APPLICATION AND AGREEMENT FOR FARMERS TO PARTICIPATE IN THE WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP)

State Form 52585 (R7 / 1-14)
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 on the application. If you're a new farmer, leave the WIC FMNP Vendor Stamp Number box empty; you will be provided a number.*
2. *Type or clearly print all information. Complete both sides of this form. By completing and signing, both the applicant and the authorized state representative enter into an agreement for the vendor/farmer to provide locally grown fresh fruits and/or vegetables to participants of the Indiana WIC Farmers' Market Nutrition Program (FMNP) at approved Farmers' Market(s). 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.*
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.*

Applicant Information			
Last Name	First Name		MI
Mailing Address *(Number, Street, P.O. Box)*			
City	State	ZIP code	County
WIC FMNP Vendor Stamp Number	Email Address	Telephone Number *(Include Area Code)* ( )	
Physical Address Where Produce is Grown *(if different from mailing address)*			
Address *(Number, Street)*			
City	State	ZIP code	County
Locally Grown Produce You Plan to Sell at the Farmers' Market *(List all that apply.)*			
Market(s) where you will sell your products *(List all that apply.)*			

Produce and FMNP Handbook *(Check boxes and/or fill in the blanks.)*

Do you raise/grow a majority of the produce you sell? ☐ Yes ☐ No

Number of acres in production: _____

Name of person who owns the acreage:

_____

What percentage of your products at the Farmers' Market will be fresh fruits and vegetables? _____%

I agree to sell only fruits and vegetables that are locally grown as defined by the FMNP Handbook.

☐ Yes ☐ No

I have read and agree to follow guidelines of the FMNP Handbook.

☐ Yes ☐ No

FMNP Vendor 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. Vendor Agrees To:

1. Exchange only locally grown fruits and vegetables for FMNP checks.
2. Redeem checks only when 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. Display the WIC Farmers' Market Nutrition Program stall sign provided by the Indiana FMNP Program.
6. Permit no cash change for purchases that are for an amount less than the FMNP checks.
7. Obtain the FMNP participant's signature on the check upon completion of the transaction.
8. Mark each check with the Farmers' Vendor I.D. stamp and submit checks for payment to your bank on or before November 7 of the current year in accordance with procedure established by the Indiana WIC Program.
9. Ensure no state or local taxes are collected on purchases made with FMNP checks.
10. Pay the Indiana WIC Program for any checks redeemed in violation of this agreement.
11. Do not seek restitution from FMNP participants for checks not paid by the Indiana WIC Program.
12. Follow civil rights requirements as outlined in the FMNP Handbook.
13. Notify the Indiana State Department of Health (ISDH) FMNP if operation ceases during the season.
14. Allow the state or authorized representatives of the state to monitor operation for compliance with FMNP requirements, including both overt and covert monitoring.
15. 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 vendor meets all the check redemption and submission requirements.
2. Provide training to vendors 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 of noncompliance observations involving the vendor as described in the FMNP Handbook.

C. General Conditions:

1. Neither the Indiana WIC Program nor the vendor has an obligation to renew the agreement.
2. The Indiana WIC Program may disqualify or provide other sanctions against a vendor in accordance with policy in the FMNP Handbook.
3. Sanctions provided against a vendor may include a warning letter, an official letter of non-compliance from the state, a suspension, or disqualification from accepting FMNP checks for one or more seasons.
4. The vendor may appeal a denial of an application, disqualification, or other sanction of a Program violation as set forth in the FMNP Handbook.
5. The vendor is accountable for the actions of all employees on the premises who are acting on behalf of the vendor and will accept training and provide training to employees regarding FMNP Rules and procedures.
6. The agreement is not assignable or transferable.
7. The vendor may terminate the agreement for any reason.
8. Signing of the agreement constitutes that the vendor has reviewed and agrees to follow the FMNP Handbook.
9. The Indiana WIC Program does not guarantee that participants will redeem checks with the vendors.
10. 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 vendor.
11. 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 basis 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, 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)	Vendor Signature	Date *(mm/dd/yyyy)*

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

_____	_____
Indiana State Department of Health WIC Program Director	Date *(Month/Day/Year)*