



**Department of
Agriculture and Markets**

Rev 1/2017

Farmers' Market Nutrition Programs

Women, Infants and Children Farmers' Market Nutrition Program
and
Senior Farmers' Market Nutrition Program

What is the Farmers' Market Nutrition Program?

The New York State Farmers' Market Nutrition Program (FMNP) consists of two programs: the Women, Infants and Children Farmers' Market Nutrition Program (WIC FMNP) and the Senior Farmers' Market Nutrition Program (SFMNP). Those who are eligible for these programs are provided checks to redeem for fresh, local fruits and vegetables at participating farmers' markets and farm stands.

The purpose of the program is to promote improved nutrition through increased consumption of locally grown fresh fruits and vegetables. It is also intended to expand sales at farmers' markets and farm stands. The New York State Department of Agriculture and Markets (Department) collaborates with the New York State Department of Health, the New York State Office for the Aging, and Cornell Cooperative Extension in administering the program.

Program runs June 1 – November 30

Who is FMNP

Farmers

- Fruit and vegetable farmers may be eligible to enroll and accept FMNP checks. There is no fee to participate, but they must sign up with the Department annually.

Markets

- Farmers' markets and farm stands may be eligible to enroll, therefore allowing authorized farmers at their market to accept FMNP checks. There is no fee to participate, but the market must sign up with the Department annually.

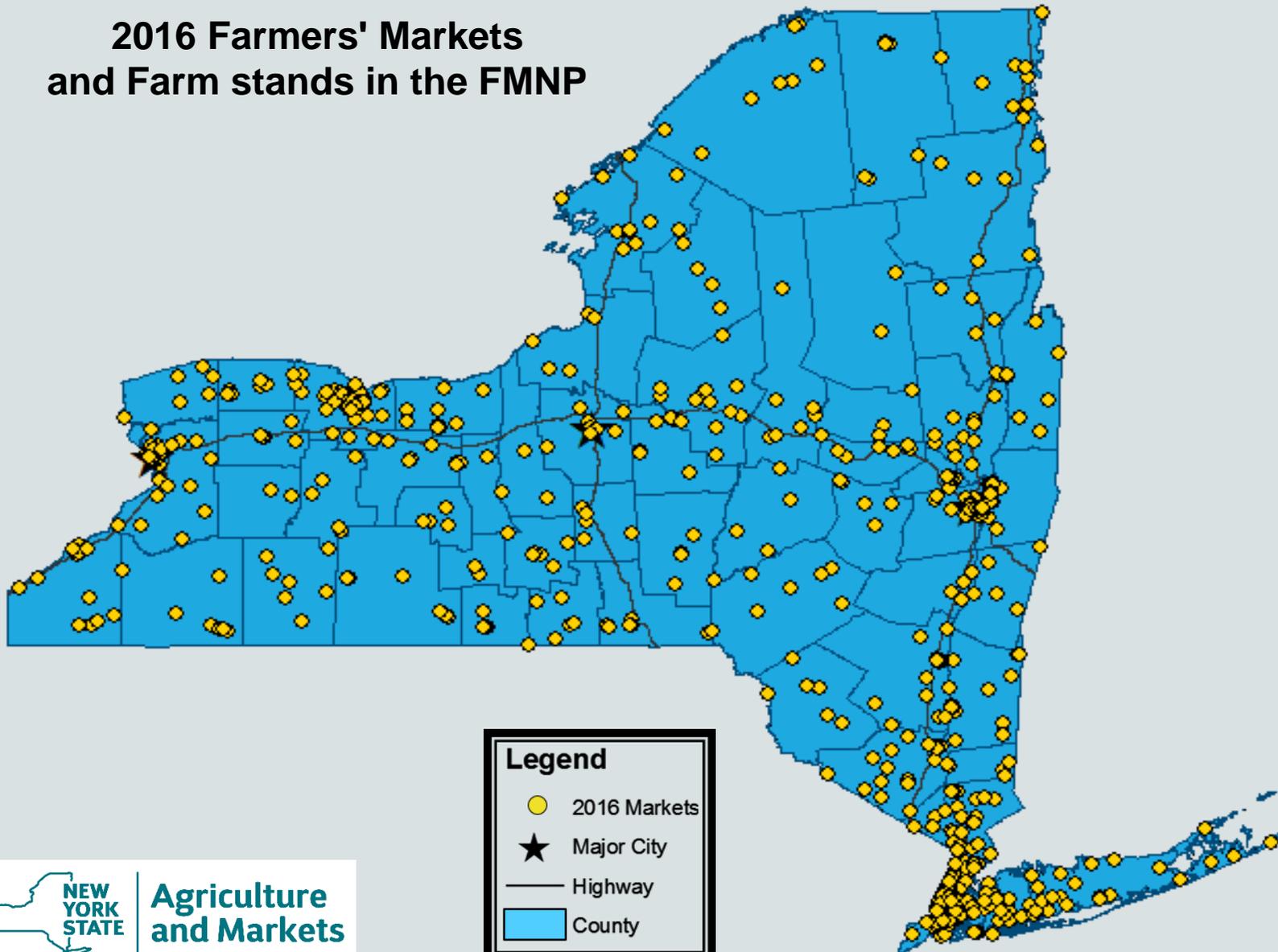
Customers

- Participants enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) may receive FMNP checks provided that their local WIC agency participates in the program.
- Seniors who are 60 years of age and older, and who are income eligible may receive Senior FMNP checks from local senior centers, congregate meal sites or the Department of Health's Commodity Supplemental Food Program locations (CSFP).

Why FMNP?

- Additional revenue source for farmers
- Promotes positive change in communities
 - Free advertising on official NYS website
- Increase knowledge and consumption of fresh produce for low income families.

2016 Farmers' Markets and Farm stands in the FMNP



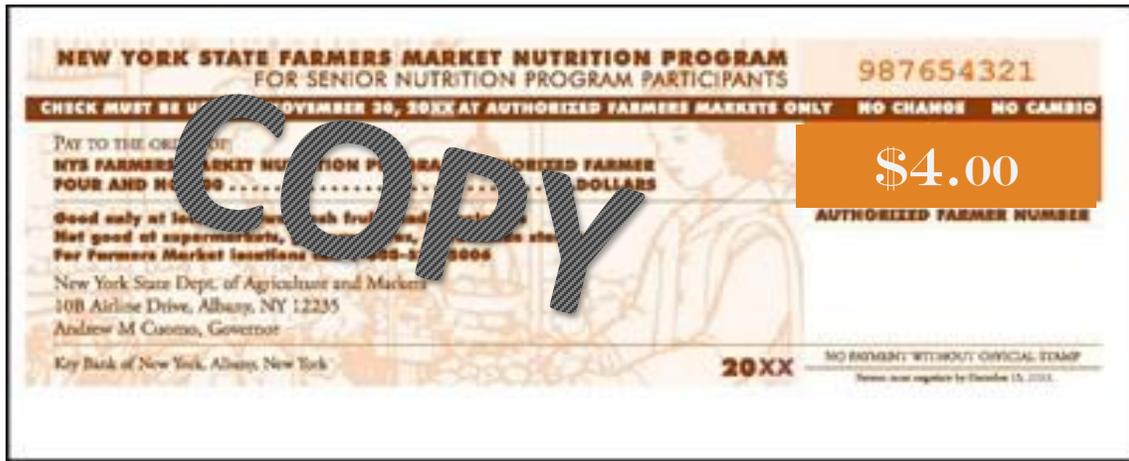
Find all of our Farmers' Market locations at:

www.agriculture.ny.gov

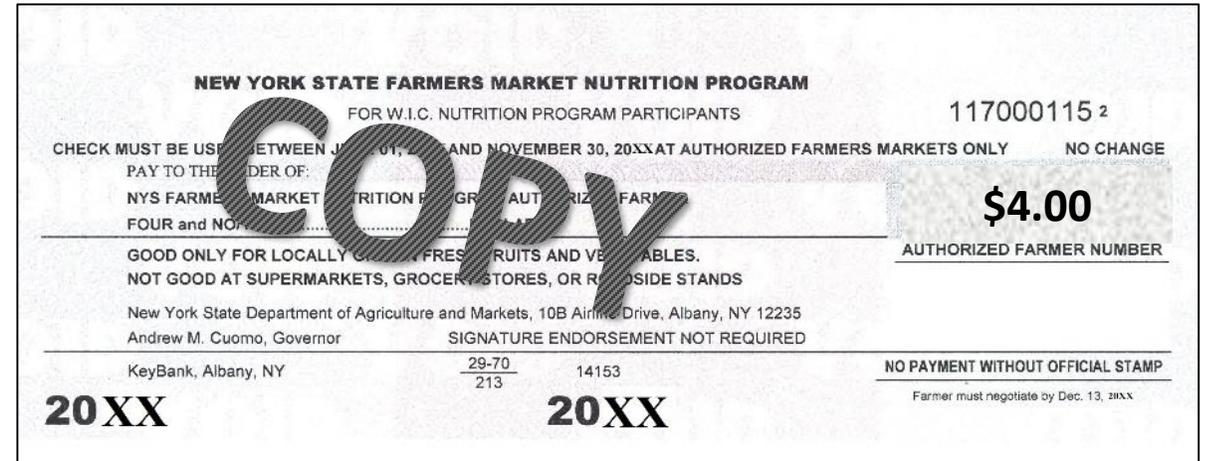
"Find a Farmers' Market"

The Check

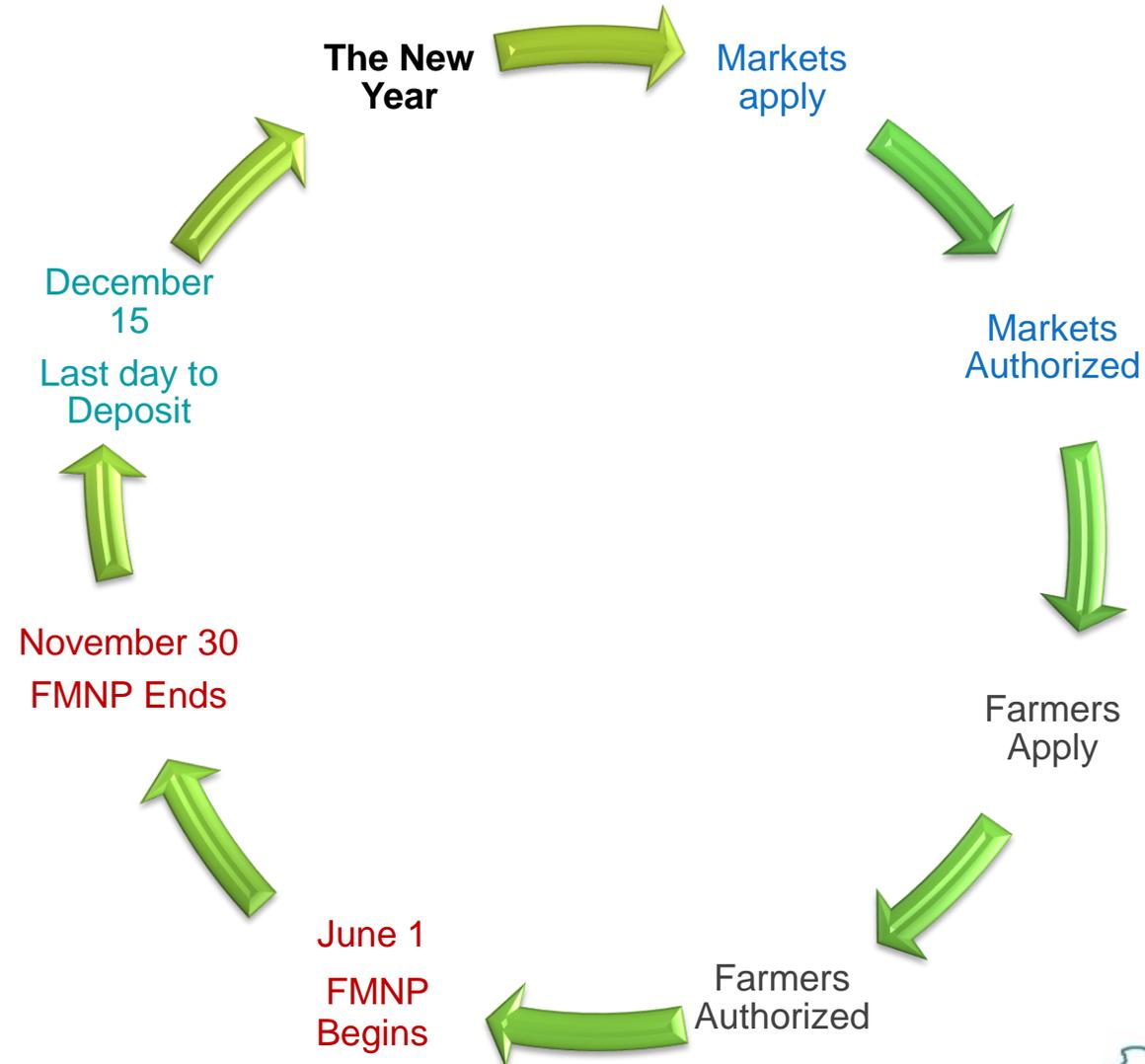
Senior FMNP check



WIC FMNP check



The Big Picture



The Farm Process



Basic Eligibility



Farmers

- Must be a *bona fide* farmer as defined by FMNP.
- Must sell local fruits, vegetables, and/or culinary herbs.
- Must participate in an authorized market as vendor or supplier or operator.

Bona fide farmer

- To be considered a *bona fide* farmer for FMNP, you must grow and harvest local fruits, vegetables, and/or culinary herbs from land owned or leased by you.

“Local” defined

- *Local* is New York State and adjacent states, and includes:
Connecticut, Massachusetts, New Jersey, Pennsylvania, and Vermont.
- The market may have higher standards for local, to which the farmer must adhere. (ex. “30 mile radius)



the “50% Grow Rule”

- You must adhere to the 50% grow rule when selling at a market.
 - Applies to farms that physically attend a market or farm stand.
- ★ 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.

Eligible Food Items

The Farmer may only accept New York State FMNP checks for *fresh, local, unprocessed fruits, vegetables and culinary herbs*. This includes, but is not limited to:

- Local vegetables (cucumbers, eggplant, bok choy, lettuce, etc.)
- Local fruits (apples, peaches, berries, currants, etc.)
- Local pumpkins (edible winter squash, etc.)
- Local mushrooms (edible varieties)
- Local cut herbs for cooking (basil, thyme, mint, etc.)
- Local potatoes, rutabagas, turnips, etc.

NO
potted
plants!



Ineligible Food Items

FMNP checks are only for *fresh, local, unprocessed fruits, vegetables and culinary herbs*. A farmer may NOT accept them for any other products. This includes, but is not limited to:

- Produce not grown locally (bananas, oranges, avocados, etc.)
- *Painted* pumpkins
- Ornamental gourds or corn
- Potted plants
- Potted herbs
- Cut Flowers
- Baked goods
- Juice or cider
- Eggs
- Meats
- Dairy products
- Jam
- Honey
- Maple syrup

Application Process: Farmer

A complete application includes:

1. Farmer Participation Agreement (FMC-6)
2. Crop Plan (FMC-12)
3. Training

Due Date:

(Before checks are accepted at FMNP market)



Farmers' Market Nutrition Program (FMNP)
FARMER PARTICIPATION AGREEMENT (FMC-6)

Rev 12/27/2016

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


0000

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**: _____

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. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
2. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
3. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
4. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
5. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat

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**: _____

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): _____

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

This institution is an equal opportunity provider.
 Official Use Only
 Date Application Received: _____ Date Application Approved: _____ Application Approved By: _____

Farmer Application Process: the Agreement

1. Farmer Participation Agreement (FMC-6)
 - Farmer must read the Rules and Procedures for Farmers (FMC-5)
 - List all markets on one single FMC-6
 - Important to know name and location of the market you attend.
 - Include your own farm stand, if applicable.
 - Farmer must sign.
 - Market manager must counter-sign.
 - Send this to the Department.

Farmer Application Process: Training

- ***New farmers:*** Interactive training (face-to-face, over the phone or online webinar) is *mandatory* for farmers new to FMNP.
- ***After the 1st year:*** farmers are provided with a copy of the *Rules and Procedures for Farmers (FMC-5)*, and expected to read this as their annual training requirement.

Farmer Authorization Process: Review

Once you have submitted the application, the Department reviews it.

Farmer Authorization Process: Authorization Package

A Farmer is not authorized to accept any FMNP check until they have been issued an authorization package.

An authorization package is issued by the Department when all application and training requirements are met and meets the Department's criteria.

Farmer Authorization Process: Authorization Package



Above is an example of the Authorized Farmer ID Card

- Sign on the bottom line
- Stamp box with official stamp

- Once authorized, a farm is assigned a unique identification number.
 - This number will not change if a year is skipped.
- An authorization package is sent to the farmer and contains:
 - Authorization letter
 - Copy of authorized FMC-6 (with approved/not approved markets)
 - ID card: Farmer must sign and stamp this with official stamp
 - Signs that say "We gladly accept ...Farmers' Market Checks"
 - Official ID stamp. *For new applicants only.* This has the farmer's four digit ID number with New York State seal

Approved!

Farmer Authorization Process: Signage

- Laminated sign for FMNP: “We Gladly Accept New York State Farmers Market Checks”
- Farmers **must** display their current year sign at their stall in each FMNP market location.
- Signs are sent by the Department each year. You may call the office to request more if you need them.

Farmer Authorization Process: the Responsibilities

- Know and abide by the Rules and Procedures for Farmers (FMC-5)
- Train farm staff in FMNP rules
- Adhere to the “50% Grow Rule”
- Apply for FMNP annually
 - Submit a crop plan to manager(s)
 - Have a FMNP Market Manager counter-sign the farmer agreement (FMC-6) each year
 - Keep a copy of the submitted FMC-6 for your records
- Accept FMNP checks only for local, fresh, unprocessed produce
- Accept checks only between June 1 and November 30
- Submit checks to bank by December 15

Bank Transactions: cashing or depositing checks

Last day for redeeming checks is **December 15**

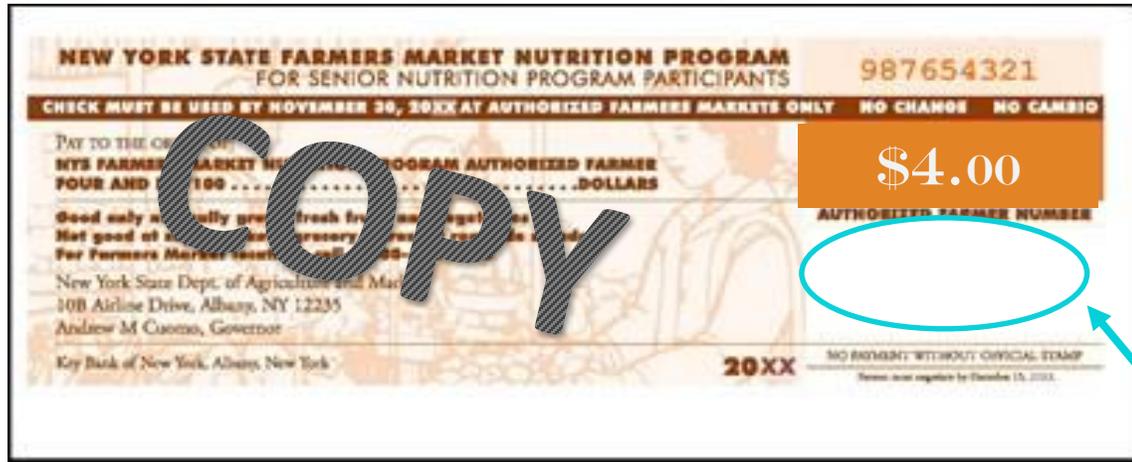
Before the Bank:

- Stamp all checks with your FMNP issued stamp
- Contact us for a replacement if necessary; you are not allowed to duplicate your stamp
- Find your FMNP ID card
- Talk to your bank branch re: fees, limits, etc., before you deposit checks.
- Find a local KeyBank.
 - FMNP has a partnership with KeyBank where you can cash FMNP **checks** at KeyBank. You do not need an account with KeyBank to cash checks.

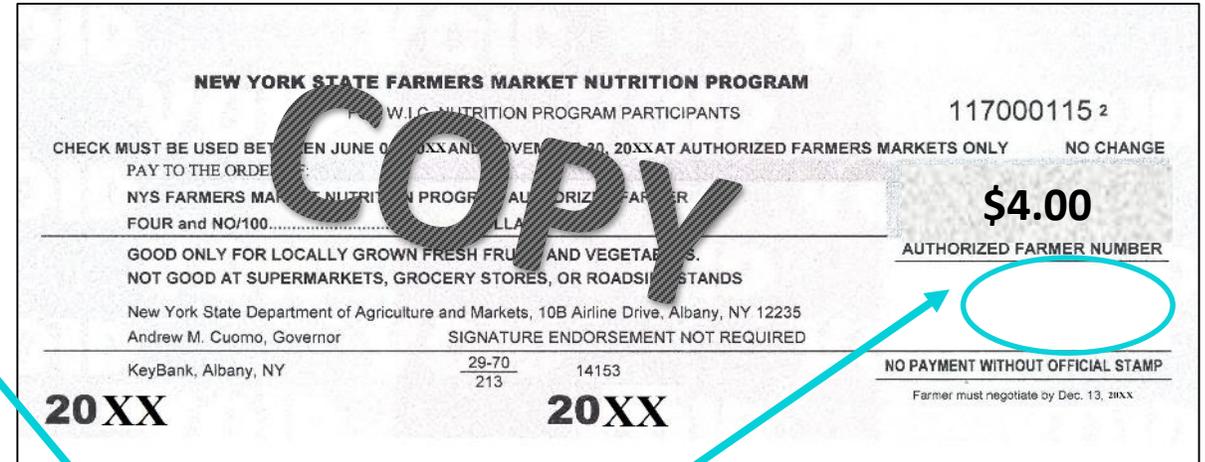
If there is any questions about check redemption, please contact the FMNP Program Coordinator before you go to the bank.

Banking Transactions: stamp each Check

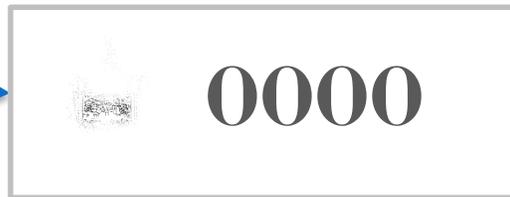
Senior FMNP check



WIC FMNP check



Not good



Stamp ID number here



Bank Transactions: cashing or depositing checks

Last day for redeeming checks is **December 15**

At the Bank:

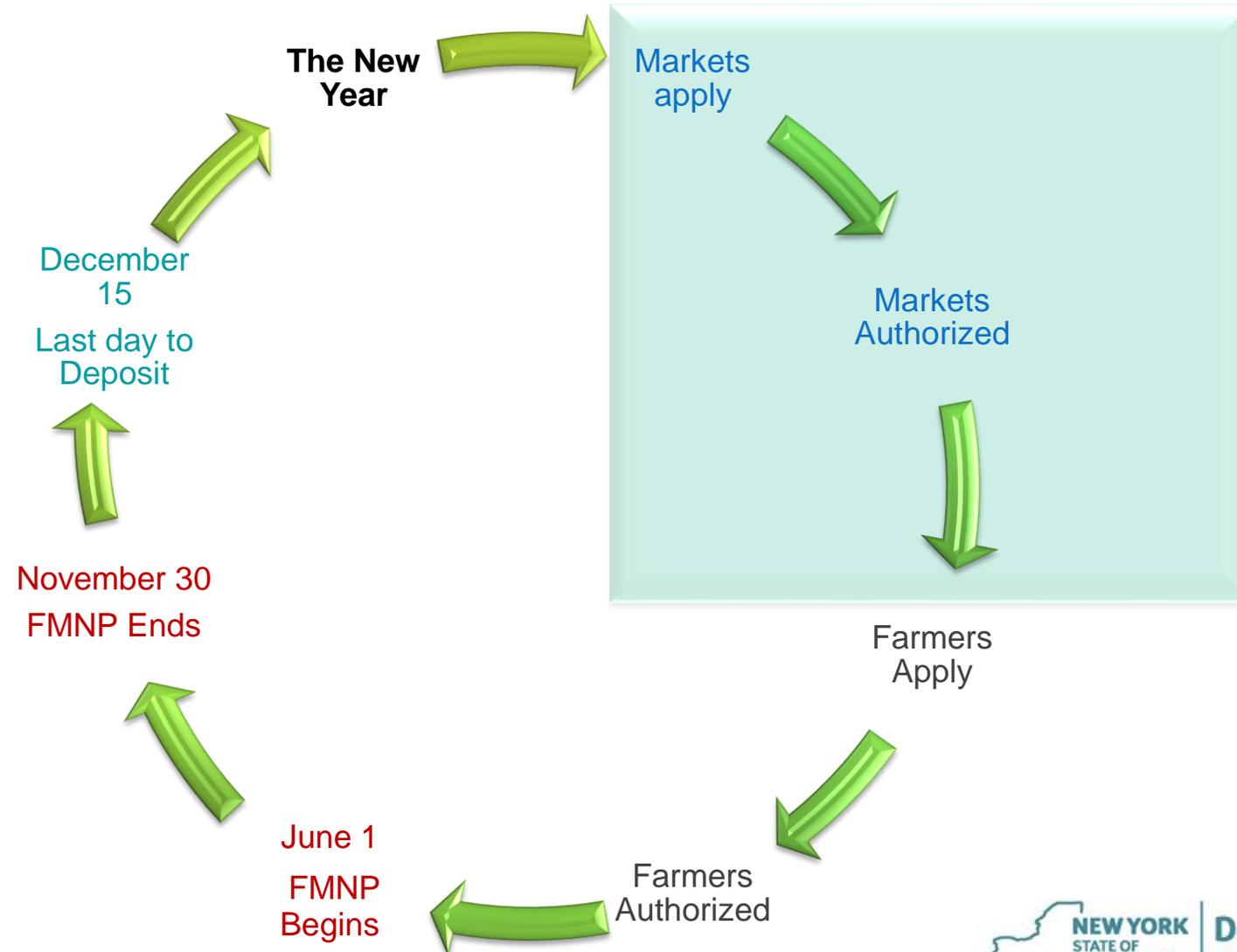
- Bring your FMNP ID card (from your authorization package) to redeem FMNP checks
- Deposit FMNP checks at any bank.
 - There is no limit on the number of check items for deposit.
- Cash FMNP checks at KeyBank.
 - FMNP has a partnership with KeyBank. A maximum of **250 checks** (\$1,250) may be cashed per business day at KeyBank. You do not need an account with KeyBank to cash checks.

If there is any issue with check redemption at the bank, please contact the FMNP Program Coordinator.

The Market Process



The Big Picture



Basic Eligibility: Markets



- Be comprised of ***bona fide* farmers.**
- Operate at a designated location
 - which is easily accessible by FMNP participants
- Have a fixed schedule of operation
 - a minimum of 1 day per week, 3 consecutive months per year
- Have an organizational structure
- Supply sufficient volume and variety of locally grown fresh fruits and vegetables.

Market Types

Traditional Farmers' Market

- two (2) or more bona fide farmers attend the market each week and;
- meet the 50% grow rule.

Farm Stand

- A single bona fide farmer operator selling produce at a market location each week.
 - the farmer operator meets the “50% Grow Rule” or;
- they are a not-for-profit organization and source primarily from bona fide farmers.
- No other vendors present at the location.

Mobile Market

- A single bona fide farmer operator selling produce at a mobile farm stand.
 - who is committed to a set of scheduled weekly, reoccurring stops, and;
 - the farmer operator meets the “50% Grow Rule” or;
- they are a not-for-profit organization and source from bona fide farmers.

Market Type: Farm Stands

★ Farm Stands are permitted to apply

Operators must

- submit a Market Participation Agreement (FMC-8)
- submit a Crop Plan (FMC-12) or Supplier List (FMC-10)
- be a current FMNP farmer or enroll as farmer in the FMNP
- enroll in the WIC Vegetables and Fruits Checks program

Application Process: Markets

A complete application includes:

1. Market Participation Agreement (FMC-8)
2. Proof of *bona fide* farmer(s)
 - Supplier List (FMC-10)
 - Vendor List (FMC-11)
 - Crop Plan (FMC-12)
3. Market rules and regulations
4. Training

Due Date: March 1





Agriculture and Markets

Farmers' Market Nutrition Program (FMNP)

MARKET PARTICIPATION AGREEMENT (FMC-8)

Rev 12/12/2016

Market Name (or D/B/A): _____ **Market County:** _____

Who owns the land where the farmers market is located? _____

Has the land owner **granted permission** this year to operate the market on their property? Yes No In-Progress

Market Model: Multi-vendor Farmers' Market Single-stall Farm Stand Mobile Market Other _____

FMNP Market (June-November):

Address: _____ **City:** _____ **Zip:** _____

Opening Date: _____ **Closing Date:** _____ weekly monthly year-round other _____

Winter Market (late fall/winter/early spring): N/A, no winter market is planned at this time.

Address: _____ **City:** _____ **Zip:** _____

Opening Date: _____ **Closing Date:** _____ weekly monthly year-round other _____

HOURS OF OPERATION (e.g. 4pm-6pm)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FMNP Market							
Winter Market							

Does the market have an EBT/SNAP card reader? Yes No Unknown In-Progress

Market Sponsor Name (required): _____

Market Website: _____

Contact Person Name (required): _____ E-mail: _____

Contact Mailing Address (required): _____

Contact Phone (required): _____ Cell Phone: _____ Fax: _____

Manager information is the same as contact information above.

Market Manager Name: _____ E-mail: _____

Manager Mailing Address: _____

Manager Phone: _____ Cell Phone: _____

REQUIRED! Read the Rules and Procedures for Markets (FMC-4) and attach the appropriate documents. Provide a response to all three statements below. **Applications missing items will not be processed.**

Attached is one of the following: Vendor List (FMC-11) Crop Plan (FMC-12) Supplier List (FMC-10)

Attached is the market's rules & regulations. Farmer operated farm stands are exempt. Yes Exempt

I am applying as a mobile market and attached is our scheduled weekly stops. Yes N/A

Signature of Applicant. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" 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:** _____

Name (printed): _____

Submit to: 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

Questions? Brooklyn: (718) 722-2830 Albany: (518) 457-7076 Toll Free: (800) 554-4501
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Market Application Process: the Agreement

1. Market Participation Agreement (FMC-8)

- Read the Rules and Procedures for Markets (FMC-4) for a complete list of application requirements
- Submit one Agreement for every market location the manager or the sponsor oversees
- Provide the winter market location IF the market moves location.
- Include required documentation

Market Application Process: the bona fide farmer(s)

 Farmers' Market Nutrition Program (FMNP) Rev 12/12/2016

VENDOR LIST (FMC-11)

Instructions: Fill in the information below for every fruit and vegetable vendor anticipated to attend/is currently attending your market; this information should be specific to each market day and location. Include both growers and dealers. List each vendor's product being offered at the market in categories (e.g. fruits, vegetables, dairy, meat, fish, baked goods, jams, maple, honey, eggs, potted plants, herbs, etc.). If more room is needed, make copies of this form or write on the back.

Market Name: _____ **Market County:** _____

How many total vendors participate in the market (e.g. produce, meat, dairy, hot food, craft, etc.):

Full-season (e.g. vendor commits to being there every week from opening day –closing day): _____

Partial-season (e.g. vendor commits to being there select weeks/months during the season): _____

Daily (e.g. vendor has no commitment; might only attend the market one single day per season): _____

Farm Name (#1): _____ Farm's Total Tillable Acres:

Farmer Name: _____ FMNP Farmer Stamp ID:

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Farm Name (#2): _____ Farm's Total Tillable Acres: _____

Farmer Name: _____ FMNP Farmer Stamp ID: _____

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Farm Name (#3): _____ Farm's Total Tillable Acres: _____

Farmer Name: _____ FMNP Farmer Stamp ID: _____

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Farm Name (#4): _____ Farm's Total Tillable Acres: _____

Farmer Name: _____ FMNP Farmer Stamp ID: _____

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Signature of Applicant. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" 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:** _____

Print Name: _____

Submit to: NYS Dept. of Agriculture and Markets, Attn: FMNP, 55 Hanson Place Room 388 Brooklyn NY 11217
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Questions? Brooklyn: (718) 722-2830 Albany: (518) 457-7076 Toll Free: (800) 554-4501

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2. List of bona fide farmers

- Vendor list (FMC-11)
- Supplier list (FMC-10)
- Crop plan (FMC-12)

You must refer to the FMNP Rules and Procedures for Markets (FMC-4) for which document to provide.

 Farmers' Market Nutrition Program (FMNP) Rev 12/12/2016

SUPPLIER LIST (FMC-10)

Instructions: Fill in the information below for every fruit and vegetable farm anticipated to supply /is currently supplying your market; this information should be specific to each market day and location. List what products you purchase from each farm in categories (e.g. fruits, vegetables, dairy, meat, fish, baked goods, jams, maple, honey, eggs, potted plants, herbs, etc.). If more room is needed, make copies of this form or write on the back.

Market Name: _____ **Market County:** _____

Is the market operated/sponsored by a private nonprofit agency? Yes No In-Progress

Farm Name (#1): _____ Farm's Total Tillable Acres:

Farmer Name: _____ FMNP Farmer Stamp ID:

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Farm Name (#2): _____ Farm's Total Tillable Acres: _____

Farmer Name: _____ FMNP Farmer Stamp ID: _____

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Farm Name (#3): _____ Farm's Total Tillable Acres: _____

Farmer Name: _____ FMNP Farmer Stamp ID: _____

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Farm Name (#4): _____ Farm's Total Tillable Acres: _____

Farmer Name: _____ FMNP Farmer Stamp ID: _____

Farmer Address: _____ Zip: _____ Phone: _____

Products: _____

Signature of Applicant. I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" 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.

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Print Name: _____

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Market Application Process: market rules

3. Submit the rules that govern your market(s)
 - If your market does not yet have official rules, you can refer to the Rules and Procedures for Markets (FMC-4) for suggestions or contact the Department.
 - Farmer operated farm stands are exempt.

Market Application Process: Training

4. New markets should contact the Department to receive initial FMNP training for managers

- Any new manager of an FMNP market should contact the Department to receive FMNP training for managers.
- If there is a transition in the market management, make sure the staff/sponsor/new manager has training in the FMNP.

Market Authorization Process: Review

When you have submitted the application and all the requirements are met, the Department reviews the application and determines whether the market is “authorized” to participate in the FMNP.

Market Authorization Process: Authorization Package

A Market is **not authorized** in the FMNP until they have been issued an **authorization package**.

A market must be authorized at its specific *geographical location* before any authorized FMNP farmer accepts FMNP checks.

Market Authorization Process: Authorization Package



- Once authorized, the market is assigned a unique identification number.
 - This number should be used for all correspondence with the Department
- Then, an authorization package is issued to the Market.
- Once the authorization is issued to the market, authorized farmers may accept FMNP checks at that market (location).

IMPORTANT:

- Changes to market hours or location should be communicated to the Department ASAP.
- Markets are promoted. All FMNP market operational information is advertised on the Department website and www.data.ny.gov
 - These are used by Senior and WIC FMNP participants seeking your market.

Market Authorization Process: Authorization Package

An authorization package consists of:

1. The Market Agreement letter.
 - This letter confirms that the market is approved for the FMNP and that the market has agreed to the Rules and Procedures for Markets (FMC-4).
2. Attendance Roster (FMC-7) or Purchasing Log (FMC-9)
3. Farmer application materials (to distribute)
4. Educational materials

Market Authorization Process: why did I get...?

- Another Farmer Participation Agreement FMC-6?
 - All market authorizations are *pre-stuffed*. These are used to authorize any type of market. You can give the FMC-6 to farmers who wish to enroll in the FMNP, or simply ignore it.
- Attendance Roster (FMC-7)
 - The Department expects traditional farmers' market managers to submit attendance on a monthly basis
- Purchasing Log (FMC-9)
 - The Department expects other market types to submit a list of their market's suppliers on a monthly basis.

Submit one or the other.

Market Authorization: the manager or sponsor Responsibilities

Submit Market Application package annually
by **March 1**

Know the FMNP Rules and Procedures for
Markets (FMC-4)

Act as liaison for the Department

Update the Department with market hours
and location changes

Submit the Attendance Roster
or Purchasing Log (monthly)

Verify farmer is a *bona fide* grower:

- Inspect farmer fields;
- Countersign farmer applications;
- Collect crop plans and retain for three years.

Make sure farmers have their FMNP signs
clearly posted

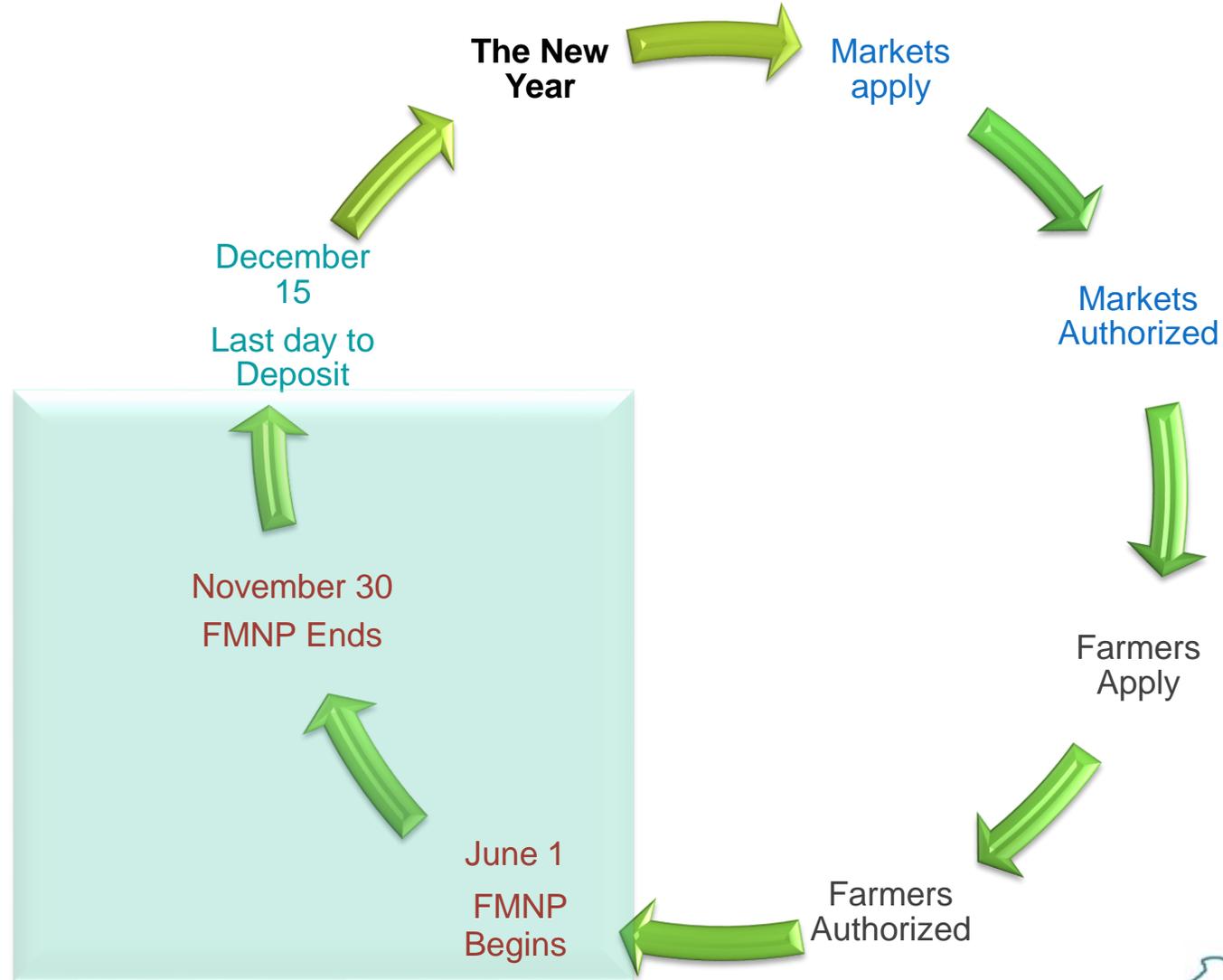
Know what food items are eligible for FMNP
customers

Enforce the “50% Grow Rule”

Markets and Farms: FMNP in Action



The Big Picture



FMNP during the Market Day

- A good faith effort is required!
- Staying true to the spirit of the program.
- Farmers adhere to the market's own "percent grow rules" if they are higher than 50%.
- Identifying product as "not eligible for purchase with FMNP" if the produce is not grown locally
 - Remember, "Local" = New York state and/or adjacent states.

Transactions with Customers

Farmers at the Market:

- **Treat everyone equally** - Farmers may not discriminate against customers.
- Accept checks at market between **June 1** and **November 30**.
- **Do not give change.** You may not exchange an FMNP check for any amount of cash.
 - If the transaction includes both cash and FMNP checks, you may give change for the cash portion.
 - Up sell - try adding eligible items to help participants use their entire benefit.
- **Simple Pricing** - If you see a large number of the checks, you may want to consider pricing that makes it easier (\$1, \$5, \$10, etc.).
- Treat checks like cash in order to avoid loss or theft.
- Customers may combine two or more FMNP checks to pay for foods.
- WIC or Senior proxies are allowed to shop using the FMNP checks.
- Do not confront customers suspected of violating FMNP rules.
- Report any behavior suspicious of violating program rules to the FMNP Program Coordinator.

Complaint Process: Civil Rights Violations

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, audiotope, 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: USDA
Office of the Assistant Secretary for Civil Rights
400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. fax: (202) 690-7442; or
3. email: program.intake@usda.gov

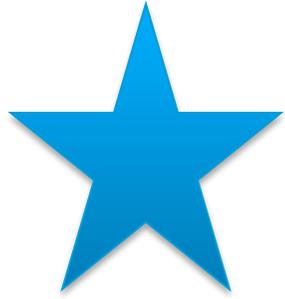
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Violations to Highlight

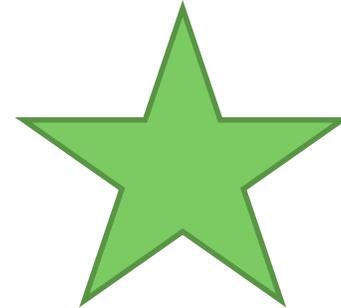
- ★ Refer to Rules and Procedures for Farmers (FMC-5) for more in-depth information
 - **Check trafficking:** cash or other currency redemption of FMNP checks for 1) customers, 2) non-FMNP farmers or 3) non-FMNP eligible vendors
 - **Accepting checks for ineligible food items**
 - **Accepting checks at non-authorized market locations**
 - **Discrimination** against check customers in price, quality, or service, including charging check customers higher prices than non-check customers or establishing separate displays exclusively for check customers.

Resources

- [Locate Farmers Markets in New York State:](https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State/qq4h-8p86)
<https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State/qq4h-8p86>
- [Farmers Market Nutrition Program:](http://www.agriculture.ny.gov/AP/agsservices/fmnp-forms-documents.html)
<http://www.agriculture.ny.gov/AP/agsservices/fmnp-forms-documents.html>
- [FreshConnect Checks:](http://www.agriculture.ny.gov/AP/agsservices/freshConnectPrgm.html)
<http://www.agriculture.ny.gov/AP/agsservices/freshConnectPrgm.html>
- [Wireless SNAP EBT for Farmers & Markets:](http://www.nyfarmersmarket.com/ebt-and-creditdebit-machines)
<http://www.nyfarmersmarket.com/ebt-and-creditdebit-machines>
- [WIC Vegetables and Fruits Checks Program:](http://www.agriculture.ny.gov/AP/agsservices/fmnp-wic-vf.html)
<http://www.agriculture.ny.gov/AP/agsservices/fmnp-wic-vf.html>
- [Resources for Direct Marketing:](http://www.agriculture.ny.gov/AP/agsservices/resources.html)
<http://www.agriculture.ny.gov/AP/agsservices/resources.html>



Time for that Quiz!



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