



# APPLICATION AND AGREEMENT FOR FARMERS' MARKET NUTRITION PROGRAM (FMNP) INDIANA MARKET OR FARM STAND

State Form 52586 (R / 11-09)  
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. 8E, Indianapolis, IN 46204.

Farmers' Market Season			
Year: _____		Number of Seasons Operating: _____	
		Check one: <input type="checkbox"/> Indiana Farmers' Market <input type="checkbox"/> Indiana Farmers' Stand	
Market/Farm Stand Master Information			
Last Name: _____		First Name: _____	MI: _____
Mailing Address (number, street, P.O. Box): _____			
City: _____		State: _____	ZIP code: _____
		County: _____	
Telephone Number (Include Area Code): _____		E-mail Address: _____	
Number of Farmers' Markets where applicant is Market Master. If Master at other locations than below, list name of markets: _____			
Farmers' Market/Farm Stand Information			
Farmers' Market/Farm Stand name: _____			
Farmers' Market/Farm Stand Location (street address/location, city, county): _____			
Will the Market/Farm Stand remain in the same location throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please explain:</i> _____			
Number of farmers participating at the Market/Farm Stand: _____			
Number of farmers interested in participating in WIC: _____			
Is the Market/Farm Stand location handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How many types of eligible produce will be available at the Market/Farm Stand? _____			
Sponsoring Corporation Information			
Name: _____		Telephone Number (Include Area Code) : _____	
Ownership of Farmers' Market/Farm Stand (Check one)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Sole Owner Farm Stand <input type="checkbox"/> Cooperative			
Market Schedule and Hours			
Date Market/Farm Stand scheduled to open in Spring: _____ (mm/dd/yyyy)		Date Market/Farm Stand scheduled to close in Fall: _____ (mm/dd/yyyy)	
Market/Farm Stand days and hours of operation:			
Sunday: _____ to _____		Thursday: _____ to _____	
Monday: _____ to _____		Friday: _____ to _____	
Tuesday: _____ to _____		Saturday: _____ to _____	
Wednesday: _____ 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/Farm Stand 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.			

**Farmers' 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. Display the 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.

**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 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 for noncompliance observations involving vendor as described in the Farmers' Market Handbook.

**C. General Conditions:**

1. Neither the Indiana WIC Program nor Farmers' Market Nutrition Program has an obligation to renew the Agreement.
2. The Indiana WIC Program may disqualify or provide other sanctions against a vendor in accordance with the Farmers' Market Handbook.
3. Sanctions provided against a Farmers' Market/vendor 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 Farmers' Market/vendor may appeal a denial of an application, disqualification or other sanction by following appeal guidelines outlined the FMNP Handbook.
5. The Market Master agrees to provide any information that may be required for its periodic reports to Food and Nutrition Service.
6. The Market Master allows the ISDH to give out phone numbers and/or e-mail address information to vendors/farmers interested in participating in the Market Master's market.
7. 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.
8. This agreement is not assignable or transferable.
9. The vendor may terminate this agreement for any reason.
10. Signing of this agreement constitutes that the vendor and/or Market Master has reviewed and agrees to follow the Farmers' Market Handbook.
11. The Indiana WIC Program does not guarantee that participants will redeem checks with the vendors.
12. 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.
13. 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.

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

\_\_\_\_\_  
Market/Farm Stand Master Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

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

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

\_\_\_\_\_  
Date (mm/dd/yyyy)