



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

State Form 52585 (2-06)

- 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.
  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. 2J, Indianapolis, IN 46204.

<b>Applicant Information</b>			
WIC FMNP Vendor Stamp # (If you are a new farmer leave the WIC FMNP Vendor Stamp # box empty, you will be provided a number.)			
Company Name:	First Name:	Last Name:	
Mailing Address (Number, Street, P.O. Box):			
City:	State:	Zip:	County:
Phone Number: Include Area Code	Email Address:		Additional # Of Vendor Signs Needed:
<b>Authorized FMNP Markets/ Farm Stands Where You Intend to Participate</b> (Check All That Apply)			
Allen (South Side Fort Wayne <input type="checkbox"/> ) , Bartholomew (Downtown Columbus <input type="checkbox"/> ) , Cass (Logansport <input type="checkbox"/> ) , Clark (Charlestown On The Square <input type="checkbox"/> / Jeffersonville <input type="checkbox"/> ) , Clinton <input type="checkbox"/> , Crawford (English Farmers' Marke <input type="checkbox"/> t) , Decatur (Greensburg <input type="checkbox"/> ) , Delaware (Minnetrista <input type="checkbox"/> ) , Elkhart (Elkhart <input type="checkbox"/> /Mill Race Center <input type="checkbox"/> ) , Floyd (New Albany State Street <input type="checkbox"/> /New Albany Farmers' Market <input type="checkbox"/> ) , Fulton (Rochester <input type="checkbox"/> ) , Gibson (Princeton <input type="checkbox"/> ) , Grant (Gas City <input type="checkbox"/> /Marion <input type="checkbox"/> ) , Hamilton (Noblesville <input type="checkbox"/> ) , Hancock <input type="checkbox"/> , Harrison (Corydon I <input type="checkbox"/> /Corydon II <input type="checkbox"/> /Corydon III <input type="checkbox"/> ) , Hendricks (Avon <input type="checkbox"/> , Danville <input type="checkbox"/> ) , Howard (Kokomo <input type="checkbox"/> ) , Huntington <input type="checkbox"/> , Jackson (Downtown Seymour <input type="checkbox"/> ) , Jefferson (Madison <input type="checkbox"/> ) , Jennings (North Vernon <input type="checkbox"/> ) , Johnson (Franklin <input type="checkbox"/> /Old Town Greenwood <input type="checkbox"/> ) , Knox (Vincennes <input type="checkbox"/> ) , Kosciusko (Warsaw <input type="checkbox"/> ) , Lake (Highlands <input type="checkbox"/> ) , La Porte (Michigan City <input type="checkbox"/> ) , Lawrence (Bedford Tuesday & Thursday <input type="checkbox"/> / Bedford Saturday <input type="checkbox"/> ) , Marion (39 <sup>th</sup> & Meridian <input type="checkbox"/> /Broad Ripple <input type="checkbox"/> /Irvington <input type="checkbox"/> /Original-City Market <input type="checkbox"/> ) , Monroe (Bloomington <input type="checkbox"/> /Bloomingsfoods Market <input type="checkbox"/> ) , Orange (Orleans <input type="checkbox"/> /The Valley-French Lick <input type="checkbox"/> ) , Porter (Chesterton European <input type="checkbox"/> /Valparaiso <input type="checkbox"/> ) , Ripley (Batesville <input type="checkbox"/> / Milan <input type="checkbox"/> / Osgood <input type="checkbox"/> ) , Scott (Montgomery Farms <input type="checkbox"/> ) , St. Joseph (South Bend <input type="checkbox"/> ) , Tippecanoe (Sagamore- West Lafayette <input type="checkbox"/> / Lafayette <input type="checkbox"/> ) , Vanderburgh (Evansville <input type="checkbox"/> /Millers <input type="checkbox"/> ) , Wabash (North Manchester <input type="checkbox"/> ) , Washington (Salem <input type="checkbox"/> ) , Whitely (Columbus City <input type="checkbox"/> )			
<b>Locally Grown Produce You Plan to Sell at the Farmers' Market</b> (List All That Apply)			
<b>Weeks You Plan to Sell at the Local Farmers' Market</b> (Select Those That Apply)			
<b>May:</b> Week ____ to Week ____	<b>June:</b> Week ____ to Week ____	<b>July:</b> Week ____ to Week ____	
<b>Aug:</b> Week ____ to Week ____	<b>Sept:</b> Week ____ to Week ____	<b>Oct:</b> Week ____ to Week ____	
<b>Produce and FMNP Handbook</b> (Select Answers And/Or Fill In The Blanks)			
Do you raise/grow a majority of the produce you sell? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please give the number of acres in production _____, and the name of person who owns the acreage _____.			
What percentage of your products at the farmers' market will be fresh fruits and vegetables? ____%			
Did you read the WIC FMNP Handbook and do you agree to follow its guidelines including selling only locally grown, unprocessed fresh fruits, vegetables, and edible herbs to WIC participants? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you agree to sell only eligible produce to WIC participants only at authorized WIC Farmers' Markets and Farm stands? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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. This application and agreement will be good for three years.			

**Applicant Agreement**

This Agreement will begin upon signature of both parties and will end November 30, 2009 and 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/or authorized farm stands and under the conditions outlined in the 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 WIC 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 WIC 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 current handbook.
13. Notify the State Agency 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 State agency may require for its periodic reports to FNS

**B. The Indiana WIC Program agrees to:**

1. Ensure payment of a check submitted by vendor in a timely manner 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 Farmers' Market Handbook.

**C. General Conditions**

1. Neither the Indiana WIC Program nor vendor has an obligation to renew this agreement.
2. The Indiana WIC Program may disqualify or provide other sanctions against a vendor in accordance with policy in the Farmers' Market 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 WIC 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 Farmers' Market 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. This agreement is not assignable or transferable.
7. The vendor may terminate this agreement for any reason.
8. Signing of this agreement constitutes that the vendor and/or market master has reviewed and agrees to follow the Farmers' Market Handbook.
9. 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. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. In accordance with Indiana law, this program is prohibited from discriminating on the basis of religion. To file a complaint of religious discrimination, write to the Indiana Civil Rights Commission, Indiana Government Center-N103, 100 North Senate Avenue, Indianapolis, IN 46204. The ISDH is an equal opportunity provider and employer.

\_\_\_\_\_  
(Print or type full name)

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date (Day/ Month/ Year)

\_\_\_\_\_  
(Print or type full name)

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date (Day/ Month/ Year)

\_\_\_\_\_  
Signature of Indiana State Department of Health Official (completed by State)

\_\_\_\_\_  
Indiana State Department of Health WIC Program Director

\_\_\_\_\_  
Date (Day/ Month/ Year)