

Capital Resource Conservation and Development Area Council
Farmers Market Swipe Card Reader Application

The goals of the project are to enhance and improve the marketing efforts of the region's open-air farmers markets and increase access to farmers markets for low-income citizens who are eligible to receive Federal nutrition assistance.

Market Information

Name of Farmers Market: _____

Location (street address and city) _____

Number of years in operation _____

Number of vendors expected in 2011 _____

Hours/days of operation: _____

If seasonal, what date is the market scheduled to open _____

Approximate annual revenues generated by the market: _____

Name of the school district in which the market is located

Market Management/Organization

Does your market have someone filling the role of market manager (circle one):
Yes / No

If yes, is your market manager also a vendor at the market (circle one):
Yes / No

Name of Market Manager: _____

Manager Phone Number: _____

Market Interest

Will the market vendors be willing to take a short training (approximately 1-hour) in order to participate in this program? (circle one): Yes / No

Is your market interested in receiving a farmers market Marketing and Health and Nutrition Toolkit? (circle one): Yes / No

Please return this application form to:

Capital RC&D Area Council
401 E. Louthier Street, Suite 307
Carlisle, PA 17013