



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

State Form 52585 (R5 / 2-13)  
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 on the application. If you're a new farmer, leave the WIC FMNP Vendor Stamp Number box empty; you will be provided a number.
  2. Type or clearly print all information. Complete both sides of this form and the attached market sheet. 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.
  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.

Applicant Information				
Last Name		First Name		MI
Mailing Address (Number, Street, P.O. Box)				
City		State	ZIP code	County
WIC FMNP Vendor Stamp Number:		Email Address:		Telephone Number (Include Area Code) (     )
Physical Address Where Produce is Grown (if different from mailing address)				
Address (Number, Street)				
City		State	ZIP code	County
Locally Grown Produce You Plan to Sell at the Farmers' Market (List all that apply.)				
Market(s) where you will sell your products (List all that apply.)				
Produce and FMNP Handbook (Check boxes and/or fill in the blanks.)				
Do you raise/grow a majority of the produce you sell? <input type="checkbox"/> Yes <input type="checkbox"/> No		I agree to sell only fruits and vegetables that are locally grown as defined by the FMNP Handbook.		
Number of acres in production: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of person who owns the acreage: _____		I have read and agree to follow guidelines of the FMNP Handbook.		
What percentage of your products at the Farmers' Market will be fresh fruits and vegetables? _____%		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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. 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 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 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.
15. Provide any information the ISDH may require for its periodic reports to Food and Nutrition Service (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 FMNP Handbook.

**C. General Conditions:**

1. Neither the Indiana WIC Program nor the vendor has an obligation to renew the agreement.
2. The Indiana WIC Program may disqualify or provide other sanctions against a vendor in accordance with policy in the FMNP 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 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 FMNP 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. The agreement is not assignable or transferable.
7. The vendor may terminate the agreement for any reason.
8. Signing of the agreement constitutes that the vendor and/or Market Master has reviewed and agrees to follow the FMNP 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, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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

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

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

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

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

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

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

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

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