



# Farm Market Fresh

Senior & WIC Farmers' Market Nutrition Program (S/FMNP)

## 2024 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 *Farm Market Fresh*, 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 **every two years** by Virginia DARS Division for Aging Services' (DARS-DAS) agricultural partners (VDACS, VAFMA, VSU) and hold an authorized Farmer Agreement with the (DARS-DAS).
4. Agree to comply with all S/FMNP rules and amendments to rules that may be in effect at markets and/or communicated to farmers.
5. **Not live in the same household** or be an immediate family member of *Farm Market Fresh* 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, VAFMA, VSU, DARS-DAS, or the local WIC/AAA staff.

### I. Farmer Information:

FARMER NAME: \_\_\_\_\_ NAME OF FARM: \_\_\_\_\_  
*First Last*

FARMER MAILING ADDRESS \_\_\_\_\_  
CITY/TOWN STATE ZIP CODE

PRIMARY PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\*Primary phone = best number to reach you in the event of (rare) banking issues.

Please indicate what contact information you consent to DARS to include in promotional materials provided to participants. This will be used to get updated selling locations and times. If no boxes are marked, this information will be made available.

Name of Farm	Name of Farmer	Phone Number	Email Address
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### II. Identification (ID) Stamp Information:

Do you presently have a 4-digit check ID stamp?    **Yes**                      **No**    If Yes; stamp ID # \_\_\_\_\_

When you stamp your checks, all four 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**    If no stamp is needed, do you need an ink refill?                      **Yes**                      **No**

**ENDORSEMENT** – Please print the name you use to endorse the back of *Farm Market Fresh* checks.

Endorsement line: \_\_\_\_\_

### III. Eligible Foods Grown: List the Eligible fruit, vegetables, and cut herbs grown on your farm for which you plan to accept *Farm Market Fresh* checks:

\*\*Please note, only those products listed and approved can be sold in exchange for *Farm Market Fresh* checks.

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

\_\_\_\_\_ STREET ADDRESS/LOCATION

\_\_\_\_\_ CITY/TOWN COUNTY STATE ZIP CODE

**IV. Farmers’ Markets – Groups or Associations of Farmers – Note: not all Farmers’ Markets are allowed to participate in Farm Market Fresh. Please review the list of currently participating Markets in the Farmer Handbook.**

Please print all FARMERS’ MARKET(S) selling locations and addresses, identify the DAYS OF THE WEEK and hours of operation in season, for 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:
		<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 S/FMNP 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), check the DAYS OF THE WEEK, and list the hours of operation 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:

- VI. Signature - By signing this form:**
- I understand this is an application to be an authorized Farmer for the *Farm Market Fresh (FMF)* Program and it is not a guarantee that I will be authorized.
  - I understand the Farmer criteria as described in the *Farm Market Fresh Handbook* for Farmers and affirm that I meet the Farmer criteria.
  - I understand that I may be authorized to accept *Farm Market Fresh* checks only at certain specified farmers’ markets, and my Roadside or Farm Stand may not be selected as a priority location.
  - I understand I cannot accept *Farm Market Fresh* checks before I receive the signed Farmer Agreement from DARS-DAS or before the date indicated on the checks (June 1).
  - I affirm that the statements in this request for authorization are true. I understand if I give false information, DARS-DAS and its agriculture partners will deny or terminate my authorization to accept *Farm Market Fresh* checks.

\_\_\_\_\_ PRINT FARMER NAME

\_\_\_\_\_ SIGN FARMER NAME

\_\_\_\_\_ DATE

\_\_\_\_\_ PRINT NAME OF DARS' AGRICULTURAL PARTNER

\_\_\_\_\_ DARS' AGRICULTURAL PARTNER 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**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

For more information on *Farm Market Fresh*, please visit [farmmarketfresh.org](http://farmmarketfresh.org) or scan the QR code below to be taken to the website:



This institution is an equal opportunity provider.

07/25/2022