As a producer of Florida fresh fruits and/or vegetables, you have been part of the Farmers’ Market Nutrition Program (FMNP) in Florida. As a participant in this program, you were certified by the County Extension Service, received training on FMNP, and met many new customers who came to your stall to buy produce. We are interested in your experiences with this program and would appreciate your comments. Your input will help shape the FMNP in coming years so that even more people can benefit from the wide array of produce grown by Florida farmers.

Please answer each question and fill in the comments section at the end to tell us what parts of the program were good and what parts need improvement. Again, thank you for your participation and we look forward to working with you in the future.

1. How did you hear about the Farmers’ Market Nutrition Program? Circle Below:
   A. Participated in the program last year.
   B. Through the local County Extension Office.
   C. Through the local Farmers’ Market.
   D. From another farmer.
   E. Other (Please specify) _________________________________________________

2. Do you currently own a smartphone? ___ YES ___ NO
   If No, does anyone in your family own a smartphone? ___ YES ___ NO

3. Do you currently accept SNAP/EBT? ___ YES ___ NO

4. Do you currently accept Debit/Credit? ___ YES ___ NO

5. If you accept Debit/Credit or SNAP, what equipment do you have to make the transactions?
   ______________________________________________________________________

6. If FMNP discontinued the use of paper checks and switched to an EBT card, would you continue your participation in the program? ___ YES ___ NO

7. Does participating in the FMNP increase your farmers’ market sales? ___ YES ___ NO ___ NOT SURE

8. Do FMNP customers continue to shop at the market, even without the coupons ___ YES ___ NO ___ NOT SURE

9. Did the coupon program change your farming or marketing practices in any of the following ways?
   Check all that apply:
   ___ I became more active in the organization or operation of a farmers’ market
   ___ I am increasing my fruit and/or vegetable production
   ___ I am growing a wider variety of fruits and/or vegetables to sell at farmers’ market(s)
   ___ I increased the number of hours and/or days that I sell at farmers’ market(s)
   ___ I am doing more nutrition education with farmers’ market customers
   ___ Other: __________________________________________________________________________

10. Approximately what percent of your sales were with FMNP coupons? _______ %
    (OVER)
11. Do you consider the following statements to be True or False?  

Circle one per statement:

True  False  The information given to me prior to the program was clear and easily understood.

True  False  I would have liked to receive more information about the Farmers’ Market Nutrition Program during the initial training.

True  False  Customer questions about the Farmers’ Market Nutrition Program were easy to answer.

True  False  I understand the FMNP’s rules and regulations, such as displaying my WIC-FMNP sign, posting prices, checking WIC cards, and not giving change.

True  False  The FMNP coupons were easily deposited at my bank.

True  False  If offered, I would participate in the Farmers’ Market Nutrition Program next year.

True  False  I would recommend participating in the FMNP to other farmers.

12. As a result of participating in the WIC – Farmers’ Market Nutrition Program, do you consider the following statements to be True or False?  

Circle one per statement:

True  False  I sell at more farmers’ market(s).

True  False  I offer more recipes or information on how to prepare fresh fruits and vegetables.

True  False  I give more samples to customers.

13. Are there any comments or suggestions you would like to add?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

OPTIONAL: NAME: ________________________________  FARMER ID#: ______________________

Thank you for your participation in the Farmers’ Market Nutrition Program and the information given on this questionnaire. All comments and suggestions will be reviewed so that we can make this program more beneficial to both WIC coupon recipients and local farmers’ market vendors. Information attained in this survey will be presented as totals and not tied to any individual farmer.

PLEASE RETURN THIS QUESTIONNAIRE IN THE SELF-ADDRESSED STAMPED ENVELOPE TODAY.

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