



## **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 (FMNP).
- Sell only at an authorized Senior FMNP farmers' market.
- Provide information to the Kentucky Department of Agriculture (KDA) pertaining to the Kentucky Senior Farmers' Market Nutrition Program as required for periodic reports to United States Department of Agriculture (USDA) - Food & Nutrition Service (FNS).
- Assure that Senior FMNP checks are redeemed only for eligible foods. See power point presentation for eligible foods list.
- Deposit checks often and no later than November 15, 2017.
- 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 Senior FMNP sign provided by KDA.
- As provided by the KDA, stamp each check with an individual Senior FMNP identifier and have check signed by the senior participant or their proxy.
- Receive training on Senior FMNP procedures and provide training to employees involved with the Senior FMNP.
- Agree to be monitored for compliance with Senior FMNP requirements.
- Be responsible for actions of employees.
- Reimburse the KDA for checks redeemed in violation of this agreement.
- Offer Senior FMNP recipients the same courtesies as other market customers.
- Comply with the nondiscrimination provisions of USDA and KDA regulations.

### **A farmer shall not:**

- Sell, exclusively, eligible foods grown by someone else, such as a wholesale distributor.
- Accept checks after October 31, 2017.
- Deposit checks after November 15, 2017.
- Collect sales tax on Senior FMNP purchases.
- Seek restitution from Senior FMNP recipients for checks not reimbursed.
- Issue cash/change for purchases.

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 Senior FMNP. The expiration of this Agreement shall not be subject to appeal. This Agreement is valid June 1, 2017 thru November 15, 2017.

<p>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.</p>	
<p>1. What is the last day to accept checks in the Senior FMNP? _____</p>	
<p>2. What is the last day to deposit checks in the Senior FMNP? _____</p>	
<p>3. True or False. All senior FMNP checks must be stamped by the farmer and signed by the senior participant or their proxy to be redeemed.</p>	
<p>4. True or False. A farmer can only accept SFMNP checks at an authorized SFMNP farmers' market.</p>	

<p><b>To Be Completed by Farmer (please print CLEARLY)</b></p>	
Name	_____
Farm Name	_____
Address	_____
City	State Zip
Telephone	( ) - _____
Email	_____
I participate in the following Senior FMNP markets. (List counties)	1. _____ 2. _____ 3. _____
<p>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.</p>	
Farmer Signature	<input type="checkbox"/> _____ Date _____
<p><b>To Be Completed by Local Market Coordinator</b></p>	
Market Name	Farmers' Market County Name _____
<p>I certify that the above farmer is eligible to participate in the Farmers' Market Nutrition Program.</p>	
Market Coordinator Signature	_____ Date _____
<p><b>For Kentucky Department of Agriculture Use Only</b></p>	
<p>The Farmer named above is approved for participation in the Kentucky Senior Farmers' Market Nutrition Program</p>	
Approved By	<input type="checkbox"/> _____ Date Approved _____