

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

FISCAL YEAR

STATE AGENCY

**WIC FARMERS' MARKET NUTRITION PROGRAM REPORT**

7-DIGIT CODE

8. UNIVERSAL IDENTIFIER NUMBER

PROFILE OF RECIPIENTS

Total number of **WIC** recipients who received FMNP coupons (funded by either **Federal or non-Federal funds**) during the year: (See instructions on reverse.)

- 1) Pregnant Women
- 2) Breastfeeding Women
- 3) Postpartum Women
- 4) Infants
- 5) Children
- 6) Total **WIC** Recipients
- 7) Households


Total number of **Non-WIC** recipients who received FMNP coupons supported by non-Federal funds, if any: (See instructions on reverse.)

- 8) Children
- 9) Elderly
- 10) Other
- 11) Total **non-WIC** recipients of non-Federal benefits


12) **Total number of recipients (WIC and non-WIC) =**

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PROFILE OF VENDORS

- 13) Number of authorized farmers
- 14) Number of authorized farmers' markets
- 15) Number of authorized farm or roadside stands, if any


FMNP ISSUANCE AND REDEMPTION SUMMARY

- 16) Total value of coupons issued (Federal + non-Federal)
- 17) Total value of coupons redeemed (Federal + non-Federal)


SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

NAME OF AUTHORIZED CERTIFYING OFFICIAL  
(Please print or type)

DATE

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## INSTRUCTIONS

### PROFILE OF RECIPIENTS

**WIC recipients** - The number of WIC recipients to whom coupons were issued. This number includes those served with either Federal or non-Federal funds or both. Provide the numbers for each category served under this heading.

Line 6 **Total WIC Recipients** - Enter the sum of lines 1 through 5. If the State agency is serving households, do not include the household number in the total.

Line 7 **Households** - If issuance was to households rather than to individuals, enter the total number of WIC households served, otherwise, leave line 7 blank. The composition of the household must be identified by category in lines 1 - 5.

**Non-WIC Recipients of Non-Federal FMNP Benefits** - The number of non-WIC recipients who were issued FMNP coupons supported by non-Federal funds. If issuance was to households rather than individuals, enter number of individuals served by category. If age category is unknown, count as "other".

Line 8 **Children** - Enter the number of any non-WIC children that received non-Federal FMNP benefits, or if issuance was to households, the number of families with non-WIC children.

Line 10 **"Other"** - Enter the number of any non-WIC recipients other than children or elderly who received non-Federal FMNP benefits.

Line 11 **Total Non-WIC FMNP Recipients** - Enter the sum of lines 8 through 10.

Line 12 **Total Number of Recipients** - Enter the sum of lines 6 and 11.

### PROFILE OF VENDORS

Line 13 **Number of authorized farmers** - Enter the number of farmers authorized for participation in the FMNP.

Line 14 **Number of authorized farmers' markets** - Enter the number of farmers' markets authorized for participation in the FMNP.

Line 15 **Number of Authorized Farm or Roadside Stands** - If applicable, enter the number of farm or roadside stands authorized for participation in the FMNP in addition to the farmers' markets reported on line 14.

### FMNP ISSUANCE AND REDEMPTION SUMMARY

These items are self-explanatory.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0447. The time required to complete this information collection is estimated to average 1.0 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.