

Appendix F
FY 2024 Consolidated State Plan Guidance
WIC FMNP & SFMNP



Senior Farmers' Market Nutrition Program and 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 low-income seniors, and to expand awareness and use of, and sales at, farmers' markets and roadside stands through the WIC Farmers' Market Nutrition Program (FMNP) and Senior Farmers' Market Nutrition Program (SFMNP). This is a mandatory collection and FNS will use the information to ensure the efficient management of the FMNP and SFMNP. 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 numbers for this information collection are 0584-0447 and 0584-0541. 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 (0584-0447/0584-0541). Do not return the completed form to this address.



**Senior Farmers’ Market Nutrition Program (SFMNP) and
WIC Farmers’ Market Nutrition Program (FMNP)
Fiscal Year (FY) 2024 Consolidated State Plan Guidance**

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

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

State Agency: _____

I. Goals

A. Describe the State agency's plans to achieve each of the purposes of the SFMNP (§ 249.1) and the FMNP (§ 248.1), as follows:

SFMNP:

1. To provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs from farmers’ markets, roadside stands, and CSA programs to low-income seniors;

2. To increase the domestic consumption of agricultural commodities by expanding or aiding in the expansion of domestic farmers' markets, roadside stands, and CSA programs; and

3. To develop or aid in the development of new and additional farmers' markets, roadside stands, and CSA programs.

FMNP:

1. To provide resources in the form of fresh, nutritious, unprepared foods (fruits, 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 are on the 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 programs 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 operation and administration of the SFMNP (§ 249.4(a)(9)(i)) and 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 SFMNP or 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 (seniors, women, infants, children) of participants served;
2. The scope of the program (e.g., limited to a city, 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

(**Please note:** SFMNP State agencies that received an American Rescue Plan Act (ARPA) grant should not include ARPA-funded participation or benefit amounts in this section. This section should reflect program operations with regular FY 2023 and FY 2024 funds. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.)

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

1. Number of participants in FY 2023 (if applicable):
SFMNP: _____ FMNP: _____
2. Estimated number of participants in FY 2024:
SFMNP: _____ FMNP: _____
3. Proposed months of Program operation (i.e., months of benefit usage by participants (No later than 11/30)):
SFMNP: _____ through _____
FMNP: _____ through _____
4. Proposed months of food instruments issuance (No later than 9/30):
SFMNP: _____ through _____
FMNP: _____ through _____

5. Proposed months of benefit redemption (submission for payment) by farmers, markets roadside stands, and/or CSAs:
 SFMNP: _____ through _____
 FMNP: _____ through _____
6. (SFMNP only) Proposed months of bulk purchase: _____ through _____
7. Is the State agency aware of any SFMNP or 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 SFMNP/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. § 249.4(a)(4) of the federal SFMNP regulations and § 248.4(a)(3) of the federal FMNP regulations require a detailed budget in the State Plan, including a description of the federal and non-federal funds that will be used to operate the program. Although use of non-federal funds is not required under the SFMNP, describing the use of any such funds is helpful for the State agency and FNS to understand the administrative capabilities of the State agency; the use of non-federal funds will not result in the reduction of the federal grant.

Paid through Federal SFMNP Administrative funds

<u>Position</u>	Percentage of Funds Allocated to:	
	<u>Full Time</u>	<u>Part Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paid through Non-Federal SFMNP funds/sources (specify source) _____

<u>Position</u>	Percentage of Funds Allocated to:	
	<u>Full Time</u>	<u>Part Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paid through Federal FMNP Administrative funds

**Percentage of Funds
Allocated to:**

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**Percentage of Funds
Allocated to:**

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Paid through other funding source(s) (specify source and program) _____

**Percentage of Funds
Allocated to:**

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 State agency under the FMNP and/or SFMNP?

Yes No

If yes, list the State or local government agency(ies) and/or other organizations, and include which program they will provide services for.

Include a copy of the signed agreement(s) between the State agency and other agencies and/or the non-profit or for-profit organizations delineating the services to be performed. (§ 248.4(a)(1) & (§ 249.4(a)(1)).

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 participants for the SFMNP

_____ Collect racial/ethnic participation information for the SFMNP

_____ Certify WIC recipients for the FMNP

_____ Authorize and train local agencies/clinics

_____ Issue food instruments to participants

_____ Issue food instruments to local agencies/clinics

_____ Negotiate contracts with CSA/bulk purchase farmers (SFMNP only)

_____ Provide nutrition education to program participants

_____ Reconcile food instruments

_____ Conduct reviews of local agencies/clinics

_____ Authorize farmers/farmers' markets/roadside stands/CSA programs

_____ Train farmers/farmers' markets/roadside stands/CSA programs

_____ Monitor farmers/farmers' markets/roadside stands/bulk purchase/CSA programs

_____ Manage WIC Cash Value Vouchers/Benefits (CVVs/CVBs) issued to FMNP participants

If the State agency and the partnering State agency(ies) are different, include as an attachment a copy of each signed agreement between the agencies, clearly stating the functions to be performed as indicated above. The written agreement(s) 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 how Program benefits will be issued to participants (allocated either by individuals or by household):

SFMNP: Individuals Households

FMNP: Individuals Households

F. Indicate the total federal food instrument amount for each participant for each Program:

SFMNP: \$_____ FMNP: \$_____

(§ 249.8(b) of the federal SFMNP regulations states that the federal SFMNP benefit level received by each participant, whether a household or individual, may not be less than \$20 per year or more than \$50 per year, except for certain State agencies that were legaced into the SFMNP using a different benefit level.

Similarly, § 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).

G. If applicable, indicate the total federal SFMNP benefit amount allotted to each participant for use at a CSA Program if this benefit amount is different than for use at farmers' markets or roadside stands: \$_____ (§ 249.8(b) of the federal SFMNP regulations states that such SFMNP participants may receive a higher benefit level than non-CSA participants, but it may not be more than \$50 per year, except under certain conditions).

H. If applicable, indicate the total federal SFMNP benefit amount for each participant for use in a bulk purchase program (if this benefit amount is different than for use at farmers' markets or roadside stands): \$_____

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 SFMNP/FMNP. At a minimum, include the following elements:

1. Procedures to ensure prompt and accurate payment of allowable and allocable costs, and to ensure that costs claimed are in accordance with 2 CFR 225 (the cost principles and standard provisions of 2 CFR part 200, subpart E, USDA implementing regulations 2 CFR parts 400 and 415) and FNS guidelines and instructions (see § 249.11(d) of SFMNP regulations on allowable and allocable costs and § 248.12 of FMNP regulations and FMNP Policy Memorandum 2002-1);
2. Procedures for obligating funds, including disbursing funds from the Letter of Credit;
3. Description(s) of how farmers are paid;
4. Claims procedures for overpayments to farmers, farmers' markets, roadside stands, bulk purchases, CSAs, and participants; and
5. 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 the State agency Matching Funds Estimation Worksheet on pages 21-22, 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, please attach documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.

Private funds: Please 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, please describe the in-kind contribution and its monetary value, and include 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 or any other FNS program cannot be used as a match source.**

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 FMNP funds for market development or technical assistance to farmers' markets in FY 2024?

Yes No

NOTE: These funds are only available to develop or assist 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 (§ 248.14(h)).

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

D. Describe in detail the State agency's record keeping systems for the SFMNP (§ 249.23) and the FMNP (§ 248.23), addressing **at a minimum** the following areas:

1. Financial operations
2. Food instrument issuance and redemption
3. CSA/bulk purchase contracts and payments (SFMNP only)

4. SFMNP/FMNP participation reporting
5. Tracking staff time and other administrative expenses to ensure that federal SFMNP/FMNP funds are only used for costs which are allowable and allocable for the SFMNP/FMNP.

NOTE: A description of the State agency's financial management system is required earlier in Section III(A). 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 should be attached to this document.

E. FMNP Federal Funds Allocation Process and the State agency Match

As required under § 248.14(a)(i), there is a matching requirement of administrative funds equal to or not less than 30 percent. Detailed below are 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 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

§ 249.4(a)(4) of the Federal SFMNP regulations and § 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 each program, and assurance that no more than 50 percent of the Federal SFMNP Food grant will be used for CSA programs, except as stipulated at 7 CFR 249.10(a)(5). The types of worksheets used to calculate your federal funds are described below.

SFMNP 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: State agencies that received an American Rescue Plan Act (ARPA) grant should not include those funds or related ARPA-funded operations 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 SFMNP ESTIMATED FEDERAL BUDGET SUMMARY

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

II. FY 2024 SFMNP ADMINISTRATIVE BUDGET ESTIMATE

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

III. FY 2024 ESTIMATED SFMNP FEDERAL CASELOAD CALCULATION

This worksheet summarizes participant caseload in relation to funding. **All State agencies must complete this worksheet.**

IV. FY 2024 ESTIMATED SFMNP NON-FEDERAL BUDGET SOURCE OF NON-FEDERAL FUNDS

This worksheet summarizes non-federal funding used to support the SFMNP. **All State agencies must complete this worksheet.**

State Agency: _____

Universal Identifier _____

WORKSHEET I. FY 2024 SFMNP PROPOSED 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 <i>(Prior Year's Total Federal Grant or Less):</i>	<input type="text" value="\$"/>
2. Plus: Expansion Funds Requested (if any): <i>(Include expansion funds in calculation of requested funds)</i>	<input type="text" value="\$"/>
3. Total Federal Funds requested (line 1 + line 2)	<input type="text" value="\$"/>
4. Less: Federal Administrative Funds at 10% of Total:	<input type="text" value="\$"/>
5. Federal Foods Funds (minimum 90% of total):	<input type="text" value="\$"/>

WORKSHEET II. FY 2024 SFMNP 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.

Certification	Food Instrument Management	Market Management	Nutrition Education	Financial Management	Total @ 10%
\$	\$	\$	\$	\$	\$
%	%	%	%	%	100%

Certification: Eligibility determinations and outreach services.

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 SFMNP audits.

WORKSHEET III. FY 2024 ESTIMATED SFMNP FEDERAL CASELOAD CALCULATION

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 determines the number of participants that can be supported with the Federal funds requested. To ensure that no more than 50 percent of the SFMNP grant has been used for CSA programs; line 4 must not exceed one half of line 3 on this page. If benefits are not used for CSA programs, then only the first three steps below apply. Line 9, the Grand Total, includes non-CSA program caseload and CSA/bulk purchase program caseloads. Line 10 provides the percentage of the SFMNP food funds grant used only for CSA programs.

State Agency:

1. Federal food funds for food instruments (non-CSA/Bulk purchase)	\$ <input style="width: 80px;" type="text"/>
2. Proposed non-CSA food instrument benefit level (Minimum \$20, Maximum \$50) (Except for a current State agency that has legacied in a lower benefit level)	\$ <input style="width: 80px;" type="text"/>
3. Total projected food instrument Federal caseload (Total Federal food funds for food instrument option divided by food instrument benefit level [Line 1 divided by Line 2]):	<input style="width: 100px; height: 40px;" type="text"/>
4. Available food funds remaining for participants using CSA and/or bulk purchase programs (total Federal food funds minus federal food funds for food instrument option (Worksheet I #5 minus Worksheet III #1)	
a. CSA	<input style="width: 80px;" type="text"/>
b. Bulk Purchase	<input style="width: 80px;" type="text"/>
5. Proposed total CSA benefit level (May be the same as for non-CSA participants, or higher, but must be a minimum \$20, maximum \$50, and must be the same for all CSA participants, except per § 249.8(b)).	\$ <input style="width: 80px;" type="text"/>
6. Total projected CSA Federal caseload: (#4a divided by #5)	<input style="width: 100px; height: 30px;" type="text"/>
7. Total projected bulk purchase benefit level	\$ <input style="width: 80px;" type="text"/>
8. Total projected bulk purchase caseload: (#4b divided by #7)	<input style="width: 100px; height: 20px;" type="text"/>
9. Grand Total Projected Federal Caseload Please fill out only one option (continued on next page).	<hr style="width: 100%; border: 0.5px solid black;"/>

(Line 3) = Food instrument only	OR	<input type="text"/>
(Line 3 + Line 6) = Food instrument and CSA option	OR	<input type="text"/>
(Line 3 + Line 8) = Food instrument and bulk purchase option	OR	<input type="text"/>
(Line 6) = CSA only	OR	<input type="text"/>
(Line 8) = Bulk purchase only	OR	<input type="text"/>
(Line 3 + Line 6 + Line 8) = All Options		<input type="text"/>

10. Line 4a Worksheet III divided by Line 5 Worksheet I (Federal food funds for CSA divided by total Federal food funds), multiplied by 100 (this total may not be more than 50%).

%

WORKSHEET IV. FY 2024 ESTIMATED SFMNP NON-FEDERAL BUDGET SOURCE OF NON-FEDERAL FUNDS

Please list the source and amount of non-Federal funds, if any, which the State agency plans to use for the SFMNP. § 249.4(a)(4) of the Federal SFMNP regulations requires a detailed budget in the State Plan, including a description of the Federal and non-Federal funds that will be used to operate the Program. This information supports whether the State agency will have sufficient resources to meet caseload and/or administrative goals beyond those supported by Federal funds.

Type	Source	Amount	Purpose
State agency and Local Funds		\$	
Private Funds		\$	
Other		\$	
Total		\$	

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: 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. **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 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 <i>(Prior Year's Total Federal Grant or Less):</i>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
2. Plus: Expansion funds requested (if any): <i>(Include expansion funds in calculation of requested funds)</i>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
3. Less: Federal administrative funds at 17% of total:	<input type="text" value="\$"/>	
4. Less: Market development/technical assistance funds: <i>(up to 2% of total)</i>		<input type="text" value="\$"/>
5. Federal foods funds:		
a. 83% <i>(total without market development funds request):</i>	<input type="text" value="\$"/>	
OR		
b. 81% <i>(total with market development funds request):</i>		<input type="text" value="\$"/>

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: \$ **/.83** = Total Federal Funds Requested, Food and Administrative

2. Total Federal Funds Requested: **x.17** = Federal Administrative Funds

3. Federal Administrative Funds: **/.70** = Estimated Total Administrative Funds, Federal and State

4. Estimated Total Administrative Funds: - Federal Administrative Funds:
 = State Agency's Match for New Fiscal Year.

5. State agency Matching Funds: + Total Federal Funds \$ =
 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: \$ **/.81** = Total Federal Funds Requested, Food and Administrative

2. Total Federal Funds Requested: **x.19** = Federal Administrative Funds

3. Federal Administrative Funds: **/.70** = Estimated Total Administrative Funds, Federal and State

4. Estimated Total Administrative Funds: - Federal Administrative Funds:
 = State Agency's Match for New Fiscal Year.

5. State agency Matching Funds: + Total Federal Funds \$ =
 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):				
			\$	
2. Percent of Total Federal Funds Available for Food:				
	x .83	or	x. 81	
3. Available Food Funds:				
	\$		\$	
	Divided by		Divided by	
4. Proposed Federal Food Benefit Level Minimum \$10; Maximum \$30				
	\$		\$	
5. Total Projected Federal Caseload:				

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 (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):

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

A. Targeting Benefits

SFMNP:

1. As required under § 249.4(a)(9), describe the State agency's plans to target areas with a high concentration of eligible persons and access to farmers' markets, roadside stands and/or CSA programs 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 potential participants who have access to farmers' markets, roadside stands and/or CSA programs, or will it provide State agency-wide coverage?

- a. Provide a detailed description of the service area(s), including the number (and location, if available) of participating markets/roadside stands/CSA/bulk purchase programs and local agencies (such as Area Agencies on Aging, Senior Centers or CSFP distribution sites).

- b. Estimated number of SFMNP participants per local agency:

Local Agency:

of Participants:

2. As required under § 249.6(g)(2), when all available program benefits have been allocated to eligible participants, are local agencies required to maintain a waiting list of new applicants likely to be served?

Yes No

If yes, will which of the following be included on the waiting list?

- Name of the applicant
- Date placed on waiting list
- Address
- Participant telephone number
- Participant mobile telephone number
- Other telephone number
- Other: _____

3. In State agencies where the FMNP also operates, are the SFMNP service areas the same as the FMNP service areas, or closely overlapping, so that the same farmers' markets and roadside stands may serve both SFMNP and FMNP participants?

- Yes No

If no, please explain. _____

FMNP:

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.

c. Estimated number of WIC recipients per local agency/clinic:

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

2. Intended FMNP recipients:

<u>(Excluding Expansion)</u>		<u>(Including Expansion)</u>
_____	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, checks, or e-solution benefits? Or only certain categories/groups?

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

<u>(Excluding Expansion)</u>		<u>(Including Expansion)</u>
<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)	<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"/>

B. Application Process (SFMNP Only) (§ 249.6)

1. Does the State agency require all local agencies to use a standardized application process for all persons applying for the SFMNP?

- Yes No

2. The State agency shares State agency-wide or at local agency option (check one), a common application or certification form with (check all that apply):

- No other benefit programs
- Commodity Supplemental Food Program (CSFP)
- Food Distribution Program on Indian Reservations (FDPIR)
- Supplemental Nutrition Assistance Program (SNAP)
- Aging Services
- Supplemental Security Income (SSI)
- Reduced price health care program(s)
- Other (specify) _____

3. As required by § 249.6(g), does the State agency have processing standards in place to notify SFMNP applicants of eligibility, ineligibility, or placement on a waiting list within 15 days from the date of application?

Yes No

(Attach the State agency's standardized format for this notification, if applicable.)

4. Applicants for the SFMNP must be notified of their eligibility or ineligibility for benefits, or of their placement on a waiting list, within 15 days from the date of application. The 15-day period begins when the applicant (check all that apply):

- Telephones the local agency to request benefits
- Visits the local agency in person
- Makes a written request for benefits
- Makes an appointment

5. How does the State agency define "reasonable expectations that additional funds may become available" in order to determine whether to maintain a waiting list?

6. Is each participant or authorized representative informed on how to use farmers' market food instruments or their CSA SFMNP benefits, and on the availability of other services, as set forth in § 249.6(d)(3) of the Federal SFMNP regulations?

Yes No

7. Does the State agency have procedures to ensure that participants are certified only for the current fiscal year's period of SFMNP operation?

Yes No

If yes, please provide a brief description: _____

8. May a participant designate another person as an authorized representative/proxy to do the following if the participant is unable to (check all that apply):

- Apply for certification?
- Shop at farmers' markets and/or roadside stands?
- Pick up eligible foods from CSA program or bulk purchase distribution sites?

9. a. Does the State agency limit the number of proxies that one individual can have (e.g., one participant may designate three different proxies)?

Yes No

If yes, how many? _____

b. Does the State agency limit how many participants may use the same proxy (e.g., one person is the proxy for 5 participants)?

Yes No

If yes, how many? _____

10. If the State agency permits authorized representatives/proxies, are signed statements from the participant required for this purpose per § 249.6(f) of the federal SFMNP regulations?

Yes No

11. Attach a copy of the State agency's written procedures regarding the designation of authorized representatives/proxies for the SFMNP, if available. Include details on the process of when and how these signatures are obtained, including the format of the signature (e.g. written, text, email, other electronic format, etc.).

12. Is certification for SFMNP performed at no cost to the applicant or authorized representative?

Yes No

13. Attach a copy of the FY 2024 Certification or Application form that will be used for the SFMNP (Appendix V).

C. Categorical and Residency Eligibility (SFMNP only)

1. Will only individuals who meet the basic regulatory definition of “senior” (i.e., 60 or older) in an SFMNP service delivery area be provided SFMNP benefits, or will the State agency (per § 249.6(a)(1)) also serve special categories of participants?

	(Excluding Expansion)	(Including Expansion)
Seniors \geq 60 years of age	_____	_____
Special categories/groups: (check all that apply):		
Higher minimum age (e.g., 62, 65 – specify in space provided) _____	<input type="checkbox"/>	<input type="checkbox"/>
Native Americans (\geq 55 years of age)	<input type="checkbox"/>	<input type="checkbox"/>
Disabled* (*residing in predominantly-elderly housing where congregate nutrition services are provided)	<input type="checkbox"/>	<input type="checkbox"/>
Lower income level (Specify in space provided) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. For the residency requirement, the State agency uses:

- State agency jurisdiction residency
- Local agency service area residency

D. Income Eligibility (SFMNP only) (§ 249.6(a)(3))

1. For income eligibility, the State agency uses (check all that apply):

- Maximum gross household income of 185% of annual poverty income guidelines
- Maximum gross household income of _____% (less than 185%) of annual poverty income guidelines
- Participation in Commodity Supplemental Food Program (CSFP)
- Participation in Supplemental Nutrition Assistance Program (SNAP) *

(* as long as SNAP income eligibility does not exceed 185% of poverty)

Participation in Food Distribution Programs on Indian Reservations (FDPIR)*
(* as long as FDPIR income eligibility does not exceed 185% of poverty)

Participation in Supplemental Security Income (SSI)

Member of a family/economic unit participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), or on a waiting list for WIC

Member of a family/economic unit participating in FMNP

Participation in another means-tested program for which income eligibility is set at or below 185% of the poverty income guidelines

2. For the normal income eligibility screening process and determination of household size, is the household defined by the State agency as a group of related or nonrelated individuals who are living together as one economic unit?

Yes No

3. a. For documentation of income eligibility per § 249.6(b), the State agency accepts (check all that apply):

- Signed statement of applicant (if so, attach copy in Appendix V)
 Notice of eligibility or its equivalent for participation in or certification for other programs
 Pay stub or other statement of earnings
 W-2, tax return, or other tax forms
 Other: _____ (Please describe)

b. If the State agency accepts a signed statement of applicant, provide a detailed explanation or attach the State agency's policy explaining when the participant signature is obtained (e.g. at time of application, at another time during the season) and which signature formats are acceptable (e.g. written, text, email, other electronic format, etc.).

4. The State agency requires State agency-wide, or at local agency option (check one), the verification of applicant income information.

No

Yes (check all sources required, as appropriate):

Employer

Public assistance offices

- State employment offices (wage match, unemployment)
- Social Security Administration
- School districts/offices
- Collateral contacts
- Other (specify): _____

E. Participant Rights and Responsibilities (**SFMNP only**)

1. If found ineligible, are applicants for SFMNP notified in writing of the reason(s) for ineligibility and the right to a fair hearing, as required per § 249.6(d)(4)?

Yes No (Attach the standardized format for this in Appendix T)

2. Is each participant or authorized representative informed during the certification process of their rights and responsibilities as set forth in § 249.6(d)(1),(2) of the federal SFMNP regulations?

Yes No

3. Is this information provided in a language other than English where a significant number or proportion of the eligible population needs this information in a language other than English?

Yes No

If yes, list other languages this information is provided in:

F. Participant and Applicant Confidentiality

1. Does the State agency share information obtained from applicants for and/or participants in SFMNP/FMNP with any other programs, agencies, law enforcement officials, or any other organizations or persons?

Yes No

If yes, explain below and attach documentation such as information-sharing agreements, statements of policies and procedures, legal citations, etc.

2. Per § 249.24 of the federal SFMNP regulations and § 248.24 of the federal FMNP regulations, the State agency restricts the use or disclosure of information obtained from applicants/participants to:

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

Yes No

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

Yes No

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

Yes No

3. Does the State agency permit an applicant and/or participant access to the information that the applicant and/or participant provided to the program?

Yes No

4. Does the State agency permit an FMNP applicant or participant to sign a release or similar document allowing the information provided by the applicant and/or participant to be shared with other organizations or persons?

Yes No

5. Does the State agency prohibit local agencies from requiring the applicant or participant to sign a written consent or release form or similar document to share confidential information with another entity or organization during the SFMNP eligibility determination process, e.g., by completing and separating the certification screening process from the request for a release to be signed?

Yes No (if signing a release is a condition of eligibility, please explain)

G. Dual Participation

1. 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 SFMNP?

Yes (please describe) _____

No (if no, please explain why not) _____

2. 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) _____

H. Nondiscrimination

1. 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 (§ 249.7, § 248.7). Describe the State agencies 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: _____.
2. Per § 249.7 and § 248.7, 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

3. Per § 249.7 and § 248.7, how does the State agency:
- a. Notify the public, participants, and potential participants of the nondiscrimination policy? _____
- b. Notify participants and potential participants of complaint procedures regarding alleged unlawful discrimination? (See Section VIII below regarding the complaint process). _____
- c. Review and monitor program activities to ensure compliance with nondiscrimination policies and procedures? _____

V. Food Instrument, Farmers' Market, Roadside Stand, Bulk Purchase, and CSA Program Management

A. Issuing benefits to participants: § 248.4(a)(10),(11) and § 249.4(a)(11),(14).

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 SFMNP/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 participants. Include any reporting forms used to gather data. This description should include automated as well as manual processes used for issuance of food instruments to SFMNP/FMNP participants.
-

3. If the State agency intends to use a bulk purchase option in the SFMNP, describe (1) how the State agency will identify the farmers from whom the eligible fruits and vegetables will be purchased, (2) the entity/ies (if different from the State agency) that will negotiate and contract for the purchase of the produce, (3) how the State agency will ensure that the value of the food provided to each participant falls within the regulatory minimum and maximum levels, (4) how the State agency will ensure that all SFMNP participants receive an amount of food that offers an equitable benefit, and distribute the fruits and vegetables to program participants.
-

4. For CSA programs, describe the system for ensuring that each SFMNP shareholder receives an equitable amount of eligible foods at each delivery, and that the total value of the eligible foods provided under the SFMNP falls within the minimum and maximum Federal SFMNP benefit levels. Also, describe the system to ensure receipt by eligible participants of eligible foods provided through the CSA program. Such a system should include a written receipt or distribution log, with the participant's signature (or that of the eligible participant's proxy, if proxies are allowed) and the date of each distribution (please attach a copy of this receipt form or log).
-

5. Describe the State agency's system for instructing participants on the proper use of FMNP food instruments. If this function is performed by the local agency on behalf of the State agency, indicate who issues the food instruments; what materials are provided during issuance; and who explains the use of the food instruments and redemption procedures to

the participant. 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.

-
6. Describe the State agency's system for instructing participants on the proper use of SFMNP food instruments. If this function is performed by the local agency on behalf of the SFMNP State agency, indicate who issues the food instruments; what materials are provided during issuance; and who explains the use of the cards and redemption procedures to the participant. For bulk purchase/CSA programs, describe how participants will be instructed on the procedures for delivery and distribution of eligible foods through the bulk purchase/CSA programs to the participants.

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

-
8. Attach a copy of the log or other form used to record food instrument issuance to valid certified participants (Appendix I).

B. Authorization of farmers and/or farmers' markets, roadside stands, and CSA programs.

The State agency is responsible for the fiscal management of and accountability for, SFMNP/FMNP-related activities for farmers and/or farmers' markets, roadside stands, and (in the SFMNP) bulk purchase and CSA programs. Each State agency may decide whether to authorize farmers individually, farmers' markets, or both farmers and farmers' markets, as well as roadside stands and CSA programs. Only farmers and/or farmers' markets and roadside stands authorized by the State agency may redeem SFMNP (§ 249.10)/FMNP (§ 248.10) food instruments; only CSA programs authorized by the SFMNP State agency may distribute eligible food to participants.

1. Describe the State agency's general authorization procedures for farmers and/or farmers' markets, roadside stands, bulk purchase and CSA programs.

-
2. List or attach the criteria used to authorize farmers' markets (Appendix L). 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; 4) authorized to redeem SFMNP/FMNP food instruments; 5) community support from non-SFMNP or FMNP sales; 6) produce offered for sale is locally grown; or 7) accessibility to senior service areas or WIC local agencies/clinics. _____

3. List or attach the criteria used to authorize farmers (Appendix M). Examples of authorization criteria include: 1) grows a minimum percentage of the produce to be sold (please specify); 2) owns land within the State agency jurisdiction 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 jurisdiction; 4) authorized to redeem SFMNP/FMNP food instruments; 5) offers locally-grown produce; or 6) accessible to senior service areas or WIC local agencies/clinics.

4. List or attach the criteria used to authorize roadside stands (Appendix N).

5. (SFMNP only) List or attach the criteria used to authorize CSA programs (Appendix X).

6. (SFMNP only) List or attach the criteria used to select farmers for bulk purchase programs (Appendix O).

7. FNS defines "eligible foods" 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

Include a list of the fruits, vegetables, and/or fresh herbs that may be purchased using SFMNP (§ 249.2)/FMNP (§ 248.2) benefits in Appendix G.

(NOTE: Honey is also an eligible food under the SFMNP, at the State agency's discretion. FMNP eligible foods do not include honey.)

Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Maple syrup, cider, nuts, seeds, dried plums (prunes), dried chilies or tomatoes, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of both the SFMNP and the FMNP. State agencies may also describe eligible foods as "all fruits, vegetables, honey (SFMNP only) and herbs locally grown *except...*": _____.

8. Per SFMNP (§ 249.2)/FMNP (§ 248.2), FNS defines "locally grown" to mean produce grown within State agency borders or areas in neighboring States/ITOs adjacent to its

borders. How does the State agency define "locally grown produce" in order to designate 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 (please specify) _____

9. 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 SFMNP (§ 249.10(a)(2)), or the FMNP (§ 248.10(a)(2)).

10. Describe how the State agency will ensure that there is no conflict of interest between the State or local agency and any participating farmer, farmers' market, roadside stand, or CSA program (§ 249.10(a)(10), § 248.10(a)(7)).

11. Indicate the number of farmers' markets, farmers, and/or roadside stands, and/or CSA programs that are expected to be authorized in FY 2024:

- _____ Farmers' markets
- _____ Farmers
- _____ Roadside stands
- _____ Bulk purchase programs
- _____ CSA programs

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

- Yes No

C. Farmers and/or Farmers' Market and/or Roadside Stand Agreements and/or CSA/Bulk Purchase Agreements

NOTE: Some State agencies administer the SFMNP/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, roadside stands and/or CSA/bulk purchase programs including sanctions for

non-compliance with SFMNP requirements. **Include the SFMNP/FMNP State agency-Farmers/Farmers' Market/Roadside Stand/CSA/Bulk Purchase Agreements in Appendix P.**

This agreement as described in § 249.10 for SFMNP and in § 248.10 for FMNP must contain at a minimum the following specifications.

1. The farmer and/or farmers' market and roadside stand shall (§ 249.10(b)(1)(i-xii) (§ 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 SFMNP/FMNP food instruments 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 SFMNP/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 instrument with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted SFMNP/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 SFMNP/FMNP food instrument shall contain a farmer identifier and be batched for reimbursement under a farmers' market identifier;
 - vi. Accept training on SFMNP/FMNP procedures and provide training to farmers and any employees with SFMNP/FMNP responsibilities on such procedures;
 - vii. Agree to be monitored for compliance with SFMNP/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 instruments transacted in violation of this agreement;
 - x. Offer SFMNP/FMNP recipients the same courtesies as other market customers;
 - xi. Comply with the nondiscrimination provisions of USDA regulations; and
 - xii. Notify the State agency if any farmer or farmers' market, roadside stand or CSA 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 SFMNP/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 (§ 249.10(b)(2)(i-iii), § 248.10(b)(2)(i-iii)):
 - i. Collect sales tax on SFMNP/FMNP food instrument purchases;

- ii. Seek restitution from SFMNP/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 SFMNP/FMNP food instrument(s).
3. Neither the State agency nor the farmer and/or farmers' market, roadside stand or CSA has 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 SFMNP/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.

Note: Under § 249.16(a)(1)(iii),(b) and § 248.16(c)(1), the State agency shall provide a hearing procedure whereby parties adversely affected by certain actions of the State agency may appeal those actions. The State agency shall at a minimum provide the affected party with a "Written notification of the adverse action, the cause(s) for the action, including the effective date of the action including the State agency's determination of whether the action shall be postponed under paragraph (c) of this section if it is appealed, and the opportunity for a hearing. Such notification shall be provided within a reasonable timeframe established by the State agency and in advance of the effective date of the action."

5. The State agency may disqualify a farmer and/or farmers' market, roadside stand or CSA for SFMNP/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, roadside stand or CSA may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the SFMNP/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 SFMNP/FMNP State agency.
8. Agreements may not exceed 3 years. The farmers and/or farmers' market and/or roadside stand and/or CSA program agreements are valid for _____ years.
9. Describe other partnerships/arrangements that may have been negotiated by the SFMNP/FMNP State agency, such as with Cooperative Extension Service programs, or a State Agriculture Department, State Department of Aging, or ITO to authorize

farmers/farmers markets/roadside stands/CSA programs and attach agreement in Appendix D.

- D. Annual training for farmers, farmers' market managers and/or farmers who operate a roadside stand or CSA program.

State agencies shall conduct annual training for farmers, farmers' market managers, and/or farmers who operate a CSA program in the SFMNP/FMNP. The State agency must also conduct a one-time, face-to-face training for all farmers and farmers' market managers who have never previously participated in the FMNP (§ 248.10(d)) and a one-time, interactive training for all farmers and farmers' market managers who have never previously participated in the SFMNP (§ 249.10(d)). Face-to-face training refers to an interactive format that includes opportunity for questions and answers, which may include interactive remote video conferencing as well as actual face-to-face training sessions.

After a farmer/farmers' market manager's first year of SFMNP/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 SFMNP/FMNP food instrument redemption procedures, including deadlines for submission of food instruments for payment, and/or receipt of payment for CSA programs' distribution of eligible foods;
 - Equitable treatment of SFMNP/FMNP participants, including the availability of eligible foods to SFMNP/FMNP participants that are of the same quality and cost as those sold to other customers;
 - Civil rights compliance and guidelines;
 - Guidelines for storing SFMNP/FMNP food instruments safely; and
 - Guidelines for cancelling SFMNP/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 Accountability

The food instrument reconciliation process as contained in § 249.10(h) and in § 248.10(h) is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each food instrument, from the time it is issued through 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 SFMNP/FMNP food instruments that do not match issuance records. The process for reconciling lost and/or stolen food instruments must ensure that farmers accepting such instruments in good faith, and through approved procedures, are not unfairly penalized.

1. Describe the State agency's system for identifying and reconciling SFMNP/FMNP food instruments that were redeemed, voided, expired, or reported lost or stolen. Validly redeemed SFMNP/FMNP food instruments are those that are issued to a valid SFMNP/FMNP participant and redeemed by an authorized farmer, farmers' market, or roadside stand within valid dates. They must, at a minimum:

- Have a valid participant identifier from the signature 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 a roadside stand.

a. Describe the State agency's system for ensuring that food instruments are redeemed only by authorized farmers (including those operating roadside stands), and farmers' markets for eligible foods.

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

2. Food Instrument Timeframes

- Issuance to participants _____ (no later than September 30)
- Redemption by participants: _____ (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 reports (i.e., the FNS-683A for SFMNP & FNS-683B for FMNP) to FNS through FPRS **no later than January 30 of each year.**

Provide a copy of the SFMNP/FMNP food instrument in Appendix J.

VI. Management Evaluations and Reviews

Indicate in the chart below the total number of local agencies serving SFMNP/FMNP recipients, the number of each type of farmers' markets, farmers, roadside stands, and/or CSAs authorized for this year, and the number of reviews of each type in the chart below.

- A. The State agency must ensure that authorized farmers/farmers' markets/roadside stands (on-site)/CSAs are reviewed. A minimum of 10 percent or at least one of each type of authorized outlet (farmer, farmers' market, roadside stand, CSA) (whichever is greater) must be monitored each year. For example, if there are five authorized farmers' markets in a participating State agency and 40 authorized farmers, the State agency must review a minimum of 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: _____	FMNP	SFMNP
Total # of Local Agencies Participating	_____	_____
# of local agencies to be reviewed (This is the # of local agencies <i>not</i> the # of participating clinics, unless designated as local agencies.)	_____	_____
Total # of Farmers Markets Authorized	_____	_____
# to be reviewed (min 10%)	_____	_____
Total # of Farmers authorized	_____	_____
# to be reviewed (min 10%)	_____	_____
Total # of Roadside stands authorized	_____	_____
# to be reviewed (min 10%)	_____	_____
Total # of CSAs	_____	_____
# to be reviewed (min 10%)	_____	_____

Previous Fiscal Year: _____	FMNP	SFMNP
Total # of Local Agencies Participating	_____	_____
# of local agencies reviewed (This is the # of local agencies <i>not</i> the # of participating clinics, unless designated as local agencies.)	_____	_____
Total # of Farmers Markets Authorized	_____	_____
# of markets reviewed	_____	_____
Total # of Farmers authorized	_____	_____
# of farmers reviewed	_____	_____
Total # of Roadside stands authorized	_____	_____
# of Roadside stands reviewed	_____	_____
Total # of CSAs	_____	_____
# of CSAs reviewed	_____	_____

B. Describe 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 and within a State agency;
2. Participant complaints;
3. New farmers, farmers' markets, and CSA programs in their first year of operation; and
4. In the case of CSA programs, a history of or ongoing inability to provide the full SFMNP benefit to each shareholder as contracted.

C. Describe the State agency's policies and procedures for determining the type and level of sanctions to be applied against farmers, farmers' markets, roadside stands, and CSA programs that violate Federal and/or State agency SFMNP/FMNP requirements based upon the severity and nature of the SFMNP/FMNP violations.

D. Describe the State agency's plans for reviewing SFMNP (§ 249.17(c)(1)(ii)) and FMNP (§248.17(c)(1)(ii)) practices at local agencies in FY 2024. All local agencies must be reviewed at least once every two years by State agency staff. Attach a copy of the State agency's review instrument that will be used to review FMNP and SFMNP local agencies (Appendix U).

E. Attach a copy of the State agency's review instrument that will be used to review farmers, farmers' markets, roadside stands, and CSAs (Appendix R).

F. Attach a list of all reviews and findings of farmers, markets, roadside stands and CSA programs from the previous year.

VII. Nutrition Education Requirements

A. List or attach the locations or settings where nutrition education for SFMNP/FMNP is provided (e.g., local agencies, farmers’ markets, community centers, facilities for the aging, schools, etc.). 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

Area Agencies on Aging

Commodity Supplemental Food Program (CSFP)

Children and Adult Care Food Program (CACFP)

Temporary Assistance for Needy Families Program (TANF)

Food Distribution Program on Indian Reservations (FDPIR)

Other FNS programs (specify): _____

Expanded Food and Nutrition Education Program (EFNEP) and/or Cooperative

Extension Service

Other USDA programs (Agricultural Marketing Service (AMS), Farm Service Agency (FSA), etc.)

Other government programs (e.g., 5 A Day, Head Start, etc.)

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 SFMNP/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 participant educational materials containing the current Dietary Guidelines for Americans?

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 the change in consumption of fresh fruits and vegetables by SFMNP/FMNP participants, **attach copies of survey forms.**

- B. Describe in detail the State agency’s plans to provide nutrition education to SFMNP (§ 249.9) and FMNP (§ 248.9) participants and the manner in which it is provided (e.g., in person, mailed materials, online). If the administering State agency for the SFMNP/FMNP has entered into an agreement with another agency to provide nutrition education, attach a copy of that other agency’s nutrition education plans for SFMNP/FMNP participants (Appendix 5).

Guidelines:

1. Responsibility

It is not mandatory that the SFMNP/FMNP State agency retain sole responsibility for providing nutrition education to Program recipients. Nor is it intended that the SFMNP/FMNP State agency duplicate the nutrition education that may be currently provided by the other agencies. The SFMNP/FMNP nutrition education requirement may be fulfilled directly by the farmer’s 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 SFMNP/FMNP are allowable administrative expenses under SFMNP/FMNP funding. This aspect of the program responds directly to the Congressional intent in establishing the SFMNP/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

To create a base of messages that may be reinforced across FNS programs, FNS encourages State agencies to incorporate the messages contained in the latest edition of the [U.S. Dietary Guidelines for Americans](#) 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. However, as opportunities arise, FNS strongly encourages State agencies to convey at a minimum four key messages through WIC and other FNS programs so that program recipients have repeated exposure to these messages. The messages, all designed to promote food and physical activity choices for a healthy lifestyle, are as follows:

Balancing Calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

Foods to Increase

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1%) milk.

Foods to Reduce

- Compare sodium in foods like soup, bread, and frozen meals — and choose the foods with lower numbers.
- Drink water instead of sugary drinks.

Increase physical activity and reduce time spent in sedentary behaviors

These messages - derived from the Dietary Guidelines - 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. Using these four core messages, nutrition education program administrators across the many FNS programs can collaborate and work jointly around these common themes for their nutrition education interventions, for example to pool resources to develop materials jointly, conduct social marketing campaigns, and reinforce educational messages.

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 SFMNP (§ 249.7(b)/FMNP (§ 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 SFMNP/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 CSFP-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then SFMNP/FMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the SFMNP/FMNP if such procedures already exist in a related Program administered by the State agency.

-
2. Does the State agency use the current non-discrimination statement below on all SFMNP and FMNP brochures and publications, excluding materials that provide only nutrition education information without mentioning the SFMNP/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, audiotope, 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.

FMNP (§ 248.7(a)(1)) Yes No SFMNP (§ 249.7(a)(1)) Yes No

3. If the size of the material is too small to include the full statement, does the State agency include the following statement(s) in print in the same size as the text?

“This institution is an equal opportunity provider.”

FMNP (§ 248.7(a)(1)) Yes No SFMNP (§ 249.7(a)(1)) 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.”

FMNP (§ 248.7(a)(1)) Yes No SFMNP (§ 249.7(a)(1)) Yes No

B. Hearing Procedures and Program Complaints

1. The State agency must provide a fair hearing procedure whereby local agencies, participants, and farmers/farmers’ markets/roadside stands/CSA programs 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 SFMNP/FMNP. A participant may appeal disqualification of SFMNP/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 SFMNP/FMNP. If a State agency has agreements

with farmers' markets, then a farmer may appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement shall not be subject to appeal through the SFMNP/FMNP State agency. The State agency must also provide procedures for addressing complaints about program operations.

- a. Describe the State agency's procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, participants, and markets/farmers/roadside stands/CSA programs. 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/roadside stands/CSA programs and participants against whom such adverse action is taken.

- b. Describe the State agency's procedures for handling program complaints from participants, non-participants, markets, farmers, roadside stands, bulk purchase, and CSA programs.

- 2. Drug Free Workplace - Describe the State agency's plans to maintain a drug-free workplace and otherwise comply with 2 CFR 421.

- 3. Local Agency Debarment/Suspension – Per 2 CFR 417. Does the State agency have on file either 1) a current local agency certification in a format established by the State agency; or, 2) a local agency contract including assurance on debarment/suspension, which may be satisfied by the local agency debarment/suspension certification provided for another program if it covers the same period as the SFMNP/FMNP local agency contract; or, 3) a record showing that the SFMNP/FMNP State agency had checked the Excluded Parties List System (EPLS) for each local agency?

Yes No

- 4. SF-LLL on File - Does the State agency have on file the current SF-LLL, Disclosure Form to Report Lobbying, if lobbying occurs with non-federal funds, for each SFMNP local agency with a sub-grant exceeding \$100,000, if any? (This may be satisfied with local agency lobbying disclosures provided for CSFP or Aging services only if the State agency – local agency contract covers both CSFP and Aging Services or in the case of WIC only if the State agency – local agency contract covers both WIC and FMNP.)

Yes No

5. SF-LLL Transmission – Has the State agency 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.	_____	_____	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.	_____	_____	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, roadside stands, or CSA programs, or for conducting bulk purchases, if applicable
E.	_____	_____	Supporting documentation for State agency, private, in-kind, or similar program funding
F.	_____	_____	Instructions to SFMNP participants, including rights and responsibilities (rights and responsibilities for FMNP participants should take place during the WIC certification visit per 7 CFR 246.7(j))
G.	_____	_____	List of fruits, vegetables and/or fresh herbs that are eligible in SFMNP/FMNP
H.	_____	_____	Samples of reporting forms for record keeping (if available)
I.	_____	_____	Copy of the log or other forms used to record and

			report food instrument issuance and inventory
J.	_____	_____	Copy of the SFMNP/FMNP food instrument (coupon, check, e-solution benefit, etc.)
K.	_____	_____	Map outlining service areas and proximity of farmers' markets, roadside stands, and/or CSA programs from the prior year's operation to SFMNP/FMNP local agencies
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.	_____	_____	List of criteria used to authorize farmers for bulk purchase programs
P.	_____	_____	Copy of prototype agreements for farmers, farmers' markets, CSAs and bulk purchases (if applicable)
Q.	_____	_____	Training materials for farmers, farmers' markets, roadside stands and CSAs (if applicable)
R.	_____	_____	State agency's monitoring tool(s) to review farmers, farmers' markets, roadside stands, and CSA programs (if applicable)
S.	_____	_____	Sample State agency-wide application form for FMNP and SFMNP interested farmers, farmers' markets, roadside stands
T.	_____	_____	Sample notification of ineligibility for SFMNP participation (notification for WIC (and FMNP) ineligibility must take place during a WIC certification visit per 7 CFR 246.7(j)(5))
U.	_____	_____	State agency's monitoring tool to review SFMNP/FMNP local agencies/clinics
V.	_____	_____	Copy of SFMNP application and signed statement to affirm income eligibility
W.	_____	_____	List of criteria for certifying SFMNP participants
X.	_____	_____	List of criteria used to authorize CSA programs (if applicable)
Y.	_____	_____	List of SFMNP certification/issuance sites

Optional (Any forms/materials used in the SFMNP/FMNP that are different from what is used in the WIC Program)

	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.	_____	_____	State agency training tools for local agencies
2.	_____	_____	Sample proxy form
3.	_____	_____	Examples of nutrition education materials
4.	_____	_____	Copy of form to request an appeal/fair hearing and procedures
5.	_____	_____	Copy of other agency's nutrition education plans for SFMNP/FMNP participants

Please list any other attachments or appendices: _____