

Agency Name: _____			NYS FMNP Agency Site ID _____		
A	B	C	D	E	F
DISTRIBUTION SITE NAME	ADDRESS1	ADDRESS2	CITY	STATE	ZIP

Instructions: 1. Enter the information for each physical location where booklets are distributed to participants.
 2. Mail or email the completed form to NYS Department of Agriculture and Markets by November 30, 2020

MAIL: NYS Department of Agriculture and Markets
 NYS Farmers' Market Nutrition Programs
 10B Airline Drive
 Albany, NY 12235

FAX: (518) 457-8398

EMAIL: farmersmarkets@agriculture.ny.gov