Farmers Markets as Leaders in Collaborative Food System Data Collection and Analysis





Metrics recommended for collection on vendor applications/renewal forms

This document contains two corresponding sections: Section 1 is a list of each draft metric and the specific question to ask when collecting information through vendor applications or at the annual meeting. More detail for each metric is found in Section 2. These metrics are in draft form and will be updated whenever the FMC/UW AFRI project pilot markets offer feedback throughout the project.

Section 1

Metric	Question (See more fully formatted corresponding questions on pages 4-6)
Average distance in miles traveled from product origin (e.g. farm) to market (annually) Metric #3 See question A on page 4	A. Please provide up to two physical addresses for your business' <u>primary</u> point(s) of production (No P.O. Boxes): Primary location: Location #2:
Acres in agricultural production by market vendors (annually) Metric #4 See question B on page 4	C. Please think about all individuals chiefly B. Please use the table below to report your 2014 farm acreage information. (Please write "N/A" if not a farm business) Total acres, owned acres, leased acres, cultivated/grazed acres, and percent of total cultivated or grazed acres devoted to 2014 farmers market production (please estimate to the best of your ability). Do you anticipate less, the same, or more acres devoted to production for the {X Farmers Market} in 2015? (please circle one)

Percentage of farm vendors with 10 or fewer years farming experience (annually)

Metric #12 See question C on page 5

Owner #1:____ Owner #2:___

*Non-Agricultural enterprises are businesses not involved in the production of raw agricultural products as their primary enterprise, but who are actively involved and invested in the processing of value-added foods, baked goods, hot foods product sold at the market.

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Percentage of agricultural producers at market who are <35 years old (annually) Metric # 29 See question D on page 5 D. How many primary business owners and chief operators of your farmers market business are younger than 35 years of age (as of December 31, 2014)?



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Total annual gross vendor sales

Metric #2

See question E on page 5

Number of individuals employed by market vendor businesses (annually)

Metric #9

See question F on page 5

Number or percentage of womenowned producer businesses selling at least once at the market (annually)

Metric #22

See question G on page 5

Number of socially disadvantaged vendors USDA definition, (annually)

Metric #23

See question H on page 5

E. In 2014, what were your business' TOTAL gross sales at **{X Farmers Market}?** (Write N/A next to any category of products your business did not sell at this market in 2014. Value-added (or "Processed") Foods include baked goods, pickles, condiments, jams, charcuterie, etc. Ready-to-Eat (or "Hot") Foods are freshly made foods available for immediate consumption on-site at market.)

Total 2014 gross sales at {X Farmers Market}?
Farm product sales? Value-added sales?
Prepared food sales? Other product sales (crafts, services, etc.)?

Do you expect lower, the same or higher sales in each of these categories for 2015?

G. Is more than 50% of your farmers market business F. Including you, how many people worked for your business either seasonally or year-round in 2014? Please include family workers (paid and unpaid), hired production or office workers, people hired to sell at markets, contract or custom hire farm labor, and paid interns or apprentices. If zero, please enter o.

Seasonal (149 days or fewer): ___

Year Round (150 days or more):____

Do you anticipate fewer, the same, or more workers devoted to production and marketing for this market in 2015? (please circle one):

Fewer Same More

Other: (Please describe)
Prefer not to answer

I. Please think about foods or crops that are unique to your state or region. In the last market season (2014), did you sell any crops or value-added food items that are unique to the (X) Region? If so, please list, and include variety name:

Number of food products for sale unique to the region (annually)

Metric #24

See question I on page 6

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Number of farm vendors with organic certification (or in 3 year transition) or certified by other third-party sustainability criteria (annually)

Metric # 25

See question J on page 6

J. Please select from any certifications your business <u>presently</u> holds (please include certification number if applicable):

Certified Organic

Certified Naturally Grown Certified Biodynamic Food Alliance Certified

Other certification (please name):

No certifications

K. In the most recent market season (2014), how many different products did you sell under this certification?

Number of products sold as Certified Organic or certified by other third-party sustainability criteria (annually)

Metric #26

See question K on page 6

Number of different fruits and vegetable crops available for sale annually

Metric # 27

See Question L (page 6) and product checklist, attached

Average hours from harvest to point of sale (annually)

Metric # 34

See question M on page 6

NOTE: This can be integrated into checklist (L), and also asked on end-of-season questionnaire for vendors to confirm/modify estimations.

L. Please help us understand the variety of farm products available at **{X Farmers Market}** by completing the attached form indicating the crops and varieties you sold at this market in 2014. (*Please mark N/A at top if you did not grow or sell any vegetables, fruits, or nuts at this market in 2014*).

M. For all fresh produce items you sold at **{X Farmers Market}** in 2014, what was the average number of hours between harvest and the start of market. If you do not sell a product listed below, please write "N/A."

Brassicas (broccoli, kale, collards, Brussels sprouts, mustard greens, etc.):

Lettuce, spinach, and mixed greens:

Fresh beans and peas:

Carrots and root crops sold with greens attached:

Tomatoes: Fresh corn:

Melons:

Berries and soft fruits:

N. Please estimate report the total number of pounds of food products, and/or their retail value, that you donated to soup kitchens, food banks, or similar organizations in 2014 while at the **{X Farmers Market}**(*please write N/A if your business did not donate food products at this market in 2014*). Total estimated pounds of food donated:

Total estimated retail value of food donated:

Pounds or retail value of food donated by vendors (annually)

Metric #32

See Question N on page 7 NOTE: Could be end-of-season

questionnaire

Section 2

Please include the following paragraph as an introduction to your market's 2015 application/renewal form, either in a cover letter or at the top of the form itself.

In this updated 2015 application, and at intervals throughout the season, you will be asked to complete some very brief surveys on a small number of topics, including:

- Total farm acres and acres cultivated or grazed
- Gross sales at market
- Most frequently purchased vegetables and fruits (if applicable)

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- Total number of crops and varieties offered for sale (if applicable)
- Pounds or retail value of products donated to gleaning organizations

Any information you provide is confidential and will be compiled into aggregate statistics. No individual business information will be released without written consent from the owner. Please respond to the following questions regarding the business currently applying to participate in the **{X Farmers Market}**.

{X Farmers Market} thank you in advance for your time and cooperation! We wish you a great farmers market season!

eat i	farmers market season!			
A.	Please provide up to two physical addresses for your business' <u>primary</u> point(s) of production. No P.O. Boxes, please.			
	Primary production location:	Production location #2:		
В.	Please use the table below to report your (Please write "N/A" if not a farm busine.			
	Total acres:			
	Owned:			
	Leased:			
	Cultivated or grazed in			
	Percent of total cultivated or grazed acr			
	2014 farmers market production (nleas	e estimate to the		
C.	Do you anticipate fewer, the same, or mo {X Farmers Market} in 2015? (please Please think about all individuals chiefly			
	farm business, including yourself. As of I these owner/operators been farming? (P as applicable. If there is only one owner enterprises* should enter "N/A" for both	December 31, 2014, for how many years have lease respond for all chief owners/operators, enter N/A for Owner #2. Non-agricultural		
		sinesses not involved in the production of raw y enterprise, but who are actively involved e-added foods, baked goods, hot foods		
D.	As of December 31, 2014, how many prin your business are younger than 35 years	nary business owners and chief operators of of age (as of December 31, 2014)?		
E.	In 2014, what were your business' TOTA	L gross sales at {X Farmers Market} , by		

category? (Write N/A next to any category of products your business did not sell at this market in 2014. Value-added (or "Processed") Foods include baked goods, pickles,

condiments, jams, charcuterie, etc. Ready-to-Eat (or "Hot")

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Foods are freshly made foods available for immediate consumption on-site at market.)

Total 2014 gross sales at {X Farmers Market}:	\$
Farm product sales:	\$
Value-added sales:	\$
Ready-to-eat food sales:	\$
Other product sales (crafts, services, etc.):	\$

Do you anticipate less, the same, or higher total gross sales at this market in 2015? (please circle one): Less Same Higher

F. Including yourself, how many people worked for your business either seasonally or year-round in 2014? Please include family workers (paid and unpaid), hired production or office workers, people hired to sell at markets, contract or custom hire farm labor, and paid interns or apprentices. If zero, please enter 0.

	Seasonal (worked 149 days or less)	Year-round (worked 150 days or more)
2014 (actual)		

Do you anticipate fewer, the same, or more workers devoted to production and marketing for this market in 2015? (please circle one):

Fewer Same More

G. Is <u>more</u> than 50% of your farmers market business owned and operated on a daily basis by one or more women?

Yes

No

Prefer not to answer

H. Which of the following best describes the primary operator(s) of your farmers market business? (check all that apply):

White (not Hispanic or Latino)

Hispanic or Latino

Black or African American

American Indian or Alaska Native

Asian or Asian American

Other:

Prefer not to answer

I. Please think about foods or crops that are unique to your state or region. In the {last recent} market season, did you sell any crops or value-added food items that are unique to the {X} Region?

Yes

No

If 'Yes,' please list and include variety name:

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J.	Please select from any certifications your business presently holds (include certification number if applicable): Certified Organic Certified Naturally Grown Certified Biodynamic Food Alliance Certified Other certification (please name) No certifications:				
K.	In the most recent market season (2014), how many different products did you sell under the certifications checked above?				
L.	Please help us understand the variety of farm products available at {X Farmers Market} by completing the attached form indicating the crops and varieties you sold at this market in 2014 (please mark N/A at top if you did not grow or sell any vegetables, fruits, or nuts at this market in 2014).				
M.	For fresh produce items you sold at {X Farmers Market} in 2014, what was the average number of hours between harvest and the start of market? For any of the products listed below which you do not plan to sell, please write "N/A." a. Brassicas (broccoli, kale, collards, Brussels sprouts, mustard greens, etc.): b. Lettuce, spinach, and mixed greens: c. Fresh beans and peas: d. Carrots and root crops sold with greens attached: e. Tomatoes: f. Fresh corn: g. Melons:				
N.	If you sold at this market in 2014, please estimate to the best of your ability the total number of pounds of food products, and/or their retail value, that you donated to soup kitchens, food banks, or similar organizations in 2014 while at the {X Farmers Market} (please write N/A if your business did not donate foodproducts at this market in 2014). Total estimated pounds of food donated:pounds Total estimated retail value of food donated: \$				
ion	al open-ended questions for internal market purposes:				
O.	Is there anything you'd like to tell us about your business' needs, or				

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about your experience selling at farmers markets?

Please note: At intervals throughout the season, you may be asked to complete some very brief surveys on a small number of topics, including:

- Gross sales at market (if applicable)
- Most frequently purchased vegetables and fruits (if applicable)
- Total number of crops and varieties offered for sale (if applicable)
- Average hours from harvest to point of sale (if applicable)

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Thank you in advance for your time and cooperation!

This list of operationalized metrics was created for use in the pilot phase of Farmers Market Metrics, a joint project between the Farmers Market Coalition and the University of Wisconsin. You can learn more about the Farmers Market Metrics Project at www.farmersmarketcoalition.org/market-metrics.

