

WIC Farmers' Market Nutrition Program



FY 2016 Updated State Plan Information for **DARS-VDA** (State agency name)

WIC FARMERS' MARKET NUTRITION PROGRAM
Updated State Plan Information
Fiscal Year 2016

At a minimum, each State agency must provide the following information to the appropriate FNS Regional Office annually. Even if all other items have remained unchanged, State agencies must complete this section of the Guidance, including the **budget pages**. Any State agency interested in receiving expansion funds, should such funds become available during FY 2016, must also complete the **Request for Expansion Funds** pages.

State Agency: DARS-VDA

FMNP Recipient Estimates:

A. Please summarize the previous Fiscal Year results: number of FMNP recipients (those issued FMNP checks, coupons, EBT cards) served with FMNP Federal and State funds in FY **2015** (previously participating fiscal year): 3115

B. Please provide estimates for the current (coming) Fiscal Year:

1. Estimated number of FMNP recipients to be served with FMNP Federal and State agency funds in FY 2016:

(Excluding Expansion)		(Including Expansion Request, if any)
<u>487</u>	Pregnant women	<input type="checkbox"/>
<u>243</u>	Breastfeeding women	<input type="checkbox"/>
<u>387</u>	Postpartum women	<input type="checkbox"/>
<u>0</u>	Infants (over 4 months of age)	<input type="checkbox"/>
<u>1998</u>	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old, are defined by the State agency, please indicate accordingly)	<input type="checkbox"/>
<u>0</u>	Other designation (e.g., only Priority I pregnant or breastfeeding women)	<input type="checkbox"/>
<u>3115</u>	Total	<input type="checkbox"/>

2. Indicate (X) the basis on which FMNP benefits will be issued to eligible recipients:

Individuals Households

3. The Federal benefit amount that each FMNP recipient/household will receive in FY 2016 is lowest \$20 and the highest is \$20. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. _____

Is this benefit level a change from last year? Yes No

(Please note: Federal regulations at §248.8(b) state that the value of the Federal FMNP benefit received by each recipient, or by each family within a household in those States which elect to issue benefits on a household basis under §248.6(c), may not be less than \$10 per year or more than \$30 per year.)

4. Do you plan to use non-Federal funds to provide FMNP benefits to non-WIC recipients?

No Yes; if YES, please describe this caseload; include the name(s) of the program(s) and the sources of non-Federal funds: _____

5. If fruits, vegetables, and/or fresh herbs have been **added** to/or **deleted** from the State agency's list of eligible foods for FY **2016**, list (or attach a list of) those items.
N/A

6. Proposed months of Program operation: July through November

7. Proposed months of FMNP coupon issuance: June through September

8. Proposed months of FMNP benefit usage by participants: July through November

9. Are tokens used at authorized farmers' markets? Yes No If Yes, please describe how they are used in the market. _____

10. Are all participants provided with a receipt? Yes No If No, please describe the procedure in more detail. _____

11. Are any markets authorized to accept Cash Value Vouchers (CVV's)? Yes No
If Yes: Statewide or Certain Areas

12. Indicate the total number of local agencies serving FMNP recipients, and the numbers of farmers, farmers' markets, and/or roadside stands authorized. Also indicate review activity below:

State Agency: DARS-VDA

New Fiscal Year: 2016

<u>7</u>	Total # of Local Agencies
<u>0</u>	# of local agencies to be reviewed (all participating agencies reviewed by State agency staff at least once every two years)
<u>3</u>	# of local agencies to be reviewed
<u>49</u>	Total # of Farmers Markets Authorized
<u>5</u>	# of markets to be reviewed (minimum of 10%)
<u>194</u>	# of Farmers authorized
<u>20</u>	# of farmers to be reviewed (minimum of 10%)
<u>30</u>	# of Roadside stands authorized
<u>3</u>	# of Roadside stands to be reviewed (minimum of 10%)

Previous Fiscal Year: 2015

<u>2</u>	Total # Local Agencies
<u>2</u>	# of local agencies reviewed
<u>5</u>	Total # Farmers Markets Authorized
<u>3</u>	# of markets reviewed
<u>53</u>	Total # Farmers authorized
<u>13</u>	# of farmers reviewed
<u>0</u>	Total # Roadside stands authorized
<u>0</u>	# of Roadside stands reviewed

11. Briefly summarize key findings and corrective actions taken as the result of local agency reviews.

No issues were identified with the FMNP farmers.

Funding Information:

State Agency: DARS-VDA

12. Is the State agency requesting expansion funds?

No Yes

If **yes**, attach Expansion Request and list amount here: \$

13. Is the State agency applying to use (not more than) 2 percent of its total program funds for market development and/or technical assistance in FY 2016?

No Yes

If **yes**, provide the justification for requesting market development or technical assistance funds, meeting the criteria set forth in §248.14(h) of the Federal FMNP regulations. Include a detailed description of how the State agency plans to promote

the development of farmers' markets. [REDACTED]

15. Describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$ \$4646 for your State/ITO in FY **2016** based on the Federal Funds Request and State/ITO Matching Funds worksheet on page 31, per §248.14(a)(i-ii) (**Please note that the 30 percent minimum match requirement applies only to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO, local, or private funds provided for food as well as administrative costs**):

Type	Source	Amount
State/ITO and local funds	<u>DARS-VDA State funds</u>	<u>\$4646</u>
Private funds	[REDACTED]	\$ [REDACTED]
In-kind Contributions	[REDACTED]	\$ [REDACTED]
Similar Programs	[REDACTED]	\$ [REDACTED]
Program Income	[REDACTED]	\$ [REDACTED]
		Total: <u>\$4646</u>

State/ITO and local funds. If available, attach documentation, such as a copy of appropriations legislation, budget page containing this line item, etc.

Private Funds. Include a detailed description of all cash donations or letters of commitment from the organizations or individuals planning to make such donations.

In-kind Contributions. If any portion of the State agency's minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and how the value was determined, including any supporting documentation.

Similar Programs. Include the title of the program, the source of funding and a brief description of how the program operates. Federal funds provided for SFMNP, any other FNS program, or any other Federal program (e.g., Specialty Crop or Farmers' Market Promotion Program grants awarded by USDA's Agricultural Marketing Service) **cannot** be used as a match source for the FMNP.

Program Income. Describe type and source. (More specific information can be found in Policy Memorandum #2005-3) N/A

Reminder to Current FMNP State agencies:

In addition to the Updated State Plan section just completed, the following documents must also be provided to FNS before the FMNP State Plan can be approved for FY 2016:

- a. FY 2016 Estimated Federal Budget Summary;
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Using the Appendices lettering/numbering system shown below, a description of any other procedural changes or amendments to the State Plan that have occurred since the previous State Plan submission and approval by FNS, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, CSA programs, and/or local agencies, and a new map showing the location of these new outlets or facilities; and
- d. Federal-State Supplemental Nutrition Programs Agreement (FNS-339).

Include all of your Appendices here. Please identify clearly any pages according to the lettering system used in this format.

Required Appendices

- A. Federal-State Supplemental Nutrition Programs Agreement (FNS-339)
- 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, and roadside stands (if applicable)
- E. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)
- F. Instructions to recipients, including rights and responsibilities
- G. List of fruits, vegetables 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 coupon issuance and inventory
- J. Facsimile of the FMNP coupon, check or EBT card
- K. Map outlining service areas and proximity of farmers' markets, and/or roadside stands, from the prior year's operation to WIC clinics
- 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. Copy of prototype agreements for farmers, markets, associations, and roadside stands (if applicable)
- P. Training materials for farmers, markets, and roadside stands (if applicable)
- Q. State agency's monitoring tool(s) to review farmers, farmers' markets, and roadside stands
- R. Sample State-wide application form
- S. Sample notification of client ineligibility
- T. State agency's monitoring tool to review local agencies/clinics

Please list any other attachments or appendices: