Rev 1/2016

Farmers' Market Nutrition Program (FMNP)

MARKET PARTICIPATION AGREEMENT (FMC-8)

Market Name (or DBA): _____ Market County: _____

Authority to Operate on Property (Land Use) Approved By (Name of Person/Entity): _____

Market Location (Provide a complete address, including street numbers; we generate a map using latitudes/longitudes)**:**

Late Spring/Summer/Fall

Address: _____ City: _____ Zip: _____

Opening Date: _____ Closing Date: _____ Frequency: ☐ weekly ☐ monthly ☐ year-round ☐ other _____

Winter/Early Spring

☐ N/A, no winter market is planned at this time.

Address: _____ City: _____ Zip: _____

Opening Date: _____ Closing Date: _____ Frequency: ☐ weekly ☐ monthly ☐ year-round ☐ other _____

HOURS OF OPERATION (e.g. 4pm-6pm)	**Sunday**	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Late Spring/Summer/Fall							
Winter/Early Spring							

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

If yes, please provide the FNS# affiliated with the above EBT/SNAP card reader. FNS# _____

Market Sponsor Name (required): _____

Market Website: _____

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

Contact Person Mailing Address: _____

Contact Person Phone: _____ Fax: _____ Cell Phone: _____

☐ 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. Check all that apply. 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 our current market rules & regulations. (Some farm stands are exempt.) ☐ Yes

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

I am applying as a youth market and attached is our educational component. ☐ Yes ☐ N/A

Manager/Sponsor Signature. 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.

Manager/Sponsor Signature (Required): _____ **Date:** _____

Name (Printed): _____

Send applications to: NYS Dept. of Agriculture and Markets, 55 Hanson Place Room 388, Brooklyn, NY 11217 Attn: FMNP.
FAX: (718) 722-2836; Email: farmersmarkets@agriculture.ny.gov
Phone: Brooklyn: (718) 722-2830; Albany: (518) 457-7076; Toll Free: (800) 554-4501.
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Rev 1/12/2015

NEW YORK STATE OF OPPORTUNITY. Agriculture and Markets

Farmers' Market Nutrition Program (FMNP)

SUPPLIER LIST (FMC-10)

Instructions: Fill in the information below for each *bona fide* fruit and vegetable farmer supplying the market. This form must accompany every FMNP Market Participation Agreement (FMC-8). Other formats are accepted, so long as all the information below is provided. If more room is needed, make copies of this form or write on the back.

Market Name: _____ Market County: _____

Total Number of Vendors (all vendors, including the FMNP *bona fide* farmers listed below): _____

Farm Name (#1): _____ Total Planted Acres (or row-feet) in Produce: _____
Farmer Name: _____ Returning FMNP Farmer Stamp ID: _____
Farmer Address: _____Zip: _____Phone: _____
Products: _____

Farm Name (#2): _____ Total Planted Acres (or row-feet) in Produce: _____
Farmer Name: _____ Returning FMNP Farmer Stamp ID: _____
Farmer Address: _____Zip: _____Phone: _____
Products: _____

Farm Name (#3): _____ Total Planted Acres (or row-feet) in Produce: _____
Farmer Name: _____ Returning FMNP Farmer Stamp ID: _____
Farmer Address: _____Zip: _____Phone: _____
Products: _____

Farm Name (#4): _____ Total Planted Acres (or row-feet) in Produce: _____
Farmer Name: _____ Returning FMNP Farmer Stamp ID: _____
Farmer Address: _____Zip: _____Phone: _____
Products: _____

Market Manager/Sponsor Signature. As market manager/sponsor for the above market, I certify that the above farmer(s) will be/is supplying my market with fresh fruits and vegetables this FMNP season and he/she has provided a current year Crop Plan (FMC-12) as evidence of his/her status as an FMNP *bona fide* farmer.

Market Manager/Sponsor Signature: _____ Date: _____

Print Name: _____

Submit to: NYS Department of Agriculture and Markets, 55 Hanson Place, Room 388, Brooklyn, N.Y. 11217 Attention: FMNP or FAX to (718) 722-2836 or email to farmersmarkets@agriculture.ny.gov. For further information, please call the Department at (800) 554-4501; Brooklyn office: (718) 722-2830; Albany office: (518) 457-7076 prompt #1.

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Rev 1/2016

Farmers' Market Nutrition Program (FMNP)

CROP PLAN (FMC-12)

Instructions: To participate in the FMNP a farmer must submit a Crop Plan (FMC-12) to every market where FMNP checks are accepted. Photocopies of this form may be used if a farmer attends multiple markets. Crop plans must remain in the market files for three years. The NYS Department of Agriculture and Markets (Department) may request to see crop plans at any time.

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

Farm Name: _____ Total Annual Planted Acres in Produce:_____

Production field(s): Please be specific so we can locate the property - if you are growing fruits and vegetables at more than one location, list each location and the number of acres or row-feet in production at each location.

Field Location(s): _____

_____

_____

_____

List of crops: If this form is insufficient to list all your crops of fruits, vegetables, and culinary herbs) use additional forms or the back of this page.

Product	Acres*	Period**	Product	Acres*	Period**
___(e.g. corn)___	(e.g. 2 acres)	(e.g. July-Aug)	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Or row-feet (specify) **Month(s) of availability (e.g. June – August)

Farmer signature. I am an FMNP *bona fide* farmer and plan to grow vegetables and/or fruits on land owned or leased by me at the location(s) above for sale at a NYS FMNP market to NYS FMNP participants. I understand that a market representative may verify the information provided on this application by visiting my farm or requesting other evidence of my status as a *bona fide* farmer. I agree to inform the market of any changes in my production or marketing that significantly affect the validity of the information I have provided.

_____ _____

Signature Date

****

For further information, please call the Department at (800) 554-4501 or Albany (518) 457-7076 or NYC (718) 722-2830 or email farmersmarkets@agriculture.ny.gov

OVER ⇨

List of crops (Continued):

Product	Acres*	Period**	Product	Acres*	Period**

* Or row-feet (specify) **Month(s) of availability (e.g. June – August)

List of purchased crops: Subject to farmers' market rules and/or approvals, I intend to purchase the following fruits and/or vegetables for resale at the market during the FMNP season. (ONLY applicable in cases where markets permit purchasing & resale of fruits and vegetables).

Produce item	Location where grown	Producer/supplier	Period/Weeks

Farmers' Market Nutrition Program (FMNP)

RULES AND PROCEDURES FOR MARKETS (FMC-4)

The New York State Farmers' Market Nutrition Program (FMNP) consists of two programs: the Women, Infants and Children (WIC) Farmers' Market Nutrition Program and the Senior Farmers' Market Nutrition Program (SFMNP). The New York State Department of Agriculture and Markets (Department), as administrator of the Farmers' Market Nutrition Program (FMNP), will designate markets in New York 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 rules and procedures as described below apply to all participating markets designated as local partners in the FMNP.

1. **Eligibility.** To be eligible to participate in the FMNP a market must:
    a. Be comprised of ***bona fide* farmers**. 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. Depending on the model of operation, markets must also:
        i. **Farmers' Markets.** Farmers' markets must clearly demonstrate: (a) two (2) or more *bona fide* farmers attend the market each week (b) two (2) or more *bona fide* farmers are willing to participate in the FMNP and (c) 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; this is the "50% Grow Rule."
        ii. **Farm stands**. Farm stand operators must clearly demonstrate: (a) the farmer operator meets the "50% grow rule" or (b) they are a not-for-profit organization and at a minimum, 50% (by volume) of the fruits and vegetables being offered for sale are sourced from *bona fide* farmers.
        iii. **Youth markets**. Youth market operators must clearly demonstrate: (a) the farmer operator meets the "50% grow rule" or (b) they are a not-for-profit organization and at a minimum, 50% (by volume) of the fruits and vegetables being offered for sale are sourced from *bona fide* farmers.
        iv. **Mobile markets**. Mobile market operators must clearly demonstrate: (a) the farmer operator meets the "50% grow rule" or (b) they are a not-for-profit organization and at a minimum, 50% (by volume) of the fruits and vegetables being offered for sale is sourced from *bona fide* farmers.
    b. Operate at a designated location, easily accessible by FMNP participants.
    c. Have a fixed schedule of operation including: (a) a minimum of one (1) day per week (b) a minimum of three (3) hours per day, and (c) a minimum of three (3) months.
        i. **Farm stands.** Cashiers must be present during the hours advertised to FMNP participants. Farm stands solely using honesty boxes are not eligible to participate.
        ii. **Mobile markets.** Mobile markets must provide a list of the scheduled weekly stops, including addresses and time.
    d. Have an organizational structure including: (a) a market name (b) a sponsoring organization, and (c) a designated manager. The sponsor may be an unincorporated association, not-for-profit corporation, co-operative corporation, municipal corporation, government agency, public benefit corporation, public authority, private corporation, or private individual.
    e. Supply a sufficient volume and variety of high quality locally grown fresh vegetables and fruits, including: dark green or leafy vegetables (e.g. spinach, broccoli, greens, or kale), root vegetables (e.g. carrots or beets), and/or winter squash.

2. **Application.** To apply a market must:
    a. Complete and sign an FMNP Market Participation Agreement (FMC-8) by **March 1**.
    b. Provide evidence of who the *bona fide* farmers are at your market:
        i. **Traditional farmers markets**. Provide a Vendor List (FMC-11).
        ii. **Farm stands**. Provide either a Crop Plan (FMC-12) or Supplier List (FMC-10).
        iii. **Youth Markets**. Provide either a Crop Plan (FMC-12) or Supplier List (FMC-10).

iv. **Mobile Markets**. Provide either a Crop Plan (FMC-12) or Supplier List (FMC-10).

c. Submit market rules and regulations. Exceptions apply. Examples of what to address in the market rules and regulations include:
   i. **Vendor qualifications.** Criteria for vendor participation (e.g. producer only).
   ii. **Local.** A definition of the term "local."
   iii. **Display and prices.** Standards for the display of products and the posting of prices.
   iv. **Compliance.** Standard assurances outlining requirements for vendor compliance with market rules and regulations (e.g. vendor conduct, food safety, FMNP rules).
   v. **Sanctions.** A description of the complaint process; (e.g. how sanctions are imposed).

d. Provide additional documentation, as required:
   i. **Farm stands.** Farmer operated farm stands must submit the Farmer Participation Agreement (FMC-6). In addition, farmer operated farm stands must submit the WIC Vegetables and Fruits Check Program Farmer Application and Farmer Agreement.
   ii. **Youth markets.** Youth market operators must provide evidence of an educational component, such as a curriculum or training program for the youth.
   iii. **Mobile market.** Mobile market operators must provide evidence of scheduled stops.

3. Administration. To administer the FMNP a market must perform or provide as necessary the following services, and abide by the following requirements**:**

a. Conduct the FMNP during the FMNP season (June-November).
b. Operate the FMNP only at locations listed on the Market Participation Agreement (FMC-8).
c. Solicit *bona fide* farmers to participate in the FMNP.
d. Explain to all *bona fide* farmers participating in the market the FMNP Rules and Procedures for Farmers. New farmers must complete interactive training with the Department their first year in the program.
e. Provide to all *bona fide* farmers participating in the market the written FMNP application material developed by the Department.
f. Counter-sign all FMNP Farmer Participation Agreements (FMC-6) for *bona fide* farmers who meet the "50% grow rule" that participate in the market; a counter-signature indicates the farmer qualifies as a *bona fide* farmer for the purposes of the FMNP <u>at that market</u>.
g. Require that each farmer participating in the FMNP submit a current year crop plan, including the following information: (a) production site locations (b) a list of the vegetables and/or fruits expected to be grown for sale at the market (c) the acreage or row-feet of each crop listed (d) the period of availability for each crop listed (e) the total planted acres for the farmer, 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.
h. Maintain records related to this Agreement for a period of three (3) years after completion of this Agreement; these records may be inspected, audited, and copied by the Department.
i. Forward to the Department all completed Farmer Participation Agreements (FMC-6) containing a counter-signature by a representative of the market.
j. Forward to the Department the monthly Attendance Rosters (FMC-7) or Purchasing Logs (FMC-9).
k. Provide suitable space in the market for nutrition education by Cornell Cooperative Extension regarding the benefits of eating fresh produce and the selection and preparation of fresh fruits and vegetables. This does not apply to mobile markets and farm stands.
l. Monitor program operations on a regular basis, including but not limited to:
   i. Conduct farm visits as necessary to verify *bona fide* farmer status.
   ii. Ensure only authorized farmers are accepting FMNP checks.
   iii. Ensure authorized farmers are posting the laminated sign "We Gladly Accept NYS Farmers Market Checks" at all times during market operations.
   iv. Ensure FMNP checks are exchanged for eligible food products.
   v. Ensure no cash change is returned for purchases made exclusively with FMNP checks. Farmers should up-sell or permit the participant to put food items back on the shelf.
   vi. Ensure no "check-trafficking" is occurring at the market. "Check-trafficking" is defined as cashing FMNP checks (at full value or at a discount) for anyone (including check recipients,

unauthorized farmers, or non-farmer vendors) who has improperly obtained them from recipients.

m. If requested, provide the Department with written justification for not approving a farmer's application to participate in the FMNP. This must be provided within ten (10) days of the Department's request.
n. Accept training from the Department on the FMNP.
o. Meet with Department staff to review and answer questions regarding FMNP operations.
p. If requested and available, attend pre-season and post-season FMNP meetings with an area WIC Agency, Aging or Senior Agency, and/or Cooperative Extension staff involved in the FMNP to (1) provide information on the market to encourage FMNP check use by participants and to (2) review and evaluate program operations, check redemption, and program effectiveness for farmers and check recipients.
q. Assist the Department, local WIC Agency, Aging or Senior Agency, or Cooperative Extension staff involved in the FMNP to resolve problems or complaints relative to WIC and Senior recipient use of the market, check acceptance by farmers, and farmer authorization.
r. Include reference to the FMNP in market publicity, and assist farmers and other market vendors, FMNP check recipients, the general public, and the news media in understanding the program using official program descriptions provided by the Department.
s. Refer customer inquiries concerning participation in nutrition assistance programs to the WIC hotline (1-800-522-5006) or Senior Citizen hotline (1-800-342-9871).
t. Assist the Department in evaluating the program's impact on farmers and check recipients and provide such information as the Department may require for reports to the USDA Food and Nutrition Service.
u. Provide participating farmers with information prepared by the Department on becoming authorized to accept USDA Supplemental Nutrition Assistance Program (SNAP).
v. If a market is scheduled to close prior to the closing date listed on the 2016 FMNP Market Participation Agreement (FMC-8), or November 30, 2016, (whichever is sooner) the market MUST inform the Department and clearly post the closing date at the market site at least two (2) weeks in advance of the closing.
w. If the market is unable to operate as planned or to perform any of the actions required under this Agreement it must inform the Department immediately and in writing.

4. Violations and Sanctions

a. If an authorized farmer has been identified through compliance purchases to have committed a violation (see Rules and Procedures for Farmers), he/she will be notified in writing by the Department that a violation of program rules has been recorded and that a subsequent violation can result in disqualification from the program. A copy of the letter will be sent to the market. Upon its receipt, the market must inform the farmer that the market is aware of the violation and that further violations could result in disqualification from the FMNP.
b. If an unauthorized farmer or non-farmer vendor is found by means of compliance purchases to be accepting FMNP Checks, he/she will be notified of this in writing by the Department. A copy of the letter will be sent to the market. The market is to then notify the unauthorized farmer or non-farmer vendor that further acceptance of FMNP checks will be grounds for suspension or termination of their participation in the market under the market's own rules and regulations. If further check acceptance occurs, the market must sanction the farmer or vendor through suspension or termination of participation in the market or by alternative means.

5. **Fraud and abuse.** Committing fraud or abuse deems a market or farmer liable to prosecution under applicable federal, state and local laws.

6. **Agreement termination.** Agreements may be terminated by the Department for convenience of the State of New York upon giving ten (10) days written notice to the market. Upon receipt of such notice from the Department, the market shall immediately cease work related to this Agreement.

7. **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.

8. **Standard assurances.** The market assures the Department that in carrying out this Agreement, it 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).

9. **Civil rights violations complaint process.** Markets that receive complaints from FMNP check recipients alleging civil rights violations must explain there is a complaint process and refer them 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