

Farmers' Market Nutrition Program Participation Guidelines

Kentucky Department of Agriculture • Farmers' Market Nutrition Program
107 Corporate Drive, Frankfort, KY 40601 • (502) 573-0282

A farmer shall:

- Be a member of a state authorized farmers' market for the Farmers' Market Nutrition Program (FMNP).
- Sell only at an authorized farmers' market.
- Provide information pertaining to the funds received from Kentucky Department of Agriculture (KDA) as required for its periodic reports to United States Department of Agriculture (USDA) - Food & Nutrition Service (FNS).
- Assure that Farmers' Market Nutrition Program (FMNP) checks are redeemed only for eligible foods. See attached for eligible food list.
- Deposit checks in a timely manner, before set deadline.
- Offer for sale only locally grown fruits, vegetables, and herbs (eligible food) for human consumption. Locally grown is defined as fruits, vegetables, and herbs grown within Kentucky borders or 50 miles from Kentucky's border.
- Provide eligible foods at the current or a lower price than charged to other customers and clearly post the price of each eligible food item.
- As established by KDA, stamp each check with an individual FMNP identifier.
- Attend training on FMNP procedures and provide training to employees involved with FMNP.
- Agree to be monitored for compliance with FMNP requirements.
- Be responsible for actions of employees.
- Reimburse KDA for checks transacted in violation of this agreement.
- Offer FMNP recipients the same courtesies as other market customers.
- Comply with the nondiscrimination provisions of USDA regulations.

A farmer shall not:

- Sell WIC-FMNP participants' eligible food which is not locally grown.
- Sell exclusively eligible foods grown by someone else, such as wholesale distributors.
- Sell more than 25% of locally grown fruits, vegetables, or herbs grown by someone else.
- Accept checks after October 15, 2006.
- Deposit checks after October 31, 2006.
- Collect sales tax on FMNP purchases.
- Seek restitution from FMNP recipients for checks not reimbursed by KDA
- Issue cash/change for purchases that are in an amount less than the value of the checks.

Either party may terminate this Agreement for cause, by giving thirty (30) days' notice in writing to the other party by certified or registered mail with return receipt requested. In the event federal funds become unavailable, KDA may terminate this Agreement without penalty. Availability of funds shall be determined by KDA.

Should KDA determine that the farmer has failed to perform pursuant to this Agreement KDA may terminate this Agreement in whole or in part.

KDA may deny payment or may establish a claim for reimbursement of payments made to a farmer for improperly deposited FMNP checks. KDA will not be responsible for penalties associated with non-payment of checks. KDA may disqualify a farmer for program abuse. A farmer that commits fraud or engages in other illegal activity will be subject to prosecution under applicable federal, state or local laws. A farmer may appeal the denial of an application to participate, the imposition of a sanction, or disqualification from participation in the FMNP. The expiration of this Agreement shall not be subject to appeal. This Agreement is valid June 1, 2006- May 30, 2007.

To Be Completed by Farmer			
Name	_____		
Farm Name	_____		
Address	_____		
City	State	Zip	
Telephone	() - _____	Fax	() - _____
Email	_____		
I have participated in KY-FMNP training and have had the opportunity to ask questions regarding FMNP policies, procedures, and requirements. I agree to the WIC Farmer Participation Guidelines as set forth in this document.			
Farmer Signature	<input type="checkbox"/>	Date	
.....			
To Be Completed by Local Market Coordinator			
Market Name	Farmers' Market		
.....			
Check all that apply.			
	<input type="checkbox"/>	WIC Farmers' Market	<input type="checkbox"/>
			Senior Farmers' Market
I certify that the above farmer is eligible to participate in the Farmers' Market Nutrition Program.			
Market Coordinator Signature	<input type="checkbox"/>	Date	
.....			
For Kentucky Department of Agriculture Use Only			
The Farmer named above is approved for participation in the Kentucky Farmers' Market Nutrition Program			
Approved By	<input type="checkbox"/>	Date Approved	
.....			