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| **2019 National Farmers Market Managers Survey** | | | | | | | | |
|  | | | | | | | OMB No. 0535-0248  Approval Expires: 04/30/2019  Project Code: QID:  SMetaKey: 3628 Version 19 | |
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| The information you provide will be used for statistical purposes only. Your responses will be kept confidential and any person who willfully discloses ANY identifiable information about you or your operation is subject to a jail term, a fine, or both. This survey is conducted in accordance with the Confidential Information Protection provisions of Title V, Subtitle A, Public Law 107–347, and other applicable Federal laws. For more information on how we protect your information please visit: <https://www.nass.usda.gov/confidentiality>. Response to this survey is **voluntary**. |
| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB number is 0535-0248. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. |

| **Question section** | **Q#** | **Questions with response options** |
| --- | --- | --- |
| Screening Question | 1 | **Please verify the official name of the farmers market that you manage or represent.** ………………………………………………………… |
| Screening Question | 2 | **Was this market in operation in 2019?**  O 1- Yes O 2- No (Complete Screening Question and then skip to closed questions) |
| Screening Question | 3 | **Were you a manager or representative of this farmers market in 2019?**  O 1- Yes O 2- No |
| Screening Question | 4 | **What is your primary relationship with this farmers market?**  O 1- Market manager/ director O 2- Board member  O 3- Communications/Public Relations Contact O 4- Head/ representative of a farmers market association O 5- Representative of sponsoring organization (e.g. chamber of commerce, non-profit group, etc.)O 6- Agricultural Extension Agent O 7- Market president O 8- Market employee O 9- Market volunteer O 10- State agency/ government employee O 11- Local agency/ government employee O 12- Representative of a local economic development organization O 13- Market vendor O 14- Other |
| Screening Question | 5 | **Are you knowledgeable about this farmers market’s operation in 2019 and willing to complete the survey?**   * 1- Yes, knowledgeable and willing to complete the survey NOW * 2- Yes, knowledgeable and willing to complete the survey LATER * 3- Not knowledgeable but am willing to provide contact information about another person who may be knowledgeable and willing to complete the survey (GO TO Section: Alternative Respondent Contact Information, Question 1) * 4- Not willing (End Survey) |
| Farmers Market Organization | 1 | **Please indicate the site of the location where this farmers market operated in 2019.**   * 1- Private business parking lot * 2- Closed-off public street * 3- Faith-based institution (e.g., church, mosque, synagogue, temple) * 4- On a farm (e.g. barn, a tent, a stand, etc.) * 5- Educational institution * 6- Co-located with wholesale market facility * 7- Federal/ state government building grounds * 8- Local government building grounds (e.g. including public parking and recreation areas) * 9- Healthcare institution (e.g. hospital, health care facility, medical facility) * 10- Other, please specify: …………………… |
| Farmers Market Organization | 2 | **Was your market located indoors in 2019?**   * Yes, for the entire market season * Yes, for part of the market season [and part outdoors] * No |
| Farmers Market Organization | 3 | **During which months did this farmers market operate at in 2019?**  [\_] Year Round  [\_] January [\_] February [\_] March [\_] April [\_] May [\_] June [\_] July [\_] August [\_] September [\_] October [\_] November [\_] December |
| Farmers Market Organization | 4 | **Which days of the week was this market location open and which times was it open on those days? (Select all that apply)**   |  |  |  |  | | --- | --- | --- | --- | |  | **Day** | **Open time** | **Close time** | |  | Monday |  |  | |  | Tuesday |  |  | |  | Wednesday |  |  | |  | Thursday |  |  | |  | Friday |  |  | |  | Saturday |  |  | |  | Sunday |  |  | |
| Farmers Market Organization | 5 | **What farm products and other items was sold at this farmers market at this location in 2019?**  [\_] Baked goods: breads, pies, etc.  [\_] Cheese and/ or dairy products  [\_] Coffee and/or tea  [\_] Crafts and/ or woodworking items [\_] Cut flowers [\_] Eggs [\_] Fish and/ or seafood [\_] Fresh fruit  [\_] Fresh vegetables  [\_] Fresh and/ or dried herbs  [\_] Grains and/or flour [\_] Honey  [\_] Juices and/or non-alcoholic ciders  [\_] Canned or preserved fruits and vegetables (jams, jellies, preserves, salsas, pickles, dried fruit, etc.)[\_] Maple syrup and/ or maple products  [\_] Mushrooms  [\_] Red meat and products (other than poultry) [\_] Nuts [\_] Plants in containers  [\_] Prepared foods (for immediate consumption)  [\_] Bedding plants  [\_] Poultry/Fowl meat and products [\_] Prepared foods (for immediate consumption) [\_] Soap and/ or body care products  [\_] Tofu and/or meat and dairy substitutes [\_] Nursery stock (trees, shrubs)  [\_] Pet food  [\_] Alcoholic Beverages (e.g. wine, spirits, beer, hard cider)  [\_] Wild harvested/foraged products [\_] Other, please specify: …………………… |
| Farmers Market Activity | 6 | Does reselling occur at this market?  [\_] Yes  [\_] No  [\_] Don’t Know |
| Farmers Market Organization | 7 | **Which, if any, of the following does the market require of its vendors? Please check all that apply.** [\_] Written agreement between vendor and market on bylaws or guidelines. [\_] Owner(s) or employee(s) of the farm/ production business must be vendors [\_] Membership in a market association [\_] Liability insurance [\_] Adherence to market guidelines of safe food handling practices [\_] Participation in some or all applicable Federal nutrition programs [\_] Pre-application and adherence to the approval process [\_] Only USDA-certified organic producers are accepted [\_] Vendors must be from a defined geographical region [\_] Requirement of participation in food safety training  [\_] Vendors must a producer of food or fiber (i.e. producer-only market)  [\_] Products sole must be produced by the participating vendor (i.e. market prohibits reselling of any kind) [\_] Other, please specify: .............. [\_] Other, please specify: .............. [\_] No requirements |
| Farmers Market Organization | 8 | **On a typical market day, how many producers/vendors sold at this farmers market location in 2019?**  [Number] |
| Farmers Market Organization | 9 | **How many stalls did this farmers market make available to producers/vendors?**  [Number] |
| Farmers Market Organization | 10 | *(Asked only of single-location market)* **How many different producers/ vendors sold at this farmers market in 2019? Please include all the vendors, even the ones that sold at the market just once or a few times.** ........ vendors  [\_] Don’t know |
| Farmers Market Activities | 11 | **How did market management and representatives engage participating and/or prospective vendors in 2019 (select all that apply)**  [\_] Conducted orientations to explain market rules and expectations  [\_] Conducted trainings/workshops to assist with accounting, merchandizing and other business development practices  [\_] Recruited new vendors to sell at the market (if not selected skip recruitment questions and go to 12)  [\_] Attended conference meetings and summits where producers and prospective vendors were present  [\_] Did not engage vendors |
| Farmers Market Outcome  (Recruitment) | 11a | **Were you able to recruit all the vendors that you wanted for this farmers market in 2019?**  O Yes O No O Do not know |
| Farmers Market Activity (Recruitment) | 11b | **When recruiting vendors, do you target vendors of specific products?** O Yes O No O Don’t know |
| Farmers Market Activity (Recruitment) | 11c | **What methods does this farmers market use to recruit additional vendors? Please check all that apply.**  [\_] Used word-of-mouth advertising (e.g. vendors are encouraged to recruit other vendors) [\_] Displayed posters and signage at the market [\_] Targeted graduates of new/beginning farmer training and apprenticeship programs [\_] Targeted vendors at other farmers markets [\_] Targeted local farms [\_] Contacted growers/ producers listed in local, state and/or national directory listings [\_] Attended at farm shows [\_] Contacted grower/ producer associations [\_] Contacted Cooperative Extension and USDA agencies [\_] Published advertisements in grower-related publications [\_] Organized pre-season recruitment events/ meetings  [\_] Offered incentives and discounts for new vendors [\_] Distributed vendor recruitment packages with information on market sales, vendor requirements, management structure, etc.  [\_] Posted social media content and blogs to spread information about available space for potential vendors [\_] Developed website to spread information about available space for potential vendors [\_] Other, please specify: .............. [\_] Other, please specify: ..............  [\_] No methods [\_] Do not know |
| Farmers Market Outcome | 12 | **Did you have a vendor waiting list in 2019?** O Yes O No O Don’t know |
| Farmers Market Activity | 13 | **Are you looking to recruit specific types of vendors for next season?**  [\_] Yes  **Which of the following types of vendors are you especially interested in attracting in the near future? Please check all that apply.**  [\_] Fresh fruit  [\_] Vegetable producers [\_] Red Meat,  [\_] Poultry  [\_] Fish [\_] Fresh flowers and nursery plants vendors [\_] Fresh herb producers [\_] Vendors of ready to eat foods (e.g. prepared food vendors) [\_] Producers of alcoholic beverages: wines, beers, brandies, etc. [\_] Vendors who sell a greater mix/ variety of products [\_] Value-added shelf stable vendors (selling jams, dressings, soaps, etc.) [\_] Vendors that supply products for a majority of the year [\_] Vendors of USDA certified organic products [\_] Minority vendors [\_] Other, please specify: .......... [\_] Other, please specify: .......... [\_] Do not know  [\_] No  [\_] Don’t Know |
| AMS Module | 14 | **Has this farmers market applied for a grant from the USDA’s Farmers Market Promotion Program (FMPP)? Please check all that apply.** [\_] Yes, in 2019 [\_] Yes, in 2018[\_] Yes, prior to 2017 [\_] No[\_] Do not know |
| Farmers Market Activity | 15 | **Has this farmers market ever applied for any grants from any other organizations to help in its operation, expansion, or promotion (regardless of whether the application has been granted or rejected)? Please check all that apply.** [\_] Yes, in 2019 [\_] Yes, in 2018[\_] Yes, prior to 2017 [\_] No[\_] Do not know |
| Farmers Market Organization | 16 | **In what year did this market first open?**  ..........[\_] Do not know |
| Farmers Market Organization | 17 | **How many consecutive years has this farmers market been in operation? Please include the current (2019) year in the count.** O 2 years O 3 years O 4 years O 5 years O 6 years O 7 years O 8 years O 9 years O 10 years O 11years O 12 years O 13 years O 14 years O 15 years O 16 years O 17 years O 18 years O 19 years O 20 years O 21 – 30 years O 31 – 50 years O 51 – 70 years O 71 – 100 years O 101 years or more O Do not know |
| Farmers Market Activities | 18 | **Did your market conduct any market studies and/or evaluations in 2019?**  [\_] Yes  **Which of the following evaluations and/ or assessments did the farmers market perform in 2019? Please check all that apply.**  [\_] Survey(s) of our customers for product preferences [\_] Survey(s) of our customers for market day/time preferences  [\_] Customer counts/ estimates [\_] Survey(s) of vendors about their needs, concerns, perceptions [\_] Collection of sales information from vendors  [\_] Study to explore potential farmers market location  [\_] Assessments studying the possibility of incorporating aggregation (e.g. CSA/food hub) into existing activities  [\_] Community needs assessment  [\_] Other evaluation method, please specify: ……………………  [\_] No[\_] Do not know |
| Farmers Market Organization | 19 | **Other than the market itself, were there any other distribution and/or marketing channels managed by the market?**  [\_] Yes  [\_] CSA  [\_] Food hub  [\_] Nearby satellite markets  [\_] Mobile market  [\_] No  [\_] Don’t know |
| Farmers Market Organization | 20 | **Do you use any software and/or resources to support market studies and evaluations?**  [\_] Yes  [\_] Off the shelf software (e.g., xxxx)  [\_] Specialized in-house software produced by contractor  [\_] Produced in partnership w/ university and/or nonprofit developer  [\_] USDA AMS Local Food Economics Toolkit  [\_] Farmers Market stats/directories  [\_] None  [\_] Do not know |
| Farmers Market Organization | 21 | **Did your market have an operating budget in 2019?**  [\_] Yes  [\_] No  [\_] Don’t know |
| Farmers Market Organization | 21a | **What was this farmers market's annual operating budget in 2019?  *Please round the amount to the nearest whole number and enter only numbers in the box; no commas, periods, letters, or symbols.***  2019 operating budget: $..............  Don’t know |
| Farmers Market Activity | 21b | **In 2019, did this market collect fees from participating vendors?**  O Yes, flat rate per day[\_] month[\_] market season[\_] (check one) O Yes, based on percentage of sales per day[\_] month[\_] market season [\_] (check one)  O No O Do not know |
| Farmers Market Organization | 21c | **Which portion of the 2019 operating budget was obtained from each of the following sources?  *If you do not have information about an indicated source, please leave a given box blank. If no money came from a given source, please enter "0" in the box. Please round the amount to the nearest whole number and enter only numbers in the boxes; no commas, periods, letters, or symbols. Your answers should sum to the total budget you reported in question 21a.*** Public sponsorship: $........  Private donations: $........  Grant Award(s): $........  Loan: $........  Fundraiser: $........  Producer/Vendor Fees: $........  Other: Please specify…………….. $........ |
| Farmers Market Organization | 21d | **In 2019, did this farmers market’s budget increase, decrease or remain constant compared to 2018?** O Increased in 2019 O Remained about the same as 2018 O Decreased in 2019 from 2019 levels  O Do not know |
| Farmers Market Organization | 21e | **Please provide an assessment of the 2019 FY budget situation at this farmers market.** O We had a budget surplus in 2019 O The budget was t enough to cover our operating expenses in 2019 O The budget was not adequate to cover our expenses in 2019 |
| Farmers Market Organization | 21f | **How probable is it that the budget situation for 2020 will cover this market’s operating expenses? (Choose one only)** O Not at all probable  O Not so probable  O Somewhat probable  O Very probable  O Extremely probable |
| Farmers Market Activity | 22 | **How satisfied are you with the level of support for your market from the nearby business community? (Choose one only)**  O Very satisfied  O Somewhat satisfied  O Neither satisfied nor dissatisfied  O Somewhat dissatisfied  O Very dissatisfied |
| Farmers Market Activity | 23 | **Did your market offer any health and fitness programming in 2019?** [\_] Yes  Which, if any, of the following programs were offered Please check all that apply.  [\_] Bicycle races  [\_] Budgeting for a healthy diet  [\_] Cooking lessons using healthy foods  [\_] Exercise classes/ events  [\_] Fitness programs  [\_] Health screenings  [\_] Healthy cooking demonstrations  [\_] Healthy recipe cards  [\_] Marathons  [\_] Massage therapy  [\_] Nutrition education  [\_] Periodic health promotion booths  [\_] Vegetable prescription programs  [\_] Other, please specify:..............  [\_] No[\_] Do not know |
| Farmers Market Activity | 24 | **Did your market offer or engage in any agricultural education programming for market customers in 2019?** [\_] Yes  In which, if any, of the following programs? Please check all that apply.  [\_] Canning and other processing classes and demonstrations  [\_] Gardening/horticultural instruction  [\_] Harvesting instruction  [\_] Marketing and distribution consultation  [\_] Other, please specify:..............  [\_] No[\_] Do not know |
| Farmers Market Activity | 25 | **Did your market offer or engage in any food waste or conservation work in 2019?** [\_] Yes  In which, if any, of the following programs? Please check all that apply.  [\_] Recycling drive  [\_] Gleaning  [\_] Composting  [\_] Other, please specify:..............  [\_] No[\_] Do not know |
| Farmers Market Activity | 26 | **Did your market offer special events or programming in 2019?** O Yes  **What kind of special events, entertainment or community events, if any, did your market offer or sponsor in 2019? Please check all that apply.** [\_] Live musical performances  [\_] Youth and family oriented events  [\_] Seasonal festivals  [\_] Special events celebrating National Farmers Market Week  [\_] Provide market space for civic organizations or causes  [\_] Arts and craft fairs  [\_] Other activities and events, please specify:……………………  O No O Do not know |
| Farmers Market Activity | 27 | **Some farmers markets around the country are serving as business incubators by providing shared facilities (e.g., kitchens, storage) and assistance to encourage the startup of new agricultural enterprises. Is this farmers market currently involved in efforts to encourage new start-up food businesses and/ or farming/food business expansion? ?** O Yes  **Which, if any, of the following programs and opportunities did this farmers market offer to encourage the startup and/or expansion of agricultural enterprises? Please check all that apply.** [\_] Provided workshops and/or trainings in merchandising  [\_] Provided workshops and/or trainings in bookkeeping  [\_] Provided workshops and/or trainings in marketing [\_] Provided workshops and/or trainings in food safety [\_] Provided shared kitchen space [\_] Provided storage space  [\_] Provided packaging space and/or equipment  O No O Don’t know |
| Farmers Market Organization | 28 | **Did this farmers market have a manager in 2019?**  O Yes, as a paid employee of the farmers market organization O Yes, as a paid employee of another agency or organization O Yes, as a volunteer O No (skip market manager questions) O Don’t know (skip market manager questions)  How many market seasons has this manager spent with this market …………………… |
| Farmers Market Organization | 28a | **What was the manager's official time of involvement at this farmers market in 2019?**  O **1 -** Full-time, year-round O **2 -** Full-time, seasonal – [\_]Jan [\_]Feb [\_]Mar [\_] Apr [\_] May [\_]Jun [\_]Jul [\_]Aug [\_]Sep [\_]Oct [\_]Nov [\_]Dec O **3 -** Part-time, year-round O **4 -** Part-time, seasonal – [\_]Jan [\_]Feb [\_]Mar [\_] Apr [\_] May [\_]Jun [\_]Jul [\_]Aug [\_]Sep [\_]Oct [\_]Nov [\_]Dec  O **5** - No Manager |
| Farmers Market Organization | 28b | *(Asked only of single-location market)* **Did the manager of this farmers market also manage other farmers markets in 2019?**  O **1 –** Yes  ***Please enter only numbers in the box; no commas, periods, letters, or symbols.***  .............. farmers markets  [\_] Do not know  O **2 –** No O **3 -** Do not know |
| Farmers Market Organization (Market Manager) | 28c | **What was this market manager's annual salary in 2019?  *Please round the amount to the nearest whole number and enter only numbers in the box; no commas, periods, letters, or symbols.***  Manager's annual salary: $ ..............   [\_] Do not know |
| Farmers Market Organization | 28d | **Did this market manager oversee more than one farmers market (for the same salary) in 2019?**  [\_] Yes  **How many different farmers markets did this manager oversee in 2019?** .............. market locations  [\_] No [\_] Do not know |
| Farmers Market Organization | 29 | **Not including the manager, did this farmers market employ any additional paid workers in 2019?**  O Yes  **How many employees in the following categories did this farmers market employ in 2019? Please do not include the manager of this farmers market in the count.** ***If there were no employees in a given category, please enter "0" in the box for that category. Please enter only numbers in the boxes; no commas, periods, letters, or symbols.***  Number of part-time seasonal employees: .............. Number of part-time year-round employees: .............. Number of full-time seasonal employees: .............. Number of full-time year-round employees: ..............  [\_] Don’t know  O No O Don’t know |
| Farmers Market Organization | 30 | **Did any volunteers contribute their time at this farmers market in 2019? Please do not include persons employed by the farmers market.**  O Yes  **How many volunteers worked at this farmers market in 2019?** Number of volunteers: .............. [\_] Don’t know  O No O Don’t know |
| Farmers Market Organization: AMS Module | 31 | **Are you familiar with the USDA Agricultural Marketing Service?** O Yes  Which products and services? (select all that apply)   * Local Food Directories (e.g. farmers market directory, CSA Directory, Food hub directory, On-farm market directory) * [Insert something about the National FM Manager Survey?] * Farmers Markets and Direct-to-Consumer Marketing Publications * Food Value Chains and Food Hubs Publications * Wholesale Markets Publications (do we have any?) * Facilities Design Service * USDA Farmers Market * Farmers Market Promotion Program Grants * Local Food Promotion Program Grants * Federal State Marketing Improvement Program Grants * Specialty Crop Block Grant Program * Specialty Crop Marketing Program (what do you mean here? The specialty crop inspection program that does GAP audits?) * Other ………………………….   O No  O Do not know |
| Farmers Market Outcome | 32 | **Please rate the performance of this farmers market in 2019 as compared with 2018 in each of the areas listed below.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Decreased** | **Stayed the same** | **Increased** | **Do not know** | | Volume of sales | O | O | O | O | | Number of customers | O | O | O | O | | Number of repeat customers | O | O | O | O | | Number of producers/ vendors | O | O | O | O | | Vendor retention | O | O | O | O | |
| Farmers Market Organization | 33 | **Please describe the change in each of the following for this farmers markets in 2019 as compared with 2018.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Decreased** | **Stayed the same** | **Increased** | **Do not know** | | Budget | O | O | O | O | | Employed Staff | O | O | O | O | | Volunteers Hours | O | O | O | O | | Manager Hours | O | O | O | O | |
| Farmers Market Activity | 34 | **In 2019, did the market provide and/or offer any additional amenities to customers at the market site?**  [\_] Yes  Which? (Select all that apply)  [\_] tents,  [\_] signage,  [\_] handwashing stations,  [\_] tables,  [\_] eating/picnic area,  [\_] No  [\_] Do not know |
| Farmers Market Activity | 35 | **In which of the following federal nutrition programs will the producers/ vendors at this farmers market at this location participate in 2017? Please check all that apply.**[\_] Supplemental Nutrition Assistance Program (SNAP) (formerly called “food stamps”)  [\_] Women, Infants and Children’s (WIC) Farmers Market Nutrition Program   (called differently in some states, e.g., in Michigan - WIC Project FRESH)  [\_] Senior Farmers Market Nutrition Program   (called differently in some states, e.g., in Michigan - Senior Project FRESH in 2010 but Market FRESH in 2011)  [\_] Women, Infants and Children’s (WIC) Cash Value Voucher   (called differently in some states, e.g., in New York - WIC Vegetables and Fruits Check Program)  [\_] None |
| Farmers Market Activity | 36 | **In 2019, did this market participate in any farmers market incentives and/or matching programs (e.g. vouchers, coupons, tokens, etc.)**  [\_] Yes  In conjunction with which Federal Nutrition Program? (select all that apply)  [\_] SNAP  [\_] WIC – Farmers Market Nutrition Program  [\_] SFMNP  [\_] WIC – Cash Value Voucher  [\_] No  [\_] Do not know |
| Farmers Market Outcome | 37 | **How, if at all, did vendors/producers benefited from participating at this market in 2019? Please select all that apply.** [\_] Transitioned from working part time to working full time on the farm  [\_] Increased number of FMs they supplied  [\_] Began or continued to supply a CSA or food hub because of contacts made through the market  [\_] Increased the range of products they sold at the market  [\_] Increased their overall production of direct-marketed farm products [\_] Increased their farm plantings to accommodate growing demand from farmer market customers  [\_] Initiated "value-added" production to boost revenues and make economic use of cosmetically imperfect product  [\_] Increased the number of workers they employed [\_] Able to transition from conventional production to organic production  [\_] Began renting the facilities of a commercial/shared-use kitchen to expand their production of value-added foods [\_] Established a direct contract with a restaurant [\_] Established a direct contract with a hospital [\_] Established a direct contract with a school [\_] Established a direct contract with another organization/ business   (please specify what organization/ business: ..............) [\_] Other, please specify: .......... [\_] No benefits [\_] Do not know |
| Follow Up: Alternative Respondent Contact Information | 1 | **Please provide contact information of the person who may be knowledgeable and willing to complete this survey:**  Name: …………………… Email address: …………………… Contact (phone) number: ……………………  **What is their primary relationship with this farmers market?**  O 1- Market manager/ director O 2- Board/ committee chair/ member O 3- Contact person/ secretary/ public liaison for market O 4- Head/ representative of farmers market association O 5- Representative of sponsoring organizationO 6- Local Extension/ Outreach agent O 7- Market president O 8- Market employee O 9- Market volunteer O 10- State agency/ government employee O 11- Local agency/ government employee O 12- Representative of a local economic development organization O 13- Market vendor O 14- Other |
| Follow Up: If Market Closed in 2019 | 2 | **Please indicate the last year when the market was open.**  O 1- 2018 O 2- 2017 O 3- 2016 O 4- 2015 O 5- 2014 or earlier |
| Follow Up: If Market Closed in 2019 | 3 | **Why was the market closed? Please check all that apply.**  [\_] Not enough farm vendors to provide products [\_] Lack of sufficient interest in participation by local producers [\_] Lack of diversity of agricultural products offered [\_] Low market sales [\_] Lost market location/ could not secure viable replacement location [\_] Poor location [\_] Lack of dedicated resources to manage day-to-day market operations [\_] Lack of volunteers [\_] Due to regulations, local ordinances, health citations, etc. [\_] Competition from other farmers market(s) [\_] Competition from other retail market(s)/ store(s) [\_] Other, please specify: .............. |