

**INSTRUCTIONS FOR  
FOOD & NUTRITION  
FARMERS' MARKET NUTRITION PROGRAM  
H1406 PLAN OF OPERATION**

To participate in the Farmers' Market Nutrition Program (FMNP), organizations must complete the Plan of Operation.

---

**SECTION 1 – ORGANIZATION**

**Name of Contracting Entity (CE)** – Enter the name of the contracting entity applying to participate in the program.  
**Area Code and Telephone Number** - Enter the area code and telephone number of the organization  
**Address – (Street or P.O. Box, City, State, ZIP Code)** – Enter the street address. This is the physical location of the primary business office where essential program functions are conducted and essential program records are maintained.  
**Fax Area Code and Number** – Enter the fax number of the organization, including the area code  
**Mailing Address** – Enter if different from the street address.  
**E-mail Address** – Enter the e-mail address of organization.  
**Name of FMNP Contact Person** – Enter the full name of the person who is the contact for your organization.  
**Title** – Enter the contact person's title.  
**Area Code and Telephone Number** – Enter the area code and telephone number of the contact person this program.  
**E-mail Address of Contact Person** – Enter the e-mail address of the contact person for this program.

---

**SECTION 2 – NONPROFIT STATUS**

**Type of Organization** – Mark the box indicating type of organization. Choose only one.

---

**SECTION 3 - BUDGET**

To be approved for the FMNP, you are required to submit program year budgets for estimated allowable administrative costs. Refer to Item 3121, Allowable Administrative Costs, in the *Farmers' Market Nutrition Program Handbook* for guidance when completing this portion of the application. Attach additional pages if necessary.

---

**SECTION 4 – MANAGEMENT PLAN**

List all administrative personnel who will be responsible for managing and monitoring the program. You must include the number of people in each function and their titles. Site supervisors should not be included; information about these employees must be reported on Form H1420, Site Information.

---

**SECTION 5 – TRAINING**

Provide a list of your proposed training topics and the proposed dates when training will be conducted. Refer to Section 4511, Staff Training, in the *Farmers' Market Nutrition Program Handbook* for additional topics.

---

## SECTION 6 – SITE INFORMATION

- (a) Enter the county, zip codes or other identifiable geographic area your program will serve.  
(b) Complete Form H1420, Site Information, to provide information about each site where voucher distribution will take place.
- 

## SECTION 7 – CERTIFICATION AND ASSURANCE

The CE assures TDA that it operates according to Form H1406, Plan of Operation, and the Farmers' Market Nutrition Program Agreement between the Texas Department of Agriculture and Contracting Entity.

An authorized representative must read and sign the certification area of this form. Enter the name and title of the authorized representative in the spaces provided. An authorized representative is a person listed on the form FND 101, Certificate of Authority for External Users.

---

## SUBMISSION

Submit to TDA using **one** of the following methods:

**Email to:** [CommodityOperations@TexasAgriculture.gov](mailto:CommodityOperations@TexasAgriculture.gov)

**Fax to:** 888-237-4958

**Mail to:**

Texas Department of Agriculture  
Food and Nutrition  
Attn: Commodity Operations  
P.O. Box 12847  
Austin, Texas 78711-2847

**Overnight to:**

Texas Department of Agriculture  
Food and Nutrition  
Attn: Commodity Operations  
1700 North Congress Avenue, Suite 1125E  
Austin, Texas 78701-1496