

Agency Name: _____ NYS FMNP Agency Site ID _____

A	B	C	D	E	F
DISTRIBUTION SITE NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP

This is to record a high level list of where coupons were issues this year.

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 October 31.

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