



Department of
Agriculture and Markets

Rev 1/2016

Farmers' Market Nutrition Programs

Women, Infants and Children Farmers' Market Nutrition Program
and
Senior Farmers' Market Nutrition Program

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Farmers' Market Nutrition Program

What is the Farmers' Market Nutrition Program?

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). Those who are eligible for these programs are provided checks to redeem for fresh fruits and vegetables at participating farmers' markets.

The purpose of the program is to promote improved nutrition through increased consumption of locally grown fresh fruits and vegetables. It is also intended to expand sales at farmers' markets and farm stands. The New York State Department of Agriculture and Markets (the Department) collaborates with the New York State Department of Health, the New York State Office for the Aging, and Cornell Cooperative Extension in administering the program.

Program runs June 1 – November 30



Department of
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Farmers' Market Nutrition Program

Who is FMNP

Farmers

- Fruit and vegetable farmers may be eligible to accept FMNP checks. There is no fee to participate, but they must sign up with the Department annually.

WIC clients

- Women, infants and children enrolled in WIC will receive FMNP checks automatically provided that their local WIC agency participates in the program.

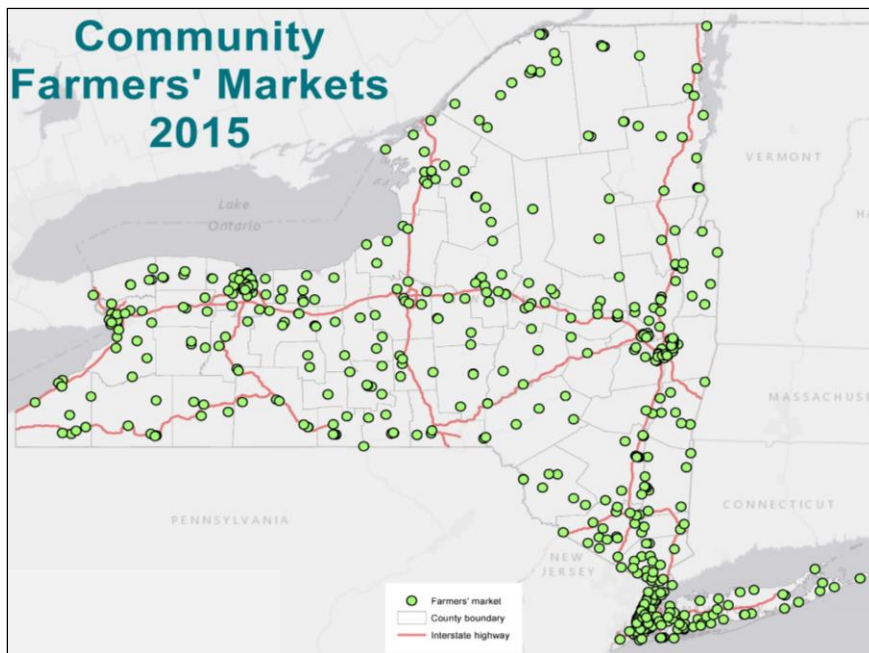
Seniors

- Age and income eligible seniors can receive Senior FMNP checks from local senior centers. In New York City checks are also issued from congregate meal sites or the Department of Health's Commodity Supplemental Food Program.



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Farmers' Market Nutrition Program



Find all of our Farmers' Market locations at:
<https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State-Map/gfni-eg8a>

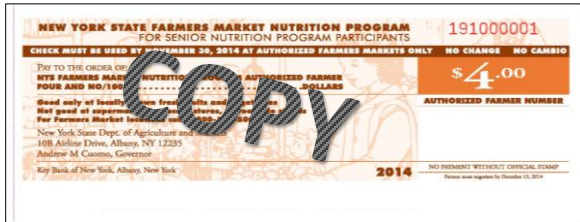


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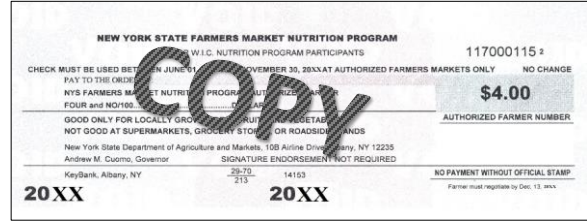
Farmers' Market Nutrition Program

The Check

Senior FMNP check



WIC FMNP check



Farmers' Market Nutrition Program

Market Models

- Traditional Market
- Farm Stand
- Mobile Market
- Youth Market



Market Models: Farm Stands

★ Farm Stands are permitted to apply

Operators must

- submit a Market Application (FMC-8)
- submit a Crop Plan (FMC-12) or Supplier List (FMC-10)
- enroll in the WIC Vegetables and Fruits Checks program
- be a current FMNP farmer or enroll as farmer in the FMNP

Basic Eligibility

Market Location

- Be comprised of ***bona fide farmers***.
- Operate at a designated location and have a fixed schedule of operation
- Have an organizational structure
- There are additional requirements depending on the model of operation.
 - See the Rules and Procedures for Markets (FMC-04) when applying

Farmer

Farmers

- Must sell fruits, vegetables, and/or culinary herbs.
- Must be a *bona fide* farmer

Farmers' Market Nutrition Program

***Bona fide* farmer and the “50% Grow Rule”**

- To be considered a *bona fide* farmer for FMNP, you must grow and harvest fruits, vegetables, and/or culinary herbs from land owned or leased by you.
- “50% Grow Rule”: 50% of produce *sold* by you must be *grown* by you!
 - ★ You must have produced at a minimum, 50%, by volume, of the fruits and vegetables you offer for sale at the farmers’ market on EVERY MARKET DAY that you attend a market during the program period of *JUNE 1-NOVEMBER 30*.
- Good faith effort is required!
- Stay true to the spirit of the program.
- “Local” = New York state and adjacent states.
- Produce that is not grown locally (citrus, bananas, etc.) are ineligible for FMNP and must be labeled as such.
- If market rules require a higher percentage, then farmers accepting checks at that market must adhere to the market’s standards.



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Farmers' Market Nutrition Program

Authorization Process

Step I: Authorize the Market Location

Markets and Farm Stands

1. Market Application
2. Proof of *bona fide* farmer(s)
3. Market rules and regulations

Due Date: March 1

Step II: Authorize the Farmer

Farmers

1. Farmer Application
2. Crop Plan
3. Training

Due Date: Rolling

(Before checks are accepted at market)



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Farmers' Market Nutrition Program

I. Authorize the Market Location

A complete application includes:

1. Market Application (FMC-8)*
2. List of *bona fide* farmers
 - a. Vendor list (FMC-11)
 - b. Supplier list (FMC-10)
 - c. Crop plan (FMC-12)
3. Market rules and regulations**

*Refer to Rules and Procedures for Markets (FMC-4) for a complete list of application requirements
 **New markets should contact the Department to receive initial FMNP training for managers

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 (9:30-4pm)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Late Spring/Summer/Fall							
Winter/Early Spring							

Does the market have an EBT/SHARP card reader? Yes No Unknown In-Progress
 If yes, please provide the FMS# affiliated with the above EBT/SHARP card reader: FMS# _____
 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 accepted:
 Attached is all 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 No
 I am applying as a mobile market and attached is our scheduled weekly stops. Yes N/A No
 I am applying as a youth market and attached is our educational component. Yes No

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 368, Brooklyn, NY 11217 Attn: FMNP
 FAX: (718) 722-2630 Email: fmnp@agriculture.ny.gov
 Phone: (Brooklyn) (718) 722-2630, Albany: (518) 487-7076, Toll Free: (800) 554-4501
 The institution is an equal opportunity provider.



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Farmers' Market Nutrition Program

Authorization Process: the Market

- Market is issued an authorization package when all the requirements are met.
- Market is assigned a unique market ID to be used in all correspondence.
- An authorization package consists of:
 - The Market Agreement letter. This letter confirms that the market is approved for the FMNP and has agreed to abide by the Rules and Procedures for Markets (FMC-4).
 - Attendance Roster (FMC-7) or Purchasing Log (FMC-9)
 - Farmer application materials
- The market may now allow FMNP authorized farmers to accept FMNP checks at that market.
- Changes to market operations should be communicated ASAP via email, phone or mail.
- Markets will be promoted. All FMNP market operational information will be advertised on our market website and will be published and distributed for use by Senior and WIC FMNP participants. www.opendata.ny.gov



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Farmers' Market Nutrition Program

Authorization Process: Market Manager Responsibilities

- Submit Market Application (FMC-8) with proper documentation and market rules by **March 1**
- Know the FMNP Rules and Procedures for Markets (FMC-4)
- Act as liaison for the Department
- Update the Department with market hours and location changes
- Verify farmer is a *bona fide* grower: Inspect farmer fields; sign fmc-6, etc.
- Countersign farmer applications
- Collect crop plans and retain for three years
- Enforce the "50% Grow Rule"
- Make sure farmers have their FMNP signs clearly posted
- Know what food items are eligible for FMNP customers



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Farmers' Market Nutrition Program

II. Authorize the Farmer

A complete application submitted includes:

1. Farmer Participation Agreement (FMC-6)
 - Farmer must sign
 - Market manager must counter-sign
 - List all markets on one single FMC-6
2. Crop Plan (FMC-12)
 - Submit to the FMNP market manager
 - Submit to the Department in first year
 - Submit to the Department if lapse in FMNP status
 - List all produce purchased for resale
 - Must be kept up-to-date if crop plan changes in variety or volume
3. Training
 - Contact the Department

Farmers' Market Nutrition Program (FMNP)
FARMER PARTICIPATION AGREEMENT (FMC-6)

Stamp in the box below using the official cancellation stamp needed to give list date or the list year you participate
 Or, lost my stamp and need a replacement stamp (check here)
 Or, this is my first year participating in the program (check here)
 Interactive training (face-to-face or online webinar) is mandatory for new farmers.

Do you have a personal SNAP EBT card reader? No Yes If yes, what is the FNSA _____

Farmer Name(s) _____
 Farm Name _____
 Farmer Mailing Address _____
 City _____ State _____ Zip _____ Farm County _____
 Home Phone: (____) _____ Call Phone: (____) _____
 E-mail: _____

List All Markets:
 List all markets you plan on attending this season (June – November) where FMNP checks are accepted. If you require additional room, please use the back of this form. **Reminder:** Submit a crop plan to each market listed below.

County	Market Name	Check Day(s) in Attendance
1. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
2. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
3. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
4. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat
5. _____	_____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat

Farmer Signature: I have read and agree to abide by all rules and regulations outlined in the New York State FMNP Rules and Procedures for Farmers (FMC-5) provided by the NYS Department of Agriculture and Markets.
 Farmer Signature(s) (Required): _____ Date: _____

Market Manager/Sponsor Signature: As market manager/sponsor for _____ market(s), I certify that the above farmer will be a vendor at my market this FMNP season and he/she has provided a current year crop plan as evidence of his/her status as a bona fide farmer for the purposes of the NYS FMNP. Note: (When a market manager countersigns before they are verifying (1) attendance at said market (2) status as a bona fide farmer at said market.)
 Market Manager/Sponsor Signature (Required): _____ Date: _____

Market Manager/Sponsor Name (Printed): _____

Return applications to: NYS Dept. of Agriculture and Markets, 106 Arlino Drive Albany NY 12235 Attention: FMNP
 FAX (518) 457-2716 farmersmarkets@agriculture.ny.gov or (800) 554-4501 Brooklyn (718) 722-2930 Albany (518) 457-7076

This institution is an equal opportunity provider.
 Date Application Received: _____ Date Application Approved: _____ Application Approved By: _____



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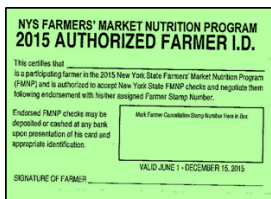
Farmers' Market Nutrition Program

Authorization Process: Farmer Training

- **Interactive training** (face-to-face, over the phone or online webinar) is *mandatory* for farmers new to FMNP.
- **After the 1st year** farmers are provided with a copy of the *Rules and Procedures for Farmers (FMC-5)*, and expected to read this as their annual training requirement.

Farmers' Market Nutrition Program

Authorization Process: the Farmer



Above is an example of the Authorized Farmer ID Card

- Sign on the bottom line
- Stamp box with official stamp

- Farmer is issued an authorization package when requirements are met.
- Farmer is assigned a unique FMNP Farmer ID for the duration of their participation: number does not change.
- An authorization package consists of:
 - Authorization letter
 - Copy of authorized FMC-6
 - Official ID stamp: this is the farmer's four digit ID number with New York State seal
 - ID card: Farmer must sign and stamp this with official stamp
 - Signs that say "We gladly accept ...Farmers' Market Checks"

Farmers' Market Nutrition Program



Authorization Process: Farmer's Signage

- Laminated sign for FMNP: “We Gladly Accept New York State Farmers Market Checks”
- Farmers **must** display their current year sign at each FMNP market location.
- Signs are sent by the Department each year. You may call the office to request more if you need them.



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Farmers' Market Nutrition Program

Authorization Process: Farmer Responsibilities

- Know and abide by the Rules and Regulations for FMNP farmers
- Train farm staff in FMNP rules
- Adhere to the “50% Grow Rule”
- Apply for FMNP annually
 - Submit a crop plan to manager(s)
 - Have a FMNP Market Manager counter-sign the farmer agreement (FMC-6) each year
 - Keep a copy of the submitted FMC-6 for your records
- Accept FMNP checks only for local, fresh, unprocessed produce
- Accept checks only between June 1 and November 30
- Submit checks to bank by December 15



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Farmers' Market Nutrition Program

Eligible Food Items

You may only accept New York State FMNP checks for *fresh, local, unprocessed fruits and vegetables*.

This includes, but is not limited to:

- Local vegetables (cucumbers, eggplant, bok choy, lettuce, etc.)
- Local fruits (apples, peaches, blueberries, strawberries, currants, etc.)
- Local pumpkins (edible winter squash, etc.)
- Local mushrooms (edible varieties)
- Local cut herbs for cooking (basil, thyme, mint, etc.) - **NO ROOTS!**
- Local potatoes, rutabagas, turnips, etc.



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Farmers' Market Nutrition Program

Ineligible Food Items

FMNP checks are only for fresh, local, unprocessed fruits and vegetables. You may NOT accept them for any other products.

This includes, but is not limited to:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Produce not grown locally (bananas, oranges, avocados, etc.) • <i>Painted</i> pumpkins • Ornamental gourds or corn • Potted plants • Potted herbs • Flowers | <ul style="list-style-type: none"> • Baked goods • Juice or cider • Eggs • Meats • Dairy products • Jam • Honey • Maple syrup |
|--|---|



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Farmers' Market Nutrition Program

Discrimination: Markets and/or Farmers

- The Civil Rights Bureau of the New York State Attorney General's Office enforces laws that protect all New Yorkers from discrimination on the basis of race, color, national origin, sex, religion, age, marital status, sexual orientation, gender identity, military status, source of income or disability.
- Markets and/or farmers will not exclude from participation in, deny the benefits of, or otherwise subject any person (farmer, vendor, etc) to discrimination based on state or federal civil rights law.
- If a market and/or farmer in the Farmers Market Nutrition Program believes they have been discriminated against they may contact the New York State Department of Agriculture and Markets (Department) for assistance in filing a complaint.
- To report unlawful discrimination that reflects a policy or practice of discrimination, please call the Department or call the New York State Attorney General's Office at (212) 416-8250 or fill out an online complaint form, available [here](#) (or in Spanish available [here](#)). Completed forms can be mailed to the Bureau, emailed to Civil.Rights@ag.ny.gov or faxed to (212) 416-8074.



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Farmers' Market Nutrition Program

Customer Transactions & Discrimination

- **Farmers may not discriminate. But they may provide the following to customers who have a civil rights complaint.**
- 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, audiotope, 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: USDA
Office of the Assistant Secretary for Civil Rights
400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 2. fax: (202) 690-7442; or
 3. email: program.intake@usda.gov
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Farmers' Market Nutrition Program

Customer Transactions

Farmers at the Market:

- **Treat everyone equally** - Farmers may not discriminate against customers.
- Accept checks at market between **June 1** and **November 30**.
- **Do not give change**. You may not exchange an FMNP check for any amount of cash.
 - If the transaction includes both cash and FMNP checks, you may give change for the cash portion.
 - Up sell - try adding eligible items to help participants use their entire benefit.
- **Simple Pricing** - If you see a large number of the checks, you may want to consider pricing that makes it easier (\$1, \$2, \$4, \$8, etc.).
- Treat checks like cash in order to avoid loss or theft.
- Customers may combine two or more FMNP checks to pay for foods.
- WIC or Senior proxies are allowed to shop using the FMNP checks.
- Do not confront customers suspected of violating FMNP rules.
- Report any behavior suspicious of violating program rules to the FMNP Program Coordinator.

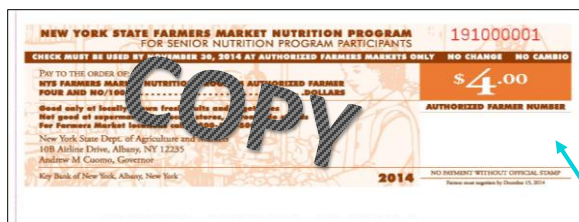


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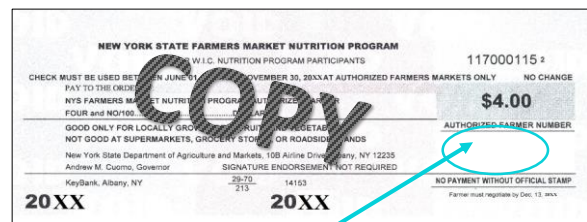
Farmers' Market Nutrition Program

The Check

Senior FMNP check



WIC FMNP check



Stamp ID number here



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Farmers' Market Nutrition Program:

Bank Transactions

Farmers cashing or depositing checks:

- Last day for depositing/cashing checks is **December 15**
- Present your FMNP ID card (included in your authorization package) when redeeming FMNP checks
- Stamp every check with your four-digit FMNP stamp
- Contact us for a replacement if necessary; you are not allowed to duplicate your stamp
- Deposit FMNP checks at any bank. There is no limit on depositing checks. Talk to your branch re: fees, limits, etc., before you deposit checks.
- FMNP has a partnership with KeyBank. A maximum of **250 checks** (\$1,000) may be cashed per business day at KeyBank. You do not need an account with KeyBank to cash checks.
- If there is an issue with depositing checks at you bank, please contact the FMNP Program Coordinator.



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Farmers' Market Nutrition Program

Violations to Highlight

- ★ **Refer to Rules and Procedures for Farmers for more in-depth information**
 - **Check trafficking:** cash or other currency redemption of FMNP checks for 1) customers, 2) non-FMNP farmers or 3) non-FMNP eligible vendors
 - **Accepting checks for ineligible food items**
 - **Accepting checks at non-authorized market locations**
 - **Discrimination** against check customers in price, quality, or service, including charging check customers higher prices than non-check customers or establishing separate displays exclusively for check customers.



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Farmers' Market Nutrition Program

Resources

- [Locate Farmers Markets in New York State:](https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State/qq4h-8p86)
<https://data.ny.gov/Economic-Development/Farmers-Markets-in-New-York-State/qq4h-8p86>
- [Farmers Market Nutrition Program:](http://www.agriculture.ny.gov/AP/agsservices/fmnp-forms-documents.html)
<http://www.agriculture.ny.gov/AP/agsservices/fmnp-forms-documents.html>
- [FreshConnect Checks:](http://www.agriculture.ny.gov/AP/agsservices/freshConnectPrgm.html)
<http://www.agriculture.ny.gov/AP/agsservices/freshConnectPrgm.html>
- [SNAP EBT for Farmers & Markets:](http://www.nyfarmersmarket.com/ebt-and-creditdebit-machines)
<http://www.nyfarmersmarket.com/ebt-and-creditdebit-machines>
- [WIC Vegetables and Fruits Checks Program:](http://www.agriculture.ny.gov/AP/agsservices/fmnp-wic-vf.html)
<http://www.agriculture.ny.gov/AP/agsservices/fmnp-wic-vf.html>
- [Resources for Direct Marketing:](http://www.agriculture.ny.gov/AP/agsservices/resources.html)
<http://www.agriculture.ny.gov/AP/agsservices/resources.html>



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Farmers' Market Nutrition Program

Program Contact Information

NYS Department of Agriculture & Markets

Jonathan Thomson, Program Coordinator

Jacqueline Boyer, Operations Manager

- Farmers' Market Nutrition Programs
- WIC Vegetables & Fruits Check Program at Farmers Markets (WIC VF)
- FreshConnect Checks

Phone: (518) 457-7076 ext. 1

Email: farmersmarkets@agriculture.ny.gov



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