

**Intent to Submit a Senior Farmers' Market Nutrition Program (SFMNP)
Grant Application
Current (FY 2003) SFMNP Grantees Only**

If you intend to continue, extend and/or modify your Senior Farmers' Market Nutrition Program (SFMNP) grant in fiscal year (FY) 2004, please indicate as appropriate below and return this form by **December 9, 2003**. This Letter of Intent is requested but not required and does not obligate either FNS or the State agency(ies) in any way, but will provide useful information to us as we prepare for the review and selection process. This information may be mailed, e-mailed or faxed to the following office address.

Donna M. Hines, SFMNP Program Officer
Supplemental Food Programs Division
Food and Nutrition Service, USDA
SFMNP Grants
3101 Park Center Drive, Room 520
Alexandria, VA 22302
FAX: (703) 305-2196 E-Mail: Donna.Hines@fns.usda.gov

**FY 2004 Senior Farmers' Market Nutrition Program (SFMNP)
Intent to Submit a Grant Application**

Applicant (State agency name and address):

Telephone: _____ FAX: _____ E-Mail: _____

Contact Person: _____ Title: _____

Check only ONE:

I do not intend to operate the SFMNP in FY 2004.

I intend to continue operating the SFMNP in FY 2004 exactly as it was operated in FY 2003, with no changes or modifications.

I intend to implement changes to my FY 2004 SFMNP operations at no additional cost beyond my FY 2003 expenditure level or FY 2003 grant award, whichever is less.

I intend to submit an application for additional FY 2004 SFMNP grant funds, above my FY 2003 expenditure level or FY 2003 grant award, whichever is less, to modify or expand my SFMNP program operations in FY 2004.

Signature _____ Date _____