

Appendix G
FY 2024 WIC FMNP State Plan Guidance



WIC Farmers' Market Nutrition Program

Fiscal Year (FY) 2024

Complete State Plan Information for



(State agency name)

The Food and Nutrition Service (FNS) is collecting this information in order to provide fresh, nutritious, unprepared, locally grown fruits and vegetables through farmers' markets and roadside stands to WIC participants, and to expand awareness and use of, and sales at, farmers' markets and roadside stands through the WIC Farmers' Market Nutrition Program (FMNP). This is a mandatory collection and FNS will use the information to ensure the efficient management of the FMNP. The collection does not request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. 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 0584-0447. The time required to complete this information collection is estimated to average 40 hours 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 22314. ATTN: PRA (0584-0447). Do not return the completed form to this address.



**WIC Farmers' Market Nutrition Program (FMNP)
Fiscal Year 2024
State Plan Guidance**

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WIC FARMERS' MARKET NUTRITION PROGRAM
State Plan of Operations
Fiscal Year 2024

Please clearly identify any attachments/addenda according to the numbering/lettering system described in the “Appendices” section of this document.

State Agency: _____

I. Goals

A. Describe the State agency's plans to achieve the dual purposes of the FMNP (§ 248.1) 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(a)(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 2023), please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:

1. The number and category (women, infants, children) of participants served;
2. The scope of the program (e.g., limited to a city, a county, or was it a State agency-wide program?); and
3. The source(s) of funding for the program.

Please include any data that was collected concerning the benefits or impact of the program(s).

II. General Administration

A. This section of the FMNP State Plan Guidance is to report on general operations.

1. Number of FMNP recipients in FY 2023 (if applicable): _____
2. Estimated number of FMNP recipients for FY 2024: _____
3. Proposed months of FMNP operations (i.e., months of benefit usage by participants):
_____ through _____ (No later than 11/30)
4. Proposed months of FMNP coupon or food instrument issuance: _____ through _____
(No later than 9/30)
5. Proposed months of coupon or food instrument redemption by recipients: _____ through

6. Proposed months of submission for payment by farmers/farmers' markets/roadside
stands: _____ through _____
7. Is the State agency aware of any S/FMNP authorized outlets also authorized to accept
WIC Cash Value Vouchers/Benefits (CVVs/CVBs)?

Yes No

8. Are any markets currently/planning to offer incentives (for example, Double Bucks)?

Yes No

If yes, for which programs? WIC SNAP FMNP SFMNP Other: _____

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

9. Do any farmers allow participants to order eligible foods by phone or online for pick-up
and payment at the market?

Yes No

If yes, please list the farmers or markets or provide a map detailing which offer online
ordering and cite appendix reference.

10. Briefly describe the coupon/food instrument system used (e.g., paper coupons, e-solution,

other): _____

If applicable, please reference and attach the appendix/amendment for the State agency's e-solution as required under Appendix B of the [WIC FMNP and SFMNP FY 2022 Guidance Package | Food and Nutrition Service \(usda.gov\)](#).

B. Staffing

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

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"/>

Paid through State agency FMNP funds/sources (specify source) _____

<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"/>

Paid through other funding source(s) – specify source(s) _____

<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. 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.

D. Indicate in the space provided the **State agency** that will be responsible for performing (or overseeing the local agency or other entity/organization that will perform) each function listed below (e.g., State Department of Agriculture, State Department of Health, State Agency on Aging, etc.):

_____ Lead State agency

_____ Certify recipients for the FMNP

_____ Issue FMNP food instruments to local agencies/clinics

_____ Issue FMNP food instruments to participants

_____ Instruct recipients on proper use of food instruments

_____ Provide nutrition education for the FMNP

_____ Reconcile FMNP food instruments

- _____ 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 (WIC CVVs/CVBs) issued to FMNP participants

If the FMNP 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. **Please list attachment.** _____

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

- Individuals Households

F. The lowest federal benefit amount that any FMNP recipient will receive is \$ _____ and the highest is \$ _____. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. _____

§ 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 State agencies 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.

III. Funding

A. Describe in detail 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 2 CFR 225 (Cost Principles Applicable to Grants and Contracts with State agency 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;
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 agency match requirement** for the FMNP, which will be \$ _____ for your State agency in FY **2024** based on the Federal Funds Request and State agency Matching Funds Estimation Worksheet on pages 14-15, per § 248.14(a)(i-ii).

(Please note that the 30 percent minimum match requirement only applies to the total FMNP administrative cost, although the State agency may meet this match requirement with State agency funds provided for food in addition to administrative costs.)

Type	Source	Amount
State agency and local funds		\$
Private funds		\$
In-kind contributions		\$
Similar programs		\$
Program income		\$
	Total:	\$

State agency 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 Price Adjustments, Collections, Fines, and Program Income](#))

- 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 2024?

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. Food instrument issuance and redemption
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 agency'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 agency 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 is the FMNP Federal Funds Allocation Process and how the State agency match is calculated.

1. Total Federal funds requested (prior year's total Federal grant) X 17% (or 19% if requesting a maximum of 2% for market development or technical assistance) = federal administrative funds.
2. Federal administrative funds ÷ 70% = Estimated total administrative cost.
3. Estimated total administrative cost x 30% = State agency match amount.

(A State agency may provide more in State agency 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 agency match amount = Estimated total Program cost.

F. Federal Funds Request and Budget Worksheets

§ 248.4(a)(4) of the federal FMNP regulations require that the State Plan include a detailed budget, including a description of the federal and non-federal funds that will be used to operate the Program. The types of worksheets used to calculate your federal funds are described below.

FMNP FY 2024 Budget Summary:

If using the excel worksheet provided to assist with calculations, please attach a copy of the worksheet to this section or cite appendix reference. _____

(Please note: FMNP State agencies that received an American Rescue Plan Act (ARPA) grant to modernize benefit delivery should not include those funds in their FY 2024 Budget Summary. These worksheets should reflect program operations with regular FY 2023 and FY 2024 funds and with FY 2024 expansion funds, should they become available. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.)

I. FY 2024 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 AGENCY MATCHING FUNDS ESTIMATION

This worksheet estimates either the amount of federal funds based on the State agency match amount available, or for estimating the State agency 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

WORKSHEET I. FY 2024 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

Note: State agencies that received an American Rescue Plan Act (ARPA) grant should not include ARPA funds in these calculations. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.

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):* \$

WORKSHEET II. FY 2024 FMNP ADMINISTRATIVE BUDGET ESTIMATE

Note: State agencies that received an American Rescue Plan Act (ARPA) grant should not include ARPA funds in these calculations. Reporting requirements for ARPA grants are specified in the grants’ terms and conditions.

Use **Table B** if requesting use of 2% market development funds.

Table A.

Food Instrument Management	Market Management	Nutrition Education	Financial Management	Total @ 17%
\$	\$	\$	\$	\$
%	%	%	%	100%

Table B.

Food Instrument Management	Market Management	Nutrition Education	Financial Management	Total @ 19%
\$	\$	\$	\$	\$
%	%	%	%	100%

Food Instrument Management: Pricing and reconciling/issuing food instruments 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.

WORKSHEET III. FY 2024 FMNP FEDERAL FUNDS REQUEST AND STATE AGENCY MATCHING FUNDS ESTIMATION

Note: State agencies that received an American Rescue Plan Act (ARPA) grant should not include ARPA funds in these calculations. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.

Part A of this worksheet should be completed by a State agency that knows exactly the amount of State agency funds available to meet the matching requirement, and wants to estimate the level of federal funds the State agency 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.

For State agencies requesting the extra 2 percent administrative rate for market development or technical assistance to promote such development in disadvantaged areas or remote rural areas, use the calculations based on 19 percent to determine your (A) estimated total federal funds or (B) estimated total program funds.

A. To estimate the federal 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 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" value="\$"/>	/.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 agency Matching Funds:	<input type="text"/>	+	Total Federal Funds	<input type="text" value="\$"/> =
<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" value="\$"/>	/.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"/>
=	<input type="text"/>	State Agency's Match for New Fiscal Year.		
5. State agency Matching Funds:	<input type="text"/>	+	Total Federal Funds	<input type="text"/> =
<input type="text" value="\$"/>	Estimated Total Program Funds			

WORKSHEET IV. FY 2024 FMNP FEDERAL FOOD FUND REQUEST BASED ON A UNIFORM BENEFIT LEVEL

Note: State agencies that received an American Rescue Plan Act (ARPA) grant should not include ARPA funds in these calculations. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.

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" value="\$"/>
2. Percent of Total Federal Funds Available for Food:	x .83	or	x. 81
3. Available Food Funds:	<input type="text" value="\$"/>		<input type="text" value="\$"/>
	Divided by		Divided by
4. Proposed Federal Food Benefit Level Minimum \$10; Maximum \$30	<input type="text" value="\$"/>		<input type="text" value="\$"/>
5. Total Projected Federal Caseload:	<input type="text"/>		<input type="text"/>

WORKSHEET V. FY 2024 FMNP FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

Note: State agencies that received an American Rescue Plan Act (ARPA) grant should not include ARPA funds in these calculations. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.

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 receive a benefit level different from the other categories):

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

2. Percent of Total Federal Funds Available for Food: **x .83** **or** **x. 81**

3. Available Food Funds:

	CATEGORY I (specify)	CATEGORY II (specify)	CATEGORY III (specify)
4. Number of Proposed Program Recipients by Category			

X **X** **X**

5. Proposed food benefit level:

6. Total per category =

7. Add together the total of Lines 6, which must be equal to or be less than the total available Federal food funds in line 3:

CATEGORY I	CATEGORY II	CATEGORY III	Grand Total
\$	+	\$	+
\$	+	\$	=
			\$

IV. Certification

1. As required under § 248.4(a)(9), describe the State agency's plans to target areas with a high concentration of eligible persons and access to farmers' markets within the broadest possible geographic area. For example, will the State agency concentrate on serving only a few areas where there are large numbers of WIC recipients who have access to farmers' markets, or will it provide State agency-wide coverage? _____

a. Provide a detailed description of the service area(s), including the number and addresses of participating markets, roadside stands, and WIC clinics.

b. Attach a map outlining the service area(s) and proximity of markets and roadside stands to clinics in Appendix J.

c. Estimated number of WIC recipients per clinic:

<u>Clinic</u>	<u># of Recipients</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 food instruments, 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 for and/or recipients of 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 § 248.24 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 that the applicant and/or recipient provided to the Program?

Yes No

d. Does the State agency permit an FMNP applicant or recipient 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

Does the State agency have policies and procedures in place to prevent and detect dual participation (participation of program recipients in more than one service delivery area at the same time) in FMNP?

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. Food Instrument and Market Management (§ 248.10)

A. Issuing FMNP food instruments (coupons, checks, e-solution benefits) to recipients.

1. Describe the State agency's procedures for ensuring the secure transportation and storage of food instruments. Include the method used to transport food instruments 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 food instruments are stored, or how secure handling of food instrument stock and electronic food instrument 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 food instrument 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 food instruments to recipients.

3. Describe the State agency's system for instructing recipients on the proper use of FMNP food instruments. If this function is performed by the WIC local agency on behalf of the FMNP State agency, indicate who issues the food instruments; what materials are provided during issuance; and who explains the use of the food instrument and redemption procedures to the recipient. Please include materials provided to recipients instructing them on how to use FMNP food instruments and any list of authorized farmers' markets provided to recipients.

4. Describe the State agency's FMNP coupon replacement policy or include the statement that FMNP coupons will not be replaced.

5. Attach a copy of the log or other form used to record food instrument issuance to valid certified recipients (Appendix H).

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 food instruments.

1. Describe the State agency's general authorization procedures for farmers and/or farmers' markets and roadside stands.

2. List or attach the criteria used to authorize farmers' markets (Appendix K). 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 (Appendix L). 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 agency 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 food instruments; 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 (Appendix F).

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 only within State agency borders, but may be defined to include areas in neighboring State agencies adjacent to its borders. How does the State agency define "locally grown produce" in order to designate FMNP eligible foods?

- Within the State agency borders only
- Within the State agency 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 (Appendix M), i.e., a location in which a single, individual farmer sells their 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 2024:

_____ Farmers
_____ Farmers' markets
_____ Roadside stands

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

Yes No

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 food instrument 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 food instruments within the dates of their validity and submit food instruments 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 food instruments with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted FMNP food instrument 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 and the farmers' markets, each transacted FMNP food instrument 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 food instrument 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 food instruments 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 food instrument purchases;
 - ii. Seek restitution from FMNP recipients for food instruments not paid by the State agency; and
 - iii. Issue cash change or credit (including rain checks) in exchange for purchases that are in an amount less than the value of the FMNP food instrument(s).

3. Neither the State agency nor the farmer and/or farmers' market or roadside stand have an obligation to renew the agreement. 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 food instruments or may establish a claim for payments already made on improperly redeemed food instruments. 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 agency 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, farmers' markets, roadside stands

State agencies shall conduct annual training for farmers and/or farmers' market managers in the FMNP. The State agency must conduct a one-time, 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 interactive 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 food instrument redemption procedures, including deadlines for submission of food instruments 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 food instruments safely; and
 - Guidelines for canceling FMNP food instruments, such as punching holes or rubber-stamping.
1. Describe the procedures the State agency has in place for the face-to-face training required for all farmers and farmers' market managers who have never previously participated in the FMNP. This description should also include the subsequent training methods made available to authorized farmers and farmers' market managers after the first year's face-to face training.

E. Food Instrument Benefit Accountability

The food instrument reconciliation process as contained in § 248.10 is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each food instrument benefit, from the time it is issued through its redemption. While State agencies are not required to extract and show, for each coupon, the participant and the farmer/market associated with the coupon and record the link (e.g., in the form of a spreadsheet or other document), State agencies must have the ability to trace redeemed coupons to a valid recipient and authorized farmer/market.

The State agency is responsible for reconciling validly redeemed food instruments, as well as lost, stolen, voided, expired, or FMNP food instrument transactions that do not match issuance records. The process for reconciling lost and/or stolen food instruments must ensure that farmers accepting such food instruments 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 food instrument transactions that were redeemed, voided, expired, or reported lost or stolen and not matching issuance records. Validly redeemed FMNP food instrument 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, at a minimum:
 - Have a valid recipient identifier based on the issuance log;
 - Have a unique and sequential serial number;

- Be transacted within valid dates; and
- Be redeemed by an authorized farmers' market, an authorized farmer operating under the auspices of the authorized market, or operating an authorized roadside stand.

a. Describe the State agency's system for ensuring that food instrument benefits are redeemed only by authorized farmers, farmers' markets, or roadside stands for eligible foods.

b. Describe the State agency's system for identifying and disallowing food instrument transactions that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets or roadside stands.

2. Food Instrument 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 food instruments, liquidate obligations, and submit its financial and program data report (FNS-683b) to FNS **no later than January 30 of each year.**

Provide a copy of the FMNP food instrument in Appendix I.

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 food instruments redeemed within a farmers’ market or roadside stand and within a State agency;
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 2024. § 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 agency 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.

New Fiscal Year:

_____	Total # of Local Agencies
_____	# of local agencies to be reviewed (This is the # of local agencies, not the # of participating clinics.)
_____	Total # of Farmers Markets Authorized
_____	# of markets to be reviewed (minimum of 10%)
_____	Total # of Farmers authorized
_____	# of farmers to be reviewed (minimum of 10%)
_____	Total # of Roadside Stands authorized
_____	# of Roadside Stands to be reviewed (minimum of 10%)

Previous Fiscal Year: _____

_____	Total # of Local Agencies
_____	# of local agencies reviewed (This is the # of local agencies, not the # of participating clinics.)
_____	Total # of Farmers Markets Authorized
_____	# of markets reviewed
_____	Total # Farmers authorized
_____	# of farmers reviewed
_____	Total # of Roadside stands authorized
_____	# of Roadside stands reviewed

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 2024. (§ 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 (Appendix R).**

E. Briefly summarize findings and corrective action taken from any reviews conducted in the previous year (FY **2023**): _____

VII. Nutrition Education Requirements

- A. Describe in detail, per § 248.9, the State agency’s plan to provide nutrition education to FMNP recipients and the manner in which it is provided (e.g., in person, mailed materials, online). 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.

Guidelines:

1. Responsibility

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 (no more than 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.

2. 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 agency-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 agency; 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.

3. 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, 2020-2025](#) 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 2020-2025 Dietary Guidelines for Americans are designed to promote food and physical activity

choices for a healthy lifestyle, are as follows:

- 1) **Follow a healthy dietary pattern at every life stage.** At every life stage—infancy, toddlerhood, childhood, adolescence, adulthood, pregnancy, lactation, and older adulthood—it is never too early or too late to eat healthfully.
- 2) **Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations.** A healthy dietary pattern can benefit all individuals regardless of age, race, or ethnicity, or current health status. The Dietary Guidelines provides a framework intended to be customized to individual needs and preferences, as well as the foodways of the diverse cultures in the United States.
- 3) **Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits.** An underlying premise of the Dietary Guidelines is that nutritional needs should be met primarily from foods and beverages—specifically, nutrient-dense foods and beverages. Nutrient-dense foods provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium. A healthy dietary pattern consists of nutrient-dense forms of foods and beverages across all food groups, in recommended amounts, and within calorie limits.
- 4) **Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages.** At every life stage, meeting food group recommendations—even with nutrient-dense choices—requires most of a person’s daily calorie needs and sodium limits. A healthy dietary pattern doesn’t have much room for extra added sugars, saturated fat, or sodium—or for alcoholic beverages. A small amount of added sugars, saturated fat, or sodium can be added to nutrient-dense foods and beverages to help meet food group recommendations, but foods and beverages high in these components should be limited.

These key guidelines—along with consumer resources available online through the [My Plate url: www.myplate.gov](http://www.myplate.gov) website, such as [MyPlate Plan](#), [MyPlate App](#), [MyPlate Quiz](#), 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.

- B. List or attach the locations or settings where nutrition education for FMNP is provided (e.g., WIC clinics, farmers’ markets, community centers, childcare facilities, or schools). If nutrition education is provided remotely (e.g., mailed materials, online), please write N/A.

1. 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
- 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., specify): _____

- Non-profit organizations (specify): _____
- For-profit organizations (specify): _____
- Industry (specify): _____
- Professional organizations (specify): _____
- Educational Institutions (specify): _____
- Religious Institutions (specify): _____
- Other (specify): _____

2. 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 agency initiatives.

3. 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.

4. Does the State agency plan to develop new recipient educational materials containing the current Dietary Guidelines for Americans messages?

Yes No

If yes, please describe the elements below.

Type of material	Target audience	Project completion date
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. 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

A. Civil Rights

Executive Order (EO) 13988, “Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation.” was issued to all Federal Agencies. The EO set out policies that all persons are entitled to dignity, respect, and equal treatment under the law, no matter their gender identity or sexual orientation. The EO does not usurp section 17 of 42 U.S.C, as amended or applicable regulations. However, where appropriate, State agencies may update their policies and procedures to align with the contents of the EO.

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P->

Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or**

2. fax:

(833) 256-1665 or (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 too 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?

“This institution 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, roadside stand, 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 food instruments) 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, farmers' 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 2 CFR 421. Per 2 CFR 421, 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 2 CFR 417, 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

6. Have there been any fair hearings in the previous year?

Yes No

If yes, how many? Indicate for which program. _____

7. Have there been participant complaints in the previous year?

Yes No

If yes, how many? Indicate for which program. _____

Appendices

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



Required



	Please indicate the fiscal year of the last approved appendix	Please indicate if a change (Y) or if no change (N) has occurred since the last applicable approved appendix	
A.	<input type="text"/>	<input type="text"/>	Administrative forms, including the Federal-State Supplemental Nutrition Programs Agreement (FNS-339; expiration of 6/30/2025) and, if applicable, the Certification Regarding Lobbying and the Disclosure of Lobbying Activities (SF-LLL)
B.	<input type="text"/>	<input type="text"/>	Job Descriptions
C.	<input type="text"/>	<input type="text"/>	Copies of signed agreements between the State Agency and another State Agency (delineating the functions to be performed)
D.	<input type="text"/>	<input type="text"/>	Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, and roadside stands (if applicable)
E.	<input type="text"/>	<input type="text"/>	Supporting documentation for State agency, private, in-kind, or similar program funding
F.	<input type="text"/>	<input type="text"/>	List of fruits, vegetables and/or fresh herbs that are eligible in the Program
G.	<input type="text"/>	<input type="text"/>	Samples of reporting forms for record keeping (if available)
H.	<input type="text"/>	<input type="text"/>	Copy of the log or other forms used to record and report food instrument issuance and inventory
I.	<input type="text"/>	<input type="text"/>	Copy of the FMNP food instrument (coupon, check, e-solution benefit, etc.)

J.	<input type="checkbox"/>	<input type="checkbox"/>	Map outlining service areas and proximity of farmers' markets, and/or roadside stands, from the prior year's operation to WIC clinics
K.	<input type="checkbox"/>	<input type="checkbox"/>	List of criteria used to authorize farmers' markets
L.	<input type="checkbox"/>	<input type="checkbox"/>	List of criteria used to authorize farmers
M.	<input type="checkbox"/>	<input type="checkbox"/>	List of criteria used to authorize roadside stands
N.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of prototype agreements for farmers, farmers' markets, associations, and roadside stands (if applicable)
O.	<input type="checkbox"/>	<input type="checkbox"/>	Training materials for farmers, farmers' markets, and roadside stands (if applicable)
P.	<input type="checkbox"/>	<input type="checkbox"/>	State agency's monitoring tool(s) to review farmers, farmers' markets, and roadside stands
Q.	<input type="checkbox"/>	<input type="checkbox"/>	Sample State agency-wide application form for interested farmers, farmers' markets, and roadside stands
R.	<input type="checkbox"/>	<input type="checkbox"/>	State agency's monitoring tool to review local agencies/clinics

Optional

	Please indicate the fiscal year of the last approved appendix	Please indicate if a change (Y) or if no change (N) has occurred since the last applicable approved appendix	
1.	<input type="checkbox"/>	<input type="checkbox"/>	State agency training tools for local agencies
2.	<input type="checkbox"/>	<input type="checkbox"/>	Sample proxy form
3.	<input type="checkbox"/>	<input type="checkbox"/>	Examples of nutrition education materials
4.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of form to request an appeal/fair hearing and procedures
5.	<input type="checkbox"/>	<input type="checkbox"/>	Copy of other agency's nutrition education plans for FMNP participants

6.   Sample notification of ineligibility (rights and responsibilities for FMNP participants should take place during the WIC certification visit per 7 CFR 246.7(j))

7.   Instructions to recipients, including rights and responsibilities (notification for WIC (and FMNP) ineligibility must take place during a WIC certification visit per 7 CFR 246.7(j)(5))

Please list any other attachments or appendices: 