

WIC Farmers' Market Nutrition Program



Fiscal Year (FY) 2017 State Plan Guidance

**WIC Farmers' Market Nutrition Program (FMNP)
Fiscal Year 2017
State Plan Guidance**

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FY 2017



General Information

WIC Farmers' Market Nutrition Program

**WIC Farmers' Market Nutrition Program (FMNP)
Fiscal Year 2017
State Plan Guidance**

Due Date: November 15, 2016

GENERAL INFORMATION

The WIC Farmers' Market Nutrition Program (FMNP) was established in July 1992, by Public Law 102-314. The mission of the FMNP is to provide fresh, unprepared, locally grown fruits, vegetables and herbs directly to WIC participants, and to expand the awareness and use of local farmers' markets.

State agencies currently participating in or those who wish to apply to the FMNP are required under 7 CFR 248.4 to submit a State Plan to USDA's Food and Nutrition Service (FNS). A State Plan defines and describes the manner in which a State agency intends to implement, operate and administer the FMNP for the following year. Federal FMNP regulations define "State" as the District of Columbia, and United States Territories as well as geographic States. The designated State official responsible for ensuring the FMNP is operated in accordance with the Program's law, regulations, and State Plan must sign the FMNP State Plan. This Guidance sets forth the minimum areas that must be addressed in the State Plan.

FMNP STATE PLAN REVIEW AND APPROVAL PROCESS

FNS Regional Office staff will review FMNP State Plans and notify FMNP State agencies of any problems or areas in need of clarification. FNS will provide notification of approval or denial of the FMNP State Plan within 30 days of receipt of the Plan. State agencies should contact their respective FNS Regional Offices for technical assistance; a list of FNS Regional Offices can be found on pages 11-12.

Approval of a State Plan does not constitute a funding commitment for the FMNP.

Current FMNP State agency base grants will be announced after State Plans have been submitted, reviewed, and approved, but no later than 45 days after Fiscal Year (FY) 2017 funding for the FMNP is appropriated. Final State agency grants will be announced as soon as possible after all FMNP State agencies' FY 2016 grants are completely and accurately closed out.

If any of the sections or procedures described in the FMNP State Plan change during the fiscal year, **a State Plan Amendment** and any accompanying appendices must be submitted to the FNS Regional Office for approval prior to implementing such changes.

FORMAT

Where possible, FNS has simplified this descriptive process to allow for yes/no answers, when appropriate, and so that numbers can be inserted in the proper spaces. However, some

of the mandatory provisions can only be adequately addressed through narrative description. In these cases, such narratives should be as succinct as possible, but should provide sufficient detail to meet the requirements of the State Plan. In some instances, the State agency may include a form in support of one or more of the stipulated provisions, (e.g., program participation records, in lieu of a more involved narrative describing the information captured on such records). While use of this format is not mandatory, it is recommended to minimize the application burden on States. **Please identify any attachments or continuation pages according to the corresponding headings using the Appendices lettering system located on Page 50 of the State Plan Guidance.**

It is highly recommended that State agencies electronically submit State Plans to FNS Regional Offices.

UPDATED FMNP STATE PLAN INFORMATION

The Updated State Plan section of the State Plan Guidance may be used by current State agencies to update their existing approved State Plans. State agencies requesting Federal funds for FMNP for the first time cannot use the Updated State Plan section.

State agencies submitting an initial State Plan for the FMNP must provide a complete and comprehensive plan. After the initial approval, the State agency may opt in subsequent years to submit only substantive changes (revisions, additions and/or deletions) to its Program design and operation using the Updated State Plan section of this Guidance.

State plans that were approved for the previous year contingent upon the completion of specific elements to be included in the next year's Plan will not be approved for a second consecutive year until such contingencies have been satisfactorily addressed.

A new budget for the current year's operation and new certifications must be submitted to FNS each year, regardless of whether the FMNP's basic operations are expected to change in any way.

It is recommended that participating State agencies submit comprehensive new Plans at least once every three years. However, the FNS Regional Office may request a complete copy of the Plan from the State agency more frequently or at any time on an ad hoc basis.

Please note that the following items **must** be completed by current State agencies in addition to any updated information pages:

- a. FY 2017 FMNP Estimated Federal Budget Summary;
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Other procedural changes or amendments to the Plan that have occurred since the previous State Plan submission, such as:
 - change in the benefit level
 - new months of program operation
 - the numbers and addresses of new farmers' markets, roadside stands, and WIC

- clinics
- a new map showing the locations of the new farmers' markets, roadside stands, and WIC clinics.

UNIVERSAL IDENTIFIER

The Estimated Federal Budget Summary (page 29) contains a field for the State agency to enter its Universal Identifier. The Office of Management and Budget (OMB) requires entities applying for Federal grants to provide government agencies with a Universal Identifier. This requirement is set forth in an OMB Policy Directive, Use of a Universal Identifier by Grant Applicants, which was published in the Federal Register on June 27, 2003, at 68 FR 38402. The initial and annual FMNP State Plan submissions are considered to be applications for a federal grant, and thus State agencies must comply with this requirement. Currently, the Universal Identifier system in use is the Data Universal Numbering System (DUNS). The Estimated Federal Budget Summary (page 29) contains the field where the DUNS number must be provided. All State agencies must complete this form annually. Please complete the space for the Universal Identifier on the Federal-State Agreement (FNS-339), expiration of 2/28/2019, to show that this Agreement pertains to the State Plan. For guidance on obtaining a DUNS number, see <http://www.fns.usda.gov/fm/duns>.

FEDERAL-STATE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM AGREEMENT (FNS-339)

In addition to the basic FMNP State Plan requirements, the Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 2/28/2019 must be signed and submitted annually to FNS before a State agency can receive Federal funds. It is routinely submitted along with the State Plan. The Federal-State Agreement contains the mandatory Department-wide provisions addressing drug-free workplace, Civil Rights provisions and lobbying restrictions, as well as the State agency's commitment to compliance with all pertinent legislative and regulatory Program requirements. A single Federal-State Agreement may be used for one or all programs (SFMNP, FMNP, and WIC). Be sure to check the appropriate box for each program under item 4 on the first page of the FNS-339, expiration of 2/28/2019.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS

The Federal Government uses the nonprocurement, debarment and suspension system to exclude organizations from Federal grants or contracts based on violations of a wide variety of statutes, executive orders, and regulations. As explained below, assurances must be obtained to ensure that Federal grants or contracts are not provided to debarred or suspended parties, with certain exceptions. The USDA debarment/suspension regulations are codified at 7 CFR 3017.

The FMNP State agency is not required to provide assurance that it is neither suspended nor

debarred as a condition of receiving its FMNP grant. Departmental regulations at 7 CFR section 3017.215(h) exempt mandatory programs, such as the FMNP, from this requirement at the 'primary covered transaction' level (i.e., between the Federal awarding agency and the State agency). Also, this requirement does not apply to farmers or farmers' markets.

The debarment/suspension requirements apply to sub-grants at the "lower tier covered transaction" level, i.e., sub-grants to local agencies, regardless of the amount of the sub-grant. The FMNP State agency is required to obtain assurance that each of its FMNP local agencies, and each of its FMNP procurement contractors with total contracts (FMNP and non-FMNP) expected to meet or exceed \$25,000, is neither debarred nor suspended.

The debarment/suspension requirements apply to all State agency sub-grants with local agencies, which are often referred to as "agreements" or "contracts;" the term "sub-grant" refers to programmatic activities such as reviewing WIC participant files to determine recipient eligibility for FMNP, distributing and accounting for FMNP coupons or checks, instructing participants on the proper use of the coupons or checks, and providing participants with nutrition education and other program information, because these programmatic activities are characteristic of program sub-grants. However, these requirements do not apply to a local office of the State agency which is part of the State agency but operates like a local agency, since such local offices are integral parts of the State agency and therefore share the State agency's exemption under 7 CFR 3017.215(h).

The FMNP State agency now has three choices on how to obtain the assurance of non-debarment/suspension:

1. Check the Excluded Parties List System (EPLS) to determine whether a local agency or procurement contractor has been debarred or suspended; the EPLS may be accessed on the Internet at <http://epls.arnet.gov/>;
2. Obtain a certification from the local agency or procurement contractor, in a format established by the FMNP State agency, providing assurance that the local agency or procurement contractor has not been debarred or suspended; or,
3. Stipulate in the local agency contract or procurement contract that the local agency or procurement contractor must provide assurance that it has not been debarred or suspended, and will promptly notify the State agency if it is debarred or suspended in the future.

The debarment/suspension certifications for local agencies with respect to the WIC Program are sufficient for the FMNP if these certifications cover the period of the FMNP sub-grants. Likewise, the WIC State agency – local agency contract may also be used by the FMNP State agency if this contract covers the period of the FMNP sub-grant and contains the language noted in #3 above. If there is any doubt about whether a WIC local agency certification or contract covers the period of the FMNP sub-grant, the State agency should use the EPLS instead of the WIC certification or contractual assurance to determine the debarment/suspension status of the local agency. A non-WIC FMNP State agency, such as a State Department of Agriculture, should obtain copies of the local agency certifications or

contracts from the WIC State agency for all WIC local agencies involved with the FMNP.

If the non-WIC FMNP State agency has entered into an agreement with the WIC State agency to obtain the services of WIC local agencies, the WIC State agency would be a sub-grantee of the FMNP State agency. Thus, the FMNP State agency would need to satisfy itself that the WIC State agency is neither suspended nor debarred via one of the methods outlined above. However, under such circumstances, the FMNP State agency would not need to obtain such satisfaction regarding the WIC local agencies because it does not have a direct relationship with them. Also, under such circumstances, if the WIC State agency has submitted a debarment certification for another program, then a copy of that debarment certification could be provided to the FMNP State agency, since the debarment certification concerns the State agency generally instead of a specific grant agreement.

FMNP State agencies are not required to submit copies of the local agency certifications or contracts or procurement contractor certifications or contracts to the FNS Regional Office as part of the annual FMNP State Plan submission. However, FMNP State agencies must be able to make these certifications or contracts available for review during management evaluations and audits. Alternatively, the FMNP State agency must keep a record showing that it has consulted the EPLS, and present this record upon request during a management evaluation or audit.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Certification Regarding Drug-Free Workplace Requirements has been abolished. However, the FMNP State agency is still required to have procedures in place for implementing a drug-free workplace, per 7 CFR 3021, which must be described in the narrative section of the State Plan. These procedures may be the same as those that are used for other programs such as WIC. Furthermore, this requirement does not apply to farmers or farmers' markets.

CERTIFICATION REGARDING LOBBYING AND DISCLOSURE FORM TO REPORT LOBBYING

Pursuant to 7 CFR 3018.100, FMNP funds must not be used for lobbying Congress or Federal agencies regarding Federal grants and contracts. This prohibition applies to FMNP funds provided in grants, sub-grants, contracts, and sub-contracts, regardless of the amount of funds. However, the lobbying certification and disclosure requirements are based on monetary thresholds.

The Certification Regarding Lobbying is required for State agencies, local agencies, and procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding \$100,000. The grant or sub-grant includes food funds as well as administrative funds; food funds may not be excluded from the determination of whether a grant or sub-grant exceeds \$100,000. The State agency's certification should be appended to the Federal-State Agreement; the local agency should provide its certification to the State agency. If the State agency is using the same Federal-State Agreement for both WIC and

FMNP, then only one lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program, since the lobbying certification pertains to a specific grant agreement instead of the State agency generally.

This requirement does not apply to farmers or farmers' markets.

The local agency's certification should be provided to the FMNP State agency; like the local agency debarment certifications, the State agency needs to keep the local agency lobbying certifications on file. (Likewise, the State agency needs to keep on file the lobbying certifications of its contractors.) Also, as with the Federal-State Agreement, if the State agency – local agency contract covers both WIC and FMNP, then only one local agency lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program. Finally, the lobbying certification is not needed for a local office of the State agency which is part of the State agency but operates like a local agency; a local office of a State agency is covered by the State agency's certification provided to FNS with the Federal-State Agreement.

As explained in the form's instructions, lobbying with federal funds is prohibited; lobbying with funds from other sources is permitted. However, if lobbying with non-federal funds has occurred, then an additional form needs to be submitted, the Disclosure Form to Report Lobbying (Standard Form LLL), for State agencies, local agencies, and procurement contractors requesting or receiving FMNP grants, sub-grants, contracts, or sub-contracts exceeding \$100,000. State agencies need to submit an SF-LLL on their lobbying to the FNS Regional Office; local agencies and State agency contractors need to submit an SF-LLL on their lobbying to the State agency, and then the State agency must submit it to the FNS Regional Office. Again, as above, FMNP State agencies need only submit one SF-LLL if the Federal-State Agreement covers both WIC and FMNP, and local agencies need only submit one SF-LLL if the State agency – local agency contract covers both programs; otherwise, a separate SF-LLL form must be submitted for each program.

ADDITIONAL REPORTS AND SUBMISSIONS

In addition to the State Plan, FNS requires FMNP State agencies to submit the following reports:

- a. FMNP Annual Financial Report, FNS-683 provides information regarding FMNP expenditures, and is due to FNS through the Food Program Reporting System (FPRS) no later than January 31 of each year.
- b. FMNP Program Report, FNS-203 provides information regarding the number of recipients, farmers, and markets, and is due to FNS through FPRS no later than January 31 of each year.
- c. An analysis of completed recipient and/or farmers' survey forms must be submitted to FNS, whenever available, but no later than January 31 of each year. State agencies are encouraged to conduct surveys of recipients and farmers. At a

minimum, the survey shall assess the change in the consumption of fresh fruits and vegetables by recipients, and the effects of the FMNP on farmers' markets.

- d. At any time during the fiscal year when changes in any of the sections or procedures described in the State Plan occur, a State Plan Amendment and any accompanying appendices must be submitted to the FNS Regional Office for approval prior to implementation of the change(s).

TECHNICAL ASSISTANCE

FNS Regional Offices

Questions about the development, structure, and/or submission of the FMNP State Plan should be directed to the appropriate FNS Regional Office of the Supplemental Food Programs Office:

Regions	Address	States/ITO's
Northeast	Mark Johnson, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Northeast Regional Office 10 Causeway Street Boston, MA 02222-1066 (617) 565-6440	Connecticut Maine Massachusetts New Hampshire New York Rhode Island Vermont
Mid-Atlantic	Jaime Van Lieu, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Mid-Atlantic Regional Office Mercer Corporate Park 300 Corporate Blvd. Robbinsville, NJ 08691-1598 (609) 259-5100	District of Columbia Delaware Maryland New Jersey Pennsylvania Puerto Rico Virginia Virgin Islands West Virginia
Southeast	Sandra Benton-Davis, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Southeast Regional Office 61 Forsyth Street, SW Room 8T36 Atlanta, GA 30303-3427 (404) 562-7100	Alabama Florida Georgia Kentucky Mississippi Mississippi Band of Choctaw Indians North Carolina South Carolina Tennessee
Midwest	Bruce Hillman, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Midwest Regional Office	Illinois Indiana Michigan Grand Traverse Band of

	77 West Jackson Blvd. 20 th Floor Chicago, IL 60604-3507 (312) 886-6625	Ottawa and Chippewa Indians Minnesota Ohio Wisconsin
Southwest	Darrell Allen, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Southwest Regional Office 1100 Commerce Street, Rm 522 Dallas, TX 75242 (214) 290-9910	Arkansas Louisiana New Mexico Five Sandoval Indian Pueblos Pueblo of San Felipe Oklahoma Chickasaw Nation of Oklahoma Choctaw Nation of Oklahoma Osage Nation of Oklahoma Texas
Mountain Plains	Sandy Clark, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Mountain Plains Regional Office 1244 Speer Blvd., Ste. 903 Denver, CO 80204 (303) 844-0331	Colorado Iowa Missouri Montana Nebraska North Dakota South Dakota Utah Wyoming
Western	Zita Viernes, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Western Regional Office 90 Seventh Street, Ste. #10-100 San Francisco, CA 94108 (415) 705-1313	Alaska Arizona California Guam Hawaii Idaho Nevada Oregon Washington American Samoa Commonwealth of the Northern Marianas Islands

WIC Farmers' Market Nutrition Program



FY 2017 Updated State Plan Information for Guam WIC Department of Public Health and Social Services

WIC FARMERS' MARKET NUTRITION PROGRAM
Updated State Plan Information
Fiscal Year 2017

At a minimum, each State agency must provide the following information to the appropriate FNS Regional Office annually. Even if all other items have remained unchanged, State agencies must complete this section of the Guidance, including the **budget pages**. Any State agency interested in receiving expansion funds, should such funds become available during FY 2017, must also complete the **Request for Expansion Funds** pages.

State Agency: GUAM

FMNP Recipient Estimates:

A. Please summarize the previous Fiscal Year results: number of FMNP recipients (those issued FMNP checks, coupons, EBT cards) served with FMNP Federal and State funds in FY **2016** (previously participating fiscal year): 3,362

B. Please provide estimates for the current (coming) Fiscal Year: 2017

1. Estimated number of FMNP recipients to be served with FMNP Federal and State agency funds in FY 2017:

(Excluding Expansion)		(Including Expansion Request, if any)
<u>388</u>	Pregnant women	<u>427</u>
<u>431</u>	Breastfeeding women	<u>474</u>
<u>353</u>	Postpartum women	<u>388</u>
<u>0</u>	Infants (over 4 months of age)	<u>0</u>
<u>2,190</u>	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old, are defined by the State agency, please indicate accordingly)	<u>2,409</u>
<u>0</u>	Other designation (e.g., only Priority I pregnant or breastfeeding women)	<u>0</u>
<u>3,362</u>	Total	<u>3,698</u>

2. Indicate (X) the basis on which FMNP benefits will be issued to eligible recipients:

Individuals Households

3. The Federal benefit amount that each FMNP recipient/household will receive in FY 2017 is lowest \$20.00 and the highest is \$20.00. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. N/A

Is this benefit level a change from last year? Yes No

(Please note: Federal regulations at §248.8(b) state that the value of the Federal FMNP benefit received by each recipient, or by each family within a household in those States which elect to issue benefits on a household basis under §248.6(c), may not be less than \$10 per year or more than \$30 per year.)

4. Do you plan to use non-Federal funds to provide FMNP benefits to non-WIC recipients?

No Yes; if YES, please describe this caseload; include the name(s) of the program(s) and the sources of non-Federal funds: N/A

5. If fruits, vegetables, and/or fresh herbs have been **added** to/or **deleted** from the State agency's list of eligible foods for FY **2017**, list (or attach a list of) those items. See Appendix G, FMNP List of Eligible Fruits, Vegetables and Fresh Herbs

6. Proposed months of Program operation: April 1, 2017 through September 30, 2017

7. Proposed months of FMNP coupon issuance: April 1, 2017 through September 10, 2017

8. Proposed months of FMNP benefit usage by participants: April 1, 2017 through September 15, 2017

9. Are tokens used at authorized farmers' markets? Yes No If Yes, please describe how they are used in the market. _____

10. Are all participants provided with a receipt? Yes No If No, please describe the procedure in more detail. _____

11. Are any markets authorized to accept Cash Value Vouchers/Benefits (CVV's/CVB's)? Yes No

If Yes: Statewide or Certain Areas

12. Indicate the total number of local agencies serving FMNP recipients, and the

numbers of farmers, farmers' markets, and/or roadside stands authorized. Also indicate review activity below:

State Agency: GUAM

New Fiscal Year: 2017

<u>5</u>	Total # of Local Agencies
<u>5</u>	# of local agencies to be reviewed (all participating agencies reviewed by State agency staff at least once every two years)
<u>5</u>	# of local agencies to be reviewed
<u>7</u>	Total # of Farmers Markets Authorized
<u>4</u>	# of markets to be reviewed (minimum of 10%)
<u>12</u>	# of Farmers authorized
<u>6</u>	# of farmers to be reviewed (minimum of 10%)
<u>4</u>	# of Roadside stands authorized
<u>2</u>	# of Roadside stands to be reviewed (minimum of 10%)

Previous Fiscal Year: 2016

<u>5</u>	Total # Local Agencies
<u>5</u>	# of local agencies reviewed
<u>7</u>	Total # Farmers Markets Authorized
<u>3</u>	# of markets reviewed
<u>18</u>	Total # Farmers authorized
<u>5</u>	# of farmers reviewed
<u>5</u>	Total # Roadside stands authorized
<u>1</u>	# of Roadside stands reviewed

11. Briefly summarize key findings and corrective actions taken as the result of local agency reviews.

The observation of the local agency review for the WIC Clinics in Dededo, Mangilao, Tiyan, Santa Rita and Inarajan concluded that the Nutrition Assistants are providing proper dissemination of FMNP information to the participants. Once again, as a result, the positive interactions with the farmers markets and roadside stands continue to help communities reconnect with our Guamanian roots and revitalize the local farm scene.

Funding Information:

State Agency: GUAM

12. Is the State agency requesting expansion funds?

No Yes

If yes, attach Expansion Request and list amount here: \$

13. Is the State agency applying to use (not more than) 2 percent of its total program funds for market development and/or technical assistance in FY 2017?

No Yes

If **yes**, provide the justification for requesting market development or technical assistance funds, meeting the criteria set forth in §248.14(h) of the Federal FMNP regulations. Include a detailed description of how the State agency plans to promote the development of farmers' markets. To conduct educational outreach promotion to encourage more local farmers to participate in the WIC FMNP through the use of media (radio and newspaper) and posters which will be posted in the village community centers, government agencies and universities.

15. Describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$ _____ for your State/ITO in FY 2017 based on the Federal Funds Request and State/ITO Matching Funds worksheet on page 31, per §248.14(a)(i-ii) (**Please note that the 30 percent minimum match requirement applies only to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO, local, or private funds provided for food as well as administrative costs**):

Type	Source	Amount
State/ITO and local funds	_____	\$ _____
Private funds	_____	\$ _____
In-kind Contributions	_____	\$ _____
Similar Programs	_____	\$ _____
Program Income	_____	\$ _____
		Total: \$ _____

State/ITO and local funds. If available, attach documentation, such as a copy of appropriations legislation, budget page containing this line item, etc.

Private Funds. Include a detailed description of all cash donations or letters of commitment from the organizations or individuals planning to make such donations.

In-kind Contributions. If any portion of the State agency's minimum 30 percent

matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and how the value was determined, including any supporting documentation.

Similar Programs. Include the title of the program, the source of funding and a brief description of how the program operates. Federal funds provided for SFMNP, any other FNS program, or any other Federal program (e.g., Specialty Crop or Farmers' Market Promotion Program grants awarded by USDA's Agricultural Marketing Service) **cannot** be used as a match source for the FMNP.

Program Income. Describe type and source. (More specific information can be found in WIC Policy Memorandum #2005-3, Price Adjustments, Collections, Fines, and Program Income) Not applicable to Guam. The 30 percent cash match does not apply as long as Guam's distribution amount is less than \$200,000 as amended in the Subsection (d). of 48 USC Section 1469a states: "Notwithstanding any other provision of law in the case of American Samoa, Guam, the Virgin Islands, and the Northern Mariana Islands, any department or agency shall waive, any requirement for local matching funds under \$200,000 (including in-kind contributions) required by law to be provided by American Samoa, Guam, the Virgin Islands and the Northern Mariana Islands."

Reminder to Current FMNP State agencies:

In addition to the Updated State Plan section just completed, the following documents must also be provided to FNS before the FMNP State Plan can be approved for FY 2017:

- a. FY 2017 Estimated Federal Budget Summary;
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Using the Appendices lettering/numbering system shown below, a description of any other procedural changes or amendments to the State Plan that have occurred since the previous State Plan submission and approval by FNS, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, CSA programs, and/or local agencies, and a new map showing the location of these new outlets or facilities; and
- d. Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 2/28/2019.

Include all of your Appendices here. Please identify clearly any pages according to the lettering system used in this format.

Required Appendices

- A. Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 2/28/2019
- B. Job Descriptions
- C. Copies of signed agreements between the State Agency and another State Agency (delineating the functions to be performed)
- D. Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, and roadside stands (if applicable)
- E. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)
- F. Instructions to recipients, including rights and responsibilities
- G. List of fruits, vegetables and/or fresh herbs that are eligible in the program
- H. Samples of reporting forms for record keeping (if available)
- I. Copy of the log or other forms used to record and report coupon issuance and inventory
- J. Facsimile of the FMNP coupon, check or EBT card
- K. Map outlining service areas and proximity of farmers' markets, and/or roadside stands, from the prior year's operation to WIC clinics
- L. List of criteria used to authorize farmers' markets
- M. List of criteria used to authorize farmers
- N. List of criteria used to authorize roadside stands
- O. Copy of prototype agreements for farmers, markets, associations, and roadside stands (if applicable)
- P. Training materials for farmers, markets, and roadside stands (if applicable)
- Q. State agency's monitoring tool(s) to review farmers, farmers' markets, and roadside stands
- R. Sample State-wide application form
- S. Sample notification of client ineligibility
- T. State agency's monitoring tool to review local agencies/clinics

Please list any other attachments or appendices:

FY 2017



**State
State Plan of Operations
WIC Farmers' Market
Nutrition Program**

WIC FARMERS' MARKET NUTRITION PROGRAM
State Plan of Operations
Fiscal Year 2017

Please identify clearly any attachments/addenda pages according to the numbering/lettering system used in this format.

State Agency: _____

I. Goals

- A. Describe the State agency's plans to achieve the dual purposes of the FMNP as follows:
1. to provide resources in the form of fresh, nutritious, unprepared foods (fruits and vegetables, and herbs) from farmers' markets to women, infants and children who are nutritionally at risk and who are participating in the WIC Program or who are on a waiting list for the WIC Program; and
 2. to expand the awareness, use of, and sales at farmers' markets.
- B. Describe how the State agency plans to target the Program to areas with high concentrations of eligible persons with the greatest access to farmers' markets. Be sure to include any special features, such as the use of volunteers and community resources or specialized management information systems, which the State agency plans to implement to enhance its operation and administration of the FMNP. (§248.4(9)(i))
- _____
- C. For a State agency submitting an initial application for funding, (i.e., a State agency that did not operate the FMNP in FY 2016), please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:
1. the number and category of participants served;
 2. the extent of the program, (e.g., limited to a city, a county, or was it a statewide or ITO-wide program?) and
 3. the source(s) of funding for the program.

Please include any data concerning the benefits or impact of the program(s). _____

II. General Administration

- A. In light of recent changes in technology for both WIC and the Supplemental Nutrition Assistance Program (SNAP), it is important that State agencies clearly identify how

FMNP benefits are provided to recipients. Since the inception of the Program, FMNP benefits have most often been provided using either coupons or checks. In the event that a State Agency is using a different delivery method such as electronic benefits transfer (EBT), it is expected that where applicable, the State agency address how that method applies to FMNP.

1. Are any markets currently accepting benefits using EBT? Yes No
 If Yes, for which programs? WIC SNAP FMNP SFMNP
2. Do you anticipate providing FMNP benefits using EBT? Yes No
 If yes, when? _____ In all markets or in selected areas? _____
3. Estimated number of FMNP recipients in FY 2016 (if applicable): _____
4. Estimated number of FMNP recipients for FY 2017: _____
5. Proposed months of FMNP operations: _____ through _____
6. Proposed months of FMNP coupon issuance: _____ through _____ (Not later than 9/30)
7. Proposed months of coupon redemption by recipients: _____ through _____
8. Proposed months of submission for payment by farmers/farmers' markets/roadside stands: _____ through _____
9. Staffing

a. List all FMNP staff positions below, including both full and part-time positions. Attach job descriptions for each position. An organizational flow chart identifying levels of responsibility can be provided with this list.

b. Paid through Federal FMNP Administrative funds

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

c. Paid through State/ITO FMNP funds

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

d. Paid through other funding source(s) – specify source(s)

_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

10. If the FMNP State agency is not the WIC State agency, what functions will be performed by State/ITO or local WIC Program staff? Check all that apply.

- Certify recipients for the FMNP
- Issue FMNP checks/coupons/EBT cards to local agencies
- Issue FMNP checks/coupons/EBT benefits to participants
- Instruct recipients on proper use of checks/coupons/EBT cards
- Provide nutrition education for the FMNP
- Reconcile FMNP checks/coupons/EBT cards
- Conduct FMNP reviews of authorized sites

- Authorize farmers/farmers' markets/roadside stands
- Train farmers/farmers' markets/roadside stands
- Monitor farmers/farmers' markets/roadside stands
- Manage WIC Cash Value Vouchers/Benefits (CVV's/CVB's) issued to FMNP participants

If the State agency and the partnering agency(ies) are different, include as an attachment a copy of the signed agreement between the agency(ies) (if different), clearly stating the functions to be performed as indicated above. The written agreement should delineate the responsibilities of and specific work activities to be performed by each agency, and should identify the responsible designated representative of each agency.

11. Will any other State or local government agency(ies), non-profit or for-profit organizations, or the Cooperative Extension Service provide services for the FMNP State agency? Yes No

If yes, list the State or local government agency (ies) and/or other organizations.

Include a copy of the signed agreement between the FMNP State agency and the other agencies and/or non-profit or for-profit organizations, delineating the services to be performed.

12. Indicate the basis on which program benefits will be issued to recipients:

Individuals Households

13. The lowest Federal benefit amount that any FMNP recipient will receive is \$ _____ and the highest is \$ _____. Section §248.8(b) of the Federal FMNP regulations states that the value of the Federal FMNP benefit received by each recipient, or by each family within a household in those States which elect to issue benefits on a household basis under §248.6(c), may not be less than \$10 per year or more than \$30 per year).

14. Are any markets currently accepting WIC CVV's/CVB's?

Yes No

If yes, is this in all markets or in selected areas? Please attach a list.

15. Are any markets currently/planning to offer incentives? Yes No

If yes, please attach a list and explain.

- a. How much is the incentive? _____
- b. How does the market determine who receives the incentive? _____
- c. How is the incentive funded? _____

III. Funding

A. Please attach a detailed description of the State agency's financial management system that will provide for accurate, current and complete disclosure of the financial status of the FMNP. At a minimum, include the following elements:

1. procedures to ensure prompt and accurate payment of allowable and allocable costs, and ensure that costs claimed are in accordance with A-87 (Cost Principles Applicable to Grants and Contracts with State/ITO and Local Governments) and FNS guidelines and instructions (see §248.12 of the Federal FMNP regulations and [FMNP Policy Memorandum 2002-1, WIC and WIC FMNP Cost Allocation](#));
2. procedures for obligating funds, including drawing down and disbursing funds from the Letter of Credit;
3. descriptions of how farmers are paid, and claims procedures for overpayments to farmers, farmers' markets, roadside stands, and recipients;
4. claims procedures for overpayments to farmers, farmers' markets, roadside stands, and recipients; and
5. a description of the time reporting system used to distribute employee salaries and related costs, and procedures and forms for conducting time studies.

B. Describe the funding source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$ _____ for your State/ITO in FY **2017** based on the Federal Funds Request and State/ITO Matching Funds Estimation worksheets on page 30, per §248.14(a)(i-ii). **(Please note that the 30 percent minimum match requirement only applies to the total FMNP administrative cost of the program, although the State agency may meet this match requirement with State/ITO funds provided for food in addition to administrative costs):**

Type	Source	Amount
State/ITO and local funds		\$
Private funds		
In-kind Contributions		
Similar Programs		
Program Income		

Total: \$

State/ITO and local funds. If available, attach documentation, such as a copy of appropriations legislation, budget page containing this line item, etc.

Private Funds. Describe in detail or attach documentation of all cash donations or letters of commitment from organizations/individuals planning to make such donations.

In-kind Contributions. If any portion of the State agency's minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and include any supporting documentation.

Similar Programs. **Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.** Include the title of the program, the source of funding and a brief description of how the program operates.

Program Income: Describe type(s) and amount(s). (More specific information can be found in WIC Policy Memorandum #2005-3)_____

- C. Is the State agency seeking approval to use up to 2 percent of its total Program funds for market development or technical assistance to farmers' markets in FY 2016?

Yes No

NOTE: These funds are only available for farmers' markets in socially or economically disadvantaged areas, or remote rural areas, where individuals eligible for participation in the FMNP have limited access to locally grown fruits and vegetables.

If yes, describe in detail the justification for the market development and/or technical assistance funds, including documentation to support the qualifications of the areas to be targeted and specific plans to achieve the stated goals.

- D. Describe in detail the State agency's record keeping system (per §248.23) for the FMNP, addressing **at a minimum** the following areas:

1. financial operations
2. check/coupon issuance and redemption and EBT, if applicable
3. FMNP participation reporting
4. tracking staff time and other administrative expenses to ensure that federal FMNP funds are only used for costs which are allowable and allocable for FMNP.

NOTE: A description of the State's financial management system is required in Section III A above. If some of the same information has already been provided under that section, it is not necessary to duplicate that information. It may either be provided here or cross-referenced to the relevant section._____

If forms have been developed to facilitate any of these functions, an example of each form, along with a brief explanation of its intended use, should be attached to this document.

E. As required under §248.14(a)(i), there is a matching requirement for State and/or local funds equal to or not less than 30 percent of the total administrative costs of the State agency's FMNP. Detailed below are the FMNP Federal Funds Allocation Process and how the State/ITO match is calculated.

1. Total Federal funds requested (prior year's total Federal grant) X 17% (or 19%) = Federal administrative funds.
2. Federal administrative funds ÷ 70% = Estimated total administrative cost.
3. Estimated total administrative cost X 30 % = State/ITO match amount.

(A State agency may provide more in State funds to administer the Program than is required. However, the FNS allocation is based on the minimum amount that a State agency must match, not the total amount of funds/resources a State agency actually provides).

4. Total Federal funds requested (prior year's total Federal grant) + State/ITO match amount = Estimated total Program cost.

F. Federal Funds Request and Budget Worksheets

I. FY 2017 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

This Worksheet summarizes the Federal food and administrative funds requested. **All State agencies must complete this worksheet.**

II. ADMINISTRATIVE BUDGET ESTIMATE

This worksheet summarizes administrative activities and related funding. **All State agencies must complete this worksheet.**

III. FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

This worksheet estimates either the amount of Federal funds based on the State/ITO match amount available, or for estimating the State/ITO match amount and total Program funds based on the amount of Federal food funds requested. **All State agencies must complete either Part A or Part B of this worksheet as applicable.**

IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants and children) will receive the same benefit level. **All state agencies must complete either this worksheet or worksheet V, below.**

V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories. **All state agencies must complete either this worksheet or worksheet IV, above.**

State Agency:

Universal Identifier

I. FY 2017 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

1. Total Federal Funds Requested
(Prior Year's Total Federal Grant or Less):

2. Plus: Expansion Funds requested (if any):

(Include expansion funds in calculation of requested funds)

3. Less: Federal Administrative Funds at 17% of total:

4. Less: Market Development/Technical Assistance Funds
(up to 2% of total):

5. Federal Foods Funds:
a. 83% (total without market Development funds request):

OR

b. 81% (total with market development funds request):

II. FY 2017 FMNP ADMINISTRATIVE BUDGET ESTIMATE

Coupon Management	Market Management	Nutrition Education	Financial Management	Total @ 17%
\$	\$	\$	\$	\$
%	%	%	%	%

Coupon Management	Market Management	Nutrition Education	Financial Management	Total @ 19%
\$	\$	\$	\$	\$
%	%	%	%	%

Coupon Management: Pricing and reconciling/issuing checks, coupons and EBT cards to recipients, and instructing recipients on the purpose of the program and their proper use.

Market Management: Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers' markets/roadside stands.

Nutrition Education: Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

Financial Management: Preparing financial and recipient reports, issuing payments to farmers/farmers' markets and costs associated with FMNP audits.

III. FY 2017 FMNP FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

Part A of this worksheet should be completed by a State agency that knows exactly the amount of State/ITO funds available to meet the matching requirement, and wants to estimate the level of Federal funds the State/ITO matching funds can support. Part B of this worksheet should be completed by a State agency that wishes to **estimate** its match amount and total Program funds based on the amount of Federal food funds requested.

A: To estimate the Federal food and administrative funds based on the matching amount:

17% rate:

1. Matching Funds: \$ / **.30** = Total Administrative Funds

2. Total Administrative Funds: - Matching Funds
= Federal Administrative Funds

3. Federal Administrative Funds: / **.17** = \$ Total Federal Funds

A: To estimate the Federal food and administrative funds based on the matching amount:

19% rate:

1. Matching Funds: \$ / **.30** = Total Administrative Funds

2. Total Administrative Funds: - Matching Funds
= Federal Administrative Funds

3. Federal Administrative Funds: / **.19** = \$ Total Federal Funds

B. To estimate the matching and administrative amounts based on the Federal food funds requested:

17% rate:

1. Prior year's food grant:	\$	<input type="text"/>	/ .83 =	<input type="text"/>	Total Federal Funds Requested, Food and Administrative
2. Total Federal Funds Requested:		<input type="text"/>	x .17 =	<input type="text"/>	Federal Administrative Funds
3. Federal Administrative Funds:		<input type="text"/>	/ .70 =	<input type="text"/>	Estimated Total Administrative Funds, Federal and State
4. Estimated Total Administrative Funds:		<input type="text"/>	-	Federal Administrative Funds:	<input type="text"/>
=		<input type="text"/>	State Agency's Match for New Fiscal Year.		
5. State/ITO Matching Funds:		<input type="text"/>	+	Total Federal Funds	\$ <input type="text"/> =
<input type="text"/>	Estimated Total Program Funds				

B. To estimate the matching and administrative amounts based on the Federal food funds requested:

19% rate:

1. Prior year's food grant:	\$	<input type="text"/>	/ .81 =	<input type="text"/>	Total Federal Funds Requested, Food and Administrative
2. Total Federal Funds Requested:		<input type="text"/>	x .19 =	<input type="text"/>	Federal Administrative Funds
3. Federal Administrative Funds:		<input type="text"/>	/ .70 =	<input type="text"/>	Estimated Total Administrative Funds, Federal and State
4. Estimated Total Administrative Funds:		<input type="text"/>	-	Federal Administrative Funds:	<input type="text"/>

= State Agency's Match for New Fiscal Year.

5. State/ITO Matching Funds: + Total Federal Funds \$ =
 Estimated Total Program Funds

IV. FY 2017 FMNP FEDERAL FOOD FUND REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants, and children) will receive the same benefit level:

1. Total Federal Funds Requested (Prior Year's Total Federal Grant or Less):	<input type="text"/>	\$	<input type="text"/>
2. Percent of Total Federal Funds Available for Food:	x .83	or	x. 81
3. Available Food Funds:	<input type="text"/>		<input type="text"/>
	Divided by		Divided by
4. Proposed Federal Food Benefit Level Minimum \$10; Maximum \$30	<input type="text"/>		<input type="text"/>
5. Total Projected Federal Caseload:	<input type="text"/>	\$	<input type="text"/>

V. FY 2017 FMNP FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (woman, infants and children receives a benefit level different from the other categories:

1. Total Federal Funds Requested (Prior Year's Total Federal Grant or Less):	<input type="text"/>	\$	<input type="text"/>
2. Percent of Total Federal Funds Available for Food:	x .83	or	x. 81
3. Available Food Funds:	<input type="text"/>		<input type="text"/>

2. Intended FMNP recipients:

(Excluding Expansion)

(Including Expansion)

_____	WIC recipients only	_____
_____	WIC applicants on waiting lists only	_____
_____	Both	_____

3. Will all WIC recipients in an FMNP service delivery area be issued FMNP coupons, checks or EBT cards or only certain categories/groups?

- All eligible recipients
 Specified categories/groups: (check all that apply)

(Excluding Expansion)

(Including Expansion)

<input type="checkbox"/>	Pregnant women	<input type="checkbox"/>
<input type="checkbox"/>	Breastfeeding women	<input type="checkbox"/>
<input type="checkbox"/>	Postpartum women	<input type="checkbox"/>
<input type="checkbox"/>	Infants (over 4 months of age)	<input type="checkbox"/>
<input type="checkbox"/>	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old, are defined by the State agency, please indicate accordingly)	<input type="checkbox"/>
<input type="checkbox"/>	Other designation (e.g. only Priority I pregnant or breastfeeding women)	<input type="checkbox"/>

4. Participant and Applicant Confidentiality

- a. Does the State agency share information obtained from applicants and/or recipients for FMNP with any other programs, agencies, law enforcement officials, or any other organizations or persons?

Yes No

(If “Yes,” explain below or attach documentation such as information-sharing agreements, statements of policies and procedures, legal citations, etc.)

b. Per §248.25 of the Federal FMNP regulations, the State agency restricts the use or disclosure of information obtained from applicants/recipients to:

1. Persons directly connected with the administration or enforcement of FMNP, including investigation and prosecution of FMNP violations by any public authority;

Yes No

2. Representatives of public organizations under written agreements for eligibility/outreach purposes regarding other programs, without third party access or disclosure;

Yes No

3. The Comptroller General of the United States, General Accounting Office (GAO).

Yes No

c. Does the State agency permit an applicant and/or recipient access to the information which the applicant and/or recipient has provided to the program?

Yes No

d. Does the State agency permit an applicant or recipient, upon his/her unsolicited request, to sign a release or similar document allowing the information provided by the applicant and/or recipient to be shared with other organizations or persons?

Yes No

5. Dual Participation

The State agency has policies and procedures in place to prevent and detect dual participation (in more than one service delivery area at the same time) by FMNP/SFMNP participants.

Yes (please describe) No (if no, please explain why not) _____

6. Nondiscrimination

State agencies are required to comply with all applicable and pertinent laws and regulations regarding the assurance of nondiscrimination on the basis of race, color, national origin, age, sex, or disability (§248.7). Describe the State agency’s system or

procedures for:

- a. Public notification of the nondiscrimination policy;
 - b. Annual reviews of local agencies/clinics to assure nondiscrimination against any of the protected classes.
7. Per § 248.7 of the Federal FMNP regulations, the State agency ensures that no person will be denied benefits, or otherwise discriminated against on the grounds of race, color, national origin, age, sex, or disability. Yes No
8. Per §248.7 of the Federal FMNP regulations, the State agency:
- notifies the public, participants, and potential participants of the nondiscrimination policy.
 - notifies participants and potential participants of complaint procedures regarding alleged unlawful discrimination? (See Section VIII below regarding the complaint process.)
 - reviews and monitors program activities to ensure compliance with nondiscrimination policies and procedures.

V. Coupon and Market Management (§248.10)

A. Issuing FMNP coupons/checks/EBT cards to recipients

1. Describe the State agency's procedures for ensuring the secure transportation and storage of coupons/checks, check stock or EBT cards. Include the method used to transport coupons/checks from the contractor who produces them to the State agency, and from the State agency to the local agencies. Include a description of how unissued FMNP coupons/checks/EBT cards are stored, or how secure handling of check stock and electronic check numbers is ensured, at the State agency, local agency, and/or local issuing sites. Also include any type of reporting form used to gather data. _____
2. Describe the coupon/check/EBT card issuance system for recipients. Include any reporting forms used to gather data. This description should include the automated processes as well as the manual processes used for issuance of coupons/checks/EBT cards to recipients. _____
3. Describe the State agency's system for instructing recipients on the proper use of FMNP coupons/checks/EBT cards. If this function is performed by the WIC local agency on behalf of the FMNP State agency, indicate who issues the coupons/checks/EBT cards; what materials are provided during issuance; and who explains the use of the coupons/checks/EBT cards and redemption procedures to the recipient. Please include materials provided to recipients instructing them on

how to use FMNP coupons/checks/EBT cards and any list of authorized Farmers' Markets provided to recipients. _____

4. Attach a copy of the log or other form used to record check/coupon/EBT card issuance to valid certified recipients.

B. Authorization of farmers, farmers' markets, and roadside stands

The State agency is responsible for the fiscal management of and accountability for FMNP-related activities by farmers, farmers' markets and roadside stands. Each State agency may decide whether to authorize farmers individually, farmers' markets, or both farmers and farmers' markets, as well as roadside stands. Only farmers and/or farmers' markets and roadside stands authorized by the State agency, as set forth in §248.10 in the Federal FMNP regulations, may redeem FMNP coupons/checks/EBT cards.

1. Describe the State agency's general authorization procedures for farmers and/or farmers' markets. _____
2. List or attach the criteria used to authorize farmers' markets. Examples of authorization criteria include: 1) permanent market location; 2) sufficient number of growers who participate in the market; 3) a wide selection of products; or 4) community support from non-FMNP sales. _____
3. List or attach the criteria used to authorize farmers. Examples of authorization criteria include (but are not necessarily limited to): 1) grows a minimum percentage of the produce to be sold (please specify); 2) owns land within the State/ITO where produce is grown; 3) certified by the State Agriculture Department, ITO Cooperative Extension Agent or by a Farmers' Market Association within the State agency; 4) authorized to redeem SFMNP coupons; 5) offers locally grown produce; or 6) accessible to WIC service areas. _____
4. Per §248.2, FNS defines "eligible foods" for the FMNP to mean fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs. Does the State agency use a different or more restrictive definition for "eligible foods"? Yes No
List or attach a list of the fruits, vegetables, and/or fresh herbs that may be purchased using FMNP benefits.

Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Honey, maple syrup, cider, nuts, seeds, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of the FMNP. State agencies may also describe eligible foods as "all fruits, vegetables and herbs locally grown *except...*" _____

5. Per §248.2, FNS defines "locally grown" for the FMNP to mean produce grown within State/ITO borders or areas in neighboring States/ITOs adjacent to its

borders. How does the State agency define "locally grown produce" in order to designate FMNP eligible foods?

- Within the State/ITO borders only
- Within the State/ITO borders and adjacent counties (e.g., one county into the next State)
- Within the county lines
- Other (specify) _____

6. Per §248.10 (a)(2), to what extent does the State agency permit or prohibit the participation of individuals who are selling produce grown by someone else, in addition to their own produce? Individuals, who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized to participate in the FMNP.

7. Per §248.10 (b)(1), under what conditions, if any, does the State agency authorize roadside stands, i.e., a location in which a single, individual farmer sells his/her own produce directly to consumers, in contrast to a farmers' market or a nonprofit organization that does not grow its own produce, but realizes a profit from such sales? Examples of authorization criteria include: 1) recipient access, or 2) lack of farmers' markets. _____

8. Per §248.10(a)(7), describe how the State agency will ensure that no conflict of interest exists between the State or local agency and any participating farmer, farmers' market or roadside stand. _____

9. Indicate the number and type of farmers, farmers' markets, and/or roadside stands that will be authorized in FY 2017:

_____	farmers
_____	farmers' markets
_____	roadside stands

10. Does the State agency require that the Market Manager be bonded?

Yes No

11. Are tokens used at authorized farmers' markets? Yes No If Yes, please describe how they are used in the market. _____

12. Are all participants provided with a receipt? Yes No If No, please describe the procedure in more detail. _____

C. Farmers and/or Farmers' Market Agreements

NOTE: Some State agencies administer the FMNP by executing agreements with farmers' market associations that are responsible for managing farmers'

markets. In such instances, the provisions and requirements outlined in this section related to farmers' markets must also be applied to such State agency/farmers' market association agreements.

Each State agency shall enter into a written agreement with all participating farmers and /or farmers' markets, and roadside stands including sanctions for non-compliance with FMNP requirements. **Include the FMNP State agency-Farmers'/Farmers' Market /Roadside Stand Agreement in the addendum.**

This agreement, as described in §248.10, must contain at a minimum the following specifications:

1. The farmer and/or farmers' market and roadside stand shall: (§248.10 (b)(1)(i-xii))
 - i. provide such information as the State agency shall require for its periodic reports to FNS;
 - ii. assure that FMNP coupons/checks/EBT benefits are redeemed only for eligible foods;
 - iii. provide eligible foods at the current price or less than the current price charged to other customers;
 - iv. accept FMNP coupons/checks within the dates of their validity and submit coupons/checks for payment within the allowable time period established by the State agency;
 - v. in accordance with a procedure established by the State agency, mark each transacted coupon with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted FMNP coupon/check shall contain a farmer identifier and shall be batched for reimbursement under that identifier. In those cases where the agreement is between the State agency/ITO and the farmers' markets, each transacted FMNP coupon/check shall contain a farmer identifier and be batched for reimbursement under a farmers' market identifier;
 - vi. accept training on FMNP procedures and provide training to farmers and any employees with FMNP responsibilities on such procedures;
 - vii. agree to be monitored for compliance with FMNP requirements – including both overt and covert monitoring;
 - viii. be accountable for actions of farmers or employees in the provision of foods and related activities;
 - ix. pay the State agency for any coupons/checks/EBT benefits transacted in violation of this agreement;
 - x. offer FMNP recipients the same courtesies as other market customers;
 - xi. comply with the nondiscrimination provisions of USDA regulations;
 - xii. notify the State agency if any farmer or farmers' market or roadside stand ceases operation prior to the end of the authorization period. Provide the State agency with a regularly updated list of all farmers at the authorized

market who accept FMNP coupons/checks/EBT cards in exchange for their produce, and their effective dates of participation.

2. The farmer and/or farmer's market and roadside stand shall not:
(§248.10 (b)(2)(i-iii))
 - i. collect sales tax on FMNP coupon/check/EBT card purchases;
 - ii. seek restitution from FMNP recipients for coupons/checks/EBT benefits not paid by the State agency; and
 - iii. provide unauthorized food items, nonfood items, cash, or credit (including rain checks) in exchange for purchases that are in an amount less than the value of the FMNP coupon/check(s).
3. Neither the State agency nor the farmer and/or farmers' market or roadside stand have an obligation to renew the agreement. Either the State agency or the farmer and/or farmers' market or roadside stand may terminate the agreement for cause after providing advance written notification. The period of time within which such advance notification must be provided is to be stipulated by the State agency as part of the standard agreement.
4. The State agency may deny payment to the farmer and/or farmers' market or roadside stand for improperly redeemed FMNP coupons/checks/EBT cards or may establish a claim for payments already made on improperly redeemed coupons/checks/EBT cards. The State agency may disqualify a market and/or a farmer or roadside stand for program abuse with a minimum of 15 days' advance written notification.
5. The State agency may disqualify a farmer and/or farmers' market or roadside stand for FMNP abuse.
6. A farmer and/or farmers' market or roadside stand that commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State/ITO or local laws.
7. A farmer and/or a farmer's market or roadside stand may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market. Expiration of a contract or agreement shall not be subject to appeal through the FMNP State agency.
8. Agreements may not exceed 3 years. The farmers and/or farmers' market and roadside stand agreements are valid for _____ years
9. Describe or attach other cooperative arrangements that may have been negotiated, such as with Cooperative Extension Service programs, or with a State Agriculture

Department or ITO, to authorize farmers/farmers' markets or roadside stands.

D. Annual training for farmers and/or farmers' markets.

State agencies shall conduct annual training for farmers and/or farmers' market managers in the FMNP. The State agency must conduct a face-to-face training for all farmers and farmers' market managers who have never previously participated in the FMNP per §248.10(d). Face-to-face training refers to an interactive format that includes an opportunity for questions and answers, which may include video conferencing as well as actual face-to-face training sessions.

After a farmer/farmers' market manager's first year of FMNP operation, State agencies have discretion in determining the method used for annual training purposes. At a minimum, annual training shall include instruction emphasizing:

- Eligible food choices;
- Proper FMNP coupon/check/EBT card redemption procedures, including deadlines for submission of coupons/checks for payment;
- Equitable treatment of FMNP recipients, including the availability of eligible foods to FMNP recipients that are of the same quality and cost as those sold to other customers;
- Civil rights compliance and guidelines;
- Guidelines for storing FMNP coupons/checks safely; and
- Guidelines for canceling FMNP coupons/checks, such as punching holes or rubber-stamping.

Describe the procedures the State agency has in place or plans to implement for the annual training required for authorized farmers and/or farmers' markets managers. This description should also include the subsequent training methods made available to managers and farmers after the first year's face-to face training.

E. Coupon/Check/EBT Benefit Accountability

The coupon/check reconciliation process as contained in §248.15 is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each coupon/check/EBT benefit, from the time it is issued through its final disposition. The State agency is responsible for reconciling validly redeemed coupons/checks, as well as lost, stolen, voided, expired, or FMNP coupons/checks/EBT transactions that do not match issuance records. The process for reconciling lost and/or stolen coupons/checks/EBT cards must ensure that farmers accepting such coupons/checks/EBT cards in good faith, and through approved procedures, are not unfairly penalized.

1. Describe or attach the State agency's system for identifying and reconciling FMNP coupons/checks/EBT transactions that were redeemed, voided, expired, or reported lost or stolen and not matching issuance records. Validly redeemed FMNP coupons/checks/EBT transactions are those that are issued to a valid FMNP recipient and redeemed by an authorized farmer or farmers' market or roadside stand within valid dates. They must include a valid recipient identifier based on the signature on the issuance log, and an unique and sequential serial number; be transacted within valid dates and; an authorized farmers' market; an authorized farmer operating under the auspices of the authorized market, or an authorized roadside stand. _____
2. Describe the State agency's system for ensuring that coupons/checks/EBT benefits are redeemed only by authorized farmers, farmers' markets, or roadside stands for eligible foods. _____
3. Describe the State agency's system for identifying and disallowing coupons/checks/EBT transactions that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets or roadside stands. _____
4. Coupon/Check/EBT Timeframes
 - Issuance to participants _____ (no later than September 30)
 - Redemption by recipients: _____(no later than November 30)
 - Submission for payment by farmers/farmers' markets: _____
 - Payment by the State agency: _____

All of the functions described above must be completed within a timeframe that allows the State agency to reconcile coupons/checks, liquidate obligations, and submit its financial and program data reports (FNS-683 and FNS-203) to FNS **no later than January 31 of each year.**

Provide a copy of the coupon/check/EBT card to be used in the FMNP in the Appendices Section.

VI. Management Evaluations and Reviews

- A. Describe or attach a description of the State agency's criteria for defining a high-risk farmer. Such criteria must include at a minimum:
 1. proportionately high volume of coupons/checks redeemed or EBT transactions within a farmers' market or roadside stand and within a State or ITO;
 2. recipient complaints; and
 3. new farmers, farmers' markets, and roadside stands in their first year of operation.

B. Describe the State agency's plans (including any compliance purchase activities) for reviewing authorized farmers/farmers' markets/roadside stands (on-site) in FY 2017. §248.17(c)(1)(i) requires that at least 10 percent of farmers, 10 percent of farmers' markets, and 10 percent of roadside stands be monitored. For example, if there are five authorized farmers' markets in a participating State/ITO and 40 authorized farmers, the State agency shall monitor, at a minimum, one farmers' market and four farmers. These four farmers may or may not be participating within the one farmers' market being monitored.

1. Number of farmers' markets reviewed in FY 2016 (minimum 10%):
 - i. Markets with high-risk farmers _____(_____%)
 - ii. Other markets _____(_____%)

2. Number of farmers' markets to be reviewed in FY 2017 (minimum 10%):
 - i. Markets with high-risk farmers _____(_____%)
 - ii. Other markets _____(_____%)

3. Number of farmers reviewed in FY 2016 (minimum 10%): _____(_____%)
 - i. High-risk farmers _____(_____%)
 - ii. Other farmers _____(_____%)

4. Number of farmers to be reviewed in FY 2017 (minimum 10%): _____(_____%)
 - i. High-risk farmers _____(_____%)
 - ii. Other farmers _____(_____%)

5. Number of roadside stands reviewed in FY 2016 (minimum 10%): _____
 - i. High-risk farmers _____(_____%)
 - ii. Other farmers _____(_____%)

6. Number of roadside stands to be reviewed in FY 2017 (minimum 10%): _____(_____%)
 - i. High-risk farmers (_____%)
 - ii. Other farmers (_____%)

7. Attach a list of farmers, markets and roadside stands reviewed in FY 2016 along with the associated findings.

C. Describe or attach the State agency's policies and procedures for determining the

type and level of sanctions to be applied against farmers, farmers' markets, and roadside stands which violate Federal and/or State agency FMNP requirements based upon the severity and nature of the FMNP violations.

- D. Describe the State agency's plans for reviewing FMNP practices at local agencies in FY 2017. (§248.17(c)(1)(ii)) All local agencies participating in the FMNP must be reviewed at least once every two years by WIC FMNP State agency staff or WIC State agency staff. **Please attach a copy of the State agency's FMNP monitoring tool to review local agencies.**

1. Number of local agencies to be reviewed in FY **2017**: _____
2. Number of local agencies reviewed in FY **2016** (if applicable): _____
3. Briefly summarize findings and corrective action taken from any reviews conducted in FY **2016**: _____

VII. Nutrition Education Requirements

- A. Describe in detail, per §248.9, the State agency's plan to provide nutrition education to FMNP recipients. If the administering State agency for the FMNP is not the WIC State agency, and has entered into an agreement for the WIC State agency to provide nutrition education, attach a copy of the WIC State agency's nutrition education plans for FMNP recipients. _____

It is not mandatory that the FMNP State agency retain sole responsibility for providing nutrition education to Program recipients. Nor is it intended that the FMNP State agency duplicate the nutrition education that may be currently provided by the WIC local agency. The FMNP nutrition education requirement may be fulfilled directly by the farmers' markets or another branch of the State Department of Agriculture or ITO, or under agreement with the local WIC agency, area colleges and universities, the Expanded Food and Nutrition Education Program (EFNEP), the Cooperative Extension Service, and/or any number of other entities having the capability to address the particular nutritional benefits of fruits and vegetables that can be obtained at farmers' markets. Any costs associated with the provision of nutrition education by an entity other than the administering agency of the FMNP are allowable administrative expenses under FMNP funding (up to 17 percent of the total grant). This aspect of the program responds directly to the Congressional intent in establishing the FMNP as a way to increase recipients' awareness and use of farmers' markets.

B. Encourage Partnerships

FNS believes that the effectiveness of nutrition education can be greatly enhanced through collaboration with others interested in promoting health and nutrition in low-income populations. Therefore, FNS strongly encourages collaboration and coordination of efforts with State/ITO-wide public and private partners to enhance both the outreach and efficacy of the nutrition education efforts. FNS encourages

such collaboration to facilitate development of long-term, coordinated nutrition education plans and sustainable infrastructures; foster an integrated approach to nutrition education across programs in the State or ITO; capitalize on promotional opportunities; coordinate and pool resources for material development, duplication, and dissemination; and ensure development of science-based messages that are consistent with the U.S. Dietary Guidelines for Americans, *My Plate*, and other Federal guidance.

C. Promote the Dietary Guidelines for Americans (DGAs)

FNS encourages State agencies to create consumer messages from the latest edition of the Dietary Guidelines for Americans, 2015-2020, into their nutrition education plans. It is expected that nutrition education messages will logically be tailored to address the most urgent nutrition education needs of constituents. The key guidelines from the 2015-2020 DGAs, all designed to promote food and physical activity choices for a healthy lifestyle, are as follows:

- 1) **Follow a healthy eating pattern across the lifespan.** All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
- 2) **Focus on variety, nutrient density, and amount.** To meet nutrient needs within calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
- 3) **Limit calories from added sugars and saturated fats and reduce sodium intake.** Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
- 4) **Shift to healthier food and beverage choices.** Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
- 5) **Support healthy eating patterns for all.** Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide, from home to school to work to communities.

These key guidelines—along with consumer resources available online through the choosemyplate.gov website, such as Myplate MyWins, Supertracker, BMI calculator and more are being consistently and prominently promoted in all of the FNS programs to advance an integrated, behavior-based, comprehensive nutrition education approach across FNS programs.

- D. List or attach the locations or settings where nutrition education for FMNP is provided (e.g., WIC clinics, farmers' markets, community centers, child care facilities, or schools)._____

E. Does the State agency coordinate with other agencies around issues related to nutrition education and promotion?

- No
- Yes (If yes, check the applicable partnerships below):
- Supplemental Nutrition Assistance Program (SNAP)
- Team Nutrition
- Other school-based programs
- Commodity Supplemental Food Program (CSFP)
- Children and Adult Care Food Program (CACFP)
- Food Distribution Program on Indian Reservations (FDPIR)
- WIC
- Other FNS programs (specify): _____
- Temporary Assistance for Needy Families Program (TANF)
- Expanded Food and Nutrition Education Program (EFNEP) and/or Cooperative Extension Service
- Other government programs (e.g., Head Start, 5 A Day, etc.)
- Non-profit organizations (specify): _____
- For-profit organizations (specify): _____
- Industry (specify): _____
- Professional organizations (specify): _____
- Educational Institutions (specify): _____
- Religious Institutions (specify): _____
- Other (specify): _____

F. Describe how nutrition education for FMNP is coordinated with other nutrition education programs or services, such as WIC, SNAP, Extension Service, 5 A Day, or State/ITO initiatives. _____

G. Describe the nutrition education materials developed by the State agency, and how they are used. In addition, describe any new materials the State agency plans to develop. _____

H. Does the State agency plan to develop new recipient educational materials containing the new Dietary Guidelines for Americans messages? Yes No
If yes, please describe the elements below.

Type of material		Target audience		Project completion date

I. If the State agency intends to collect survey information to assess the effects of the

Program on farmers' markets and roadside stands and the change in consumption of fresh fruits and vegetables by FMNP recipients, **attach copies of survey forms.**

VIII. Miscellaneous Requirements - Civil Rights Procedures; Hearing Procedures and Program Complaints; State Agency Drug-Free Workplace Procedures; Local Agency Debarment/Suspension Procedures; and, Local Agency Lobbying Certification and Procedures

A. Civil Rights

1. Describe, per §248.7(b), the State agency's procedures for handling complaints of discrimination on the basis of race, color, national origin, age, sex or disability, including timeframes for submitting such complaints and for investigating them and responding to plaintiffs. The State agency's procedures for handling complaints of discrimination in the FMNP should be consistent with established and approved procedures for handling such complaints related to other assistance programs administered by the State agency. For example, if WIC Program-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then FMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the FMNP if such procedures already exist in a related Program administered by the State agency.

2. Does the State agency, per §248.7(a)(1), use the following statement on all FMNP brochures and publications, excluding materials which provide only nutrition education information without mentioning FMNP, and such items as caps, buttons, magnets and pens, when the size or configuration make it impractical:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Yes No

3. Does the State agency use the following statement, in print size no smaller than the text, in material to small to permit the full statement:

“This institution is an equal opportunity provider.”

Yes No

4. Does the State agency use the following statement in radio and television public service announcements:

“The FMNP is an equal opportunity provider.”

Yes No

B. Hearing Procedures and Program Complaints –

1. The State agency shall provide a fair hearing procedure whereby local agencies, recipients, farmers/farmers' markets and farmers' associations adversely affected by certain actions of the State agency may appeal those actions. A local agency may appeal an action of the State agency disqualifying it from participating in the FMNP. A recipient may appeal disqualification/suspension of FMNP benefits. A farmer/farmer's market (or farmers' association) may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the FMNP. Expiration of a contract or agreement, and determination of ineligibility to receive WIC benefits (and therefore to receive FMNP coupons) shall not be subject to appeal through the FMNP

State agency. The State agency shall also provide procedures for addressing complaints about program operations.

- a. Describe or attach the State agency's procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, recipients, markets/farmers and farmers' associations. The opportunity to request a fair hearing regarding certain adverse actions taken by the State agency must be provided to all farmers and/or farmers' markets and recipients against whom such adverse action is taken. _____
 - b. Describe or attach the State agency's procedures for handling program complaints from recipients, non-recipients, markets, farmers and farmers' associations. _____
2. Drug Free Workplace - Describe or attach the State agency's plans to maintain a drug-free workplace and otherwise comply with 7 CFR 3021. Per 7 CFR 3021.230, the State agency must identify all of its known State agency workplaces where work under the Federal FMNP grant will be performed; please attach a list of these workplace addresses. _____
3. Local Agency Debarment/Suspension – Per 7 CFR 3017.300, the FMNP State agency has on file either 1) a current certification in a format established by the State agency; or, 2) a local agency contract, or procurement contract equal to or exceeding \$25,000, including assurance on debarment /suspension, which may be satisfied by the local agency debarment /suspension certification provided for WIC if it covers the same period as the FMNP local agency contract; or, 3) a record showing that the FMNP State agency had checked the Excluded Parties List System (EPLS) for each local agency?

Yes No

4. SF-LLL on File - The FMNP State agency has on file the current SF-LLL, Disclosure Form to Report Lobbying, if lobbying occurs with non-federal funds, for each FMNP local agency and procurement contractor with a sub-grant or sub-contract exceeding \$100,000, if any? (This may be satisfied with local agency lobbying disclosures provided for WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes No

5. SF-LLL Transmission - The FMNP State agency has provided a copy of any such disclosures to the FNS Regional Office?

Yes No

Appendices

Include all of your Appendices here. Please identify clearly any pages according to the lettering system used in this format.

Required Appendices

- A. Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 2/28/2019
- B. Job Descriptions
- C. Copies of signed agreements between the State Agency and another State Agency (delineating the functions to be performed)
- D. Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, and roadside stands (if applicable)
- E. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)
- F. Instructions to recipients, including rights and responsibilities
- G. List of fruits, vegetables and/or fresh herbs that are eligible in the program
- H. Samples of reporting forms for record keeping (if available)
- I. Copy of the log or other forms used to record and report coupon issuance and inventory
- J. Facsimile of the FMNP coupon, check or EBT card
- K. Map outlining service areas and proximity of farmers' markets, and/or roadside stands, from the prior year's operation to WIC clinics
- L. List of criteria used to authorize farmers' markets
- M. List of criteria used to authorize farmers
- N. List of criteria used to authorize roadside stands
- O. Copy of prototype agreements for farmers, markets, associations, and roadside stands (if applicable)
- P. Training materials for farmers, markets, and roadside stands (if applicable)
- Q. State agency's monitoring tool(s) to review farmers, farmers' markets, and roadside stands
- R. Sample State-wide application form
- S. Sample notification of ineligibility
- T. State agency's monitoring tool to review local agencies/clinics

Please list any other attachments or appendices (including forms/materials that are different from what is used in the WIC Program)

FY 2017



Request for Expansion Funds

WIC Farmers' Market Nutrition Program

**WIC Farmers' Market Nutrition Program
Request for Expansion
Fiscal Year 2017**

This section should be completed only if a State agency operated a Federally-funded WIC Farmers' Market Nutrition Program in fiscal year (FY) **2016**. If a State agency is requesting an increase in Federal funds above its Federal base grant, the expansion request should be consistent with expanding benefits to more recipients, by enhancing current benefits, or a combination of both, and expanding the awareness and use of farmers' markets. **Expansion funds are subject to the 30 percent match requirement.** Generally, to be eligible for expansion funds, a State agency must **1) have utilized at least 80 percent of its prior year food grant, and 2) provide documentation supporting the expansion request.** A State agency that did not spend at least 80 percent of its prior year food grant may still be eligible for expansion funds, if in the judgment of FNS, a good cause existed for the lower expenditure rate. (§248.14 (e)(1-2))

Contingent upon the availability of funds and the justifications provided to FNS, expansion requests will be granted as early in the fiscal year as possible.

1. Base grant amount for FY 2017 (this is your final FY **2016** grant amount):
\$_____.
2. Amount of expansion funds requested for FY 2017 (additional Federal funds above the amount in item number 1: \$_____.
3. Using Worksheet III, pages 30-32, the total amount of the State/ITO match required for the base grant amount and expansion funds is: \$_____ .

Describe the source(s) and amounts for the matching funds to support the expansion request. _____

4. Estimated amount and percentage of Federal FMNP food funds spent by the State agency during FY 2016: \$_____ and _____%.
5. Briefly describe the reason(s) for requesting funds to expand the FMNP, including supporting documentation. Attach additional sheets as needed.

6. Number of additional recipients above the previous year's level the State agency hopes to serve (by category) with the expansion funds:

_____ pregnant women

_____ breastfeeding women

_____postpartum women

_____infants (over 4 months of age)

_____ children

_____Total

7. Number of additional farmers' market, roadside stand, and clinic sites the State agency anticipates authorizing:

_____ New farmers' market sites. (Please attach a list of all new addresses.)

_____ New roadside stand locations. (Please attach a list of all new locations.)

_____ New farmers. (Please attach a list of all new addresses)

_____New clinics. (Please attach a list of all new addresses.)

Please attach a list and map showing all of the new and continuing farmers' markets, roadside stands, and clinics.

8. If the State agency intends to increase the benefit level with expansion funds, the new benefit level after expansion will be \$_____.
9. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. _____
10. Describe the State agency's administrative capacity to manage effectively the requested increase in FMNP caseload. _____