

The following answers represent 9 surveys returned out of 21 surveys handed out to Oklahoma Farmers' Market managers.

Farmers' Market MANAGER SURVEY (11/01/01)

Please answer all of the following questions based on the 2001 market year. Also please be sure to complete both the front and back of each page.

1. Is your market associated with a downtown or main street development program?

Yes – 33.3%

No – 66.6%

2. On what type of property is the farmers' market located?

78% city

11% county

11% state

0% tribal

0% private

other _____

3. How long has your market existed at its current location?

22% less than 2 years

22% 2 to 5 years

34% 6 to 10 years

22% over 10 years

4. How long has your market been in existence within your community?

22% less than 2 years

0% 2 to 5 years

34% 6 to 10 years

22% 11 to 15 years

22% over 15 years

5. Without regard to the number of years your market has been in business, which of the following terms best characterizes your stage of business development?

11% initial

44% mature

45% growth

0% decline

6. Please **circle** the *day(s)* of the week that your market is open. Also please **write** the corresponding *dates* (month/day) during which your market is open. **Information not available**

	<u>FROM (mo./dy)</u>	--	<u>TO (mo./dy)</u>
S M T W T F S	_____	--	_____
S M T W T F S	_____	--	_____

7. What are your market's hours of operation? Please indicate if these hours vary by day of week and/or vary during the season. **Information too variable to list.**

8. Please indicate your busiest market hours. (please check only one under each column)

<u>Weekday</u>	<u>Weekend</u>
56% first hour of market	44% first hour of market
0% second hour of market	33% second hour of market
11% middle of market day	11% middle of market day
0% last hour of market	0% last hour of market
33% other _____	11% other _____

9. Please identify the **three** (3) most important factors considered when choosing the site for your farmers' market. (label as 1, 2 and 3, with 1 as most important) **Information unusable**

cost of site _____	visibility from road _____
customer access _____	nearby traffic flow _____
availability of shade _____	provided by community _____
liability concerns _____	other _____

10. **Check** the box next to each item that is available at your market location. For all items, regardless of their availability at your market, please **circle** the appropriate number to indicate the importance of each item.

	<u>very</u> <u>important</u>	<u>important</u>	<u>not</u> <u>important</u>
restrooms	56%	33%	11%
electric hookups	22%	44%	33%
convenient parking	100%	0%	0%
ample parking	100%	0%	0%

water fountains	11%	44%	44%
hand washing facilities	44%	33%	22%
shade from trees	67%	11%	11%
shade from structures	67%	22%	11%
refrigeration	0%	22%	67%
picnic area	11%	33%	56%
concessions (food and/or drink items)	11%	33%	56%

11. Overall, how satisfied are you with your current market location? Please explain your response below.

11% not satisfied
 0% somewhat satisfied
 56% mostly satisfied
 33% totally satisfied

Comments _____

12. Does your market operate as a membership organization?

Yes – 78% No – 22%

If yes, approximately how many members (vendors) belong to your farmers' market organization?

average 30

Do your members pay annual dues? Yes – 71% No – 27%

If yes, what are your membership dues? Average \$13.75

13. Does your market have some type of governing board, such as a board of directors?

Yes – 66% No - 33%

If yes, are you a voting member of that board? **Information not available**

Yes No

14. Does your market operate under a set of by-laws or regulations?

Yes – 89% No – 11%

22. Do you personally sell your own products through the farmer's market that you manage?

Yes – 66.6%

No – 33.3%

23. Please list the stall fee that is charged to each vendor for the periods below. Write a zero (0) if no fee is charged; leave blank if your market isn't open during the specified period.

Information too variable.

Weekday _____

Weekend _____

24. What fee level would be most appropriate for your market?

Weekday

Weekend

0% less than current fee
67% same as current fee
0% more than current fee

0% less than current fee
67% same as current fee
11% more than current fee

25. Does your market collect any commission on the vendors' sales? Yes – 22% No – 78%

If yes, please state the amount of commission and how this is collected. _____

26. Do you request sales figures from your vendors? Yes – 44% No – 56%

If yes, how do you collect this information. _____

27. Please **rank** the following expenses that your market incurs each year. Use a "1" to denote the largest annual expense and so on. Leave blank any item that is not an expense for your market.

	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7
rent	0%	11%	22%	67%	0%	0%	0%
utilities	11%	0%	11%	11%	0%	33%	0%
salary	0%	0%	0%	11%	0%	0%	22%
advertising	0%	0%	0%	0%	0%	0%	0%
insurance	0%	0%	0%	0%	0%	0%	0%
special event	0%	0%	0%	0%	0%	0%	0%

28. **Check** the box next to each method of advertising that your market has used in the past. For each item that you check, **circle** the appropriate number to indicate the effectiveness of that method.

	Very Effective	Effective	Not Effective
newspaper	33%	67%	0%
radio	22%	11%	11%
television	22%	0%	0%
brochures/flyers	67%	11%	0%
direct mail	44%	0%	0%
permanent signs	33%	11%	22%
signs/banners on market day	44%	44%	0%
word of mouth	100%	0%	0%
other _____			

29. **Check** the organizations from which your market receives *any* kind of support. Next to each and every organization, **circle** the number that best indicates the amount of support that your market would prefer.

	Increased Support	Same Support
chamber of commerce	44%	22%
county extension	22%	33%
municipality	33%	22%
local businesses	22%	0%
churches	22%	0%
city council	11%	11%
county commission	11%	0%
OK Dept. of Agriculture	56%	33%
other _____		

Please elaborate on specific needs _____

30. Please check any of the following items which can normally be found at your market during the peak of the season?

100%	Vegetables	67%	Cut flowers	67%	Nursery plants
33%	Baked goods	56%	eggs	56%	Vegetable plants
100%	Berries	78%	Tree fruits	33%	Meat
56%	Fresh herbs	44%	Crafts	56%	Jams/jellies/preserves
22%	Cheese	67%	Honey	44%	Nuts
44%	Dried herbs, teas	33%	Processed foods	44%	Soaps
	Other _____				

37. Do you feel that verifying the origins of certain vendors' produce is a problem at your market?

Yes – 11% No – 89%

38. Do you experience problems with the quality of products brought to market by some vendors?

Yes – 33.3% No – 66.6%

39. Do you have the authority to deal with product quality concerns at your market? Yes– 89% No– 11%

Please explain how you handle this situation _____

40. Are wholesalers or resellers allowed to sell at the market you manage?

Yes – 33.3% No – 66.6%

41. Do you feel that there is excessive competitive tension between your farmers' market and any of the following establishments in your area?

Retail grocery store(s)	Yes – 11%	No – 89%
Roadside produce stand(s)	Yes – 11%	No – 89%
Other farmers' market(s)	Yes – 0%	No – 100%

42. How do the vendors choose their spaces at the market location?

22% Seniority
45% First come first serve
0% Random drawing
33% Assigned
Other_____

43. How are most products displayed for sale at your market? (check only one)

11% tailgate
33% table top without tablecloth
56% table top with tablecloth
0% boxes on ground
other_____

44. What percent of your market's vendors use signage for:

pricing	64%
product name	49%
product descriptions	11%

45. Please check the point of purchase promotions used at your market and indicate the approximate percent of vendors using each method.

free samples	9%	quantities discount	9%
free recipes	17%	other	___%

46. Does your market allow taste testing of products sold?

Yes – 56% No – 44%

Please explain _____

47. Is the market set up to avoid having vendors with similar produce items right next to each other in two adjacent spaces?

Yes – 33.3% No – 66.6%

48. Do prices usually remain constant throughout the market day?

Yes – 100% No – 0%

If No, do prices tend to decrease later in the market day?

Yes No

49. Is price undercutting (where one or two vendors are charging significantly less than the rest of the vendors) a problem at your market?

Yes – 11% No – 89%

50. Does your market have a procedure for establishing minimum prices?

Yes – 22% No – 78%

If yes, please describe _____

51. Do you feel that rivalry among vendors is a problem at your market? *No information available*

Yes - No

Please comment: _____

52. Approximately how many vendors attended your market during the 2000 season?

	<u>During Week</u>	<u>Weekend</u>
Spring (April-May)	22	73
Summer (June-Aug.)	58	157
Fall (Sept.-Nov.)	30	100
Winter (Dec.- Mar.)	0	15

53. What are the approximate number of vendors that attended your market during the peak of following seasons

1996	87	1998	105
1997	112	1999	114

54. Approximately what percentage of the vendors at your market are primarily selling produce? *Information not available*

	<u>During Week</u>	<u>Weekend</u>
Spring (April-May)	_____ %	_____ %
Summer (June-Aug.)	_____ %	_____ %
Fall (Sept.-Oct.)	_____ %	_____ %
Winter (Dec.-Mar.)	_____ %	_____ %

55. Do you feel that vendor absenteeism is a problem at your market?

Yes – 11% No – 89%

56. Does your market require regular attendance by the vendors?

Yes – 44% No – 56%

57. Which of the following do you feel that your market more often needs? (check one)

- 33% More produce
- 44% More customers

If you chose more produce, which of the following best describes why this is so:

- 11% the market needs greater *quantities* of the same produce currently available
- 33% the market needs a greater *variety* of produce than is currently available

Do you feel that your market needs more produce growers?

- Yes – 44.4%
- No – 55.6%

58. Please give any additional comments on the subject of customer demand and produce availability.
Information unavailable

59. If possible, please estimate your market’s average gross sales per market day for the following periods during the 2000 season. **Information unavailable**

	<u>During Week</u>	<u>Weekend</u>
Spring (April-May)	_____	_____
Summer (June-Aug.)	_____	_____
Fall (Sept.-Nov.)	_____	_____
Winter (Dec.-Mar.)	_____	_____

60. Please estimate your market’s total gross sales for the following seasons.

1996	76,000	1999	450,000
1997	136,000	2000	465,000
1998	336,000		

61. Please indicate your level of interest in learning more about the following topics:

	Very Interested	Somewhat Interested	Not Interested
market bylaws	2	3	4
market rules/guidelines	1	4	3
budget management	6	2	1
health regulations	3	3	3
liability insurance	6	0	3
recruiting vendors	4	3	2

67. Regarding your household,

Number of adults	Number of children under 18
8 out of 9 2 adults	2 out of 9 0 children
1 out of 9 3 adults	5 out of 9 2 children

68.) In what range does your annual household income fall?

less than \$20,000	\$60,000 - \$79,000 2 out of 9
\$20,000 - \$39,999 2 out of 9	\$80,000 - \$99,999 2 out of 9
\$40,000 - \$59,999 3 out of 9	\$100,000 or more