

**Vendor Application
2010 WIC/Senior Farmers Market Nutrition Program (FMNP) and
WIC Cash Value Vouchers (CVV)**

_____			(____)_____
Full Name (print or type)			Telephone Number
_____			(____)_____
Street Address			Cell phone Number
_____	_____	_____	_____
City	State	Zip	E-mail address

County			

Training is required before you can accept WIC/Senior FMNP checks or WIC Cash Value Vouchers.

Date and location you attended or plan to attend a 2010 training session. _____

Farmers Market Nutrition Program checks and WIC Cash Value Vouchers can only be accepted at authorized farmers markets, during authorized days and times. After completing this application, contact the Market Managers of the markets you listed to let them know when you plan to attend the markets. Inform them that you are participating in the FMNP and they will add you to the number of certified vendors required to receive authorization for the market. Farmers market cannot be authorized until the certified vendor requirement is met. Market Managers need your information to complete this requirement. Verify with the Market Managers that the market has been authorized prior to accepting **any** FMNP checks or WIC Cash Value Vouchers.

If you attend the same market more than one day a week, list each market and day separately. If you need additional space for markets, please list on a separate sheet of paper.

	Check only one day per market. List 2nd day on next line.	Approximate dates	
		YOUR Start Date	YOUR End Date
_____	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____	____/____
Name of Farmers Market		Month Day	Month Day
_____	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____	____/____
Name of Farmers Market		Month Day	Month Day
_____	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____	____/____
Name of Farmers Market		Month Day	Month Day
_____	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____	____/____
Name of Farmers Market		Month Day	Month Day
_____	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____	____/____
Name of Farmers Market		Month Day	Month Day
_____	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	____/____	____/____
Name of Farmers Market		Month Day	Month Day

-INFORMATION REQUIRED ON REVERSE SIDE-

Date Received	For office use only Date Issued	Certification #
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Please answer all of the following questions.

- Yes No Are you at least 18 years of age, reside and grow produce in Iowa or in a county adjacent to Iowa?
- _____ % What percent of the total fresh fruits, vegetables and/or herbs that you take to each market do you personally grow?
- Yes No Do you have a moveable or permanent farmstand that you would like authorization for in the 2010 Farmers Market Nutrition Program? You will be sent the required Farmstand Assurance Statement so that you can provide details of the farmstand information. The farmstand must be open a minimum of two hours each week for a majority of the season or 11 consecutive weeks.
- Yes No Have you or any of the officers or owners of this operation had a conviction or civil judgment related to business integrity (for example, fraud, theft) entered against them in the last six years?

Vendors who are disqualified from participation in, or have a civil monetary penalty imposed by the Food Stamp Program shall be automatically suspended or disqualified from the WIC / Senior FMNP and WIC CVV.

- Yes No Has your operation had a Food Assistance (Supplemental Nutrition Assistance Program – SNAP) disqualification or civil monetary penalty imposed within 12 months of the date of this application?

You must display a certified vendor identification sign at all times you accept or intend to accept FMNP checks and WIC Cash Value Vouchers at an authorized farmers market/farmstand. **Previous FMNP signs must be destroyed and not used.** You will be issued new FMNP certified vendor identification signs. Please indicate the number of certified vendor identification signs that you will need.

_____ Number of certified vendor identification signs I request.

A copy of the Vendor Certification Handbook will be sent to you with your certified vendor materials. It can also be downloaded from our website at:

http://www.iowaagriculture.gov/Horticulture_and_FarmersMarkets/FMNPvendors.asp.

Mail completed materials to:

Margaret Long
Farmers Market Nutrition Program
Iowa Department of Agriculture and Land Stewardship
Wallace State Office Building
502 East 9th Street
Des Moines, IA 50319

E-mail: margaret.long@iowaagriculture.gov
Telephone: 515-242-6239
Fax: 515-242-5015

Vendor/Department Agreement
2010 WIC/Senior Farmers Market Nutrition Program & WIC Cash Value Vouchers

The Iowa Department of Agriculture and Land Stewardship (hereinafter the DEPARTMENT) hereby enters into agreement with the following-named certified vendor (hereinafter the VENDOR) to provide eligible foods to recipients of the Iowa Farmers Market Nutrition Program and WIC Cash Value Vouchers (hereinafter the WIC/Senior FMNP & WIC CVV), under regulations published by the United States Department of Agriculture.

THEREFORE, it is mutually agreed between the VENDOR and the DEPARTMENT that:

- A. The VENDOR agrees to comply with all rules and procedures as outlined in the WIC/Senior FMNP & WIC CVV Vendor Certification Handbook, as amended (hereinafter the HANDBOOK), a copy of which the VENDOR acknowledges receipt.

A certified vendor shall be responsible for, but not limited to, all of the following:

1. Beginning each market day with at least 20 percent of all products for sale or display in a certified vendor stall as eligible foods, having personally grown a majority of the eligible foods for sale or display, and with all produce being locally grown. When eligible foods are purchased for resale from another producer or wholesaler, valid receipts must be presented to the department upon request and must contain the following information; the name, address and telephone number of the producer/wholesaler; the date of purchase; location of the growing site; and quantity purchased, itemized by product type.
2. Accepting vouchers only for a transaction that takes place at the location, hours, and days of an authorized farmers' market/farmstand, only in exchange for eligible foods, and signed by the recipient or proxy at the time of purchase. For WIC CVV, ensuring the signature is placed on the voucher after the purchase date and amount of the purchase is entered and the signature matches a signature already on the blue WIC ID card.
3. Prominently displaying a certified vendor identification sign that is located on the customer traffic side of the stall. The certified vendor identification sign must be removed or covered when the eligible foods are sold out.
4. Providing eligible foods to recipients upon receipt of a valid and properly completed voucher, which is signed at the time of sale. Vouchers that are properly presented must be accepted by certified vendors participating in the WIC/Senior FMNP & WIC CVV.
5. Accepting vouchers as payment for eligible foods only if presented after the first valid date of use and on or before the last date of use printed on the face of the voucher.
6. For WIC/Senior FMNP, stamping each transacted voucher with the certified vendor number prior to voucher deposit and submitting vouchers for payment on or before 15 days following the last date printed on the face of the voucher. For WIC CVV, stamping each WIC CVV with the certified vendor number prior to voucher deposit and submitting vouchers for payment on or before 15 days from receipt.
7. Handling transactions with recipients in the same manner as transactions with all other customers, to ensure that recipients are not exposed to discriminatory practices in any form.
8. Not collecting state or local taxes on purchases involving vouchers.
9. Providing eligible foods to recipients at the current price or less than the current price charged to other customers.
10. Not levying a surcharge based on the use of vouchers by recipients.
11. Not returning cash or issuing credit in any form to recipients during sales transactions that involve vouchers only. In the event of a single transaction in which a recipient presents a combination of cash and vouchers for the purchase of locally grown fresh produce, cash or credit up to the value of the cash portion of the payment may be given to the recipient. Credits or refunds may not be issued on returned eligible foods that were purchased with vouchers.
12. Participating in training as the department deems necessary to carry out the intent of WIC/Senior FMNP & WIC CVV.
13. Cooperating with the department in the evaluation of each season by completely and accurately responding to a survey, with resubmission to the department in a specified and timely manner.
14. Immediately informing the department in the event of loss, destruction, or theft of the certified vendor identification card, certified vendor identification sign, or certified vendor stamp so that a replacement may be issued.
15. Complying with all procedures and rules as herein outlined and as delineated in the department vendor agreement, the certified vendor handbook, and written notices of clarification issued by the department to the vendor.
16. Complying with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, United States Department of Agriculture regulations on nondiscrimination contained in Parts 15, 15a and 15b and FNS instructions as outlined in 248.7 and 249.7 of the Title 7 Code of Federal Regulations as of May 26, 2005.
17. Agreeing to be monitored at farmers' markets/farmstands and growing sites for compliance with WIC/Senior FMNP & WIC CVV requirements, including both overt and covert monitoring, and providing directions to growing sites upon request of department staff.
18. Not seeking restitution from WIC/Senior FMNP & WIC CVV recipients for vouchers not paid by the appropriate department.
19. Paying the department for any vouchers transacted in violation of the WIC/Senior FMNP & WIC CVV regulations.
20. Ensuring that all other persons who act on behalf of the certified vendor understand and adhere to the procedures and regulations of the WIC/Senior FMNP & WIC CVV.
21. Coordinating with other certified vendors to ensure that at least one certified vendor remains at an authorized farmers market during the posted hours and days of operation.

