Dear Market Managers: If you are interested in having your market(s) participate in the Farmers Market Nutrition Program, please find information below and a two page (or one front and back page) Market Assurance Statement that will need to be completed and returned to me. You can mail the form, fax it, or scan and e-mail it. Please contact me with questions. - Stephanie

DATE: January, 2018
TO: Market Managers
FROM: Stephanie Groom
RE: **2018 WIC/SENIOR FMNP FARMERS MARKET ASSURANCE STATEMENT**

Deadline April 13, 2018 to be included in the printed directory
Final Deadline June 30, 2018 to be included in the program

Farmers markets must be authorized by the Iowa Department of Agriculture and Land Stewardship (IDALS) before certified vendors in the WIC/Senior Farmers Market Nutrition Program (FMNP) can accept WIC/Senior FMNP checks at the markets. Farmers markets must meet the requirements of the WIC/Senior FMNP in order to be authorized by IDALS. The farmers market requirements are outlined in this memo. They are also included in the FMNP Vendor Certification Handbook which can be downloaded from our website at http://www.iowaagriculture.gov/horticultureandFarmersMarket.asp.

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. If you would like your market considered for authorization in the 2018 Farmers Market Nutrition Program please review the farmers market requirements, and **complete the enclosed or attached Farmers Market Assurance Statement and return it to me.**

The information for your farmers market will be given to participants who receive the FMNP checks so it is imperative that it is accurate. Providing a street address for the farmers market location, as well as City Hall parking lot, etc., will make it easier to find the farmers market.

Contact your market vendors before completing the form to find out the dates they will be attending your farmers market. You must list the 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. **List only those who will attend your farmers market for 11 consecutive weeks of the season. Do not list vendors until you have confirmed that they are returning to the market for at least 11 consecutive weeks.** Your list of vendors will be compared to the information the vendors record on their applications. If you only have one or two certified vendors, your market cannot be authorized. However, the certified vendors may qualify to operate a moveable farmstand within the market. Contact me for moveable farmstand information.

Farmers Market Assurance Statements must be received in our office no later than April 13, 2018, to be listed in the paper Directory of Authorized Locations. If the information on the Assurance Statement cannot be verified by April 13, 2018, the market may not be listed in the paper directory. However, assurance statements received after April 13, but prior to June 30, may still qualify for 2018 FMNP authorization, and be placed in IDALS online Directory of Authorized Locations.

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 contact me at 515-725-1179 or stephanie.groom@iowaagriculture.gov

Iowa Department of Agriculture and Land Stewardship
2018 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
2018 WIC/Senior Farmers Market Nutrition Program

Market Assurance Statement

Please complete the following required information regarding your farmers market. Contact vendors to find out who will be attending your market and the dates they will be attending. Complete a section for each day of the week your market is held. Use additional sheets to list additional certified FMNP vendors or attach your vendor list with certified FMNP vendors' names highlighted.

Name of Farmers Market: _____
Start Date: _____ End Date: _____

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

City: _____

First market day of the week ___ Sun ___ M ___ T ___ W ___ TH ___ F ___ Sat **Market time: _____**

_____ Start Date _____ End Date

List only certified FMNP vendors attending the market on this day for 11 consecutive weeks. **List vendor names, not business name.**

_____ _____

_____ _____

_____ _____

_____ _____

Second market day of week ___ Sun ___ M ___ T ___ W ___ TH ___ F ___ Sat **Market time**: _____
(if applicable)

_____ Start Date _____ End Date

List only certified FMNP vendors attending the market on this day for 11 consecutive weeks. **List vendor names, not business name.**

_____ _____

_____ _____

_____ _____

_____ _____

Third market day of week ___ Sun ___ M ___ T ___ W ___ TH ___ F ___ Sat **Market time**: _____
(if applicable)

_____ Start Date _____ End Date

List only certified FMNP vendors attending the market on this day for 11 consecutive weeks. **List vendor names, not business name.**

_____ _____

_____ _____

_____ _____

_____ _____

- INFORMATION REQUIRED ON REVERSE SIDE –

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**	**Not Applicable**
July 4(Independence Day)	___	___	___
Sept 3 (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 Should the market close early on any given day, you will ensure that at least one certified vendor remains at the authorized market during the posted days and hours of market operation.

In order for a farmers market to be published in the paper Directory of Authorized Locations, assurances must be submitted no later than **April 13, 2018**. 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, 2018**. This signed assurance statement indicates your willingness to implement all WIC/Senior FMNP requirements. All markets' info will be available online at http://www.idalsdata.org/fmnp/index.cfm?fuseaction=main.formFarmersMarketDirectory .
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 print the last two pages of this document, sign and return to me at the address listed - or fax, or scan & e-mail. If you have any questions call (515) 725-1179 or e-mail at stephanie.groom@iowaagriculture.gov .**

County: _____

Market Name: _____

Stephanie Groom / Farmers Market Nutrition Program (or FMNP) / IDALS / 502 East 9th Street / Des Moines IA 50319
Fax: 515-281-6178

Please complete the information below, sign and return to IDALS.

Manager or name of person with authority to sign for the market: _____

Title: _____ **Signature:** _____

Please update the items below if they've changed from last year or market is new to the program.

Mailing Address: _____ **City:** _____

Zip Code: _____ **E-mail:** _____ **Main Ph:** _____

Cell Ph. _____

For IDALs use only. This farmers market was authorized by the Department of Agriculture & Land Stewardship on _____/_____/_____.