

## Office of Grants Administration



<b>PSA No:</b>	<b>Date:</b>	<b>Distribution Location:</b>	<b>Provider:</b>
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- ✓ I am at least 60 years of age or older.
- ✓ My annual income does not exceed 185% of poverty level. *(please see chart provided)*
- ✓ I have not already received a SFMNP Farmers' Market Card for the current year.
- ✓ I have been advised of my Rights and Responsibilities, Nutrition Education, and Nondiscrimination Statement under the SFMNP.

[illegible]