



Senior Farmers' Market Nutrition Program Participation Guidelines

Kentucky Department of Agriculture • Senior Farmers' Market Nutrition Program
107 Corporate Drive, Frankfort, KY 40601 • (502) 782-9238

A farmer shall:

- Be a member of a state authorized farmers' market for the Senior Farmers' Market Nutrition Program (SFMNP).
- Sell only at an authorized SFMNP farmers' markets.
- Provide information to the Kentucky Department of Agriculture (KDA) pertaining to the Kentucky SFMNP as required for periodic reports to United States Department of Agriculture (USDA) - Food & Nutrition Service (FNS).
- Assure that SFMNP checks are redeemed only for eligible foods. See eligible foods list.
- Deposit checks within fourteen (14) days of transaction date and no later than November 15, 2019.
- Offer for sale only locally grown fruits, vegetables, honey, and herbs (eligible food) for human consumption. Locally grown means grown within fifty miles of Kentucky's borders.
- Provide eligible foods at or less than the price charged to other customers.
- Post the price of each eligible food item.
- Post SFMNP sign provided by KDA with individual identifier number clearly indicated.
- As provided by the KDA, stamp each check with an individual SFMNP identifier and have check signed and dated by the senior participant or their proxy.
- Receive training on SFMNP procedures annually and train employees on SFMNP procedures.
- Agree to be monitored for compliance with SFMNP requirements.
- Be responsible for actions of employees.
- Reimburse the KDA for checks redeemed in violation of this agreement.
- Offer SFMNP recipients the same courtesies as other market customers.
- Comply with the nondiscrimination provisions of USDA and KDA regulations.

A farmer shall not:

- Sell, exclusively, foods grown by someone else, such as a wholesale distributor.
- Accept checks after October 31, 2019.
- Deposit checks after November 15, 2019.
- Collect sales tax on SFMNP purchases.
- Seek restitution from SFMNP recipients for checks not reimbursed.
- Issue cash/change for purchases.
- Sell at offsite location unless approved by both market coordinator and KDA ahead of time.

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, the KDA may terminate this Agreement without penalty. Availability of funds shall be determined by the KDA.

If the KDA determines the farmer has failed to perform in accordance with this Agreement; the KDA may terminate this Agreement in whole or in part.

The KDA may deny payment to or may establish a claim for reimbursement of payments made to a farmer for improperly deposited FMNP checks. The KDA will not be responsible for penalties associated with non-payment of checks. The 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 SFMNP. The expiration of this Agreement shall not be subject to appeal. This Agreement is valid June 1, 2019 thru November 15, 2019.

Complete the following questions to verify that you understand the guidelines of the Senior FMNP. You must complete the questions to receive approval to participate in the Senior FMNP.

1. What is the last day to accept checks in the SFMNP? _____
2. What is the last day to deposit checks in the SFMNP? _____
3. How many days do you have to deposit SFMNP checks after the senior dates it? _____
4. True or False. All SFMNP checks must be stamped by the farmer and signed and dated by the senior participant or their proxy to be redeemed.
5. True or False. A farmer can only accept SFMNP checks at an authorized SFMNP farmers' market.

To Be Completed by Farmer (please print CLEARLY)	
Name _____	
Farm Name _____	
Address _____	
City _____ State _____ Zip _____	
Telephone () - _____	Stamp here with your Senior FMNP stamp If you do not have a stamp, write new farmer or need replacement. Do NOT handwrite stamp number.
Email _____	
I participate in the following Senior FMNP markets. (List counties) 1. _____ 2. _____ 3. _____	
I have participated in KY Senior FMNP training and have had the opportunity to ask questions regarding Senior FMNP policies, procedures, and requirements. I agree to the 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	County Name _____
I certify that the above farmer is eligible to participate in the Farmers' Market Nutrition Program.	
Market Coordinator Signature _____	Date _____
For Kentucky Department of Agriculture Use Only	
The Farmer named above is approved for participation in the Kentucky Senior Farmers' Market Nutrition Program	
Approved By _____ <input type="checkbox"/>	Date Approved _____