

**DC Department of Health
Nutrition and Physical Fitness Bureau
Farmers' Market Nutrition Program (FMNP)
Senior Farmers' Market Nutrition Program (SFMNP)
Produce Plus Program (PPP)
Instructions for Completing Farmer/ Vendor Application**

1. Fill in all boxes.
2. Type or clearly print.
3. If an item does not apply, put "NA" in that block.
4. If you are applying for the first time, leave the FMNP & Produce Plus Number box blank.
5. Complete both sides of the application (4 pages). **Sign and date!**
6. Return the application by postal or electronic mail.

* Use Adobe Acrobat to fill out application digitally

Mail: D.C. Department of Health
ATTN: FMNP
Nutrition & Physical Fitness Bureau
899 North Capitol Street, NE 3rd Floor
Washington, DC 20002

E-mail: info.wic@dc.gov

If you have questions, please contact Jessie Lupo at: Phone: 202-535-2993

Email: jessie.lupo@dc.gov

FARMER - VENDOR PROGRAM 5 DD@7 5 HCB

WIC & Senior Farmers' Market Nutrition Program | WIC Vegetable and Fruit Cash-Value Checks

Produce Plus Program | Produce Prescription Program

The purpose of the Farmer-Vendor Application is for the District of Columbia Department of Health to authorize farmers to provide eligible foods to WIC and Senior FMNP participants under regulations published by the United States Department of Agriculture. Vendors who are approved for the WIC and Senior FMNP are approved to accept the WIC Cash-Value-Check, Produce Plus and Produce Prescription benefits.

State Use Only:	
FMNP & SFMNP Approved	Incomplete
WIC CVC Approved	Denied
Produce Plus / Rx Approved	
Signature	Date

Please review the instructions that accompany this application.

FMNP #	Produce Plus #	Check One :			
		Re-Authorization	New FMNP Applicant	New WIC CVC Applicant	
Name of Farm		Last Name		First Name	
Mailing Address (number and street, P.O. Box)					
City		State	ZIP code	County	
Telephone Number (Include Area Code)		E-mail Address		Contact Preference	
				Email	Phone Text
Farm Physical Address (number and street):					
City		State	Zip Code	County	
Check One (Required)					
Partnership		Sole Proprietor		Not-For-Profit Cooperative	
Do you participate in any other State(s) FMNP Program(s)? Yes No If Yes, Which States?					
Do you plan to sell produce at Maryland Farmers' Markets? Yes No					
Number of Posters needed for advertisement?			Is the market location handicap accessible? Yes No		
Do you need to order a vendor ID stamp? Yes No If yes, how many?					
Do you wish to participate in any special marketing events? Yes No					
<small>Special marketing events include pop-up markets at WIC and Senior sites, community events, health fairs, etc.</small>					
If yes, what days of the week are you available?					
<input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.				Time Availability: to	
Estimate the % of farm acreage dedicated to growing the following: (Total Farm Acreage = 100%)					
% of Vegetable Acreage:		% of Fruit Acreage:		% of Herb Acreage:	
% of Other:		Explain Other %:			
Do you accept credit cards as a form of payment? Yes No					
Do you have an EBT processor to accept SNAP benefits? Yes No					
<i>If no, would you like information about accepting SNAP benefits?</i> Yes No					
How do you access the Internet at your market?					
Market WiFi		Mobile Data		Mobile Hotspot	
Other		Not Applicable			



Market Locations:

Name of Market:	Address of Market:	Day(s) of week market is open: Sun. Mon. Tues. Wed. Thurs. Fri. Sat. Hours of Operation:
Name of Market Manager:	Email and Telephone # of Manager:	First and Last Day of Market:
Name of Market:	Address of Market:	Day(s) of week market is open: Sun. Mon. Tues. Wed. Thurs. Fri. Sat. Hours of Operation:
Name of Market Manager:	Email and Telephone # of Manager:	First and Last Day of Market:
Name of Market:	Address of Market:	Day(s) of week market is open: Sun. Mon. Tues. Wed. Thurs. Fri. Sat. Hours of Operation:
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Name of Market:	Address of Market:	Day(s) of week market is open: Sun. Mon. Tues. Wed. Thurs. Fri. Sat. Hours of Operation:
Name of Market Manager:	Email and Telephone # of Manager:	First and Last Day of Market:

Will any markets change location throughout the year? Yes No *If no, please explain below:*

List all of the fruits your farm produces for sale:

List all of the vegetables your farm produces for sale:

List all of the herbs your farm produces for sale:

Do you plan to purchase produce for sale? Yes No

If yes, what percentage of your market sale will be purchased produce? greater than 50% less than 50%

List the produce you plan to purchase for sale:

The WIC Fruit and Vegetable Cash Value Check is changing its check format to **Automated Clearing House (ACH)** payments. ACH Payments are electronic payments that are created when the customer gives an originating institution, corporation, or other customer (originator) authorization to debit directly from the customer's checking or savings account for the purpose of bill payment. In order for farmers to continue accepting the Cash Value Check, a farmer must contact their banking institution to ensure that the account of their choice, savings or checking is set-up to receive ACH debit transactions.

Name of Bank:

Address of Bank Branch:

Bank Routing Number:

Grid for Bank Routing Number

Blank line for Bank Routing Number

Bank Account Number:

Grid for Bank Account Number

Blank line for Bank Account Number

E-mail Address:

Branch Telephone:

All the information in this application is true and correct. I understand that providing false information may result in the District of Columbia's WIC program denying or terminating my authorization to participate. By signing this application, I agree to follow all program requirements in the attached sections and as stated in the Farmers' Market Guide Book.

Signature: _____ Date: _____

I have reviewed the attached application for participation in the District of Columbia Produce Plan Program and have confirmed that the above named applicant is actively involved in the commercial production of those agricultural products reflected herein. The District of Columbia will contact the county extension agent.

County Extension Agent Name (Print Clearly): _____

Signature: _____ Date: _____

Street Address: _____ City: _____ State/Zip Code: _____

County Extension Agent E-mail Address: _____

County Extension Agent Telephone Number: _____

FOR THE DISTRICT OF COLUMBIA STATE AGENCY USE ONLY

Complete Application: Yes No Recommend for Approval: Yes No
Verification of County Agent Yes No Name of approving person: Yes No

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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