

(Office Use Only)
FMNP Vendor # _____

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

Information must be provided below for the Roadside Stand in order to participate in the Farmers' Market Nutrition Program. Information provided will be made available to coupon recipients in order for them to know which Roadside Stands are approved to receive coupons, stand location and schedule of operation. Information provided will also be used in promoting the stand 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 Roadside Stand and Farmer: _____

2. Stand Location/Schedule of Operation:

Location (Address/Directions): _____

Schedule: _____
(Months Open, Days of Week and Hours of Operation)

3. Mailing Address: _____
(Street or P.O. Box)

(City) LA *(Zip)*

4. Telephone (if desired to be published in Directory): _____

5. Person to Represent the Market: _____

Mailing Address (If Different from Above): _____
(Street or P.O. Box)

(City) LA *(Zip)*

Telephone: _____ Fax: _____

Email: _____

Website: _____

6. Primary Products Offered for Coupons (To Be Published in Directory):

Fruits: _____

Vegetables: _____

Fresh Herbs: _____

Honey: _____
Yes No

IN WITNESS WHEREOF, the following parties agree to accept the "Roadside Stand 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 stand and as agreed upon in the Farmers' Market Nutrition Program Agreement and Farmer Handbook.

(Farmer Signature)

(Date)

(LDAF Representative or Designee Signature)

(Date)

(LDAF FMNP Director Signature)

(Date)

Louisiana Department of Agriculture & Forestry
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Email: fmnp@ldaf.la.gov

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

PLEASE NOTE THAT YOUR FARMER VENDOR DISPLAY SIGN MUST BE POSTED DURING THE HOURS YOUR STAND IS OPEN TO RECEIVE FMNP COUPONS. TYPICALLY YOUR SIGN SHOULD BE POSTED JUNE 1-NOVEMBER 30.

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, audiotape, 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.

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