

Farmers' Market Nutrition Program (FMNP)

Instructions for Completing Market Application

1. Fill in all boxes.
2. If an item does not apply, put "NA" in that block.
3. If you are applying for the first time, leave the WIC FMNP Vendor Stamp Number box blank.
4. Type or clearly print.
5. Complete both sides of the application. **Sign and date!**
6. Return the application, produce list and market sheet by mail, fax or e-mail.

Mail: Indiana State Department of Health
ATTN: FMNP Coordinator
Indiana WIC FMNP
2 North Meridian Street, Sec. 5E
Indianapolis, IN 46204

Fax: ATTN: FMNP Coordinator
317-233-5609

E-mail: lwilson2@isdh.in.gov

Please note that applications with missing information

WILL NOT BE PROCESSED and

WILL BE RETURNED TO YOU.

If you have questions, please call 317-233-1327, 7:30am – 4:00pm Monday – Friday.



APPLICATION AND AGREEMENT FOR FARMERS' MARKET NUTRITION PROGRAM (FMNP) INDIANA FARMERS' MARKET

State Form 52586 (R6 / 1-15)
Indiana State Department of Health

- INSTRUCTIONS:**
1. Fill out all blocks. This application will be returned to you without processing if any information is missing. If an item does not apply, put "NA" in that block. Do not use abbreviations in any area of the application.
 2. Type or clearly print all information. Complete both sides of this form.
 3. Send the completed form to: Indiana State Department of Health, ATTN: FMNP Coordinator, Indiana WIC FMNP, 2 North Meridian St. Sec. 5E, Indianapolis, IN 46204.

Farmers' Market Season			
Year	Number of Seasons Operating	Vendor Stamp Number (if applicable)	
Market Master Information			
Last Name	First Name	Middle Initial	
Mailing Address (number and street, P.O. Box)			
City	State	ZIP code	County
Telephone Number (Include Area Code)		E-mail Address	
I monitor the growing locations of the farmers who participate in the Market. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Farmers' Market Information			
Farmers' Market name			
Farmers' Market physical location/address			
City	State	ZIP code	County
Telephone Number (Include Area Code)		E-mail Address	
Will the Market remain in the same location throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
Number of farmers participating at the Market: _____		Is the Market location handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of farmers interested in participating in WIC: _____		Number of eligible produce types available at the Market? _____	
WIC-approved Farmers Currently Participating at the Market			
Name	Name	Name	
Vendor Number	Vendor Number	Vendor Number	
Sponsoring Corporation Information			
Name		Telephone Number (Include Area Code)	
Ownership of Farmers' Market (Check one)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Cooperative			
Market Schedule and Hours			
Date Market scheduled to open in Spring: _____ (mm/dd/yyyy)		Date Market scheduled to close in Fall: _____ (mm/dd/yyyy)	
Market days and hours of operation:		Wednesday: _____ to _____	
Sunday: _____ to _____		Thursday: _____ to _____	
Monday: _____ to _____		Friday: _____ to _____	
Tuesday: _____ to _____		Saturday: _____ to _____	
By completing and signing, both the applicant and the authorized state representative enter into an agreement for this location to be an approved Market for the Farmers' Market season. At this location approved farmers can provide locally grown fresh fruits and/or vegetables to participants of the Indiana Farmers' Market Nutrition Program (FMNP). This agreement is under the regulations published by the United States Department of Agriculture, Food and Nutrition Service as authorized by Public Law 102-314 enacted July 2, 1992.			

FMNP Market Agreement

The Agreement will begin upon signature of both parties and will end November 30, three (3) years from the date the agreement is signed, and it is subject to the following conditions:

A. Market Master Agrees To Ensure That Vendors:

1. Exchange only locally grown fruits and vegetables for FMNP checks.
2. Redeem checks only when vendors are participating in an authorized local Farmers' Market and under the conditions outlined in the FMNP Handbook.
3. Provide eligible foods at the same price or less than is charged to other customers at the market.
4. Mark or post current prices clearly either on the foods or on a sign next to or in front of foods.
5. Clearly identify or separate eligible foods from ineligible foods.
6. Display the WIC Farmers' Market Nutrition Program stall sign provided by the Indiana FMNP Program.
7. Permit no cash change for purchases that are for an amount less than the FMNP checks.
8. Obtain the FMNP participant's signature on the check upon completion of the transaction.
9. Mark each check with the farmers' vendor I.D. stamp on the front, endorse each check on the back, and submit checks for payment to the farmer's bank on or before **November 7** of the current year in accordance with procedure established by the Indiana WIC Program.
10. Ensure no state or local taxes are collected on purchases made with FMNP checks.
11. Pay the Indiana WIC Program for any checks redeemed in violation of this agreement.
12. Do not seek restitution from FMNP participants for checks not paid by the Indiana WIC Program.
13. Follow civil rights requirements as outlined in the FMNP Handbook.
14. Notify the Indiana State Department of Health (ISDH) FMNP if operation ceases or changes during the season.
15. Allow the State or authorized representatives of the state to monitor operation for compliance with FMNP requirements, including both overt and covert monitoring.
16. Agree to provide any information the ISDH may require for its periodic reports to Food and Nutrition Service (FNS).

B. The Indiana WIC Program agrees to:

1. Ensure payment of a check submitted by vendor is timely, if a vendor meets all the check redemption and submission requirements.
2. Provide training to Market Masters on all required program procedures.
3. Provide vendor FMNP stamp and stall sign to new vendors.
4. Provide official clarification of the FMNP Handbook and applicable FMNP rules when requested.
5. Provide written notification for noncompliance observations involving the market as described in the FMNP Handbook.

C. General Conditions:

1. Neither the Indiana WIC Program nor the market has an obligation to renew the Agreement.
2. The Indiana WIC Program may disqualify or provide other sanctions against a market in accordance with the Farmers' Market Handbook.
3. Sanctions provided against a market may include a warning letter, an official letter of non-compliance, a suspension, or disqualification from accepting FMNP checks for one or more seasons.
4. The Market Master may appeal a denial of an application, disqualification or other sanction by following appeal guidelines outlined in the FMNP Handbook.
5. The Market Master allows the ISDH to give out telephone numbers and/or e-mail address information to vendors/farmers interested in participating in the Market Master's market.
6. The Market Master is accountable for the actions of all vendors on the premises of the market who are acting on behalf of the Farmers' Market and will accept training and provide training to vendors regarding FMNP rules and procedures.
7. This agreement is not assignable or transferable.
8. The Market Master may terminate this agreement for any reason.
9. Signing of this agreement constitutes that the Market Master has reviewed and agrees to follow the FMNP Handbook.
10. The Indiana WIC Program does not guarantee that participants will redeem checks with the vendors.
11. The State may authorize special exceptions to FMNP rules and procedures involving unique circumstances, however, such shall not be effective until written notification is received by the Market Master.
12. The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

(Print or type full name)

Signature of Market Master

Date (mm/dd/yyyy)

Signature of Indiana State Department of Health Official (completed by state)

Indiana State Department of Health FMNP Representative

Date (Month/Day/Year)