Arkansas Farmers Market Promotion Program Application

Market Name _____

Business Address_____

Market Manager _____Phone Number_____

Contact Name _____Phone Number_____
(if the market manager is not the contact person)

Mailing Address_____

Email Address_____

Type of Proposed Promotion:
( )Signage ( )Print ( ) Radio/TV ( ) Social Media ( ) Other

Date Promotion Will Begin _____ Date Promotion Will End_____
(If signage, the date construction began) (If signage, the date construction will end)

Total Cost of Promotion to be Conducted in 2016: $_____
(Program will provide cost-share assistance for 75% up to $400 for prior approved promotions conducted in calendar year 2016)

Is The Market A Member of the Arkansas Grown Branding Program ( )Yes ( )No
(markets may join free of charge at www.arkansasgrown.org)

Signature_____ Date_____
Farmers Market Manager

Attach the following to this completed application:

- **A detailed explanation of the proposed use of the funds**
- **An itemized budget identifying other funding sources**
- **A copy of the proposed promotion or signage**

Application may be submitted electronically to melissa.lambert@aad.ar.gov or by mail to:

Arkansas Agriculture Department
c/o Farmers Market Promotion Program
1 Natural Resources Drive
Little Rock, AR 72205

Applications will be accepted from **February 19, 2016 through April 1, 2016.** Mailed applications must be postmarked on or before **April 1, 2016.**