

2021
Louisiana Farmers' Market Nutrition Program
Farmers' Market Application and Information Form

The information below must be provided for the Farmers' Market to participate in the Farmers' Market Nutrition Program. Information provided will determine eligibility to participate in the program and will also be used in promoting the market by the Louisiana Department of Agriculture & Forestry as one supporting the Farmers' Market Nutrition Program. The Farmers' Market Nutrition Program (FMNP) refers throughout the document to compliance with both the Senior Farmers' Market Nutrition Program (Senior FMNP) and WIC Farmers' Market Nutrition Program (WIC FMNP) unless specifically stipulated as Senior FMNP or WIC FMNP.

1. Name of Farmers' Market: _____

2. Market Location/Schedule of Operation:

a. Location #1: _____

Schedule: _____

(Months Open/Days of Week/Hours of Operation)

b. Location #2: _____

Schedule: _____

(Months Open/Days of Week/Hours of Operation)

c. Location #3: _____

Schedule: _____

(Months Open/Days of Week/Hours of Operation)

3. Mailing Address: _____

(Street or P.O. Box)

_____, LA _____

(City)

(Zip)

4. Person to Represent the Market: _____

Mailing Address (If different from Above): _____

(Street or P.O. Box)

_____, LA _____

(City)

(Zip)

Phone #: _____ Fax #: _____ Email: _____

Website: _____

5. Approximate Number of Farmers Who Sell at the Market During an Average Week: _____

Approximate Number of Other Vendors Who Sell at the Market During an Average Week: _____

6. Do you currently provide nutrition education at your market site(s)? Yes _____ No _____

If so, who is providing the nutrition education, how often and in what manner?

7. Does your market have an incentive program for Farmers' Market Nutrition Program coupon shoppers such as "Market Match" that gives them additional funds to use at the market if they spend all of their coupons?

Yes _____ No _____

If so, please explain how this program works.

8. Does your market have a current list of rules and regulations governing participation and conduct in the market?

Yes _____ No _____

If so, please attach a current list of your market rules and regulations.

9. Upon signature of the Market Representative, you agree to abide by the following conditions to receive authorization by the Louisiana Department of Agriculture & Forestry to participate in the Farmers' Market Nutrition Program:

- a. Cooperate with the Louisiana Department of Agriculture & Forestry, local agencies and local farmers in promoting the Farmers' Market Nutrition Program as an approved farmers' market program in your market.
- b. Recommend to the department those farmers who sell at the market who are eligible to be certified. Likewise, do not recommend farmers or any other vendor who do not meet the eligibility standards to participate in the program.
- c. Assist in monitoring the FMNP participating farmers to ensure compliance with program rules as specified in the FMNP Farmer Participation Agreement signed by participating farmers. At a minimum, monitor rules for posting Vendor Display Signs and Produce Price Signs, and make sure that farmers are extending the same courtesies to coupon recipients as they do to other customers, including produce quality and price, and make sure participating farmers abide by the USDA nondiscrimination policy prohibiting discrimination on the bases of race, color, national origin, sex, age, disability, reprisal or retaliation for protected activities.
- d. Assist coupon recipients in identifying certified farmers and buying produce with their coupons, and monitor the expenditure of coupons to ensure compliance with the FMNP rules.

IN WITNESS WHEREOF, the following parties agree to accept the "Farmers' Market Application and Information Form" as correct to its content and agree to fully support and cooperate with the other party in the Louisiana Farmers' Market Nutrition Program at this market.

(Market Representative Signature)	(Date)
(LDAF Representative or Designee Signature)	(Date)
(LDAF FMNP Director Signature)	(Date)

Louisiana Department of Agriculture & Forestry
 Michelle Estay, FMNP Director
 47076 N. Morrison Blvd.
 Hammond, LA 70401-7308
 Tel: (985) 345-9483 Fax: (225) 237-5630
 Email: fmnp@ldaf.la.gov

Delivery Address
 47076 N. Morrison Blvd.
 Hammond, LA 70401-7308

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, disability, age, 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 (USDA)
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.

This institution is an equal opportunity provider.