

Commonwealth of Virginia
SENIOR AND WIC FARMERS MARKET NUTRITION PROGRAM (S/FMNP)
***Farm Market Fresh* FARMER APPLICATION**

DEFINITION:

“Farmer” means an individual who grows and sells a minimum of \$1,000 in gross sales of produce per farm unit per year.

To participate in the S/FMNP, a “Farmer” must:

1. Be the **bona fide producer** of the fresh fruit, vegetables, and cut herb products offered in exchange for Senior and WIC S/FMNP checks (Farm Market Fresh Handbook, page 6-7).
2. Accept training and monitoring on program rules and procedures, which may include visits on the farm or at the market.
3. Be certified on an **annual** basis by Virginia Department of Agriculture and Consumer Services (VDACS) and hold an authorized Farmer Agreement with the Department for Aging and Rehabilitative Services (DARS-OAS).
4. Agree to comply with all Senior and WIC S/FMNP rules and amendments to rules that may be in effect at markets and/or mailed to farmers.
5. **Not live in the same household** or be an immediate family member of Senior or WIC participants or WIC/Area Agency on Aging (AAA) staff at the local or state agency. There shall be no opportunity for conflict of interest between the authorized Farmer, VDACS or DARS-OAS staff or local organization (WIC/AAA) staff.

I. Farmer Information:

(Please Print or Type)

FARMER NAME _____ Number of Acres
Farmed in Produce: _____

FARMER MAILING ADDRESS _____
CITY/TOWN STATE ZIP

PRIMARY PHONE _____ E-MAIL _____

*Primary phone = the best number to reach you for (rare) banking issues.

Please indicate whether you would like this information made available to S/FMNP participants to inform them of where and when you are selling produce. If no boxes are checked, this information will be on the S/FMNP promotional material for participants.

Yes No **Other** _____

Additional information for future S/FMNP planning:

Do you have a smartphone? Yes No If so, are you able to download applications? Yes No

Do you text? Yes No Do the majority of the markets you attend have internet access? Yes No

What cell phone provider do you use? _____

II. Identification (ID) Stamp Information:

Do you presently have a S/FMNP check ID stamp? Yes No If Yes; stamp ID # _____

When you stamp your checks, all three digits must be clearly readable. If your stamp is worn or broken, please indicate that you need a new stamp. A new stamp will result in a new stamp ID #. If you need more ink to make a clear imprint, please request an ink refill.

Need a new stamp? Yes No Need an ink refill? Yes No

ENDORSEMENT – Please print here _____ the name you use to endorse the back of the Senior and WIC S/FMNP checks.

III. Eligible Foods Grown

List the Eligible fruit, vegetables, and cut herbs grown on your farm for which you plan to accept Senior & WIC FMNP checks:

**Please note, only those products listed and approved can be sold.

Farm geographic location or address at which fruits, vegetables, and/or fresh cut herbs are **grown**:

Address/Location

City/Town/State

IV. Farmers' Markets – Groups or Associations of Farmers – Note: not all Farmers' Markets are allowed to participate in Senior and WIC S/FMNP. Please review the list of currently participating Markets in the Farmer Handbook

Please print all the FARMERS' MARKET(S) selling locations and addresses and circle the DAYS OF WEEK in season, where you expect to **sell** your self-grown produce:

Name of Farmers' Market	Location and Address	Select Days & List Hours of Operation
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours:
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours:
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours:

V. Roadside or Farm Stands – Individual Farmer Operations – No NEW Roadside or Farm Stands are being authorized. Authorized Farmers who were accepting SFMNP checks at a Roadside or Farm Stand PRIOR TO 2013 are “grandfathered” and allowed to accept the checks at their Roadside or Farm Stand as they have done in prior years.

Please describe the ROADSIDE or FARM STAND(S) where you expect to **sell** your self-grown produce. Complete the physical locations and ADDRESS(ES) and circle the DAYS OF WEEK in season:

Description of Roadside or Farm Stand	Physical Location and Address	Select Days & List Hours of Operation
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours:
		<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat Hours:

***Feel free to attach additional information describing your Roadside or Farm Stand or your self-grown produce.**

VI. Signature - By signing this form:

1. I understand this is an application to be an authorized Farmer for the Senior and WIC Farmers Market Nutrition Program (S/FMNP) and it is not a guarantee that I will be authorized.
2. I understand the Farmer criteria as described in the Farm Market Fresh Handbook for Farmers and affirm that I meet the Farmer criteria.
3. I understand that I may be authorized to accept S/FMNP checks only at certain specified farmers' markets, and my Roadside or Farm Stand may not be selected as a priority location.
4. I understand I cannot accept Senior and WIC S/FMNP checks before I receive the signed Farmer Agreement or before the date indicated on the checks.
5. I affirm that the statements in this request for authorization are true. I understand if I give false information, the VDACS and DARS-OAS will deny or terminate my authorization to accept Senior and WIC S/FMNP checks.

PRINT FARMER NAME

SIGN FARMER NAME

DATE

VDACS REPRESENTATIVE REVIEW

VDACS SIGNATURE

DATE

**Address below is for discrimination complaints ONLY,
DO NOT mail your application to this address; it will NOT be processed.**

Please use the enclosed envelop to mail your completed application to your regional VDACS representative.

USDA Non-Discrimination Statement

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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.

This institution is an equal opportunity provider.