



## **Deadline May 1, 2008**

**DATE:** February 1, 2008  
**TO:** Market Managers  
**FROM:** Margaret Long  
**RE:** **2008 FMNP FARMERS MARKET ASSURANCE STATEMENT**

Farmers markets must be authorized by the Iowa Department of Agriculture (IDALS) before certified vendors in the WIC/Senior Farmers Market Nutrition Program (FMNP) can accept FMNP checks at the market. Farmers markets must meet the requirements of the FMNP in order to be authorized by IDALS. The farmers market requirements are listed on the reverse side of this memo. They are also included in the FMNP Vendor Certification Handbook which can be downloaded from our website at <http://www.agriculture.state.ia.us/fmnp.htm>. A copy can also be sent to you upon request.

A Farmers Market Assurance Statement must be completed by the market manager, or the market's representative who has the authority to obligate the farmers market, before a farmers market can be authorized. The Farmers Market Assurance Statement is attached. Please review the farmers market requirements and complete the Farmers Market Assurance Statement. The information for your farmers market will be given to participants who receive the FMNP checks so it is imperative that it is accurate. Remember that there are new participants every year and many may not know the area. Providing a street addresses for the farmers market location, as well as City Hall parking lot, etc., will make it easier to find the farmers market.

Contact previous vendors before completing the form. You must list certified vendors who will be attending your farmers market for the majority of the season, so you need to know from the vendors the dates they plan to attend your market. Only list those who will attend your farmers market for 11 consecutive weeks of the season. Your list of vendors will be compared to the information the vendors record on their applications.

Farmers Market Assurance Statements must be must be received in our office no later than May 1, 2008, to be listed in our Directory of Authorized Locations. If the information on the Assurance Statement cannot be verified by May 1, 2008, the market may not be listed in the directory. However, assurance statements received after May 1, but prior to June 30, may still qualify for 2008 FMNP authorization, but they will not be listed in the directory that the participants receive.

**FMNP checks may not be accepted at your farmers market until you receive notification that your farmers market has been authorized. If the farmers market is authorized, you will receive a copy of the Assurance Statement.**

If you have any questions call me at 515-242-6329 or Barbara Hendrickson at 515-281-3632. You may also e-mail us at [margaret.long@iowaAgriculture.gov](mailto:margaret.long@iowaAgriculture.gov) or [barbara.hendrickson@iowaAgriculture.gov](mailto:barbara.hendrickson@iowaAgriculture.gov)

**Iowa Department of Agriculture and Land Stewardship  
2008 WIC/Senior Farmers Market Nutrition Program  
Market Assurance Statement**

The Farmers Market Nutrition Program is governed by the Department of Agriculture's Administrative Rules, Chapter 50. The following rules apply to the farmers markets.

**21—50.8(159)** Farmers market, farmstand, and community supported agriculture (CSA) authorization and priority.

**50.8(1)** A farmers market/farmstand/CSA shall be eligible for authorization based in part upon the submission of assurances by a representative who has the legal authority to obligate the farmers market/farmstand/CSA. Farmers market/farmstand/CSA assurances shall be submitted in a manner outlined by the department and shall provide evidence of willingness by a person(s) associated with the farmers market/farmstand/CSA to implement all FMNP/SFMNP requirements.

**50.8(2)** Assurances submitted by a farmers market/farmstand shall include, but not be limited to, all of the following:

- a. The name(s) of certified vendor participant(s).
- b. Posted hours and days of operation to be maintained each week, specifically detailed to cover any anticipated fluctuations in operations over the course of the season. A farmers market/farmstand must be actively operating a minimum of two consecutive hours each week.
- c. Season of operation which ensures the farmers market/farmstand is actively operating on the same day, on a weekly basis, for a majority of the weeks of the season.
- d. Accessibility and consistency of farmers market/farmstand site over the course of the season.
- e. Local rules that do not overly restrict the number of certified vendors who may participate in the farmers market or operate a farmstand.
- f. Department is notified if the farmers market/farmstand changes the posted hours and days of operation prior to the end of the authorization period.

**50.8(4)** The department shall give priority to a farmers market/farmstand/CSA with previous involvement in FMNP/SFMNP provided the farmers market/farmstand/CSA does not have a high incidence of certified vendor noncompliance, suspensions, or disqualifications.

**50.8(5)** A principal factor in determining farmers market authorization shall pertain to the number of eligible applications received by the department prior to April 15 that indicate the intent to participate in the given farmers market. A standard of three eligible certified vendor applications, indicating intent to participate in the farmers market for the majority of weeks of the season, is required for a farmers market to receive authorization.

**50.8(6)** The number of farmers markets/farmstands/CSAs authorized for publication in the directory shall be determined by the department no later than May 1 prior to each season. Additional farmers markets/farmstands/CSAs may be authorized no later than June 30.

**50.8(7)** An authorized farmers market must ensure that at least one certified vendor remains on site at the authorized farmers market during the posted days and hours of market operation. Failure to comply will result in a warning citation from the department. Repeated noncompliance could result in the revocation of the farmers market authorization.

**21—50.13(159) Deadlines.**

**50.13(1)** *Submission of farmers market/farmstand/CSA assurances.* Assurances, on forms provided by the department, must be submitted no later than May 1 in order for a farmers market/ farmstand/CSA to be published in the Directory of Authorized Locations. Assurances will be accepted no later than June 30.

Iowa Department of Agriculture and Land Stewardship  
2008 WIC/Senior Farmers Market Nutrition Program  
Market Assurance Statement

**Deadline**  
**May 1, 2008**

Please complete the following required information regarding your farmers market. Complete a section for each day of the week your market is held. Use additional sheets to list additional certified Farmers Market Nutrition Program vendors or attach your vendor list with certified FMNP vendors' names highlighted.

**First market day**       Sun    M    T    W    TH    F    Sat      Market time: \_\_\_\_\_

\_\_\_\_\_  
Name of Farmers Market      \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_  
Start Date      End Date

\_\_\_\_\_  
Location of farmers market. **Please list street address as well as Central Park, etc.**      \_\_\_\_\_  
City

Certified Farmers Market Nutrition Program vendors attending the market on this day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second market day**       Sun    M    T    W    TH    F    Sat      Market time: \_\_\_\_\_

\_\_\_\_\_  
Name of Farmers Market      \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_  
Start Date      End Date

\_\_\_\_\_  
Location of farmers market. **Please list street address as well as Central Park, etc.**      \_\_\_\_\_  
City

Certified Farmers Market Nutrition Program vendors attending the market on this day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Third market day**       Sun    M    T    W    TH    F    Sat      Market time: \_\_\_\_\_

\_\_\_\_\_  
Name of Farmers Market      \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_  
Start Date      End Date

\_\_\_\_\_  
Location of farmers market. **Please list street address as well as Central Park, etc.**      \_\_\_\_\_  
City

Certified Farmers Market Nutrition Program vendors attending the market on this day.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate your assurance that your market will meet the following requirements:**

- Yes  No You will ensure that your farmers market will have a minimum of three eligible certified vendors participating in the market for the majority of the weeks of the season (11 consecutive weeks).
- Yes  No Your farmers market's posted hours and days of operation will be maintained each week specifically detailed to cover any anticipated fluctuations in operations over the course of the season. A farmers market must be actively operating a minimum of two consecutive hours each week.

Will your farmers market be open or closed on the following holidays?

**Open Closed N/A**

**July 4**

**September 1 (Labor Day)**

**Specify other known temporary changes that will occur over the course of the season:**

- Yes  No Your farmers market's season of operation ensures the farmers market is actively operating on the same day, on a weekly basis, for a majority of the weeks of the season.

- Yes  No You will ensure the accessibility and consistency of the farmers market site over the course of the season.

**Specify any known temporary changes in location that will occur over the course of the season:**

- Yes  No You will notify the department if local rules restrict the number of certified vendors who may participate in the farmers market. **List any restrictions your farmers market has:**

- Yes  No You will notify the department if the farmers market changes the posted hours and days of operation prior to the end of the authorization period.

- Yes  No You will ensure that at least one certified vendor remains at the authorized market during the posted days and hours of market operation.

Assurances must be submitted no later than **May 1, 2008** in order for a farmers market to be published in the Directory of Authorized Locations. All eligible participants receive a copy of the Directory so it is imperative that all dates, days and hours are accurate and will not change. Assurances will be accepted no later than **June 30, 2008**. This signed assurance statement indicates your willingness to implement all FMNP/SFMNP requirements.

This assurance statement as well as certified vendor applications will be reviewed to determine whether your market qualifies for the Farmers Market Nutrition Program. Your farmers market authorization is not complete until you receive a copy of this assurance statement indicating that your market location has been approved. **Please sign and return to the address listed. If you have any questions call (515) 242-6239.**

Margaret Long  
Farmers Market Nutrition Program  
Iowa Department of Agriculture and Land Stewardship  
502 East 9<sup>th</sup> Street  
Des Moines IA 50319

**County:** \_\_\_\_\_

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

**Provide information for the market's representative who has the legal authority to obligate the farmers market.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

City

State

Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Cell phone number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This farmers market was authorized by the Department of Agriculture & Land Stewardship on** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
Date