

# **Farmers' Market Nutrition Program (FMNP)**

## **Instructions for Completing Market Application**

1. Fill in all boxes. Market Master and market information is filled in for you. Review and edit as needed.
2. If an item does not apply, put "NA" in that block.
3. If you are a Market Master ONLY, leave the WIC FMNP Vendor Stamp Number box blank.
4. Type or clearly print.
5. Complete both sides of the application.
6. Complete the questionnaire.
7. Return the application and questionnaire by mail, fax or e-mail.

Mail: Indiana State Department of Health  
ATTN: FMNP Coordinator  
2 North Meridian Street, Sec. 5E  
Indianapolis, IN 46204

Fax: ATTN: FMNP Coordinator  
317-233-5609

E-mail: [lwilson2@isdh.in.gov](mailto:lwilson2@isdh.in.gov)

Please note that applications with missing information

**WILL NOT BE PROCESSED** and

**WILL BE RETURNED TO YOU.**

**The deadline for processing new market applications is  
May 31, 2019**

**If you have questions, please call 317-233-2191, 9am – 5:30pm Monday – Friday.**



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

State Form 52586 (R8 / 1-17)  
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. 5E, Indianapolis, IN 46204. (800) 522-0874

Farmers' Market Season			
Year	Number of Seasons Market has Operated	Vendor Stamp Number (if applicable)	
Market Master Information			
Last Name	First Name	Middle Initial	
Mailing Address (number and street, P.O. Box)			
City	State	ZIP code	County
Telephone Number (Include Area Code)		E-mail Address	
I monitor the growing locations of the farmers who participate in the Market. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Farmers' Market Information			
Farmers' Market name			
Farmers' Market physical location/address			
City	State	ZIP code	County
Telephone Number (Include Area Code)		E-mail Address	
Will the Market remain in the same location throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
The market is producer-only (only produce grown by the farmer is allowed). <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of farmers participating at the Market: _____		Is the Market location handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of farmers interested in participating in WIC: _____		Number of eligible produce types available at the Market? _____	
WIC-approved Farmers Currently Participating at the Market			
Name (First and Last)	Name (First and Last)	Name (First and Last)	
Name of Farm	Name of Farm	Name of Farm	
Sponsoring Corporation Information			
Name		Telephone Number (Include Area Code)	
Ownership of Farmers' Market (Check one)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Government Entity <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Cooperative			
Market Schedule and Hours			
The market operates (check one): <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain): _____			
First date market is open for the year: _____ (mm/dd/yyyy)		Market days and hours of operation:	
Last date market is open for the year: _____ (mm/dd/yyyy)		Sunday: _____ to _____ Wednesday: _____ to _____	
		Monday: _____ to _____ Thursday: _____ to _____	
		Tuesday: _____ to _____ Friday: _____ to _____	
		Saturday: _____ 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 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.			

## FMNP 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:

1. Notify the Indiana State Department of Health (ISDH) FMNP if operation ceases or changes during the season.
2. Notify the Indiana State Department of Health (ISDH) FMNP if the Market Master changes during the approved term of the application.
3. Provide an updated application if the Market Master changes during the term of the approved term of the application.
4. Allow the State or authorized representatives of the state to monitor operation for compliance with FMNP requirements, including both overt and covert monitoring.
5. Provide any information the ISDH may require for its periodic reports to USDA Food and Nutrition Service (FNS).
6. Annually review the FMNP requirements with WIC-approved vendors who sell at the market.
7. Follow civil rights requirements as outlined in the FMNP Handbook.

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

1. Communicate validity and details of WIC-approved vendors registered for the market.
2. Provide training to new Market Masters on all required program procedures.
3. Provide a unique FMNP vendor 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 the market as described in the FMNP Handbook.

### C. General Conditions:

1. Neither the Indiana WIC Program nor the market has an obligation to renew the Agreement.
2. The Indiana WIC Program may disqualify or provide other sanctions against a market in accordance with the FMNP Handbook.
3. Sanctions provided against a market may include a warning letter, an official letter of non-compliance, a suspension, or disqualification from participating in the FMNP for one or more seasons.
4. The Market Master may appeal a denial of an application, disqualification or other sanction by following appeal guidelines outlined in the FMNP Handbook.
5. The Market Master allows the ISDH to give out telephone numbers and/or e-mail address information to vendors/farmers interested in participating in the Market Master's market and to the local agencies that distribute FMNP checks.
6. 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.
7. This agreement is not assignable or transferable.
8. The Market Master may terminate this agreement for any reason.
9. Signing of this agreement constitutes that the Market Master has reviewed and agrees to follow the FMNP Handbook.
10. The Indiana WIC Program does not guarantee that participants will redeem checks with the vendors.
11. 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 Market Master.

This institution is an equal opportunity provider.

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

\_\_\_\_\_  
Signature of Market Master

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

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

\_\_\_\_\_  
Indiana State Department of Health FMNP Representative

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