



## Agriculture and Markets

KATHY HOCHUL  
Governor

RICHARD A. BALL  
Commissioner

January 2024

Dear Farmers' Market Coordinator:

The New York State Department of Agriculture and Markets (Department) invites your farmers' market to participate in this year's Farmers' Market Nutrition Program (FMNP). **If you wish to participate, please take the online training or read the enclosed rules, and return your completed documents to the Department.**

More information about the FMNP can be found online at [www.agriculture.ny.gov](http://www.agriculture.ny.gov) under "Farmers' Markets."

Enclosed documents:

- ✓ Market Participation Agreement (FMC-8)
- ✓ Vendor List (FMC-11)
- ✓ Rules and Procedures for Markets (FMC-4)
- ✓ Return Envelope

Important Dates:

**Application Deadline:** March 30, 2024  
**Program Season:** June 1 – November 30, 2024  
**Mail Coupons by:** December 15, 2024

\*\*\* REMINDERS \*\*\*

- ★ Applications are required each year. Email or fax submissions are preferred.
- ★ Submit one Market Participation Agreement (FMC-8) and Vendor List (FMC-11) **per** market location.
- ★ Farmers must submit their FMNP Farmer Participation Agreement (FMC-6) each year. They must not accept any FMNP checks until they do their FMC-6 for the current year. Farmer applications are found online.
- ★ Farmers must mail in their coupons for redemption to the Farmers' Market Federation in Syracuse, New York by close of business December 15, 2024.

We look forward to receiving your FMNP application and working with you to benefit local farmers and consumers. We recommend that you keep a copy of the completed documents for your records.

Submit application documents to the Department by March 30, 2024. Email or fax submissions are preferred.

Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)

Fax: (518) 457-8398

Mail: NYS Department of Agriculture and Markets  
Farmers' Market Nutrition Program  
10B Airline Drive, Albany, NY 12235

Sincerely,

Rebecca Allmond  
Program Manager, FMNP  
(518) 457-7076 x1



**MARKET PARTICIPATION AGREEMENT (FMC-8)**

**Market Name:** \_\_\_\_\_ **Market County:** \_\_\_\_\_

**Market Type:** ☐ Multi-vendor Farmers' Market ☐ Single-stall Farm Stand ☐ Mobile Market ☐ Other \_\_\_\_\_

**Summer Market:** Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_ ☐ Weekly ☐ Monthly ☐ Year-round ☐ Other \_\_\_\_\_

**Winter Market or Other Operation change:** Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_ ☐ Weekly ☐ Monthly ☐ Year-round ☐ Other \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Summer Market hours</b>							
<b>Winter/Other Market hours</b>							

\*Markets exclusively operating as honesty boxes are not permitted; someone must be present during the hours of operation listed above.

**Market Contact Person:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Contact Mailing Address:** \_\_\_\_\_

**Contact Phone (required and is published):** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

☐ Manager information is the same as market contact person information above.

**Market Manager Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Manager Mailing Address:** \_\_\_\_\_

**Manager Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Who sponsors the market? (i.e. self; organization; farm business, etc.): \_\_\_\_\_

Who owns the land where the market is located? \_\_\_\_\_

Has the landowner granted permission this year to operate the market on their property? ☐ Yes ☐ No ☐ In progress

Provide your market website or social media: \_\_\_\_\_

Does the farmers' market operate a central SNAP token program? ☐ Yes ☐ No ☐ In progress ☐ N/A

Does the farm stand/mobile market accept SNAP EBT directly? ☐ Yes ☐ No ☐ In progress ☐ N/A

Does the market operate a SNAP based incentive program? (check if yes): ☐ FreshConnect Checks ☐ NYC Health Bucks

☐ CNY Health Bucks ☐ DoubleUp Bucks ☐ Other \_\_\_\_\_

**Attachments. Provide additional documentation and rules. Incomplete applications will not be processed.**

**Provide and select one:** ☐ Vendor List ([FMC-11](#)) **or** ☐ Crop Plan ([FMC-12](#)) **or** ☐ Supplier List ([FMC-10](#))

**Attached** are the market's rules, operation guide, etc. (*Grower operated farm stands are exempt*). ☐ Yes ☐ Exempt

I am applying as a mobile market and **attached** is our scheduled weekly stops. ☐ Yes ☐ N/A, not a mobile market

**Signature of Applicant.** I acknowledge that I, the representative of the market, have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets ([FMC-4](#))" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_

**Please submit form and attachments to:**

**Email:** [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)

**Fax:** (518) 457-8398

**Questions?** (518) 457-7076 x1 or Toll Free: (800) 554-4501

This institution is an equal opportunity provider.

**Mail:** NYS Department of Agriculture and Markets  
Attn: FMNP 10B Airline Drive, Albany, NY 12235



## VENDOR LIST (FMC-11)

**Instructions:** Fill in the information below for every fruit and vegetable vendor anticipated to attend or currently attending your market during the FMNP season (June 1 – November 30). The vendor information should be specific to each market day and location. For example, if your market operates on Tuesday and Thursday, submit a separate vendor list for each market day. Include both farmers (growers) and dealers. If the vendor is participating or plans on participating in the FMNP, provide the additional information requested for FMNP farmers; if new to the FMNP this year, write "new" when asked for the FMNP ID number. Make copies of this form if needed. **Additional space is on the back side of the form.**

*(Is this form needed for your market? Read the FMNP Rules and Procedures for Markets (FMC-4) to find out.)*

**Market Name:** \_\_\_\_\_ **Day:** ☐Mo ☐Tu ☐We ☐Th ☐Fr ☐Sa ☐Su

**How many total vendors participate in the market (e.g. produce, meat, dairy, hot food, craft, etc.):** \_\_\_\_\_

Full-season (e.g. vendor commits to being there every week during FMNP season): \_\_\_\_\_

Partial-season (e.g. vendor commits to being there select weeks/months during the season): \_\_\_\_\_

Daily (e.g. vendor has no commitment; might only attend the market one single day per season): \_\_\_\_\_

**Business Name (#1):** \_\_\_\_\_

**Owner's First and Last Name(s):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**FMNP Eligible Farms:** FMNP Stamp ID: \_\_\_\_\_ ☐ N/A, vendor is not eligible for FMNP at this market.

**Acreage Cultivated in Fruits/Vegetables:** \_\_\_\_\_ **Farm's Total Tillable Acreage:** \_\_\_\_\_

**Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year?** ☐Yes ☐No ☐Unknown

**Business Name (#2):** \_\_\_\_\_

**Owner's First and Last Name(s):** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**FMNP Eligible Farms:** FMNP Stamp ID: \_\_\_\_\_ ☐ N/A, vendor is not eligible for FMNP at this market.

**Acreage Cultivated in Fruits/Vegetables:** \_\_\_\_\_ **Farm's Total Tillable Acreage:** \_\_\_\_\_

**Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year?** ☐Yes ☐No ☐Unknown

**Signature of Applicant.** I acknowledge that I have read and agree to abide by the FMNP "Rules and Procedures for Markets (FMC-4)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information provided on the FMC-11 is true and correct to the best of my knowledge.

**Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Submit form, AND Market Participation Agreement (FMC-8) AND rules for the market to:**

Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov)

Fax: (518) 457-8398

Mail: NYS Dept. of Agriculture and Markets Attn: FMNP

10B Airline Drive, Albany, NY 12235

**Questions?** Albany: (518) 457-7076 x1 Toll Free: (800) 554-4501

**VENDOR LIST (FMC-11)**

Business Name (#3): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

FMNP Eligible Farms: FMNP Stamp ID: \_\_\_\_\_ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

**Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year?** ☐Yes ☐No ☐Unknown

Business Name (#4): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

FMNP Eligible Farms: FMNP Stamp ID: \_\_\_\_\_ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

**Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year?** ☐Yes ☐No ☐Unknown

Business Name (#5): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

FMNP Eligible Farms: FMNP Stamp ID: \_\_\_\_\_ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

**Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year?** ☐Yes ☐No ☐Unknown

Business Name (#6): \_\_\_\_\_

Owner's First and Last Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip: \_\_\_\_\_

FMNP Eligible Farms: FMNP Stamp ID: \_\_\_\_\_ ☐ N/A, vendor is not eligible for FMNP at this market.

Acreage Cultivated in Fruits/Vegetables: \_\_\_\_\_ Farm's Total Tillable Acreage: \_\_\_\_\_

**Do you affirm this vendor grows fruits and/or vegetables, meets at least a 50% grow rule at your market, and is eligible to participate in the FMNP this year?** ☐Yes ☐No ☐Unknown

**Signature of Applicant.** I acknowledge that I have read and agree to abide by the NYS FMNP "Rules and Procedures for Markets (FMC-4)" provided by the NYS Department of Agriculture and Markets. By signing below, I certify that all information provided on the FMC-11 is true and correct to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

## **RULES AND PROCEDURES FOR MARKETS (FMC-4)**

*The New York State Farmers' Market Nutrition Programs (FMNP) promotes fresh, unprocessed, fruits and vegetables grown by local farmers so they may expand their sales through New York State farmers' markets and farm stands. The FMNP also promotes improving the nutrition of families enrolled in the New York State Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and low-income seniors, through eating more fresh, local fruits and vegetables. The program is also intended to encourage economic development in communities, through the promotion and expansion of farmers' markets and farm stands in New York State.*

**Rules and Procedures:** The New York State Department of Agriculture and Markets (Department), as administrator of both the Women, Infants and Children Farmers' Market Nutrition Program (WIC FMNP) and the Senior Farmers' Market Nutrition Program (SFMNP), herein referred to as the Farmers' Market Nutrition Programs (FMNP), will designate markets in New York State as local partners in the administration of the FMNP during the program's operation from June 1 through November 30 each year. The Department, and all designated markets, shall provide for the operation and administration of the FMNP. The rules and procedures described below apply to all participating markets in the FMNP. Authorization of a market is for the purposes of FMNP and gives approval for the authorized FMNP farmers at that location to accept FMNP payment from FMNP customers. The Department reserves the right to interpret the information below as necessary in individual circumstances.

### **1. Definitions:**

- a. **Bona fide Farmer.** For the purposes of the FMNP, to be considered a *bona fide* farmer, one must grow and harvest, on land owned or leased by the farmer, **locally grown** fruits, vegetables, and/or culinary herbs.
- b. **Locally grown.** For the purposes of the FMNP, to be considered **locally grown**, at a minimum, the product must be grown in New York State and/or adjacent states.
  - i. a market operator is permitted to restrict the definition of locally grown further to include portions of New York State, all of New York State, portions of adjacent states, or all of adjacent states based on their market location, farmer geographic participation, and overall market objectives. Depending on the model of operation, markets must also demonstrate the following:
- c. **50% Grow Rule.** For the purposes of the FMNP of the fruits and vegetables being offered for sale by a *bona fide* farmer, at a minimum, 50% (by volume) must be grown and harvested on land he/she owns or leases.
- d. **Farmers' market:** a location where two or more *bona fide* farmers **attend the market each week**, who: a) are planning to participate in the FMNP and (b) meet the "50% Grow Rule."
- e. **Farm stand:** a location where the operator of the market is (1) a *bona fide* farmer who meets the "50% Grow Rule" and is planning to enroll in the FMNP by submitting the Farmer Participation Agreement (FMC-6), or (2) a private nonprofit agency (nonprofit) exempt from income tax under the Internal Revenue Code of 1986, as amended, (26 U.S.C. 1 et. seq.) and at a minimum, 50% (by volume) of the fruits and vegetables being offered for sale at the market are sourced directly from local *bona fide* farmers who plan to participate in the FMNP.
- f. **Mobile market:** a location where the operator of the market is (1) a *bona fide* farmer who meets the "50% Grow Rule" and is planning to enroll in the FMNP by submitting the Farmer Participation Agreement (FMC-6), or (2) a nonprofit and at a minimum, 50% (by volume) of the fruits and vegetables being offered for sale at the market are sourced directly from local *bona fide* farmers, who plan to participate in the FMNP.

### **2. Eligibility.** To be eligible a market must meet the criteria listed below. The market must:

- a. Be comprised of **bona fide farmers** and who meet the **50% Grow Rule**.

- b. Meet the definition of a Farmers' Market, Farm Stand or Mobile Market:
- c. Operate at a designated location, easily accessible by FMNP participants.
- d. Have a fixed weekly schedule. Operating details must, at a minimum, meet the parameters listed below.
  - i. **Farmers markets:** (a) a weekly market, (b) three hours per day, and (c) three consecutive months per year. (e.g. Saturday, 9am-12pm, June 1-Sept 30)
  - ii. **Farm stands:** (a) a weekly market, (b) three hours per day, and (c) three consecutive months per year. Farm stands operated exclusively with an honesty box are not eligible to apply; market operators must be present during the hours of operation listed on the application (FMC-8).
  - iii. **Mobile markets:** (a) a weekly list of stops, (b) two or more stops per day, and (c) three consecutive months per year. Each stop must have a unique address, repeating weekly with a specific time and date. If the market is unable to operate as planned, it must inform the Department immediately and in writing.
  - iv. All changes to a schedule of operation must be submitted in a timely manner. Significant changes to the schedule may impact program eligibility.
- e. Have an organizational structure including: (a) a market name, (b) a sponsoring organization, and (c) a designated manager. The sponsor may be an unincorporated association, not-for-profit corporation, co-operative corporation, municipal corporation, government agency, public benefit corporation, public authority, private corporation, or private individual.
- f. Have a contact person who can respond promptly to public inquiry regarding the operating details of the farmers market, farm stand or mobile market. At a minimum, a phone number must be provided. This number will be published with market operating details.
- g. Supply a sufficient volume and variety of high quality locally grown fresh vegetables and fruits and cut culinary herbs.

3. **Application. Applications are valid for one year only.** We request that market operators submit their application as soon as the operating details are finalized each year. The application should be submitted well before the start of the FMNP season on June 1. We print a hard copy listing of participating markets in May, which is handed to program participants who have the FMNP coupons to spend. While it is required that a market operator provide evidence of who the *bona fide* farmers are, it is not a requirement that the market have anything in writing from farmers prior to submitting a market application. Incomplete applications will not be processed, so be sure to include something for each category below. To apply, a market must:

- a. Submit a **Market Participation Agreement (FMC-8)** for each market day, annually.
- b. Provide evidence of who the *bona fide* farmers are for each market day, specific to each location, by submitting one of the following forms:
  - i. **Vendor List (FMC-11).** Multi-vendor farmers' markets should submit this form.
  - ii. **Crop Plan (FMC-12).** Single-stall farm stands, operated by *bona fide* farmers, selling their own produce, who meet the "50% Grow Rule" should submit this form.
  - iii. **Supplier List (FMC-10).** A private nonprofit agency (nonprofit) exempt from income tax under the Internal Revenue Code of 1986, as amended, (26 U.S.C. 1 et. seq.) who buys produce from local *bona fide* farmers, and re-sells it at their market should submit this form.
- c. Submit the market's rules, regulations, by-laws, and/or vendor applications. **Farmer-operated farm stands are exempt from this requirement.** Resources and technical assistance are available from the Department to aid in the development of the market's rules and regulations. Recommended items to include are: (a) criteria for vendor participation (e.g. producer only), (b) a definition of the term "local," (c) standards for product displays and the posting of prices, (d) standard assurances outlining requirements for vendor compliance with market rules and regulations (e.g. vendor conduct, food safety,



- adherence to FMNP rules), and (e) a description of the vendor complaint process and how sanctions will be imposed.
- d. If operating a mobile market, submit a written list of the weekly recurring stops, including the address, zip code, hours of operation, and the opening and closing day. **Please note:** Stops listed must be at the same location and time each week for 12 weeks.
- e. If changes occur after an application is submitted, contact the Department immediately.

#### 4. Authorization.

- a. Authorization only pertains to the market's location. This does not generally permit the farmer(s) at the location to accept FMNP coupons, unless those farmers are also FMNP Authorized for year. Farmers must apply separately each year.
  - i. If the market submits a Supplier List (FMC-10), they must contact the Department immediately for instructions on coupon management. **A market is not permitted to redeem coupons and will not receive an FMNP stamp.**
- b. Markets who meet all the requirements, and are approved, will be mailed an FMNP authorization package annually.
  - i. Some additional requests for information may be required before non-traditional farmers' markets are approved for FMNP.

#### 5. Administration. As a designated local partner, the market management must perform the following services, and abide by the following requirements:

- a. Administer the FMNP from June 1-November 30 or for the entire duration the market is open as specified on the Market Participation Agreement (FMC-8), whichever is shorter.
- b. Operate the FMNP at locations approved on the Market Participation Agreement (FMC-8).
- c. Read the material provided in the FMNP authorization package from the Department.
- d. Explain to all *vendors* participating in the market the FMNP Rules and Procedures.
- e. Encourage and solicit *bona fide* farmers to participate in the FMNP.
  - i. Provide training and/or guidance on how to receive training to all *bona fide* farmers participating in the market who want to participate in the FMNP; training is mandatory for farmers new to the FMNP.
  - ii. Provide FMNP application material developed by the Department to all *bona fide* farmers participating in the market who want to participate in the FMNP; applications are online at [www.agriculture.ny.gov/farmersmarkets](http://www.agriculture.ny.gov/farmersmarkets).
- f. Counter-sign the Farmer Participation Agreement (FMC-6) or Vendor List (FMC-11) for eligible *bona fide* farmers participating in the market, who meet the "50% Grow Rule" and who want to participate in the FMNP; the counter-signature attests to the farmer's eligibility for the FMNP at that market where the manager works.
- g. Monitor program operations on a regular basis, including but not limited to the following activities.
  - i. Conduct farm visits as necessary to verify *bona fide* farmer status for the purposes of the FMNP. The Department recommends all farmers new to the FMNP have a farm visit conducted.
  - ii. Ensure FMNP farmers meet the "50% Grow Rule" during the FMNP season.
  - iii. Ensure only authorized FMNP farmers are accepting FMNP coupons at the market. A list of authorized farmers is released by the Department starting June 1 and is available online at [www.agriculture.ny.gov](http://www.agriculture.ny.gov).
    - 1. If a private nonprofit agency (nonprofit) exempt from income tax under the Internal Revenue Code of 1986, as amended, (26 U.S.C. 1 et. seq.) is operating the market and selling local produce on behalf of *bona fide* farmers, FMNP coupons may be accepted by the market operator for local produce, so long as the FMNP coupons are then used to purchase local produce from *bona fide* farmers within two weeks of having been accepted from a customer or within a mutually agreed upon time frame.

- iv. Ensure authorized FMNP farmers are posting the laminated sign "We Accept NYS Farmers Market Coupons" at all times during the operation of the market.
- v. Ensure FMNP coupons are only exchanged for eligible food items at the market.
- vi. Ensure no cash change is returned for purchases made exclusively with FMNP coupons. Farmers should up-sell or permit the participant to put food items back "on the shelf."
- vii. Ensure no "**coupon-trafficking**" is occurring at the market. Coupon trafficking occurs when a customer or non-FMNP vendor exchanges the FMNP coupon improperly for cash or other currency. For the purposes of the FMNP, "coupon-trafficking" is defined as cashing and/or providing any other currency as a redemption for FMNP coupons either for customers, non-FMNP farmers, or non-FMNP vendors.
- h. If changes occur after the authorization is received, contact the Department immediately.
- i. If the market is unable to operate as planned or to perform any of the actions required under this Agreement, it must inform the Department immediately and in writing.
- j. If a market is scheduled to close prior to the closing date listed on the Market Participation Agreement (FMC-8), the market **MUST** inform the Department and clearly post the closing date at the market site at least two (2) weeks in advance of the closing.
- k. Maintain and submit records.
  - i. **FMC-6.** Forward all completed Farmer Participation Agreements (FMC-6) to the Department in a timely manner. FMC-6 forms may be submitted by fax, email, or mail.
  - ii. **FMC-12.** Accept and maintain a record of Crop Plans (FMC-12) for eligible *bona fide* farmers participating in the market who want to participate in the FMNP. If there are significant deviations from a farmer's crop plan, an updated plan must be provided by the farmer in a timely manner. The Department reserves the right to request a copy of all crop plans from the market at any time.
  - iii. **FMC-7.** Submit an Attendance Roster (FMC-7) to the Department monthly. This applies to multi-vendor farmers' markets and farm stands operated by a management group who then invites a farm to set up at the farm stand. This does not apply to *bona fide* farmer-operated farm stands or mobile markets.
  - iv. **FMC-9.** Submit the Purchase Log (FMC-9) to the Department monthly. This applies to nonprofit farm stands and mobile markets that primarily purchase local produce from *bona fide* farmers for resale. **This does not apply to traditional multi-vendor farmers' markets or bona fide farmer-operated farm stands.**
  - v. Maintain records related to this Agreement for a period of three (3) years after completion of this Agreement; these records may be inspected, audited, and copied by the Department.
- l. Provide suitable space in the market for nutrition education by Cornell Cooperative Extension. This does not apply to mobile markets and farm stands.
- m. If requested, within ten (10) days, provide the Department with written justification for not approving a farmer's application to participate in the FMNP.
- n. Take the FMNP training offered by the Department.
- o. Meet with Department staff to review and answer questions regarding FMNP operations.
- p. If requested and available, attend pre-season and post-season FMNP meetings with an area WIC agency, local or state senior agency, and/or Cooperative Extension staff involved in the FMNP to (1) provide information on the market to encourage FMNP coupon use by participants, and (2) review and evaluate program operations, coupon redemption, and program effectiveness for farmers and coupon recipients.
- q. Assist the Department, local WIC agency local or state senior agency, or Cooperative Extension staff involved in the FMNP to resolve problems or complaints relative to WIC and senior recipient use of the market, coupon acceptance by farmers, and farmer authorization.
- r. Include reference to the FMNP in market publicity, and assist farmers and other market vendors, FMNP coupon recipients, the general public, and the news media in understanding the program by using official program descriptions from the Department.



- s. Refer customer inquiries concerning participation in nutrition assistance programs to the WIC hotline (1-800-522-5006) or Senior Citizen hotline (1-800-342-9871).
- t. Assist the Department in evaluating the program's impact on farmers and coupon recipients and provide such information as the Department may require for reports to the USDA.
- u. Assure nondiscrimination. Participating farmers must not discriminate against FMNP coupon recipients in price, quality, or service, or establish separate produce displays exclusively for FMNP coupon recipients.

## 6. **Coupon Redemption.**

- a. A market is not authorized to redeem coupons.
- b. Coupons must be redeemed by farmers who are FMNP authorized and have been issued the FMNP stamp. The FMNP stamp is acquired through the FMNP farmer application process.
- c. If a market applies using a Supplier List (FMC-10), then this market may be required to act as a "pass through" for FMNP coupons. Please contact the Department for further information.
  - i. If a private nonprofit agency (nonprofit) exempt from income tax under the Internal Revenue Code of 1986, as amended, (26 U.S.C. 1 et. seq.) is operating the market, and selling local produce on behalf of *bona fide* farmers, FMNP coupons may be accepted by the market operator for local produce, so long as the FMNP coupons are then used to purchase local produce from *bona fide* farmers within two weeks of having been accepted from a customer or within a mutually agreed upon time frame.

## 7. **Violations and Sanctions**

- a. If a market is not in compliance with the above rules and procedures, it is considered to be in violation of the program.
- b. If an authorized farmer has been identified through compliance purchases to have committed a violation (see **Rules and Procedures for Farmers (FMC-4)**), they will be notified in writing by the Department that a violation of program rules has been recorded and that a subsequent violation can result in disqualification from the program. A copy of the letter will be sent to the market. Upon its receipt, the market must inform the farmer that the market is aware of the violation and that further violations could result in disqualification from the FMNP.
- c. If an unauthorized farmer or non-farmer vendor is found by means of compliance purchases to be accepting FMNP coupons at the market, the farmer and market will be notified of this in writing by the Department. The market is to notify the unauthorized farmer or non-farmer vendor that further acceptance of FMNP coupons will be grounds for suspension or termination of their participation in the market per the market's rules and regulations. If further coupon acceptance occurs, the market must sanction the farmer or vendor through suspension or termination of participation in the market or by alternative means.
- d. If a private nonprofit agency (nonprofit) exempt from income tax under the Internal Revenue Code of 1986, as amended, (26 U.S.C. 1 et. seq.) is operating a market in the program, selling local produce on behalf of *bona fide* farmers, or accepting FMNP coupons for this local produce, and then fails to account and make prompt payment to the farmer, without reasonable cause, for any local produce bought or contracted to be bought or negotiated to be bought, the market operator will be notified in writing by the Department that a violation of program rules has been recorded and that a subsequent violation can result in disqualification from the program.

8. **Fraud and abuse.** Committing fraud or abuse deems a market or farmer liable to prosecution under applicable federal, state, and local laws.

9. **Agreement termination.** Agreements may be terminated by the Department for convenience of the State of New York upon giving ten (10) days written notice to the market. Upon receipt of such notice from the Department, the market shall immediately cease work related to this Agreement.

**10. Standard assurances.** The market hereby agrees that it will comply with all nondiscrimination laws, regulations, instructions, policies, and guidelines. This includes Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

**11. Civil rights violations complaint process.** Market operators that receive complaints from FMNP coupon recipients alleging civil rights violations must explain there is a complaint process and refer them to the USDA Food and Nutrition Service (FNS) within five days, in accordance with FNS requirements as stated below:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

**Department Contact Information:**

Email: [farmersmarkets@agriculture.ny.gov](mailto:farmersmarkets@agriculture.ny.gov) Mail: New York State Department of Agriculture and Markets  
Fax: (518) 457-8398 Farmers' Market Nutrition Program  
10B Airline Drive, Albany, NY 12235

Phone: (518) 457-7076 x1

Toll-free: (800) 554-4501

[www.agriculture.ny.gov](http://www.agriculture.ny.gov)

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