



**WIC Farmers Market Nutrition Program (WIC FMNP) &
Senior Farmers Market Nutrition Program (SFMNP)**

**GROWER APPLICATION
2023-2024**

Instructions for completing the WIC & Senior FMNP application:
You must submit the completed application, after reading the “**Grower Agreement 2023-2024**” to FMNPTeam@doh.wa.gov or by mail at:

**Washington State Department of Health
WIC & Senior Coordinator**
PO Box 47886
Olympia, WA 98504-7886

If you have questions or want to request a printed copy of the agreement, call 1-800-841-1410 and press # 2 for farmers market.

THIS AGREEMENT is made by, and between the Washington State Department of Health (Department) and the following:

Contacts:			
Title			
Name (First, Last):			
Email:			
Mailing Address:			
City	State	Zip	County
Home Phone (555) 555-5555:		Cell Phone:	
Owner (First, Last):			
Email:		Phone number:	
Mailing Address:			
City	State	Zip	County

Business information:

Farm Name:			
Farm Physical Address:			
City	State	Zip	County

If you have a farm store on your property and you want to be considered for authorization to accept CVB's and FMNP (WIC & Senior) benefits, please also fill in the section on page number 3.

Are you a new Grower to the program? Yes No



Please check one of the following:

- I grow all the eligible foods I sell.
- I grow a portion of the eligible foods I sell.
- I grow none of the eligible foods I sell.
- I produce honey exclusively.

Check all the foods you plan to sell:

Fruits:

- Apples
- Apricots
- Asian pears
- Blackberries
- Blueberries
- Boysenberries
- Cantaloupes
- Cherries
- Currants
- Red and black figs
- Gooseberries
- Grapes
- Ground cherries
- Huckleberries
- Kiwi
- Loganberries
- Marion berries
- Melons
- Muskmelon
- Nectarines
- Peaches
- Pears
- Plums
- Raspberries
- Sea berries
- Strawberries
- Tayberries
- Watermelons

Vegetables:

- Alfalfa sprouts
- Amaranth greens
- Artichoke
- Arugula
- Asparagus
- Beets
- Bok choy
- Broccoli
- Brussel sprouts
- Cabbage
- Carrots
- Cauliflower
- Celery
- Chinese cabbage
- Collard greens
- Corn
- Cucumber
- Eggplant
- Garlic
- Green beans
- Green onions
- Kale
- Kohlrabi
- Leeks
- Lettuce
- Mizuna
- Mushrooms
- Mustard greens
- Onions
- Parsnips
- Peas
- Peppers
- Potatoes
- Pumpkins
- Radishes
- Rhubarb
- Rutabagas
- Shallots
- Spinach
- Squash

- Swiss chard
- Tatsoi
- Tomatillos
- Tomatoes
- Turnips
- Watercress
- Yellow waxed beans
- Yu choy
- Zucchini
- Other eligible greens
- Other eligible sprouts

Cut Herbs:

- Basil
- Cilantro
- Chives
- Dill
- Fennel
- Parsley
- Microgreens
- Other eligible herbs

Sell to seniors only:

- Honey



Farmers markets where I plan to accept WIC CVB, FMNP and SFMNP benefits: Print the names of each market where you plan to sell. If you need to add more markets, attach a list to the application. Make sure to notify the state program via phone or email if after you submit your application or after you become authorized you decide to go to a market not listed below FMNPTeam@doh.wa.gov or 1-800-841-1410.

FARM STORE

Fill out this part of the application **only** if you operate a farm store and want your farm store to be considered for authorization to accept WIC CVB, FMNP and SFMNP benefits. Submitting this document doesn't guarantee your farm store will be authorized. If you have more than one farm store, make a copy of this page and fill out for each individual farm store. Attach it to the last page of the application.

Check the appropriate answer to the questions below:

The farm store is located on the property where I grow eligible food. Yes No
 Someone is physically on site during all operating hours to assist customers. Yes No

Farm Store Address:			
City	State	Zip	County
Farm Store Phone:			

Farm Store Operating Hours:

State the date of when the farm store opens, and the day the farm store closes for the year. Or you can check the box if your farm store operates year-round.

First day farm store opens: ____/____/____ Last day farm store opens: ____/____/____ or Year-round
 (mm/dd) (mm/dd)

Operating days	Start Time (i.e., 9 AM)	End Time (i.e., 5 PM)	Closed
Monday			<input type="checkbox"/>
Tuesday			<input type="checkbox"/>
Wednesday			<input type="checkbox"/>
Thursday			<input type="checkbox"/>
Friday			<input type="checkbox"/>
Saturday			<input type="checkbox"/>
Sunday			<input type="checkbox"/>



By signing this Agreement:

1. I understand there is no guarantee I will be authorized to participate in the Washington State Farmers Market Nutrition Program.
2. I understand that if I am authorized, I am bound by all the terms of the “Grower Agreement WIC/Senior Farmers Market Nutrition Program 2023-2024.”
3. I understand that if I am authorized, I am bound by all the terms of the “CDP Inc. e-WIC Farmer Merchant Agreement
4. I understand that if I am authorized, I will accept WIC CVB, FMNP and SFMNP transactions at authorized farmers markets or authorized farm stores.

If you need assistance, contact the FMNP office by calling 1-800-841-1410 or TTY 711 or by emailing FMNPteam@doh.wa.gov.

I affirm that the statements in this Grower Application are true and correct. I understand if I have provided false information, the Department will decline my application or terminate my authorization to accept CVB’s, FMNP and SFMNP Benefits.

I affirm that I have read and understand all sections of the document titled “**Grower Agreement WIC/Senior Farmers Market Nutrition Program 2023-2024**”. I understand it is my responsibility to clarify any section of this document by requesting assistance from a Washington WIC Farmers Market Nutrition Program representative.

I understand by signing this application, I acknowledge that if I don’t meet any part of the selection criteria required for WIC/Senior Farmers Market Nutrition Program authorization, my application will be declined by the Department.

I understand that, if I do not sign this Agreement, my application will be declined. I read the “**Grower Agreement WIC/Senior Farmers Market Nutrition Program 2023-24**” and agree to comply with the rules, terms and regulations associated with this program.

The undersigned have the signature authority to affix to their signatures in execution of this agreement, (**Required*)

*Print Primary Grower’s legal name

*Signature

*Date

Print Associate Grower’s name

Signature

Date

_____ State of Washington Department of Health Signature (<i>Official use only</i>)	_____ Date
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Approval: This agreement is subject to the written approval of the DOH FMNP Coordinator and shall not be binding until so approved. The agreement is not effective until signed on this page by both parties and you receive a copy of your agreement with an authorization letter from the Department of Health.

Washington WIC doesn't discriminate.

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.
Washington WIC doesn't discriminate.

