

FARMERS MARKET ADVISORY BOARD

MEETING AGENDA

Monday, June 17, 2019, 9:00 am
Training Room, Second Floor
Governmental Center, 400 Boardman Avenue, Traverse City
www.downtowntc.com

1. Roll Call
2. Approval of Minutes
3. Public Comment
4. Programming Committee Update
 - a. Food Trucks Update
 - b. Taste the Local Difference Cooking Demo Update
 - c. Brochure Update
 - d. Signage Update
 - e. Wednesday Layouts
5. Vendor Visits
 - a. Wild Juniper Nursery
 - b. Pleasanton Greenhouse
 - c. Hall's Greenhouse
6. Events
 - a. Ironman Update
 - b. Cherry Festival Brunch
7. Michigan Youth Opportunity Initiative Program
8. Public Comment
9. Adjournment

The Traverse City Downtown Development Authority does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities. The DDA Director has been designated to coordinate compliance with the non-discrimination requirements contained in Section 35.107 of the Department of Justice Regulations. Information concerning the provisions of the Americans with Disabilities Act, and the rights provided thereunder, are available from the DDA office.

FARMERS MARKET ADVISORY BOARD

DRAFT MINUTES

Monday, April 15, 2019, 9:00 am

Training Room, Second Floor

Governmental Center, 400 Boardman Avenue, Traverse City

www.downtowntc.com

1. Roll Call
 - a. Present: Tricia Phelps, Sue Kurta, Linda Grigg, Courtney Lorenz, Lori Buchan, Scott Hardy, Brenin Wertz-Roth, Joann Brown, Nic Welty (9:19am)
 - b. Absent: Gary Jonas, Tim Werner
2. Approval of Minutes
 - a. Motion: Lori Buchan
 - b. Second: Courtney Lorenz
 - c. Passes unanimously
3. Public Comment
 - a. No public present
4. Introduction of New Board Members
 - a. Joann Brown, Interwater Farms
5. Programming Committee Update
 - a. Food Trucks Update
 - i. Still looking for a vendor for June and September
 - ii. All other months are committed
 - b. Taste the Local Difference Cooking Demo Update
 - i. Fustini's and Oryana interested in hosting multiple demos
 - c. Brochure Update
 - d. Signage Update
 - i. Email signage opinions to Nick by the end of 4/17
 - ii. Be on the lookout for email regarding logo approval
6. Vendor Applications
 - a. Category 1 & 3 Applications Review
 - b. Category 2 Applications Approval
 - i. Motion: Nic Welty
 - ii. Second: Brenin Wetz-Roth
 - iii. Passes Unanimously
7. Vendor Visit Requests
 - a. Send to Nick
8. Vendor Meeting Reminder
 - a. April 22, 10 am

- b. Changes this year, Food Assistance Programs, & Event Updates
- 9. Public Comment
- 10. Adjournment
 - a. Motion to adjourn (10:08) Lori Buchan
 - b. Second: Courtney

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VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name: Tom Jessmore	Auditors: E. Dunham B. Welling K. Quern
Farm/Operation Name: Wild Juniper	Date of Audit: 5/21/2019
Address: 3008 Wild Juniper Trail, TC	Time Arrived: 6:30 pm
	Time Departed:

SUMMARY

Please provide a brief overview of the farm/operation and the visit.

Grows only perennials, grows completely outdoors without a greenhouse. Toured complete facilities, has supply/variety that matches booth. Grows from cuts/seedlings.

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable Sara Hardy Downtown Farmers Market Rule. Please provide your recommendation to the Advisory Board for this Vendor.

OTHER CONSIDERATIONS

Describe any issues encountered during the audit not covered by this report.
(For example: changes in the operation anticipated by the producer)

Vendor: _____

Auditor: _____

Date: _____

PG 1

VENDOR AUDIT PROTOCOL
AUDIT REPORT

Before the Audit begins, are there any amendments the farmer would like to make to their current product list? If so, an explanation as to why the amendment is taking place must be made and why the product wasn't grown or accounted for on their product list.

Interested in selling Proven Winners

Are there any recent audits or certifications that occurred that can help substantiate this Audit? If so, list them below and request and attach documentation of this audit/certification.

Certified Nursery by Proven Winners
Licensed nursery w/ dept. of ag

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate.

Was the Vendor present for the entire audit?

Yes ☒

No ☐

Vendor: _____

Auditor: _____

Date: _____ PG 2

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Does the Vendor manage all fields/
facilities audited?

Yes ☒ No ☐

Does the address match the address on the
application?

Yes ☒ No ☐

Is every crop on the Product list
accounted for on the farm? (please attach
a reviewed product list & photos of each
crop to report)

Yes ☒ No ☐

Vendor: _____

Auditor: _____

Date: _____

PG 3

Backyard Growers

Total Acreage:

Were all farms/fields/facilities inspected? Yes ☒ No ☐
(If no, please explain to the right)

ACREAGE USE	TOTAL ACREAGE	ACREAGE USE	TOTAL ACREAGE
0.5	0.5		

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Number of Markets

Attended: 3
(Please list markets and frequency of markets in comment section)

COMMENTS & UPDATES

Number of Employees: 2

Explanation of Crop Maintenance:
(i.e. plow, hand, etc.)

All grown outdoors w/out
greenhouse
All watering by hand
Covered in March

Vendor: _____

Auditor: _____

Date: _____

PG 4

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Were the washing/packing facilities seem sufficient for the operation?

Yes ☐ No ☐

Were the storage facilities seem sufficient for the operation?

Yes ☐ No ☐

N/A

(For Category 2 Vendors)

Receipts provided from local Vendors to verify their percentage?

Yes ☐ No ☐

COMMENTS & UPDATES

Facilities up to the capacity for the product brought to market?

Yes ☐ No ☐

N/A

If the Vendor grows some of their own product, were the ratios provided on the application consistent with the operation?

Yes ☐ No ☐

Vendor: _____

Auditor: _____

Date: _____

PG 5

Additional Items

Please check if any of the following were requested and reviewed, and explain:

- ☐ field activity log(s)
- ☐ field inventory sheets
- ☐ documentation of previous land use
- ☐ input records/product labels
- ☐ storage records
- ☐ sales records
- ☐ shipping records

COMMENTS & UPDATES

Are yields and sales brought to the Sara Hardy Downtown Farmers Market consistent with acreage and production records?

Yes ☐ No ☐

We,

(Vendor)

(SEEDS Representative, Third Party Verifier, & Advisory Board Representative)

do hereby affirm that all of the information on the Audit Report has been reviewed and verified to be accurate as of today's date.

Please list information that could not be verified during the audit and issues of concern.

By signing this, we affirm that this Audit was completed in compliance with the Vendor Audit Protocol agreed to by all parties and will be returned to the BPA Office for review.

Signature of Vendor

Signature of SEEDS Representative

Signature of 3rd Party Verifier

Signature of Advisory Board Representative

Vendor: _____

Auditor: _____

Date: _____ PG 6

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name: <i>Hall's Nick Hall</i>	Auditors: <i>Nic Liz Kevin</i>
Farm/Operation Name: <i>Hall's</i>	Date of Audit: <i>5/21/19</i>
Address: <i>10461 E Carter R</i>	Time Arrived: <i>6:00</i>
	Time Departed: <i>6:15</i>

SUMMARY

Please provide a brief overview of the farm/operation and the visit.

*Located at homestead, toured greenhouses,
ample product for market.*

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable Sara Hardy Downtown Farmers Market Rule. Please provide your recommendation to the Advisory Board for this Vendor.

OTHER CONSIDERATIONS

Describe any issues encountered during the audit not covered by this report.
(For example: changes in the operation anticipated by the producer)

VENDOR AUDIT PROTOCOL
AUDIT REPORT

Before the Audit begins, are there any amendments the farmer would like to make to their current product list? If so, an explanation as to why the amendment is taking place must be made and why the product wasn't grown or accounted for on their product list.

Are there any recent audits or certifications that occurred that can help substantiate this Audit? If so, list them below and request and attach documentation of this audit/certification.

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Was the Vendor present for the entire audit?

Yes ☒ No ☐

Vendor: _____

Auditor: _____

Date: _____

PG 2

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Does the Vendor manage all fields/
facilities audited?

Yes ☒

No ☐

Does the address match the address on the
application?

Yes ☒

No ☐

Is every crop on the Product list
accounted for on the farm? (please attach
a reviewed product list & photos of each
crop to report)

Yes ☒

No ☐

Vendor: _____

Auditor: _____

Date: _____

PG 3

Total Acreage:

Were all farms/fields/facilities inspected? Yes ☐

No ☐

(If no, please explain to the right)

ACREAGE USE

TOTAL ACREAGE

ACREAGE USE

TOTAL

ACREAGE

1/2

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Number of Markets

Attended: 1

(Please list markets and frequency of markets in comment section)

COMMENTS & UPDATES

Number of Employees: 2

Explanation of Crop Maintenance:

(i.e. plow, hand, etc.)

Hand - Horticulture

Vendor: _____

Auditor: _____

Date: _____

PG 4

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Were the washing/packing facilities seem sufficient for the operation?

Yes ☐ No ☐

Were the storage facilities seem sufficient for the operation?

Yes ☒ No ☐

(For Category 2 Vendors)

Receipts provided from local Vendors to verify their percentage?

Yes ☐ No ☐

COMMENTS & UPDATES

Facilities up to the capacity for the product brought to market?

Yes ☐ No ☐

If the Vendor grows some of their own product, were the ratios provided on the application consistent with the operation?

Yes ☐ No ☐

Vendor: _____

Auditor: _____

Date: _____ PG 5

Additional Items

Please check if any of the following were requested and reviewed, and explain:

- ☐ field activity log(s)
- ☐ field inventory sheets
- ☐ documentation of previous land use
- ☐ input records/product labels
- ☐ storage records
- ☐ sales records
- ☐ shipping records

COMMENTS & UPDATES

Are yields and sales brought to the Sara Hardy Downtown Farmers Market consistent with acreage and production records?

Yes ☐

No ☐

We,

Halls

(Vendor)

Liz, Nic & Kevin

(SEDS Representative, Third Party Verifier, & Advisory Board Representative)

do hereby affirm that all of the information on the Audit Report has been reviewed and verified to be accurate as of today's date.

Please list information that could not be verified during the audit and issues of concern.

By signing this, we affirm that this Audit was completed in compliance with the Vendor Audit Protocol agreed to by all parties and will be returned to the DDA Office for review.

Signature of Vendor

Signature of SEDS Representative

Signature of 3rd Party Verifier

Signature of Advisory Board Representative

Vendor:

Auditor:

Date:

5/21/19

PG 6

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name: Terri Schmidt/Rob Pleasanton	Auditors: Vic Welby Kevin Quera Elizabeth
Farm/Operation Name:	Date of Audit: 5/21/2019
Address: 14758 Pleasanton Hwy, Bear Lake	Time Arrived: 4:15 Time Departed: 4:50

SUMMARY

Please provide a brief overview of the farm/operation and the visit.

Very large ^{store} and greenhouse, pot all annuals by hand, germinate by hand. Towed greenhouses with ample supplies for market. Could bring other products they grow to market. Seed and pot dominantly at location w/ germination.

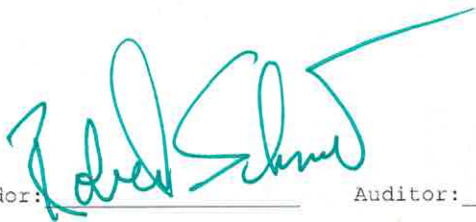
EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable Sara Hardy Downtown Farmers Market Rule. Please provide your recommendation to the Advisory Board for this Vendor.

OTHER CONSIDERATIONS

Describe any issues encountered during the audit not covered by this report.
(For example: changes in the operation anticipated by the producer)

Vendor:



Auditor:



Date:

5/21

PG 1

VENDOR AUDIT PROTOCOL
AUDIT REPORT

Before the Audit begins, are there any amendments the farmer would like to make to their current product list? If so, an explanation as to why the amendment is taking place must be made and why the product wasn't grown or accounted for on their product list.

N/A

Are there any recent audits or certifications that occurred that can help substantiate this Audit? If so, list them below and request and attach documentation of this audit/certification.

Visited by state same day

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Was the Vendor present for the entire audit?

Yes ☒ No ☐

Absent for tour, talked prior/after

Vendor:

[Signature]

Auditor:

[Signature]

Date:

5/21

PG 2

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Does the Vendor manage all fields/
facilities audited?

Yes ☒

No ☐

10640 Potter Rd.

Germination

Seeding

Does the address match the address on the
application?

Yes ☒

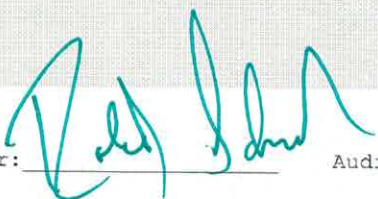
No ☐

Is every crop on the Product list
accounted for on the farm? (please attach
a reviewed product list & photos of each
crop to report)

Yes ☒

No ☐

Vendor:



Auditor:



Date:

5/24

PG 3

Total Acreage:

Were all farms/fields/facilities inspected? Yes ☐ No ☒
(If no, please explain to the right)

ACREAGE USE	TOTAL ACREAGE	ACREAGE USE	TOTAL ACREAGE
-------------	---------------	-------------	---------------

5 acre	10 acres		

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Number of Markets

Attended: 5
(Please list markets and frequency of markets in comment section)

COMMENTS & UPDATES

→ Dec. germination
on
then heat
on sheep site ~
Feb

Number of Employees: 10

seasonally

Explanation of Crop Maintenance:
(i.e. plow, hand, etc.)

spring, hand water

Vendor: Robert [Signature]

Auditor: [Signature]

Date: 5/21

PG 4

Any "No" answers must be explained at the right & it is recommended to review the Additional Items list to provide further documentation. If none is provided, please notate. Please also add other commentary, as appropriate

Were the washing/packing facilities seem sufficient for the operation?

Yes ☐ No ☐

NA

Were the storage facilities seem sufficient for the operation?

Yes ☐ No ☐

NA

(For Category 2 Vendors)

Receipts provided from local Vendors to verify their percentage?

Yes ☐ No ☐

COMMENTS & UPDATES

Facilities up to the capacity for the product brought to market?

Yes ☐ No ☐

If the Vendor grows some of their own product, were the ratios provided on the application consistent with the operation?

Yes ☐ No ☐

Additional Items

Please check if any of the following were requested and reviewed, and explain:

- ☐ field activity log(s)
- ☐ field inventory sheets
- ☐ documentation of previous land use
- ☐ input records/product labels
- ☐ storage records
- ☐ sales records
- ☐ shipping records

COMMENTS & UPDATES

Are yields and sales brought to the Sara Hardy Downtown Farmers Market consistent with acreage and production records? Yes ☐ No ☐

We, Rob Schmidt
(Vendor)

(SEEDS Representative, Third Party Verifier, & Advisory Board Representative)

do hereby affirm that all of the information on the Audit Report has been reviewed and verified to be accurate as of today's date.

Please list information that could not be verified during the audit and issues of concern.

By signing this, we affirm that this Audit was completed in compliance with the Vendor Audit Protocol agreed to by all parties and will be returned to the DDA Office for review.

Signature of Vendor

Signature of SEEDS Representative

Signature of 3rd Party Verifier

Signature of Advisory Board Representative

Vendor: _____

Auditor: _____

Date: _____ PG 6

VENDOR AUDIT PROTOCOL
CONTESTING THE AUDIT

If you chose not to sign the Audit Report, please explain your reasoning below. This will be presented at the Farmers Market Advisory Board Meeting on _____ at 9am at the Governmental Center, 2nd Floor Committee Room. This form must be submitted to the DDA Office by the Wednesday before the Advisory Board meeting.

You can email it to nick@downtowntc.com, fax it to 231.922.4863, or mail it to P.O. Box 42, Traverse City, MI 49685.

Notes: Would like to receive notice in the mail before season.

Would like to get corner spot back.

Vendor: _____

Auditor: _____

Date: _____

PG 7

Memorandum of Understanding

Ironman 70.3 Traverse City – Downtown Development Authority- TC Tourism

As it relates to the possession of lots T and a portion of B (see diagram below) for Ironman.

- Ironman will retain possession of lot T at 6:00pm on Thursday August 22, 2019. Ironman will begin staging at 4:00pm as space becomes available.
- Ironman will retain possession of lot B at 6:00pm on Friday August 23, 2019. Ironman will begin staging at 4:00pm as space becomes available.
- Ironman will vacate lots T and B by midnight Sunday August 25.
- DDA will communicate schedule to parking pass holders, lot users and Farmers Market Vendors.
- Traverse City Tourism will invest up to \$2,000 to help with marketing and promotion of Farmers Market changes for the Saturday, August 24 market.





STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
GRAND TRAVERSE, KALKASKA & LEELANAU COUNTY

ROBERT GORDON
DIRECTOR

06/05/2019

Dear Sara Hardy Farm Market Board,

My name is John Redinger and I am the newly assigned Michigan Youth Opportunity Initiative Coordinator (MYOI) for Grand Traverse/Leelanau/Kalkaska Counties. I work for the Michigan Department of Health and Human Services in these local counties. The MYOI program was created to improve outcomes for youth transitioning from foster care to adulthood. The program assists youth with education, employment, housing, physical and mental health, permanency, as well as social and community engagement. We rely on community partnerships, local trainings, community resources, fundraising, Youth in Transition Funding, Education and Training Vouchers, foster parents, adoptive parents, family members, community members and many other localized resources to help support our youth and the program.

My goal as the coordinator is to assist youth who are involved in the MYOI program (age 14-25) with building skills and relationships that will have a positive and effective impact on becoming independent and self-confident adults.

What I would like to do is utilize the farmers market to assist youth in a couple of areas. These may include things such as community engagement, education, and physical health. Using shopping for healthy, sustainable foods allows youth to learn how to shop, plan meals, eat healthy, and budget money to name a few. The main issue I have is how to provide youth with money to be able to shop at the Sara Hardy Farmers Market. We have access to funds that I am confident we can utilize for this experience, but I do not have the ability to provide them with cash. I am trying to figure out a way to either pre purchase vouchers/tokens to be used at the market or possibly somehow be billed/invoiced for the items purchased. I come to you asking for any possible ideas or solutions to our barrier. My hope would be to have this as a recurring event for my youth where I could take them every Wednesday for the summer while school is out. Then hopefully start up gain next summer. My group is currently small 5-8 youth, but I am currently training more active participants.

I appreciate your time and consideration, Thank you.

John Redinger
MYOI Coordinator
Grand Traverse/Leelanau/Kalkaska County
Redingerj@michigan.gov 231-342-5316

Grand Traverse County Board: Ralph Soffredine • John Rizzo • Rodetta Harrand

Kalkaska County Board: Carol Karas • Betty Blake • Lisa Anderson

Leelanau County Board: Robert Brown • Greg McMorrow • Michael Smith

GRAND TRAVERSE & LEELANAU: 701 SOUTH ELMWOOD AVENUE, SUITE 19 • TRAVERSE CITY, MICHIGAN 49684-3185

KALKASKA: 503 NORTH BIRCH STREET • KALKASKA, MICHIGAN 49646

www.michigan.gov/mdhhs • Grand Traverse & Leelanau: 231-941-3900 • Kalkaska: 231-258-1200