

FARMERS MARKET ADVISORY BOARD

MEETING AGENDA

Monday, September 16, 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. Events
 - a. Ironman Review
5. Programming Committee Update
 - a. Farmers Market Brunch Review
 - b. Cooking Demonstration
 - d. Wednesday Market Review
6. Vendor Visits
 - a. Undertoe Farms
 - b. Green Morning Farm
 - c. Northern Growin' Farm
 - d. Modern Bird
 - e. Bloom Wildcraft
 - f. Batter: Remixed
7. Future Committee Meetings
 - a. Programming
 - i. Wednesday Review
 - ii. End of Season Meeting
 - b. Operations
 - i. Rules Review
 1. Cut Flower Vendors
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, July 15, 2019, 9:00 am
Training Room, Second Floor
Governmental Center, 400 Boardman Avenue, Traverse City
www.downtowntc.com

1. Roll Call
 - a. Present: Lori Buchan, Tricia Phelps, Linda Grigg, Courtney Lorenz, Gary Jonas, Scott Hardy, Tim Werner, Brown, Nic Welty (9:20am)
 - b. Absent: Brenin Wertz-Roth, Sue Kurta
 - c. Guests: Elizabeth, Jean Derenzy

2. [Approval of Minutes](#)
 - a. Motion: Lori Buchan
 - b. Second: Scott Hardy
 - c. Passes unanimously

3. Public Comment

4. Events
 - a. Ironman Update
 - i. Letter signed by vendors (authored by Reid Johnston) against Ironman-related adjustments to market vendor locations
 - ii. Current plan includes shutting down Cass St in order to accommodate displaced vendors. Does not include parking for customers or vendors
 - iii. Since this is the first year, the timeline for selection of the location of all Iron Man related activities has been “in flux” since January. This will be a more transparent, predictable process in subsequent years. This arrangement is a significant compromise from the original proposal, which was to relocate the market entirely.
 - iv. DDA will create a flyer for Iron Man market that includes: details about location changes, customer parking options, take customer counts on that day and the Saturday before, ask vendors to provide sales data (either gross revenue or net loss) from a similar Saturday the previous season in order to assess economic impact, and break this information down into vendor type.
 - v. Parking lot T is closed at 4pm on Friday for bike check-in. DDA prioritized not relocating the market entirely, and is ensuring that \$2000 is going directly to farmers despite the fact that this change is a net loss to the DDA. Iron man is interested in purchasing local produce for refreshments before, during and after the race, SEEDS is encouraging Iron Man to reach out to displaced farmers to source product.
 - vi. At a future meeting, it would be advantageous for this advisory board to discuss overall DDA policy and intention regarding events during market season and location changes to the market.

5. Programming Committee Update

- a. Farmers Market Brunch Review
 - i. Only \$4 of market vouchers were returned
 - b. Food Trucks
 - i. Both brunch vendors sold out nearly every day
 - ii. TLD has numbers from vendors
 - c. Cooking Demonstration
 - i. Nothing but positive feedback from customers and chefs, all chefs are on board to return if the opportunity continues
 - d. Wednesday Market Review
 - ii. Customer counts have increased over last year
 - iii. At least one vendor says sales have remained the same
 - iv. Customer and vendor feedback has been mixed
6. Vendor Visits
- a. North Country Farms
 - i. No problems to report, possible crop changes due to low yield this season
 - b. Shiloh's Garden
 - i. "Another admirable farm," no changes to report.
 - c. Brown's Poplar Ridge
 - i. Large operation with multiple sites, no problems to report.
7. Public Comment
- a. Comment from Linda Grigg: DDA website needs to be updated- Nick said the DDA is in the process of updating the website; Musicians seem to be going long and playing loudly- SEEDS said they will monitor the one-hour sets and begin rotating musicians from one side of the market to the other; we've had trouble with people bringing blueberries up from downstate, request to SEEDS to monitor vendors bringing early blueberries closely- SEEDS agreed to keep watch.
8. Adjournment (9:56am)
- a.

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FARMERS MARKET FEEDBACK FOR IRONMAN, 2019

A total of	32	vendors responded out of 61.
Average Sales were only	82%	of sales for this August.
In dollars, sales were down	\$4,415.80	in comparison to previous years.
Our average growing schedule was	0.375	weeks behind schedule.

NOTES

Asked all non-regular customers and only one was from Ironman and they spent \$3. WE follow map setting up accordingly only to be told we were in the the space. Then we were charged when email had said if your spot was within these numbers you wouldn't be charged. This is the lowest amount of money we have ever maded. Take the market fee away there is hardly any left. It was a waste of our time. Between Cherry Festival - film festival were all the vol. park and now Ironman. We are wondering if market is worth the time.

Data reflects same day sales. Far better than anticipated. :)

Elizabeth did an excellent job with placing vendors. This event needs to happen elsewhere.

I expected sales to grow every year for each market and am producing more than last year. It was a very disappointing market for a vegetable farmer in August.

It would appear that 2019 was more than the same week in 2018, but that week in 2018 was extremely lower than usual. The average August Saturday Market was over \$600 in 2018 and also over \$600 in 2019.

Last years total was mushrooms & eggs. We have maple syrup which upped sales for us this year. Please no more Ironman. :)

Positioning on Cass St. drastically lowered sales.

We appreciate the support during Ironman. Can we do these surveys during Cherry Fest?

We estimate we made 30% less than a usual Saturday market. :(

ANECDOTAL DATA

Sales were about the save, give or take \$50.

Our Sales were double for this day.

We were about 25% down due to Ironman.

Sales were worse by more than half. People flow seemed awkward. Sorry - I don't have final totals.

Sales were up.

Our sales were down 40% on the day of the Ironman TC.

12% above last year.

We had an above average sales day. No negative impact. Thank you for your support.

Sales were a little less than half. We were 3 weeks behind production. We brough short load.

Sales were down around 20% for the market. WE believe vendor fees should not be charged for the Saturday of the race.

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name:

Adam Brown +
Haley Breniser

Auditors: Emily Elshoff

Elizabeth Dymman
Kevin Quay/Jean Brown

Farm/Operation Name: Underdog
Farm

Date of Audit: 8/19/19

Address:
12407 Winters Rd
Kewadin

Time Arrived: 1:15

Time Departed: 1:50

SUMMARY

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

Viewed all fields.

Volume sufficient for market.

Also has CSA.

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable Safe Ready 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: _____

Auditors: _____

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.

Apples
collard greens

Zucchini
Parsnips

Broccoli
Angelica
Sweet Potatoes

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.

OCIA
OGIA certified 3 years

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 restate. Please also add other commentary, as appropriate.

Was the Vendor present for the entire audit?

Yes No

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 restate. 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

I added
some

Total Acreage: 13.73

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

ACREAGE USE	TOTAL ACREAGE	ACREAGE USE	TOTAL ACREAGE
3.5 to Market			

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 state. Please also add other commentary, as appropriate.

Number of Markets

Attended: 2
(Please list markets and frequency of markets in comment section)

SH
ETK rapids

COMMENTS & ISSUES

Number of Employees: 1

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

- No mechanical
- All hand weeding
- OMR I certified
pest control
- well water
& pt overhead

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 return. Please also add other commentary, as appropriate

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

Yes No

Were the storage facilities seen 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

Additional Items

Please check if any of the following were requested and reviewed, and explain:
 Field activity logs
 Field inventory sheets
 Documentation of previous land use
 Disput records/product labels
 Storage records
 Sales records
 Shipping records

COMPLETE & UPDATE

The sales and price history in the last 12 months from the market consistent with acreage and production records.

1992 1990

No. Adam Brown
 (Vendor)

AA
 (BSEDC 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 IGA Office for review.

Adam Brown
 Signature of Vendor

AA
 Signature of BSEDC Representative

[Signature]
 Signature of 3rd Party Verifier

[Signature]
 Signature of Advisory Board Representative

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name: Green Morning Ian Sparbeck	Auditors: Emily Elshoff Elizabeth Durham Kevin Query / Joann Brown
Farm/Operation Name:	Date of Audit: 8/19/19
Address: 3280 Paradise Rd Kingsley, MI	Time Arrived: 10:35 Time Departed: 10:50

SUMMARY

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

Saw all operation; seems
sufficient for market volume

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable GMS Berry Downtown
Farmer 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 note. Please also add other commentary, as appropriate

Was the Vendor present for the entire audit?

Yes No

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 note. Please also add other commentary, as appropriate.

Does the Vendor manage all fields/
facilities suited?

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

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
7/4 quarter			

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 initiate. Please also add other commentary, as appropriate.

Number of Markets Attended: 2
(Please list markets and frequency of markets in comment section)

Traverse City 3H
Village TC Market

COMMENTS & NOTES

Number of Employees: 1

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

germination 4 days
for greens
7 days for
herbs

LED Lights

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 state. Please also add other commentary, as appropriate.

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

Yes No

Were the storage facilities seen 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 logs
- Field inventory sheets
- Documentation of previous land use
- Disput records/product labels
- Storage records
- Dealer records
- Shipping records

COMMENTS & UPDATES

Form 1000 will be brought to the table with the District Farmers Market Association with Agronomer and Production Records Committee

1990 1000

By: Law Spardere (Vendor) Emily Elshoff (OSDD 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 OCA OSDD for review.

Law Spardere
Signature of Vendor

Emily Elshoff
Signature of OSDD Representative

Kim Oberg
Signature of 3rd Party Verifier

Jeanne Ben
Signature of Advisory Board Representative

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name: Tyler + Cameron Troszak	Auditors: Emily Elskoff Elizabeth Dunham Kevin Quen / Joann Brown
Farm/Operation Name: Northern Grow'n	Date of Audit: 8/19/19
Address: 4745 Sigma Rd Kalkaska	Time Arrived: 11:40 Time Departed: 12:30

SUMMARY

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

↓ Lots of fields, lots of
snap peas + radishes. Matches
volume brought to market. Some
crops absent / late.

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable Iowa Hardy Downstate
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 to 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.

Sugar snap Peas, snow peas
zucchini, watermelon
Butternut squash

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.

NO

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 note. Please also add other commentary, as appropriate

Was the Vendor present for the entire audit?

Yes No

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 note. Please also add other commentary, as appropriate

Does the Vendor manage all fields/
facilities suited?

Yes

No

Mom
dad

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

Yes, no potatoes,
beets
spinach

Vendor: _____

Address: _____

Date: _____

PG 2

Total Acreage: 20

Were all farms/fields/facilities inspected? Yes

(If no, please explain to the right)

ACREAGE USE	TOTAL ACREAGE	ACREAGE USE	TOTAL ACREAGE
<u>2.5 acres</u>	<u>20 acres</u>		

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 note. Please also add other commentary, as appropriate.

Number of Markets Attended: 4
(Please list markets and frequency of markets in comment section)

EIK Rapids
Gaylord
SH x 2

Number of Employees: 2

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

- walk behind tractor
- Drip line/overhead watering
- No chemical
- Deer Fence
- hand weeding

COMMENTS & UPDATES

LLC

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 state. Please also add other commentary, as appropriate

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

Yes No

Were the storage facilities seen sufficient for the operation?

Yes No

(For Category 2 Vendors)

Receipts provided from local Vendors to verify their percentage?

Yes No

COMMENTS & UPGRADES

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: _____

Address: _____

Date: _____

PG 9

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
- dispute records/product labels
- catcrops records
- cables records
- shipping records

COMPLETED & VERIFIED

No. 0 Tyler 2 Troszale
(Vendor)

Emily Elshoff
(SESD 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 ICA Office for review.

[Signature]
Signature of Vendor

[Signature]
Signature of SESD Representative

[Signature]
Signature of 3rd Party Auditor

[Signature]
Signature of Advisory Board Representative

Vendor: Canon Bank Address: _____ Date: _____ PG 4

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name: Modern Bird	Auditors:
Farm/Operation Name:	Date of Audit: 7/15/19
Address:	Time Arrived: 10:15
	Time Departed:

SUMMARY

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

Visited home kitchen, very large with spacious counters, sink, fridge, oven. Some packing storage in basement. Facilities seemed adequate for market production.

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable State Party 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.

No

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.

No

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 locate. Please also add other commentary, as appropriate

Was the Vendor present for the entire audit?

Yes No

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 note. 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

products

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

Yes No

Total Acreage:

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

ACREAGE USE	TOTAL ACREAGE	ACREAGE USE	TOTAL ACREAGE

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 correct section)

COMMENTS & UPDATE

SHFM
Wednesdays & Saturdays

Number of Employees: 0

Just two family members

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

Vendor: _____

Auditor: _____

Date: _____

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 indicate. Please also add other commentary, as appropriate.

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

Yes No

Were the storage facilities seen sufficient for the operation?

Yes No

(For Category I Vendors)

Receipts provided from local Vendors to verify their percentages?

Yes

Lakeview Hills (email)

Bardenhagen

Loma

BHG

Others in future (seasonal)

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

N/A

Additional Items

Please check if any of the following were requested and reviewed, and explain:
 field activity logs
 field inventory sheets
 documentation of previous land use
 input records/product labels
 storage records
 dealer records
 tipping records

COMMENTS & UPDATES

All fields and boxes brought to the East Bay Downtown Farmers Market, compliant with signage and production practices.

No. ADY ELIOTT
 (Vendor)

Elizabeth Dunham, Kevin Avery
 (SECO Representative, Third Party Verifier, & Advisory Board Representative)

Lori Buchan

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 Process and will be returned to the IFA Office for review.

[Signature]
 Signature of Vendor

[Signature]
 Signature of SECO Representative

[Signature]
 Signature of 3rd Party Verifier

[Signature]
 Signature of Advisory Board Representative

Vendors: _____

Auditors: _____

Date: 7/15/19 pg 6

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name: Bloom Wildcraft	Auditors: Elizabeth D. Nic W. Kevin Q.
Farm/Operation Name:	Date of Audit: 7/17/19
Address: 4204 Chicago Ln. TC	Time Arrived: 1:15 Time Departed:

SUMMARY

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

Toured kitchen and saw ingredients, bread pans, oven, etc. Did not tour secondary location accounting for 5% of ingredients (herbs). All seemed sufficient for market quantity.

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

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

OTHER CONSIDERATIONS

Describe any issues encountered during the audit not covered by this report.
(For example: changes to 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.

No

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.

Cottage Law

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

Was the Vendor present for the entire audit?

Yes No

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

Herbs grown at
friend's home on
Cherry Bend

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

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

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 note. Please also add other commentary, as appropriate.

Number of Markets

Attended: 1
(Please list markets and frequency of markets in correct section)

SHFM
Saturdays only

Number of Employees: 0

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

COMMENTS & UPDATES

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 note. Please also add other commentary, as appropriate.

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

Yes No

Were the storage facilities used sufficient for the operation?

Yes No

(For Category 2 Vendors)

Receipts provided from local Vendors to verify their percentage?

Yes No

COMMENTS & UPDATES

Flour - Great Lakes Culinary Oils /
(downstate) Ferris

Berries - Foraged
Shetler's - Milk, cream

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

Yes No

Brings 20 loaves to
market & 70 donuts

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

Yes No

Oregano, Rosemary

Additional Items

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

COMMENTS & UPDATES

- Field activity log(s)
- Field inventory sheets
- Documentation of previous land use
- Input records/product labels
- Storage records
- Sales records
- Shipping records

Are you and your group doing any other work with the U.S. Fish and Wildlife Service?
If so, please describe the work and how it relates to this audit.

Year: _____

By: Madelyn Walters Elizabeth Dunham
(Vendor) (SRS Representative, Third Party Verifier, & Advisory Board Representative)

I 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 USFWS for review.

Signature of Vendor

Signature of SRS Representative

Signature of Third Party Verifier

Signature of Advisory Board Representative

Vendor: Madelyn Walters

Date: _____

VENDOR AUDIT PROTOCOL
AUDIT SUMMARY

Vendor Name:

Batter: Remixed

Auditors:

Farm/Operation Name:

Date of Audit: 7/17/2019

Address:

Time Arrived: 1:55

Time Departed: 2:15

SUMMARY

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

Towed kitchen and storage space.
Seemed adequate for market production.

EVIDENCE OF NON-COMPLIANCE & RECOMMENDATION

Describe any potential areas of non-compliance and cite the applicable Safe Ready Standard 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.

No

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.

Cottage Law

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 note. Please also add other commentary, as appropriate

Was the Vendor present for the entire audit?

Yes No

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 note. Please also add other commentary, as appropriate

Does the Vendor manage all fielder 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

Total Acreage:

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

ACREAGE USE	TOTAL ACREAGE	ACREAGE USE	TOTAL ACREAGE
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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 note. Please also add other commentary, as appropriate.

Number of Markets

Attended: 4

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

COMMENTS & UPDATES

Glen Arbor
Northport
Frankfort
SHEM - Saturdays

Number of Employees: 0

(2 family members)

Explanation of Crop Maintenance:

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

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 state. Please also add other commentary, as appropriate

Were the washing/packaging facilities seen sufficient for the operation?

Yes No

Were the storage facilities seen sufficient for the operation?

Yes No

(For Category 2 Vendors)

Receipts provided from local Vendors to verify their percentage?

Yes No

COMMENTS & UPDATES

X Gallogher's (Fruit)
Fruits/Herbs
Kenny's Farm (Cherries)
Market Vendors/Varieties
Celtic Farms (Eggs)
Mooney's - Butter/Milk/
Cream

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

N/A

Additional Items

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

COMMENTS & UPDATES

- Offfield activity log(s)
- Offfield inventory sheets
- Documentation of previous land use
- Disput records/product labels
- Detourage records
- Gauges records
- Digging records

All guidelines and rules brought to the table during the Vendor Audit are in compliance with all applicable rules and regulations.

No. Tonia Smith Elizabeth Dunham
(Vendor) (BSEMS 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 OIA Office for review.

Tonia Smith
Signature of Vendor

Elizabeth Dunham
Signature of BSEMS Representative

[Signature]
Signature of Third Party Verifier

[Signature]
Signature of Advisory Board Representative