**2017 USDA Local Food Directory and Survey- Farmers Market Manager Questionnaire**

| **Question section** | **Q#** | **Questions with response options** |
| --- | --- | --- |
| 2017 Directory Update Form | 1 | **Will your [name of the farmers market from 2016 directory] be open for business at any time in 2017?**  O 1- Yes O 2- NoO 3- Do not know |
| 2017 Directory Update Form | 2 | **According to the USDA National Farmers Market Directory, you were either the manager or a representative of [name of the farmers market from 2016 directory] in 2016. Are you still the manager or a representative of this farmers market in 2017?**  O 1- Yes O 2- No |
| 2017 Directory Update Form | 3 | **Are you a manager or a representative of another farmers market in 2017?**  O 1- Yes O 2- No |
| 2017 Directory Update Form | 4 | **Are you willing to provide information on the farmers market that you manage or represent in 2017?**  O 1- Yes O 2- No |
| 2017 Directory Update Form | 5 | **Is “[name of the farmers market from 2016 directory]” the correct official name of this farmers market?**  O 1- Yes O 2- No |
| 2017 Directory Update Form | 6 | **Please type in the correct official name of the farmers market that you manage or represent. The name that you provide here will appear in the 2017 USDA National Farmers Market Directory.** ………………………………………………………… |
| 2017 Directory Update Form | 7 | **To be included in the Directory, the USDA defines a “farmers market” as two or more farm vendors selling at a common direct retail outlet at the same physical location on a recurring basis. Does this market qualify as a farmers market as defined by the USDA?**  O 1- Yes O 2- No |
| 2017 Directory Update Form | 8 | **Information listed in this section will not be published in the 2017 USDA National Farmers Market Directory. This is for internal purposes only. This information will be kept confidential.  Please provide contact information of the person completing this form:**  Name: …………………… Email address: …………………… Contact (phone) number: …………………… |
| 2017 Directory Update Form | 9 | **What is your 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 |
| 2017 Directory Update Form | 10 | **Mailing address for this farmers market:**  Street name and number or P.O. Box number: …………………… City: …………………… State: ……………… 5-digit ZIP Code: …………………… |
| 2017 Directory Update Form | 11 | **All information in the following section will be published in the 2017 USDA National farmers Market Directory   Please provide the contact information for this farmers market:**  Market Manager’s name: …………………… Market email address: …………………… Market contact (phone) number: …………………… Market website address: …………………… |
| 2017 Directory Update Form | 12 | **In 2017, at how many different locations will this farmers market operate with the same market name?**  O 1- Only one location O 2- Two different locations O 3- Three or more different locations |
| 2017 Directory Update Form | 13 | **Please provide information about the physical location (actual place) where the market will operate. If there is not a street address, number or zip code for this location, or you do not know it, please provide the state, city/ town and a description of the location with the nearest road intersection listed (e.g., on the town center green, mall parking lot at Main St. x Tree St.). The Directory will include this description to assist customers in locating the market. After you enter the information click on the box below and an arrow will appear pointing to the location of the market. If it is not the correct location of the market in 2017, please drag the arrow to the correct location. If you lose sight of the arrow (by zooming in, for example), you can click anywhere on the map and a new arrow will appear.** Market location – state: …………………… Market location – county (or parish, if located in Louisiana; or borough, if located in Alaska): ………….. Physical street name and number where market located: ………… Market location – city: …………………… Market location – 5-digit ZIP Code: …………………… Description of location: …………………… |
| 2017 Directory Update Form | 14 | **Please indicate the site of the location where this farmers market will operate in 2017.** O 1- Private business parking lot O 2- Closed-off public street O 3- Faith-based institution (e.g., church, mosque, synagogue, temple) O 4- On a farm from: a barn, a greenhouse, a tent, a stand, etc. O 5- Educational institution O 6- Co-located with wholesale market facility O 7- Federal/ state government building grounds O 8- Local government building grounds (e.g. including public parking and recreation areas) O 9- Healthcare institution (medical campus) O 10- Other, please specify: …………………… |
|  | 15 | **Is your market located indoors in 2017?** O 1- Yes, entire time the market is open O 2- Yes, part of the time the market is open O 3- No |
| 2017 Directory Update Form | 16 | **The 2017 USDA Farmers Market Directory included not only address information (e.g., street name and number, city/ town, county, state and zip code) but also an accompanying map with an arrow pointing to the location where this market operated. Please review the location on the map. If the location on the map is correct, click on "Continue" button below to go to next section. If the arrow does not point to the correct location of the market, please drag the arrow to the correct location. If you lose sight of the arrow (by zooming in, for example), you can click anywhere on the map and a new arrow will appear.** -----INTERACTIVE Map----- |
| 2017 Directory Update Form | 17 | **Will this farmers market operate during the same days of the week and the same times (i.e., have the same schedule) during all the months in which it operates at this location in 2017?** O 1- Yes O 2- No |
| 2017 Directory Update Form | 18 | **During which months will this farmers market operate at this location in 2017? You can indicate the schedule (business days and times) of this market location by clicking on a month (or grouping of months with the same exact schedule) that this market location will be open and then clicking on the button Enter Operation Days and Times. You may come back to this screen to select other month(s) when the market is open, until you have provided all the schedules for this market location in 2017. Every time you come back, you will see the schedule information that you have provided so far. When you are done updating the schedules for this market location in 2017, please click on the button below.**  [\_] Year Round  [\_] January [\_] February [\_] March [\_] April [\_] May [\_] June [\_] July [\_] August [\_] September [\_] October [\_] November [\_] December |
| 2017 Directory Update Form | 19 | **In the indicated month(s) [selected months from Q above or most recently selected months from Q above], which days of the week will this market location be open and during which times will it be open on those days? Please indicate all days and times that apply to your market at this location. The schedule will be automatically updated in all the months you have selected.**   |  |  |  | | --- | --- | --- | |  | **Open time** | **Close time** | | Monday | (Drop-down menu with am and pm times listed) | (Drop-down menu with am and pm times listed) | | Tuesday | (Drop-down menu) | (Drop-down menu) | | Wednesday | (Drop-down menu) | (Drop-down menu) | | Thursday | (Drop-down menu) | (Drop-down menu) | | Friday | (Drop-down menu) | (Drop-down menu) | | Saturday | (Drop-down menu) | (Drop-down menu) | | Sunday | (Drop-down menu) | (Drop-down menu) | |
| 2017 Directory Update Form | 20 | **Please provide additional comments on your open days and hours. This comment will appear on the directory** ………… |
| 2017 Directory Update Form | 21 | **What farm products and other items will be sold at this farmers market at this location in 2016? Please check all that apply.** [\_] Baked goods [\_] Cheese and/ or dairy products [\_] Crafts and/ or woodworking items [\_] Cut flowers [\_] Eggs [\_] Fish and/ or seafood [\_] Fresh fruit  [\_] Fresh vegetables  [\_] Fresh and/ or dried herbs  [\_] Honey  [\_] Canned or preserved fruits and vegetables (jams, jellies, preserves, salsas, pickles, dried fruit, etc.)[\_] Maple syrup and/ or maple products [\_] Red and other non-poultry meat [\_] Nuts [\_] Plants in containers [\_] Poultry meat and products [\_] Prepared foods (for immediate consumption) [\_] Soap and/ or body care products [\_] Trees, shrubs [\_] Wine, spirits, beer, hard cider [\_] Other, please specify: …………………… |
| 2017 Directory Update Form | 22 | **On a typical market day, how many producers/ vendors do you expect will be selling at this farmers market at this location in 2017?**  Expected number of vendors on a typical day: …………………… |
| 2017 Directory Update Form | 23 | **Will any of the producers/ vendors at this farmers market at this location in 2017 be USDA-certified organic producers**?  O 1- Yes O 2- No O 3- Don’t know |
| 2017 Directory Update Form | 24 | **Will this farmers market at this location accept credit and/ or debit cards in 2017?** O 1- The market will accept credit and/ or debit cards at a central location and provide tokens for customers to use on the market O 2- Some/ all market vendors will accept credit and/ or debit cards O 3- Both, the market and some/ all the vendors will accept credit cards and/ or debit cards O 4- Neither the market nor any of the vendors will accept credit cards and/ or debit cards O 6- Do not know |
| 2017 Directory Update Form | 25 | **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 |
| 2017 Directory Update Form | 26 | **Please indicate how the SNAP benefits will be accepted at this market location in 2017.** O 1- The market will accept SNAP benefits (EBT) at a central location and provide tokens for customers to use at the market O 2- Some/ all market vendors will accept SNAP benefits (EBT) O 3- Both, the market and some/ all the vendors will accept SNAP benefits (EBT) O 4- Do not know |
| Core Survey  Years in Operation | 27 | **In what year did this market first open?**  ..........[\_] Do not know |
| Core Survey  Years in Operation | 28 | **How many consecutive years has this farmers market been in operation? Please include the current (2017) year in the count.** O 1 year (re-opened in 2017 ) 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 |
| Only for markets closed in 2017 | 29 | **Please indicate the last year when [name of the farmers market from 2016 directory] was open.**  O 1- 2016 O 2- 2015 O 3- 2014 O 4- 2013 O 5- 2012 or earlier |
| Only for markets closed in 2017 | 30 | **Why was [name of the farmers market from 2016 directory] 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: .............. |
|  | 31 | *(Asked only of markets first opened in 2016 or earlier and for at least two consecutive years)* **The questions that follow comprise USDA’s National Farmers Market Managers Survey. Results from the survey will be used to develop a national overview of the current condition of farmers markets represented in USDA’s National Farmers Market Directory. The survey will only take 10-15 minutes to complete. The survey findings will assist policy makers, community planners and market managers make better informed decisions of how they can establish new markets and help make existing markets work better. Individual questionnaires will be used for internal purposes and only summary reports will be released to the public. .  Are you knowledgeable about this farmers market’s operation in 2016 and willing to complete the survey?**  O 1- Yes, knowledgeable and willing to complete the survey NOW  O 2- Yes, knowledgeable and willing to complete the survey LATER  O 3- Not knowledgeable  O 4- Not willing |
|  | 32 | **Please provide the following contact information of the person that is knowledgeable about this farmers market’s operation in 2016.** First name: .............. Last name: .............. Email address: .............. Primary relationship to this market: [Drop-down menu with these categories]  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 organization O 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[\_] Decline to provide this information |
| Core Survey  Market Information & Assessments | 33 | **Which of the following evaluations and/ or assessments did the farmers market perform in 2016? Please check all that apply.** [\_] Survey(s) of our customers [\_] Customer counts/ estimates [\_] Survey(s) of vendors about their needs, concerns, perceptions [\_] Collection of sales information from vendors [\_] Other evaluation method, please specify: …………………… [\_] Market did not perform any regular evaluations or assessments |
| Core Survey  Budget Lead In | 34 | **What was this farmers market's annual operating budget in 2016?  *Please round the amount to the nearest whole number and enter only numbers in the box; no commas, periods, letters, or symbols.***  2016 operating budget: $ ..............  [\_] Market did not have an operating budget in 2016  [\_] Do not know |
| Core Survey  Competition Lead In | 35 | *(Asked only of single-location farmers markets).* **How far away from this farmers market is the next nearest farmers market located? Please indicate in one category that best applies to your situation.**  ........ miles or ........ city blocks  [\_] Don’t know |
| Core Survey  Fresh Locally-Grown Fruits & Vegetables Lead In | 36 | *(Asked only of single-location market)* **Were locally-grown, fresh fruits and/ or vegetables sold at this farmers market in 2016?** O Yes O No O Don’t know |
| Core Survey  Gleaning & Food Donation | 37 | **Did this farmers market participate in food "gleaning" or donation programs in 2016?**  O 1 - Yes O 2 - No O 3 - Do not know |
| Core Survey  Gleaning & Food Donation | 38 | **How many of your vendors participated in food “gleaning” or donation programs in 2016?**  .............. “gleaning” vendors  [\_] Do not know |
| Core Survey  Gleaning & Food Donation | 39 | **How many pounds did this farmers market glean in 2016?**  .............. pounds  [\_] Do not know |
| Core Survey  Food Access | 40 | **Which, if any, of the following programs did your market host or participate in during 2016 designed to create more linkages in order to increase access to fresh food? Please check all that apply.** [\_] Accepted supplemental coupons, vouchers, double-vouchers other than Federal Nutrition Programs   *[In pop-out window:   Double-voucher program designed to expand access to locally-grown fruits and vegetables   by doubling the value of food stamps]* [\_] Redeemed fresh fruits and vegetable prescriptions [\_] Marketed directly to food service [\_] Marketed directly to restaurants [\_] Served as a Community-Supported Agriculture (CSA) enterprise pickup/ drop off point [\_] Gleaning/ food bank collections and contributions [\_] Mobile farm market [\_] Satellite/ outreach markets in food deserts [\_] Served as an aggregation/ distribution point for large volume sales to wholesale buyers (e.g. food hubs) [\_] Other, please specify: .............. [\_] Other, please specify:.............. [\_] No programs |
| Core Survey  Healthy Eating & Diets  Lead In | 41 | **Has this farmers market been engaged in any special efforts and programs designed to encourage healthy eating and diets? Please check all that apply.** [\_] Yes, in 2017 [\_] Yes, in 2016[\_] Yes, prior to 2016 [\_] No[\_] Do not know |
| Core Survey  Special Events | 42 | **Did your market offer special events or programming in 2016?** O Yes O No O Do not know |
| Core Survey  Special Events | 43 | **What kind of special events, entertainment or community events, if any, did your market offer or sponsor in 2016? Please check all that apply.**  [\_] Music [\_] Cooking demonstrations [\_] Tastings (e.g., wine, beer, artisan foods) [\_] Activities for youth [\_] Gardening/ growing instruction [\_] Canning and other processing classes [\_] Food processing demonstrations (cider, syrups) [\_] Fund raising for civic organizations or causes [\_] Exercise classes/ events [\_] Marathons [\_] Bicycle races [\_] Arts and craft fairs [\_] Recycling drive [\_] Other activities and events, please specify: : …………………… |
| Core Survey  Civic/ Community Service | 44 | **Which, if any, of the following programs and opportunities did this farmers market offer to the community in 2016? Please check all that apply.**  [\_] Provided opportunities for nonprofits and civic associations to have tables and/ or hold events at the market [\_] Assistance to nonprofits, civic organizations, social service agencies with transportation services for community members   in need (e.g. senior citizens, disabled or low income) to the market [\_] Provided retail/ vendor space at the market for community groups [\_] Recycling programs [\_] Assistance to farmers in need [\_] Outreach efforts for the preservation of farmland [\_] Sponsored/ co-sponsored events focused on agricultural, economic, cultural, and environmental issues [\_] Health/ nutrition education and outreach [\_] Other activities and events, please specify: .............. [\_] No programs |
| Core Survey  Incubators Lead In | 45 | **Some farmers markets around the country are serving as business incubators by providing shared facilities (e.g., kitchens, storage), retail space and assistance to encourage the startup of new agricultural enterprises. Is this farmers market currently involved in efforts to encourage business start-up and/ or farming enhancement?** O Yes O No O Don’t know |
| Core Survey  Market Manager  Lead In | 46 | **Did this farmers market have a manager in 2016?**  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 O Don’t know |
| Core Survey  Employees & Volunteers | 47 | **Not including the manager, did this farmers market employ any paid workers in 2016?**  O Yes O No O Don’t know |
| Core Survey  Employees & Volunteers | 48 | **How many employees in the following categories did this farmers market employ in 2016? 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 |
| Core Survey  Employees & Volunteers | 49 | **Did any volunteers contribute their time at this farmers market in 2016? Please do not include persons employed by the farmers market.**  O Yes O No O Don’t know |
| Core Survey  Employees & Volunteers | 50 | **How many volunteers worked at this farmers market in 2016?**  Number of volunteers: ..............  [\_] Don’t know |
| Core Survey  Sufficiency of Vendors | 51 | **In your opinion, which of the following statements about this farmers market was MOST true in 2016?** O **1 -** We had more demand (buyers) than supply (amount of products to sell); needed more products. O **2 -** We had more supply (amount of products to sell) than demand (buyers); needed more buyers. O **3 -** Our supply (amount of products to sell) and demand (buyers) were generally matched. |
| Core Survey  Recruitment for Vendors | 52 | *(Asked only of single-location market)* **How many producers/ vendors sold at this farmers market in 2016? Please include all the vendors, even the ones that sold at the market just once or a few times.** ........ vendors  [\_] Don’t know |
| Core Survey  Recruitment for Vendors | 53 | **Was this farmers market engaged in efforts to recruit more vendors to sell at the market in 2016? Please check all that apply.** [\_] No, we had no space for additional vendors [\_] No, we already had a waiting list of potential vendors [\_] Yes, in recruitment of more (any) vendors [\_] Yes, in recruitment of vendors selling different types of products [\_] Don’t know |
| Core Survey  Recruitment for Vendors | 54 | **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 [\_] Other, please specify: .............. [\_] Other, please specify: .............. [\_] No requirements |
| Core Survey  2016 Expansion of Operations | 55 | **Please identify how, if at all, this farmers market expanded its operations in 2016? Please check all that apply.** [\_] Our market didn’t expand in 2016 [\_] Added additional locations (with the same market name). How many new locations? .......... [\_] Increased space at our existing location [\_] Moved to a new location that has more space [\_] Provided covered/ indoor vendor space [\_] Increased the number of vendors [\_] Improved infrastructure (e.g., shared use kitchen, food processing, cold storage)  [\_] Expanded parking facilities [\_] Added a customer food service facility (e.g., kitchen, service area) to the existing market  [\_] Added new customer service facilities (e.g., restrooms, sidewalks, sitting areas) [\_] Increased time of operation (e.g., added market days per week and/ or increased the length of the market day)  [\_] Expanded the length of the season [\_] Other, please specify: .......... [\_] Other, please specify: .......... [\_] Do not know |
| Core Survey  2017 Expansion of Operations  Lead In | 56 | **Does this farmers market have plans to expand its operation in 2017; for example, by adding new locations, increasing space to an existing market location, improving infrastructure (e.g., shared-use kitchen, food processing, cold storage), recruiting more vendors or adding market days, increasing the length of market days or increasing the length of the market season?** O Yes O NoO Not sure |
| Core Survey  AMS-FPPP | 57 | **Are you familiar with the USDA’s Agricultural Marketing Service/ Farmers Market and local food marketing program?**  O Yes O No |
| Core Survey  AMS-FPPP | 58 | **Are you familiar with the USDA’s Farmers Market Promotion (grant) Program (FMPP)?** O Yes O No |
| Core Survey  Web-based Technologies | 59 | **Which, if any, of the following web and mobile-based technologies does the market employ to communicate (e.g., with customers, vendors, community) and promote the market? Please check all that apply.**  [\_] Web site [\_] Electronic newsletter [\_] List serve [\_] YouTube [\_] Social networking/ blogs  [\_] Instant messaging [\_] Digital advertising [\_] Crowdsourcing (e.g., Jade Management, Crowd Spring) [\_] Podcasts[\_] Other, please specify: .............. [\_] No web/ mobile technologies used |
| Core Survey  Association Memberships | 60 | **In 2016, was this farmers market a member of any national, regional, state or local farmers market association(s)? Please check all that apply.**  [\_] Yes, national organization [\_] Yes, regional association [\_] Yes, state association [\_] Yes, local association [\_] Yes, other, please specify: …………………… [\_] No [\_] Do not know |
| Block A Module 1 *(every year)*  Market Performance | 61 | **Please rate the performance of this farmers market in 2016 as compared with 2011 in each of the areas listed below.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Decreased** | **Stayed the same** | **Increased** | **Do not know** | | Level 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 | | Vendor recruitment | O | O | O | O | | Diversity of products | O | O | O | O | | Community/ civic contributions and outreach by the market | O | O | O | O | | Community support for this farmers market | O | O | O | O | | Financial health of the market | O | O | O | O | |
| Block A Module 1 *(every year)*  Market Performance | 62 | **Please rate the importance of improving the following conditions at this farmers market for its future success. If a given condition does not apply to this farmers market, please indicate it in the last column.**   |  | **Not important** | **Somewhat important** | **Important** | **Very important** | **Extremely important** | **Not applicable** | | --- | --- | --- | --- | --- | --- | --- | | Access to public restrooms | O | O | O | O | O | O | | Certified processing/ kitchen facilities freezers and storage facilities | O | O | O | O | O | O | | Improvements in layout of facility | O | O | O | O | O | O | | Better/ moreparking for customers | O | O | O | O | O | O | | Permanent market facility | O | O | O | O | O | O | | Renovation of aging facility | O | O | O | O | O | O | | Utilities (e.g., electricity, water) | O | O | O | O | O | O | | Waste management | O | O | O | O | O | O | | Access to training on better business practices | O | O | O | O | O | O | | Creation of a market reserve fund for market improvements | O | O | O | O | O | O | | Development of business plan for market | O | O | O | O | O | O | | Food safety training for vendors | O | O | O | O | O | O | | Hiring (or increasing the paid hours) of the market manager | O | O | O | O | O | O | | Liability insurance coverage | O | O | O | O | O | O | | Advertising/ publicity of this market | O | O | O | O | O | O | | Availability of funds for local food promotion campaigns | O | O | O | O | O | O | | Increase in average spending per customer | O | O | O | O | O | O | | Increase in number of customers | O | O | O | O | O | O | | Increase in sales per producer/ vendor | O | O | O | O | O | O | | Increase in web/ Internet marketing | O | O | O | O | O | O | | Improvedrelationships with market producers/ vendors | O | O | O | O | O | O | | Research on local customer demographics and preferences | O | O | O | O | O | O | |
| Block B Module 2 *(every year)*  Budget & Finance | 63 | **You mentioned that this farmers market’s operating budget in 2016 was $*[number piped from the question in the core section]*. What was the total operating budget obtained from each of the following sources at this farmers market in 2016?  *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.*** City/ county/ municipal government agency: $........ Donations from the public: $........ Farmers market association: $........ Federal loans: $........ Grants: USDA, CDC, foundations $........ Non-profit organizations/ sponsors: $........ Market fundraising events: $........ University Extension Services $........ Producer/ vendor fees: $........ State government agency $........ Trade or business association (e.g., Chamber of Commerce): $........ Other source/ sponsor: $........    Auto-*Sum* $........   Please specify the other budget source/ sponsor: .............. |
| Block B Module 2 *(every year)*  Budget & Finance | 64 | **In 2016, did this farmers markets’ budget increase, decrease or remain constant as compared with 2011 budget? If it increased or decreased in 2016, please indicate by approximately how many percent.** O Increased in 2016, by .........% O Remained about the same O Decreased in 2016 by ........% O Do not know |
| Block B Block  Module 2 *(every year)*  Budget & Finance | 65 | **Please provide an assessment of 2016 FY budget situation at this farmers market.** O We had a budget surplus in 2016 O The budget was just enough to cover our operating expenses in 2016 O The budget was not adequate to cover our expenses in 2016 |
| Block B Module 2 *(every year)*  Budget & Finance | 66 | **Please provide your expectation for 2017 FY budget situation at this farmers market.** O We expect a budget surplus 2017 O The budget will just cover our operating expenses in 2017 O The budget is not expected to be sufficient to cover our 2017 expenses |
| Block C Module 3 *(every year)*  Competition | 67 | *(Asked only of single-location market)* **With how many other farmers markets, do you believe, your market competes for producers/ vendors? If your market does not face competition for producers/ vendors, please enter 0 (zero).  *Please enter only numbers in the boxes; no commas, periods, letters, or symbols.***  .......... competing farmers markets  [\_] Do not know |
| Block C Module 3 *(every year)*  Competition | 68 | *(Asked only of single-location market)* **With how many other farmers markets, do you believe, your market competes for customers? If your market does not face competition for customers, please enter 0 (zero).  *Please enter only numbers in the boxes; no commas, periods, letters, or symbols.***  ........ competing farmers markets  [\_] Do not know |
| Block C Module 3 *(every year)*  Competition | 69 | *(Asked only of single-location market)* **Did any new farmers markets open up in 2016 within any of the following distances from your market? Please check all that apply.** [\_] Yes, within 1 mile [\_] Yes, within 2-5 miles  [\_] Yes, within 6-10 miles [\_] Yes, within 11-15 miles [\_] No [\_] Do not know |
| Block C Module 3 *(every year)*  Competition | 70 | *(Asked only of single-location market)* **Did the presence of other nearby farmers markets affect your sales in 2016?**  O Yes, positivelyO Yes, negatively O No O Do not know |
| Block B1 Module 4 *(every other year)*  Fresh Locally-Grown Fruits & Vegetables | 71 | *(Asked only of single-location market)* **In which months were locally-grown, fresh fruits and/ or vegetables sold at this farmers market in 2016? Please check all that apply. If the locally-grown fruits/ vegetables were available entire time the market was open, please check only the top option.**  [\_] All months the market was open  [\_] January [\_] February [\_] March [\_] April [\_] May [\_] June [\_] July[\_] August [\_] September [\_] October [\_] November [\_] December |
| Block B1 Module 4 *(every other year)*  Fresh Locally-Grown Fruits & Vegetables | 72 | **What is this farmers market’s definition of “local” in the term “locally-grown products”?**  O Within 25 miles of the market O Within 50 miles of the market O Within 75 miles of the market O Within 100 miles of the market O Within 150 miles of the market O Within 200 miles of the market O Within 250 miles of the market O Within 400 miles of the market O Within the same county of the market O Within the same state of the marketO Other, please specify: .............. O Other, please specify: .............. |
| Block B1 Module 4 *(every other year)*  Fresh Locally-Grown Fruits & Vegetables | 73 | **Which of the following steps does this farmers market take to verify product origin? Please check all that apply.**  [\_] Requires that producers/ vendors document the location where products were grown[\_] Conducts farm inspections[\_] Verifies product origin some other way, please specify: .............. [\_] No steps [\_] Do not know |
| Block C2 Module 5 *(every other year)*  Market Manager | 74 | **What was the manager's official time of involvement at this farmers market in 2016?**  O **1 -** Full-time, year-round O **2 -** Full-time, seasonal O **3 -** Part-time, year-round O **4 -** Part-time, seasonal |
| Block C2 Module 5 *(every other year)*  Market Manager | 75 | *(Asked only of single-location market)* **Did the manager of this farmers market also manage other farmers markets in 2016?**  O **1 -** Yes O **2 -** No O **3 -** Do not know |
| Block C2 Module 5 *(every other year)*  Market Manager | 76 | *(Asked only of single-location market)* **In total (including this one), how many different farmers markets did your manager operate in 2016?  *Please enter only numbers in the box; no commas, periods, letters, or symbols.***  .............. farmers markets  [\_] Do not know |
| Block C2 Module 5 *(every other year)*  Market Manager | 77 | **What was this market manager's annual salary in 2016?  *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 |
| Block C2 Module 5 *(every other year)*  Market Manager | 78 | **How many different market locations did this manager operate for this particular salary in 2016? Please also include locations of farmers markets with different name(s) in the count, if the manager was paid this one salary to manage them, too.  *Please round the amount to the nearest whole number and enter only numbers in the box; no commas, periods, letters, or symbols.***  .............. market locations  [\_] Do not know |
| Block A1 Module 6 *(every other year)*  2017  Expansion of Operations | 79 | **In which of the following ways will the market expand its operations in 2017? You may include projects that this market only started in 2017 but not yet finished. Please check all that apply.** [\_] Add additional locations (with the same market name). How many new locations? .......... [\_] Increase space at our existing location [\_] Move to a new location that has more space [\_] Provide covered/ indoor vendor space [\_] Increase the number of vendors [\_] Improve infrastructure (e.g., shared use kitchen, food processing, cold storage)  [\_] Expand parking facilities [\_] Add a customer food service facility (e.g., kitchen, service area) to the existing market  [\_] Add new customer service facilities (e.g., restrooms, sidewalks, sitting areas) [\_] Increase time of operation (e.g., added market days per week and/ or increased the length of the market day)  [\_] Expand the length of the season [\_] Other, please specify: .......... [\_] Other, please specify: .......... [\_] Do not know |
| Block B2 Module 7 *(every other year)*  Future Market Success | 80 | **Please indicate the importance of the following factors and issues in determining the future success of this farmers market?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Not  Important | Somewhat Important | Important | Very  important | Extremely Important | | Creating greater awareness of the market | O | O | O | O | O | | Increasing and/ or improving vendor space | O | O | O | O | O | | Improving customer facilities and amenities (e.g., parking, toilets, seating area) | O | O | O | O | O | | Sales revenue | O | O | O | O | O | | Total number of customers | O | O | O | O | O | | Customer loyalty and number of repeat customers | O | O | O | O | O | | Diverse customers | O | O | O | O | O | | Number of producers/ vendors | O | O | O | O | O | | Diversity of vendors and products | O | O | O | O | O | | Vendor recruitment | O | O | O | O | O | | Vendor retention | O | O | O | O | O | | Maintain good relations with vendors | O | O | O | O | O | | Securing more financing: grants, sponsorships, etc. | O | O | O | O | O | | More outreach, community/ civic contribution by the market | O | O | O | O | O | | Community support for this farmers market | O | O | O | O | O | | Support of local businesses for this market | O | O | O | O | O | |
| Block B2 Module 7 *(every other year)*  Future Market Success | 81 | **Please rank the top 3 of the following factors that you believe will have the greatest impact on the future success of this farmers market. Please check all that apply.** [\_] Proximity of other farmers markets [\_] Recruiting and retaining enough/ right type(s) of vendors [\_] Low vendor turnover [\_] Attracting sufficient financial resources [\_] Sponsoring, conducting or allowing special events, entertainment, etc. at the market [\_] Learning and addressing producers’/ vendors’ needs and obstacles related to selling at this market [\_] Learning and using information about consumers visiting this market [\_] Learning and using information about local residents’ interests in locally-grown produce and local farmers market(s) [\_] Appeal to diverse groups in the area (including, but limited to different ethnic groups, persons with disabilities) [\_] Participation in the voucher or double-voucher program    *[In pop-out window:   Double-voucher program designed to expand access to locally-grown fruits and vegetables   by doubling the value of food stamps]* |
| Block A1 Module 8 *(every other year)*  Incubator | 82 | **How, if at all, this farmers market’s incubator-related activities benefited farm operations and/ or agricultural businesses? Please select all that apply.** [\_] Transitioned from working part time to working full time on the farm [\_] Able to continue farming [\_] Increased their farm acreage [\_] Expanded their product offerings to include "value-added" products [\_] Increased the number of workers they employed [\_] Able to transition from conventional production to organic production [\_] Opened a commercial kitchen to sell prepared food [\_] 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 |
| Block C1 Module 9 *(every other year)*  Vendors | 83 | *(Asked only of single-location market)* **What is the greatest distance that producers/ vendors traveled to sell at this farmers market in 2016?**  O 5 miles or less O 6-10 miles O 11-15 miles O 16-20 miles O 21-25 miles O 26-30 miles O 30-35 miles O 36-50 miles O 51-75 miles O 76-100 miles O 101 miles or more O Do not now |
| Block C1 Module 9 *(every other year)*  Vendors | 84 | *(Asked only of single-location market)* **What is the shortest distance that producers/ vendors traveled to sell at this farmers market in 2016?**  O 5 miles or less O 6-10 miles O 11-15 miles O 16-20 miles O 21-25 miles O 26-30 miles O 30-35 miles O 36-50 miles O 51-75 miles O 76-100 miles O 101 miles or more O Do not know |
| Block C1 Module 9 *(every other year)*  Vendors | 85 | **How many producers/ vendors selling at this farmers market in 2016 belonged to the following racial and ethnic groups?  *If you do not have this information, please leave a given box blank. If there were no producers/ vendors that belonged to a particular racial group, please enter "0" in the box. Please enter only numbers in the boxes; no commas, periods, letters, or symbols.***  **Race:** ............. American Indian or Alaska Native ............. Asian ............. Black or African American ............. Native Hawaiian or other Pacific Islander ............. White  **Ethnicity**:  ............. Hispanic or Latino  ............. Not Hispanic or Latino |
| Block C1 Module 9 *(every other year)*  Vendors | 86 | **Were you able to recruit all the vendors that you desired for this farmers market in 2016?**  O Yes  O No O Do not know |
| Block C1 Module 9 *(every other year)*  Vendors | 87 | **What are some of the reasons you believe that this market is attractive to producers/ vendors? Please check all that apply.**  [\_] Growers/ producers are located near the farmers market [\_] Not many local producers sell through other outlets (on-farm markets, road-side stand) [\_] There are no other farmers markets nearby that compete with us for vendors [\_] Our market is large and attracts a large number of customers [\_] Our market is located in an ideal location [\_] High average vendor sales [\_] We service more affluent customers than other farmers markets [\_] We are open more months of the year [\_] Adequacy and/ or condition of our facilities (e.g., parking, restrooms, accessibility ) [\_] Other, please specify: .............. [\_] Other, please specify: .............. |
| Block C1 Module 9 *(every other year)*  Vendors | 88 | **Do you selectively recruit vendors of particular products mainly based on the interest/ demand from consumers?** O Yes O No O Don’t know |
| Block C1 Module 9 *(every other year)*  Vendors | 89 | **What methods does this farmers market use to recruit additional vendors? Please check all that apply.**  [\_] Word-of-mouth [\_] Vendors are encouraged to recruit other vendors [\_] Recruitment posters and signage at the market [\_] Recruitment though programs training beginner farmers [\_] Recruitment at other farmers markets [\_] Recruitment at local farms [\_] Contacting growers/ producers listed in directories [\_] Recruitment at farm shows and displays [\_] Recruitment through grower/ producer associations [\_] Recruitment through Cooperative Extension and USDA agencies [\_] Advertisements in grower-related publications [\_] Pre-season recruitment events/ meetings  [\_] Initial incentives and discounts for new vendors [\_] Vendor recruitment packages with information on market sales, vendor requirements, management structure, etc.  [\_] Social media/ blogs [\_] Web site [\_] Other, please specify: .............. [\_] Other, please specify: ..............  [\_] No methods [\_] Do not know |
| Block C1 Module 9 *(every other year)*  Vendors | 90 | **Do you have vendors waiting to sell at this farmers market in 2017?** O Yes O No O Don’t know |
| Block C1 Module 9 *(every other year)*  Vendors | 91 | **Which of the following types of vendors are you especially interested in attracting in the near future? Please check all that apply.**  [\_] Local growers [\_] Fresh fruit and vegetable producers [\_] Meat, poultry, fish vendors [\_] Fresh flowers and nursery plants vendors [\_] Herbs producers [\_] Food service vendors (e.g., prepared food) [\_] Producers of alcoholic beverages: wines, beers, brandies, etc. [\_] Vendors who sell a greater mix/ variety of products [\_] Value-added producers (selling jams, dressings, soaps, etc.) [\_] Year-round vendors [\_] Vendors of organic products [\_] Minority vendors [\_] Other, please specify: .......... [\_] Other, please specify: .......... [\_] Do not know |
| Block A2 Module 10 *(every other year)*  AMS-FPPP | 92 | **Has this farmers market applied for a grant from the USDA’s Farmers Market Promotion Program (FMPP)? Please check all that apply.** [\_] Yes, in 2017 [\_] Yes, in 2016[\_] Yes, prior to 2016 [\_] No[\_] Do not know |
| Block A2 Module 10 *(every other year)*  AMS-FPPP | 93 | **Overall, how many times has this farmers market received a grant from the USDA’s Farmers Market Promotion Program (FMPP)?**  Number of FMPP grants awarded: ..............[\_] Do not know |
| Block A2 Module 10 *(every other year)*  AMS-FPPP | 94 | **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 2017 [\_] Yes, in 2016[\_] Yes, prior to 2016 [\_] No[\_] Do not know |
| Block B1 Module 11 *(every other year)*  Health & Healthy Eating & Diets | 95 | **In which, if any, of the following programs designed to encourage better health and healthy eating did your market participate in 2016? Please check all that apply.** [\_] Nutrition education [\_] Health screenings [\_] Healthy cooking demonstrations [\_] Healthy recipe cards [\_] Periodic health promotion booths [\_] Exercise fitness programs [\_] Massage therapy [\_] Other, please specify:.............. |

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