

Appendix P
Fiscal Year 2025
SFMNP State Plan Guidance



Senior Farmers' Market Nutrition Program

Fiscal Year (FY) 2025 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 low-income seniors, and to expand awareness and use of, and sales at, farmers' markets and roadside stands through the Senior Farmers' Market Nutrition Program (SFMNP). This is a mandatory collection and FNS will use the information to ensure the efficient management of the 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 number for this information collection is 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 (0584-0541). Do not return the completed form to this address.



**Senior Farmers’ Market Nutrition Program (SFMNP)
Fiscal Year (FY) 2025 State Plan Guidance**

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SENIOR FARMERS' MARKET NUTRITION PROGRAM
State Plan of Operations
Fiscal Year 2025

Please clearly identify any attachments/addenda pages 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 the three purposes of the SFMNP (§ 249.1), as follows:

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.

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, roadside stands, and CSA programs. 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 enhance its operation and administration of the SFMNP (§ 249.4(a)(9)(i)).

C. For a State agency submitting its initial application for funding (i.e., a State agency that did not operate the SFMNP in FY 2024), please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:

1. The number of participants served;
2. The scope of the program, (e.g., limited to a city or 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 2024 and FY 2025 funds. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.)

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

1. Estimated number of SFMNP participants in FY 2024 (if applicable): _____
2. Estimated number of SFMNP participants in FY 2025: _____
3. Proposed months of Program operation (i.e., SFMNP benefit usage by participants):
_____ through _____ (No later than 11/30)
4. Proposed months of SFMNP food instrument issuance: _____ through _____ (No later than 9/30)
5. Proposed months of SFMNP benefit redemption (submission for payment) by farmers, farmers' markets, roadside stands and/or CSAs: _____ through _____
6. Proposed months of bulk purchase: _____ through _____
7. 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? _____

8. 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.

9. Briefly describe the coupon/food instrument system used (e.g., paper coupons, eSolution, other): _____.

If applicable, please reference and attach the appendix/amendment for the State agency's eSolution 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 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 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. Although use of non-Federal funds is not required, 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>	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Paid through Non-Federal SFMNP 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"/>
	<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 Extension Service provide services for the SFMNP 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(s) between the SFMNP State agency and other agencies and/or the non-profit or for-profit organizations delineating the services to be performed (§ 249.4(i)).

- 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 SFMNP
- _____ Collect racial/ethnic participation information for the SFMNP
- _____ Authorize and train local agencies
- _____ Issue SFMNP food instruments to participants
- _____ Issue SFMNP food instruments to local agencies
- _____ Negotiate contracts with CSA farmers
- _____ Negotiate contracts for bulk purchases
- _____ Provide nutrition education for the SFMNP
- _____ Reconcile SFMNP food instruments
- _____ Conduct SFMNP reviews of local agencies
- _____ Authorize farmers/farmers' markets/roadside stands/CSA programs
- _____ Train farmers/farmers' markets/roadside stands/CSA programs
- _____ Monitor farmers/farmers' markets/roadside stands/CSA programs

If the SFMNP State agency and the partnering State agency(ies) are different, include as an attachment a copy of each signed agreement between the agencies delineating the functions to be performed as indicated above. The written agreement(s) should delineate the responsibilities of each agency, itemize specific work activities, and identify the responsible designated representative of each agency. **Please list attachment.** _____

- E. Indicate the basis on which SFMNP benefits will be issued:

☐ Individuals ☐ Households

F. Indicate the total federal SFMNP benefit amount for each SFMNP participant: \$_____. § 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 legacied into the SFMNP using a different benefit level).

G. If applicable, indicate the total federal SFMNP benefit amount for 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. 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 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;
 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, 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 in detail the State agency's record keeping system per § 249.23 for the SFMNP, addressing **at a minimum** the following areas:

1. Financial operations
 2. Food instrument issuance and redemption
 3. CSA/bulk purchase contracts and payments
 4. SFMNP participation reporting
 5. Tracking staff time and other administrative expenses to ensure that Federal SFMNP funds are only used for costs which are allowable and allocable for the SFMNP
-

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

- C. Federal Funds Request and Budget Worksheets

§ 249.4(a)(4) of the Federal SFMNP 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, 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 2025 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: SFMNP State agencies that received an American Rescue Plan Act (ARPA) grant should not include those funds or related ARPA-funded operations in their FY 2025 Budget Summary. These worksheets should reflect program operations with regular FY 2024 and FY 2025 funds and with FY 2025 expansion funds, should they become available. Reporting requirements for ARPA grants are specified in the grants' terms and conditions.)

I. FY 2025 SFMNP ESTIMATED FEDERAL BUDGET SUMMARY

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

II. FY 2025 SFMNP ADMINISTRATIVE BUDGET ESTIMATE

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

III. FY 2025 ESTIMATED SFMNP FEDERAL CASELOAD CALCULATION

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

IV. FY 2025 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 2025 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 \$
(*Prior Year's Total Federal Grant or Less*):

2. Plus: Expansion Funds Requested (if any): \$
(*Include expansion funds in calculation of requested funds*)

3. Total federal funds requested (line 1 + line 2) \$

4. Less: Federal Administrative Funds at 10% of Total: \$

5. Federal Foods Funds (minimum 90% of total): \$

WORKSHEET II. FY 2025 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 2025 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)

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)

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]):

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

b. Bulk Purchase

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)).

6. Total projected CSA Federal caseload:
(#4a divided by #5)

7. Total projected bulk purchase benefit level

8. Total projected bulk purchase caseload: (#4b divided by #7)

9. Grand Total Projected Federal Caseload
Please fill out only one option (continued on next page).

(Line 3) = Food instrument only

OR

(Line 3 + Line 6) = Food instrument and CSA
option

OR

(Line 3 + Line 8) = Food instrument and bulk
purchase option

OR

(Line 6) = CSA only

OR

(Line 8) = Bulk purchase only

OR

(Line 3 + Line 6 + Line 8) = All Options

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 2025 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		\$	

IV. Certification

A. Targeting Benefits

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:

<u>Local Agency:</u>	<u># of Participants:</u>

2. As required under § 249.6(g)(2), when all available program benefits have been allocated to eligible participants, are local agencies be 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? If No, please explain.

☐ Yes ☐ No _____

B. Application Process (§ 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/bulk purchase program distribution sites?

9. a. Does the State agency limit the number of proxies that one individual can have (e.g., one participant designates 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. Include details on the process of when the participant signature is obtained (e.g., at time of proxy designation, at another time during the season) and which signature formats are acceptable (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 2025 Certification or Application form that will be used for the SFMNP.

C. Categorical and Residency Eligibility

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 residency
- ☐ Local agency service area residency

D. Income Eligibility (§ 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 Special Nutrition Assistance Program (SNAP)*
(* as long as SNAP income eligibility does not exceed 185% of poverty income guidelines)
- ☐ Participation in Food Distribution Programs on Indian Reservations (FDPIR)* (as long as FDPIR income eligibility does not exceed 185% of poverty income guidelines)
- ☐ 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

☐ Schools/offices

☐ Other (specify) _____

E. Participant Rights and Responsibilities

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

☐ Yes ☐ No (Attach the standardized form 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, please list languages other than English:

F. Participant and Applicant Confidentiality

1. Does the State agency share information obtained from applicants for and/or participants in the SFMNP 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.

2. Per § 249.24 of the federal SFMNP 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, including investigation and prosecution of SFMNP 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 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 (in more than one service delivery area at the same time) in SFMNP?

☐ 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). Describe the State agency's system or procedures for:
 - a. Public notification of the Department's nondiscrimination policy: _____;
 - b. Annual reviews of local agencies to assure nondiscrimination against any of the protected classes listed above: _____.
2. Per § 249.7 of the SFMNP 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
3. Per § 249.7 of the SFMNP regulations, the State agency (check all that apply):
☐ 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, Farmers' Market, Roadside Stand, Bulk Purchase, and CSA Program Management (§ 249.10)

A. Issuing SFMNP food instruments to participants (§ 249.4(11)(i)):

1. Describe the State agency's procedures for ensuring the secure transportation and storage of food instruments or the eSolution implemented. 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 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 form used to gather data. This description should include automated as well as manual processes used for issuance of food instruments to SFMNP participants.

3. If the State agency intends to use a bulk purchase option, 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 (5) how the State or local agency will 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 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 food instruments 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.

6. Describe the State agency's system for instructing participants on the proper use of SFMNP eSolution benefits. If this function is performed by the local agency on behalf of the SFMNP State agency, indicate who issues the benefits; what materials are provided during issuance; and who explains the use of the benefits and redemption procedures to the participant.
-

7. Describe the State agency's coupon replacement policy or include the statement that 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, Community Supported Agriculture (CSA) programs, and roadside stands.

The State agency is responsible for the fiscal management of, and accountability for, SFMNP-related activities by farmers and/or farmers' markets, CSA programs, 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 and CSA programs. Only farmers and/or farmers' markets and roadside stands authorized by the State agency, as set forth in § 249.10 in the Federal SFMNP regulations, may redeem SFMNP food instruments; only CSA programs authorized by the State agency may distribute eligible foods to participants.

1. Describe the 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 food instruments; 5) community support from non-SFMNP sales; 6) produce offered for sale is locally grown; or 7) accessibility to senior service areas.
-

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 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 senior service areas.

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

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

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

7. Per § 249.2 how does the State agency define "eligible foods"? List or attach a list of the fruits, vegetables, honey and/or fresh herbs that can be purchased using SFMNP benefits in Appendix G. (NOTE: For the purposes of the SFMNP, eligible foods mean fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs).

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 the SFMNP. State agencies may also describe eligible foods as "all fruits, vegetables, honey and herbs locally grown except...": _____

8. Per § 249.2, eligible foods are limited to produce grown within State agency borders or areas in neighboring State agencies adjacent to its borders. How does the State agency define "locally grown produce" in order to designate SFMNP 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) _____

9. Per § 249.10(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 SFMNP.

10. Per § 249.10(a)(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.

11. Indicate the number of farmers' markets, farmers, and/or roadside stands, and/or CSA/bulk purchase programs that are expected to be authorized in FY 2025:

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

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

☐ Yes ☐ No

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

NOTE: Some State agencies administer the SFMNP 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 State agency—Farmers/Farmers' Market/Roadside Stand/CSA/Bulk Purchase Agreement in Appendix P.** This agreement as described in § 249.10 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)):
 - i. Provide such information as the State agency shall require for its periodic reports to FNS;
 - ii. Assure that SFMNP 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 SFMNP 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 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 food instrument shall contain a farmer identifier and be batched for reimbursement under a farmers' market identifier;

- vi. Accept training on SFMNP procedures and provide training to farmers and any employees with SFMNP responsibilities on such procedures;
 - vii. Agree to be monitored for compliance with SFMNP 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 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, 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 food instruments in exchange for their produce, and their effective dates of participation.
2. The farmer and/or farmers' market and roadside stand shall not (§ 249.10(b)(2)(i-iii)):
 - i. Collect sales tax on SFMNP food instrument purchases;
 - ii. Seek restitution from SFMNP 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 food instrument(s).
 3. Neither the State agency nor the farmer and/or farmers' market, roadside stand or CSA have an obligation to renew the agreement. Either the State agency or the farmer and/or farmers' market or roadside stand may terminate the agreement for cause after providing advance written notification. The period of time within which such advance notification must be provided is to be stipulated by the State agency as part of the standard agreement.
 4. The State agency may deny payment to the farmer and/or farmers' market or roadside stand for improperly redeemed SFMNP 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, roadside stand or CSA for SFMNP abuse.
 6. A farmer and/or farmers' market or roadside stand that commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State/ITO or local laws.
 7. A farmer and/or a farmers' 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. 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 State agency.

8. Agreements may not exceed 3 years. The farmers and/or farmers' market, roadside stand and CSA agreements are valid for _____ years.
9. Agreements with farmers' markets that do not authorize individual farmers. Those State agencies that authorize farmers' markets but not individual farmers shall require authorized farmers' markets to enter into a written agreement with each farmer within the market that is participating in SFMNP. The State agency must set forth the required terms for the agreement and provide a sample agreement that may be used. Please attach a copy of this agreement, if any.
10. Describe or attach other cooperative arrangements in Appendix D 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' 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. The State agency must conduct a one-time, interactive training for all farmers and farmers' market managers who have **never previously participated** in the SFMNP per § 249.10(d).

After a farmer's/farmers' market manager's first year of SFMNP 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 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 participants, including the availability of eligible foods to SFMNP participants that are of the same quality and cost as those sold to other customers;
 - Civil rights compliance and guidelines;
 - Guidelines for storing SFMNP food instruments safely; and
 - Guidelines for canceling SFMNP food instruments, such as punching holes, rubber-stamping.
1. Describe the procedures the State agency has in place for the interactive training required for all farmers and farmers' market managers who have never previously participated in the SFMNP. This description should also include the subsequent training methods made

available to authorized farmers and farmers' market managers after the first year's interactive training.

E. Food Instrument Benefit Accountability

The food instrument reconciliation process as contained in § 249.10 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 its final disposition. 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, or expired, SFMNP food instruments that do not match issuance records. The process for reconciling lost and/or stolen food instruments must ensure that farmers accepting such items in good faith, and through approved procedures, are not unfairly penalized.

1. Describe the State agency's system for identifying and reconciling SFMNP food instruments that were redeemed, voided, expired, or reported lost or stolen. Validly redeemed SFMNP food instruments are those that are issued to a valid SFMNP 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 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 or roadside stands.
-

2. Food Instrument Benefit 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 all obligations, and submit its financial and program data reports (i.e., the FNS-683A) to FNS **no later than January 30 of each year.**

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

VI. Management Evaluations and Reviews

Indicate in the chart below the total number of local agencies serving SFMNP 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 all SFMNP local agencies are reviewed at least once every two years. § 249.17(c)(1)(i) requires a minimum of 10 percent or at least one of each type of authorized outlet (farmer, farmers' market, roadside stand, CSA) (whichever is greater) to 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: _____

_____	Total # of Local Agencies
_____	# of local agencies to be reviewed
_____	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%)
_____	Total # of CSAs authorized
_____	# of CSAs to be reviewed (minimum of 10%)

Previous Fiscal Year: _____

_____	Total # Local Agencies
_____	# of local agencies reviewed
_____	Total # Farmers' Markets Authorized
_____	# of markets reviewed
_____	Total # Farmers authorized
_____	# of farmers reviewed
_____	Total # Roadside stands authorized
_____	# of Roadside stands reviewed
_____	Total # of CSAs authorized
_____	# 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 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 requirements based upon the severity and nature of the SFMNP violations.
-

- D. Describe the State agency's plans for reviewing SFMNP practices at local agencies in FY 2025 (§ 249.17(c)(1)(ii)). All local agencies participating in the SFMNP must be reviewed at least once every two years. Attach a copy of the State agency's monitoring review instrument that will be used to review SFMNP local agencies (Appendix U). Briefly summarize findings and corrective action taken from any reviews conducted in FY **2024**:
-

- 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. Describe in detail, per § 249.9, the State agency's plan to provide nutrition education to SFMNP participants and the manner in which it is provided (e.g., in person, mailed materials, online). If the administering State agency for the SFMNP 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 participants.
- _____

- B. List or attach the location or settings where nutrition education for SFMNP is provided (e.g., local agencies, farmers' markets, community centers, facilities for the aging, or schools). If nutrition education is provided remotely (e.g., mailed materials, online), please write N/A.
- _____

- C. 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, etc.)

☐ Non-profit organizations (specify): _____

☐ For-profit organizations (specify): _____

☐ Industry (specify): _____

☐ Professional organizations (specify): _____

☐ Educational Institutions (specify): _____

☐ Religious Institutions (specify): _____

☐ Other (specify): _____

- D. Describe how nutrition education for SFMNP is coordinated with other nutrition education programs or services, such as WIC FMNP, SNAP, Extension Service, 5 A Day, or State agency initiatives.

- E. Describe the nutrition education materials that have been developed, and describe how they are used. In addition, describe any new materials that are being developed.

- F. Does the State agency plan to develop new participant educational materials containing the current [Dietary Guidelines for Americans, 2020-2025](#)?

☐ Yes ☐ No

If yes, please describe the elements below.

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

- G. 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 participants, **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 § 249.7(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 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 one State agency administers both CSFP and the SFMNP, and CSFP-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then SFMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the SFMNP if one already exists in a related program administered by the State agency.

-
2. Does the State agency per § 249.7(a)(1) use the statement below on all SFMNP brochures and publications, excluding materials which provide only nutrition education information without mentioning SFMNP, 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 statement below, 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 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. A participant may appeal disqualification to receive SFMNP 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. Expiration of a contract or agreement shall not be subject to appeal through the SFMNP 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, 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, the SFMNP State agency has 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 local agency contract; or, 3) a record showing that the SFMNP State agency had checked the Excluded Parties List System (EPLS) for each local agency.

☐ Yes ☐ No

4. SF-LLL on File - The SFMNP State agency has 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.)

☐ Yes ☐ No

5. SF-LLL Transmission - The SFMNP 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.	_____	_____	Administrative forms, including the Federal-State Agreement 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 (if applicable)
F.	_____	_____	Instructions to participants, including rights and responsibilities
G.	_____	_____	List of fruits, vegetables, honey and/or fresh herbs that are eligible in the Program
H.	_____	_____	Samples of reporting forms for record keeping (if available)
I.	_____	_____	Copy of the log or other forms used to record and report food instrument issuance and inventory
J.	_____	_____	Copy of the SFMNP food instrument (coupon, check

or eSolution 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 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/certification form for interested farmers, farmers' markets, roadside stands
T.	_____	_____	Sample notification of client ineligibility
U.	_____	_____	State agency's monitoring tool to review local agencies
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

	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 participants

Please list any other attachments or appendices: _____