbox"/> N
19000101	19000101	19000110	<input type="checkbox"/> Y <input type="checkbox"/> N
19000111	19000111	19000120	<input type="checkbox"/> Y <input type="checkbox"/> N
19000121	19000121	19000130	<input type="checkbox"/> Y <input type="checkbox"/> N
19000131	19000131	19000140	<input type="checkbox"/> Y <input type="checkbox"/> N
19000141	19000141	19000150	<input type="checkbox"/> Y <input type="checkbox"/> N
19000151	19000151	19000160	<input type="checkbox"/> Y <input type="checkbox"/> N
19000161	19000161	19000170	<input type="checkbox"/> Y <input type="checkbox"/> N
19000171	19000171	19000180	<input type="checkbox"/> Y <input type="checkbox"/> N
19000181	19000181	19000190	<input type="checkbox"/> Y <input type="checkbox"/> N
19000191	19000191	19000200	<input type="checkbox"/> Y <input type="checkbox"/> N
19000201	19000201	19000210	<input type="checkbox"/> Y <input type="checkbox"/> N
19000211	19000211	19000220	<input type="checkbox"/> Y <input type="checkbox"/> N
19000221	19000221	19000230	<input type="checkbox"/> Y <input type="checkbox"/> N
19000231	19000231	19000240	<input type="checkbox"/> Y <input type="checkbox"/> N
19000241	19000241	19000250	<input type="checkbox"/> Y <input type="checkbox"/> N
19000251	19000251	19000260	<input type="checkbox"/> Y <input type="checkbox"/> N
19000261	19000261	19000270	<input type="checkbox"/> Y <input type="checkbox"/> N
19000271	19000271	19000280	<input type="checkbox"/> Y <input type="checkbox"/> N
19000281	19000281	19000290	<input type="checkbox"/> Y <input type="checkbox"/> N
19000291	19000291	19000300	<input type="checkbox"/> Y <input type="checkbox"/> N
19000301	19000301	19000310	<input type="checkbox"/> Y <input type="checkbox"/> N



# Senior Farmers Market Nutrition Program

## UN-ISSUED BOOKLETS LOG SHEET

A	B	C	D	E	F
SFMNP Site ID	Site Name	# Booklets	Serial Number First Check, First Booklet	Serial Number First Check, Last Booklet	Serial Number Last Check, Last Booklet
(e.g. 501)	(e.g. Albany County Office for the Aging)	(e.g. 500)	(e.g. 192642701)	(e.g. 192643196)	(e.g. 192643200)
Total					

- Instructions:** According to the Program Instruction 15-PI-09, return any undistributed SFMNP coupon booklets to the NYS Department of Agriculture and Markets.
- Sort all un-issued coupon booklets sequentially by their nine digit serial number; serial numbers are at the top right corner (e.g. 190234567).
  - Identify batches of sequential serial numbers; when there is a gap in sequence, this would begin a new batch.
  - Record each batch separately; one batch per row in the table.
  - Should you have one single booklet, populate column D and F; leave column E blank.
  - Destroy un-issued coupon booklets immediately upon submission of this logsheet; shredding or confidential destruction are two acceptable means of destruction.
  - Return the logsheet by mail, fax or email to:

NYS Department of Agriculture and Markets  
 Senior Farmers Market Nutrition Program  
 10B Airline Drive  
 Albany NY 12235  
 Email: farmersmarkets@agriculture.ny.gov  
 Fax: (518) 457-2716

NEW YORK STATE OFFICE FOR THE AGING  
 FARMERS MARKET NUTRITION PROGRAM

COUPON BOOK ALLOCATION SCHEDULE SFY 2016-17

<u>Area Agency</u>	<u>Total WIN Award</u>	<u>Coupon Book Allocation</u>	<u>Sets of 20 books</u>	<u>Dollar Value</u>
Albany	\$478,417	1,740	87	\$34,800
Allegany	203,942	740	37	14,800
Broome	265,301	960	48	19,200
Cattaraugus	213,908	760	38	15,200
Cayuga	211,101	760	38	15,200
Chautauqua	256,548	920	46	18,400
Chemung	216,232	780	39	15,600
Chenango	203,985	740	37	14,800
Clinton	206,964	740	37	14,800
Columbia	208,342	740	37	14,800
Cortland	202,641	720	36	14,400
Delaware	205,566	740	37	14,800
Dutchess	265,912	960	48	19,200
Erie	1,103,608	4,000	200	80,000
Essex	202,762	720	36	14,400
Franklin	206,104	740	37	14,800
Fulton	208,044	740	37	14,800
Genesee	204,950	740	37	14,800
Greene	204,348	740	37	14,800
Herkimer	211,641	760	38	15,200
Jefferson	214,163	760	38	15,200
Lewis	141,186	500	25	10,000
Livingston	144,803	520	26	10,400
Madison	205,038	740	37	14,800
Monroe	593,894	2,160	108	43,200
Montgomery	209,232	760	38	15,200
Nassau	1,056,370	3,000	150	60,000
Niagara	269,333	960	48	19,200
Oneida	473,791	1,720	86	34,400
Onondaga	503,025	1,820	91	36,400
Ontario	209,235	760	38	15,200
Orange	467,121	1,700	85	34,000
Orleans	200,823	720	36	14,400
Oswego	214,821	780	39	15,600
Otsego	207,395	740	37	14,800
Putnam	144,612	520	26	10,400
Rensselaer	252,012	900	45	18,000
Rockland	260,334	940	47	18,800
St Lawrence	218,836	780	39	15,600
Saratoga	217,082	780	39	15,600
Schenectady	252,980	900	45	18,000
Schoharie	142,086	520	26	10,400
Schuyler	138,691	500	25	10,000
Seneca	141,978	500	25	10,000
Steuben	216,730	780	39	15,600
Suffolk	980,387	3,540	177	70,800
Sullivan	211,226	760	38	15,200
Tioga	143,229	520	26	10,400
Tompkins	204,941	740	37	14,800
Ulster	256,020	920	46	18,400
Warren/Hamilton	207,015	740	37	14,800
Washington	205,327	740	37	14,800
Wayne	209,370	760	38	15,200
Westchester	1,046,568	3,800	190	76,000
Wyoming	142,967	520	26	10,400
Yates	140,947	500	25	10,000
New York City	10,820,867	39,420	1,971	788,400
Seneca Nation	69,109	240	12	4,800
St Regis Mohawk	69,140	240	12	4,800
<b>Total</b>	<b>\$27,283,000</b>	<b>\$97,940</b>	<b>\$4,897</b>	<b>\$1,958,800</b>