

**Annual Vendor Application  
2013 WIC/Senior Farmers Market Nutrition Program (FMNP) and  
WIC Cash Value Vouchers (CVV)**

Please note: in lieu of completing this form, new and returning vendors may apply online at <http://www.idalsdata.org/fmnp/>

**Contact Information**

Name(s) of individual(s):

Business Name (if applicable):

Physical Address:

Mailing Address (if different):

FMNP Certification Number:

Phone:

E-mail:

Cell Phone:

Last Year Trained:

County:

Individuals new to the program or that need to renew training can visit

[http://www.iowaagriculture.gov/Horticulture\\_and\\_FarmersMarkets/FMNPvendors.asp](http://www.iowaagriculture.gov/Horticulture_and_FarmersMarkets/FMNPvendors.asp) for training schedule; training is required every three years.

If required, I plan to take training on (date): \_\_\_\_\_ Contact us if you have questions.

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 may add you to the number of certified vendors required to receive authorization for the market. Farmers markets 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 have been authorized prior to accepting **any** FMNP checks or WIC Cash Value Vouchers.

**Some markets operate more than one day a week: if you attend such a market more than one day a week, list each day on a separate row. If you need additional space for markets, please list on a separate sheet of paper.**

|                        |   | 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 | ____/____         | ____/____     |
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| 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-***

**Please answer all of the following questions below.**

- 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 Beyond vending at FMNP authorized markets, do you have a moveable or permanent farmstand that you would like authorization for in the 2013 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. **Please use the FMNP signs you received in 2010 or 2011. You will be issued new 2013 FMNP certified vendor stickers that you are to place over the 2011 stickers located in the upper right of your FMNP signs.** Please indicate the number of 2013 FMNP vendor stickers that you will need.



\_\_\_\_\_ **Number of 2013 FMNP vendor stickers I request.** To participate in this program, you must agree to abide by the Vendor/Department Agreement on Pages three & four: **you must sign and date page four of this form and return it with your application.**

Vendor Certification Handbooks will be sent with the certified vendor materials. The handbook can also be downloaded from our website at:

[http://www.iowaagriculture.gov/Horticulture\\_and\\_FarmersMarkets/FMNPvendors.asp](http://www.iowaagriculture.gov/Horticulture_and_FarmersMarkets/FMNPvendors.asp)

**Mail, fax, or scan and e-mail completed materials to:**

Paul Ovrom

Iowa Department of Agriculture and Land Stewardship (or IDALS for short)

Wallace State Office Building

502 East 9<sup>th</sup> Street

Des Moines, IA 50319

E-mail: [paul.ovrom@iowaagriculture.gov](mailto:paul.ovrom@iowaagriculture.gov)

Telephone: 515-242-6239

Fax: 515-242-5015

**Vendor/Department Agreement**  
**2013 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.

# VENDOR/DEPARTMENT AGREEMENT

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- B. In consideration of the performance of the specified duties by the VENDOR, the DEPARTMENT shall:
1. reimburse the VENDOR for the face value of each WIC/Senior FMNP voucher presented for payment through normal banking procedures;
  2. provide access for the VENDOR to official clarification of applicable WIC/Senior FMNP & WIC CVV rules and procedures;
  3. monitor WIC/Senior FMNP & WIC CVV operations and provide written notification of noncompliance observations involving the VENDOR, as outlined in the HANDBOOK.
- C. General conditions governing this agreement include:
1. neither the DEPARTMENT nor the VENDOR has an obligation to renew this agreement;
  2. the DEPARTMENT or the VENDOR shall have the right to terminate this agreement for cause, which shall become effective within 30 days upon receipt of written notification;
  3. the DEPARTMENT may disqualify the VENDOR for WIC/Senior FMNP & WIC CVV abuse upon written notification to the VENDOR; vendors who are suspended or disqualified from participation in, or have a civil monetary penalty imposed by the Supplemental Nutrition Assistance Program (SNAP), shall be automatically suspended or disqualified from the WIC/Senior FMNP & WIC CVV. Certain suspensions/disqualifications from the WIC/Senior FMNP & WIC CVV will result in suspension or disqualification from the SNAP.
  4. the DEPARTMENT may authorize special exceptions to FMNP/SFMNP rules and procedures involving unique circumstances; however, such shall not be effective until written notification is received by the VENDOR from the DEPARTMENT;
  5. a VENDOR who commits fraud or abuse of the WIC/Senior FMNP & WIC CVV is liable to prosecution under applicable federal, state or local laws;
  6. the VENDOR has the right of appeal to the DEPARTMENT regarding denial of application to participate, imposing of a sanction or denied payment from the WIC/Senior FMNP & WIC CVV. Expiration of a contract or agreement and claims action under Section 248.20 of the USDA Regulations are not subject to appeal; suspension or disqualification because of a SNAP suspension or disqualification cannot be appealed.
  7. the DEPARTMENT shall have the right to reimbursement from the VENDOR of an amount equal in value to WIC/Senior FMNP vouchers deposited and paid upon, after the final notice of suspension or disqualification;
  8. The DEPARTMENT and the VENDOR must comply with all nondiscrimination provisions of USDA Regulations as provided in Section 248.7.

FMNP/SFMNP/CVV is open to all eligible persons.

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.

By signing below, this Vendor Application and Vendor/Department Agreement shall be binding between the vendor and the Iowa Department of Agriculture and Land Stewardship through December 31, 2013.

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Vendor's Signature

Date