



**Special Supplemental Nutrition Program for Women, Infants and Children (WIC)  
Farmers' Market Nutrition Program COVID-19 Waiver Request Template**

## Introduction

Section 2204(a)(1) of the Families First Coronavirus Response Act (P.L. 116-127, the Act) provides Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Farmers' Market Nutrition Program (FMNP) State agencies, including participating Indian Tribal Organizations and U.S. Territories, the opportunity to request a waiver of FMNP regulatory requirements from the U.S. Department of Agriculture (USDA), Food and Nutrition Service (FNS). Such requests may only be granted if the State agency: (1) cannot meet program regulatory requirements due to COVID-19, and (2) the waiver is necessary to provide assistance to recipients. This waiver authority solely applies to requirements in FMNP regulations at 7 CFR Part 248, not to requirements contained in Section 17(m) of the Child Nutrition Act of 1966 (CNA, P.L. 89-642). If a regulatory provision is also contained in the CNA, FNS cannot waive the requirement.

USDA has the authority to provide waivers through September 30, 2020. State agency reporting requirements apply. In particular, each State agency that receives waiver approval from USDA FNS must, not later than 1 year after the date such State agency received the waiver, submit a report to the USDA FNS Regional Office which includes: (1) a summary of the use of such waiver by the State agency; and (2) a description of whether such waiver resulted in improved services to FMNP recipients.

## Instructions

This template guides FMNP State agencies through the information FNS will need to evaluate your waiver request. You are not required to use this template, but all of this information must be included in a written request to FNS.

The comment boxes in the template application will expand as you type, so provide as much information as necessary to support your request. If there is additional information that cannot be captured in the template's comment boxes, please include as an attachment. Section C and D are for pre-determined waiver requests. If you need additional regulatory waiver requests, please use Section E and F. In order to properly review your request and ensure all necessary information is captured, please submit only one request per section.

All requests must be sent to the FNS Regional Office. The FNS Regional Office will in turn review your request, ask questions if necessary, and forward the State agency's request along with the Regional Office's recommendation for approval/disapproval to FNS National Office for review.

**NOTE: Many program flexibilities exist which do not require a regulatory waiver. Please refer to the document entitled *FMNP Questions and Answers on Program Flexibilities during a Pandemic* before submitting a regulatory waiver request.**

**For full consideration, please complete all blue sections.**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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-xxxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22313 ATTN: PRA (0584-xxxx). Do not return the completed form to this address.

A. State Agency Information	
State Agency:	Enter State Agency Name.
Date Request Submitted:	Click or tap to enter the date of submission.
State Agency Director Name:	First Name <input type="text"/> Last Name <input type="text"/>
Director Title:	Title <input type="text"/>
State Agency Director Contact Information:	(555) 555-5555 <input type="text"/> Email <input type="text"/>
State Agency Mailing Address:	Full Address <input type="text"/>

## B. Overview

Please provide a brief summary of your request.

## C. Waiver Request Details - Waiver Request for 7 CFR 248.10(a)(4) and (d) (Requirement for face-to-face training)

*"Yes" answers are required for Questions 1-3, along with all additional information requested below, for FNS to consider your State agency's waiver request.*

1. Is your State agency requesting a waiver of FMNP regulatory requirement for face-to-face training contained in <a href="#">7 CFR Part 248.10(a)(4)</a> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide a description of the regulatory requirement:	The State agency shall ensure that face-to-face training is conducted prior to start up of the first year of FMNP participation of a farmers' market and individual farmer.
2. Is your State agency making the request because your State FMNP cannot meet the program's regulatory requirement due to COVID-19?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please explain:	Click or tap here to enter text.
3. Is the waiver necessary to provide assistance to FMNP recipients?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please explain:	Click or tap here to enter text.

**\*\*For Regional Office Use ONLY\*\***

FNS Regional Office Analysis:

(please include a description of any TA provided to the SA and/or additional important details about the SA that would impact consideration of this request)

Click or tap here to enter text.

**D. Waiver Request Details - Waiver Request for 7 CFR 248.10(b)(7)  
(Requirement for Three-year Agreements)**

*"Yes" answers are required for Questions 1-3, along with all additional information requested below, for FNS to consider your State agency's waiver request.*

<p>1. Is your State agency requesting a waiver of the FMNP regulatory requirement for three-year agreements contained in <a href="#">7 CFR Part 248.10(b)(7)</a>?</p>	<p>Yes <input type="checkbox"/></p>
	<p>No <input type="checkbox"/></p>
<p style="text-align: center;">If Yes, please provide a description of the regulatory requirement:</p>	<p>The State agency shall ensure that all participating farmers' markets enter into written agreements with the State agency. The agreement shall be signed by a representative who has legal authority to obligate the farmer, farmers' market and/or roadside stand ... Agreements may not exceed 3 years.</p>
<p>2. Is your State agency making the request because your State FMNP cannot meet the program's regulatory requirement due to COVID-19?</p>	<p>Yes <input type="checkbox"/></p>
	<p>No <input type="checkbox"/></p>
<p style="text-align: center;">If Yes, please explain:</p>	<p>Click or tap here to enter text.</p>
<p>3. Is the waiver necessary to provide assistance to FMNP recipients?</p>	<p>Yes <input type="checkbox"/></p>
	<p>No <input type="checkbox"/></p>
<p style="text-align: center;">If Yes, please explain:</p>	<p>Click or tap here to enter text.</p>
<p><b>**For Regional Office Use ONLY**</b> FNS Regional Office Analysis:  (please include a description of any TA provided to the SA and/or additional important details about the SA that would impact consideration of this request)</p>	<p>Click or tap here to enter text.</p>

**E. Waiver Request Details - Waiver Request for 7 CFR 248 (other)**

*“Yes” answers are required for Questions 1-3, along with all additional information requested below, for FNS to consider your State agency’s waiver request. Please submit one waiver request per page. If additional waiver requests are needed, please copy and paste this table on additional pages.*

1. Is your State agency requesting a waiver(s) of a FMNP regulatory requirement contained in <a href="#">7 CFR Part 248</a> ?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, please provide the regulatory citation(s) and a description of the regulatory requirement:	Click or tap here to enter text.
2. Is your State agency making the request because your State FMNP cannot meet the program’s regulatory requirement due to COVID-19?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, please explain:	Click or tap here to enter text.
3. Is the waiver necessary to provide assistance to FMNP recipients?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, please explain:	Click or tap here to enter text.
<b>**For Regional Office Use ONLY**</b> FNS Regional Office Analysis:  (please include a description of any TA provided to the SA and/or additional important details about the SA that would impact consideration of this request)	Click or tap here to enter text.

**F. Waiver Request Details - Waiver Request for 7 CFR 248 (other)**

*“Yes” answers are required for Questions 1-3, along with all additional information requested below, for FNS to consider your State agency’s waiver request. Please submit one waiver request per page. If additional waiver requests are needed, please copy and paste this table on additional pages.*

4. Is your State agency requesting a waiver(s) of a FMNP regulatory requirement contained in <a href="#">7 CFR Part 248</a> ?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, please provide the regulatory citation(s) and a description of the regulatory requirement:	Click or tap here to enter text.
5. Is your State agency making the request because your State FMNP cannot meet the program’s regulatory requirement due to COVID-19?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, please explain:	Click or tap here to enter text.
6. Is the waiver necessary to provide assistance to FMNP recipients?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
If Yes, please explain:	Click or tap here to enter text.
<b>**For Regional Office Use ONLY**</b> FNS Regional Office Analysis:  (please include a description of any TA provided to the SA and/or additional important details about the SA that would impact consideration of this request)	Click or tap here to enter text.

<b>G. If the waiver request(s) are approved by USDA FNS, does the FMNP State agency agree to, not later than 1 year after the date such State agency receives the waiver, submit a report to the USDA FNS Regional Office which includes:</b>	
1. A summary of the use of such waiver(s) by the State agency?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
2. A description of whether such waiver(s) resulted in improved services to FMNP recipients?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

*Note: The State agency must affirmatively agree to the above elements for FNS to consider the exemption request.*

<b>H. Signature and Date</b>	
Typing your first and last name here constitutes your signature.	Click or tap to enter a date.

***By signing this document electronically, you verify that the information provided above, as well as any attachments, are complete and correct.***