Farmers' Market Nutrition Program (FMNP)

Rev 12/27/2016

# FARMER PARTICIPATION AGREEMENT (FMC-6)

**Stamp in the box below using the official cancellation stamp issued to you last year or the last year you participated:**

**Or, I lost my stamp and I need a replacement stamp (check here):** ☐

**Or, this is my first year participating in the program (check here):** ☐

**Training is mandatory for farmers new to the FMNP.**

**If you are new to the FMNP, please indicate your training status:**

☐ **I trained on this date:** _____ **or** ☐ **I plan on training.**

**Do you have an EBT card reader for your own personal use on your farm and/or at market?** ☐ **No** ☐ **Yes** ☐ **In-Progress**

**If yes, do you use your EBT card reader at market to conduct SNAP EBT transactions?** ☐ **No** ☐ **Yes**

Farmer Name(s): _____

Farm Name: _____

Farmer Mailing Address: _____

City: _____ State: _____ Zip: _____ Farm County: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____ Farm Website: _____

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**List of Markets:** List all markets you plan on attending this season (June – November) where FMNP checks are accepted, and include your personal farm stand if you operate one. Farm stand operators must also submit a Market Participation Agreement (FMC-8) annually for their farm stand. If you require additional room, use the back of this form.

| | County | Market Name | Check Day(s) in Attendance |
|---|---|---|---|
| 1. | _____ | _____ | ☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat |
| 2. | _____ | _____ | ☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat |
| 3. | _____ | _____ | ☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat |
| 4. | _____ | _____ | ☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat |
| 5. | _____ | _____ | ☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat |

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**Farmer Signature.** I have read and agree to abide by all rules and regulations outlined in the New York State FMNP Rules and Procedures for Farmers (FMC-5) provided by the NYS Department of Agriculture and Markets.

**Signature(s) (Required):** _____ **Date:** _____

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☐ N/A, I manage my own farm stand and I do not attend any other FMNP markets; a counter-signature is not required.

**Market Manager/Sponsor Counter-signature.** As market manager/sponsor for a market listed above, I certify that the above farmer is a vendor at my market this year and is eligible to participate in the FMNP this year at my market.

**Signature (Required):** _____ **Date:** _____

**Market Manager/Sponsor Name (Printed):** _____

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**Return applications to:** NYS Dept. of Agriculture and Markets 10B Airline Drive Albany NY 12235 Attention: FMNP
FAX (518) 457-2716 farmersmarkets@agriculture.ny.gov or (800) 554-4501 Brooklyn (718) 722-2830 Albany (518) 457-7076

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********** Official Use Only **********

Date Application Received: _____ Date Application Approved: _____ Application Approved By: _____

Farmers' Market Nutrition Program (FMNP)

Rev 12/12/2016

# CROP PLAN (FMC-12)

**Instructions:** Provide a list of all fruit and vegetable crops to be grown by your farm this season and the location where each item is grown. If you plan on purchasing items for resale, list those items too.

Farm Name: _____ Farm's Total Tillable Acres: _____

Farmer Name(s): _____ FMNP Farmer Stamp ID: _____

Production Field(s) Location: (If your farm is growing fruits and vegetables at more than one location, list each location and an estimated number of tillable acres or row-feet at each location.)

_____

_____

_____

List of Crops: (If you require additional room, please use the back of this form or photocopy.)

Farm Grown:

| Product (e.g. Corn) | Acres* (e.g. 2) | Market Availability (e.g. Jun-Nov) | Product | Acres* | Market Availability |
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* Or row-feet (specify)

Purchased: ☐ N/A, I do not plan on purchasing fruit and/or vegetables for re-sale at my market stall.

| Product (e.g. Blueberries) | Production Field (s) Location (e.g. Albany, NY) | Producer/Supplier (e.g. Joe's Blueberry Farm) | Market Availability (e.g. June-November) |
|---|---|---|---|
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**Signature of Applicant.** I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Farms (FMC-5)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information is true and correct to the best of my knowledge.

**Signature** (required): _____ Date: _____

**List of Crops (Continued):**

Farm Grown:

| Product (e.g. Corn) | Acres* (e.g. 2) | Market Availability (e.g. Jun-Nov) | Product | Acres* | Market Availability |
|---|---|---|---|---|---|
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Purchased:

| Product (e.g. Blueberries) | Production Field(s) Location (e.g. Albany, NY) | Producer/Supplier (e.g. Joe's Blueberry Farm) | Market Availability (e.g. June-November) |
|---|---|---|---|
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**Submit to:**

- If your farm operates an FMNP authorized farm stand:

  NYS Dept. of Agriculture and Markets Attn: FMNP
  55 Hanson Place Room 388
  Brooklyn NY 11217
  Fax: (718) 722-2836
  Email: farmersmarkets@agriculture.ny.gov

- If your farm participates in the FMNP as a vendor at a farmers market:

  Every market manager where you accept FMNP checks.

**Questions?** Brooklyn: (718) 722-2830 Albany: (518) 457-7076 Toll Free: (800) 554-4501

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# RULES AND PROCEDURES FOR FARMERS (FMC-5)

The New York State Department of Agriculture and Markets (Department), as administrator of both the Women, Infants and Children Farmers' Market Nutrition Program (WIC FMNP) and the Senior Farmers' Market Nutrition Program (SFMNP), herein referred to as the Farmers' Market Nutrition Programs (FMNP), will designate markets in New York State as local partners in the administration of the FMNP. The Department, and all designated markets, shall provide for the operation and administration of the FMNP. The Department, with support from designated markets, will approve farmers for participation in the FMNP. The rules and procedures as described below apply to all approved farmers in the FMNP. The Department reserves the right to interpret the rules and procedures below as necessary in individual circumstances.

1. **Eligibility.** To be eligible a farmer must:
    a. Be considered a ***bona fide* farmer**. For the purposes of the FMNP, to be considered a *bona fide* farmer, one must grow and harvest, on land owned or leased by the farmer, fruits, vegetables, and/or culinary herbs.
    b. Participate in an authorized FMNP market, as a vendor/supplier/farm stand operator, selling locally grown fresh fruits, vegetables, and/or culinary herbs. For the purposes of the FMNP, to be considered locally grown, at a minimum, the product must be grown in New York State and/or adjacent states; a market manager/sponsor is permitted to limit the definition of locally grown further to include portions of New York State, all of New York State, portions of adjacent states, or all of adjacent states, based on their market location, farmer geographic participation, and overall market objectives.

2. **Application.** To apply a farmer must:
    a. Submit a **Farmer Participation Agreement (FMC-6)** annually prior to accepting any FMNP checks; a farmer may choose to directly submit their agreement to the Department or have a market manager/sponsor forward their agreement on behalf of the farmer.
        i. **List of markets.** List all farmers' markets/farm stands where FMNP checks will be accepted.
        ii. **Counter-signature.** Have a market manager/sponsor counter-sign the agreement; if a farmer manages/operates a farm stand, and does not participate in any other authorized FMNP markets, no counter-signature is required on the agreement.
    b. Submit a **Crop Plan (FMC-12)** annually as evidence of his/her *bona fide* farmer status; a crop plan should be submitted to every market participating in the FMNP where FMNP checks are accepted.
        i. Other formats are accepted so long as they include the following information: (a) physical locations of the production sites (b) a list of vegetables and/or fruits grown for sale at the market (c) acreage or row-feet of each crop listed (d) period of availability for each crop listed (e) total tillable acres or row-feet for the farm operation (what's being used and in production), and (f) subject to market rules, any produce purchased for resale with the name of the supplier. If there are significant deviations from this plan, an updated crop plan must be provided to the market manager/sponsor in a timely manner.

3. **Administration.** To participate in the FMNP a farmer must perform or provide as necessary the following services, and abide by the following requirements:
    a. Only accept FMNP checks after receiving their annual authorization package from the Department; the annual authorization package will include their FMNP ID card and sign; farms new to the FMNP will also receive their FMNP stamp and a stamp pad.
    b. Only accept FMNP checks from participants from June 1-November 30.
    c. Only accept FMNP checks at markets participating in FMNP.
    d. Only accept FMNP checks at markets listed on the **Farmer Participation Agreement (FMC-6)**.
    e. Only accept FMNP checks for locally grown fresh fruits, vegetables and/or culinary herbs.
    f. Display the laminated sign "We Gladly Accept NYS Farmers' Market Checks" at their market booth at all times from June 1-November 30. If more signs are required, farmers can request additional signs by contacting the Department **at no cost to the farmer.**
    g. Adhere to the "50% Grow Rule" at participating FMNP markets; meet a market's higher standard where applicable (e.g. 100% producer only market). For the purposes of the FMNP to meet the "50%

Grow Rule", of the fruits and vegetables being offered for sale by a bona fide farmer, at a minimum, 50% (by volume) must be grown and harvested on land he/she owns or leases.

h. Permit a farm visit to occur, as necessary, by a representative from an FMNP market manager/sponsor and/or from the Department to verify information submitted on a crop plan.
i. Treat FMNP checks like cash and safeguard them from possible loss or theft.
j. Always accept cash in addition to checks from check recipients.
k. Never return cash as change for purchases made exclusively with FMNP checks.
l. Never participate in "check-trafficking." For the purposes of FMNP, check-trafficking is defined as redeeming and/or cashing FMNP checks (at full value or at a discount) for anyone including, but not limited to, check recipients, unauthorized farmers, or non-farmer vendors.
m. Never accept mutilated FMNP checks or checks lacking the micro strip along the bottom, as they will be rejected by either the local bank or the clearinghouse bank.
n. Display notices at the point-of-sale stating that any tropical citrus, or other non-locally grown produce cannot be purchased with FMNP checks because they are not locally grown.
o. Stamp each FMNP check using their authorized FMNP stamp with **black ink only**.
    i. Stamps are issued by the Department to each participating farmer; farmers can request a replacement stamp by calling the Department for which a fee may be assessed.
    ii. The stamp image must be clearly legible, including the state seal and all four digits; unstamped or illegibly stamped checks will not be paid; farmers do not need to endorse or stamp the back side of the FMNP check.
p. Redeem all FMNP checks by December 15.
    i. **Depositing FMNP checks.** Farmers can deposit FMNP checks into a personal or business checking account at <u>any</u> banking institution. Some banks charge a service fee for deposits; to avoid paying such fees, prior to depositing any FMNP checks, farmers should speak with their bank officer regarding **bank fees** that may apply to their account. If a fee cannot be avoided, FMNP checks may be cashed at a KeyBank branch in New York State (see below).
    ii. **Cashing FMNP checks.** Farmers may cash FMNP checks at any KeyBank branch in New York State. Farmers may choose to cash FMNP checks even if they do not have an account with KeyBank **at no cost to the farmer**. A maximum of 250 checks ($1,250) may be cashed per business day. To cash FMNP checks at Key Bank branches, farmers must present the teller with their signed and stamped FMNP ID card. The ID card must bear the same FMNP stamp number as the image stamped on the checks being cashed. The teller may ask farmers for other identification such as a driver's license.
    iii. **Problems?** If farmers encounter problems with depositing or cashing FMNP checks, please try to resolve them with the bank officer. If further assistance is needed, please contact, or have the bank officer contact the Department.

4. **Violations and Sanctions.**
    a. If an FMNP-authorized farmer is identified through a farm inspection to not meet the requirements of the program, he/she will be notified in writing by the Department that such a finding has occurred and he/she is being disqualified from the program.
    b. If an FMNP-authorized farmer has been identified through compliance purchases to have committed a violation, he/she will be notified in writing by the Department that such a violation has occurred and that future violations can result in termination from the program. A copy of the letter will be provided to the market sponsor or manager.
    c. If a farmer is identified through a second compliance purchase to have committed a second such violation, he/she will be again notified in writing and required to provide an explanation by a specified date and/or to participate in a violation conference to discuss continued participation in the program. A copy of the letter will be provided to the market sponsor or manager. Violations that occurred in the prior year will be considered to be part of a consecutive series.
    d. A second violation may, and a third violation **will** result in disqualification from the FMNP. **Immediate disqualification from the FMNP will occur if a farmer**: (1) is found to be trafficking FMNP checks or (2) is found to be discriminating against check customers or (3) fails to respond to a second violation notice or (4) fails to attend a scheduled violation conference.
    e. If a disqualification decision is made by the Department, the farmer will be notified in writing that he/she is being disqualified from the program. Farmers disqualified from the program may be

ineligible to participate in future years. Upon disqualification, the farmer's stamp will be cancelled immediately and will no longer be valid for check depositing or cashing. The farmer must then return his/her FMNP stamp, FMNP sign, and FMNP ID card to the Department. A disqualified farmer may request a Fair Hearing at the Department at which an Administrative Hearing Officer will review the disqualification decision.

5. **Discrimination.** Participating farmers must not discriminate against FMNP check recipients in price, quality, or service, or establish separate produce displays exclusively for FMNP check recipients.

6. **Standard assurances.** The farmer assures the Department that in carrying out this Agreement, s/he will not exclude from participation in, deny the benefits of, or otherwise subject any person to discrimination based on race, color, nation origin, sex, handicap, age or marital status, and will comply with all requirement imposed by or pursuant to the following: a) Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-6), and the nondiscrimination regulations of the U.S. Department of Agriculture as now or hereinafter amended (7 CFR Part 15, Subpart A). b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1686), and the nondiscrimination regulations of the U.S. Department of Agriculture (7 CFR Part 15a). c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and the nondiscrimination regulations of the U.S. Department of Agriculture (7 CFR Part 15b). d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.), and the nondiscrimination regulations of the U.S. Department of Agriculture (7 CFR Part 15c). e) Title VII (Equal Credit Opportunity Act) of the Consumer Credit Protection Act, as amended (15 U.S.C. 1601 et. seq.), (Regulations B, 12 CFR 202, March 23, 1977).

7. **Civil rights violations complaint process.** Farmers that receive complaints from FMNP check recipients alleging civil rights violations must explain there is a complaint process and refer them to the USDA, FNS within five days, in accordance with FNS requirements as stated below:

   In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

   Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

   To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:
   (1) Mail: U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410;
   (2) Fax: (202) 690-7442; or
   (3) Email: program.intake@usda.gov.

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**Department Contact Information:**

New York State Department of Agriculture and Markets
Farmers' Market Nutrition Program
10B Airline Drive Albany, NY 12235
Phone: (800) 554-4501 or (518) 457-7076 Email: farmersmarkets@agriculture.ny.gov