

Senior Farmers' Market Nutrition Program



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

SENIOR 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 (such as months of program operation and months of coupon issuance). 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

SFMNP Participant Estimates:

A. Please summarize the previous Fiscal Year results: number of SFMNP participants (those issued SFMNP checks, coupons, EBT cards, bulk-purchased food boxes or bags, and/or CSA benefits) in FY 2015 (previously participating fiscal year): 11,120

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

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

(Excluding Expansion)

(Including Expansion)

11,200

12,700

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

Individuals Households

3. The Federal benefit amount that each SFMNP participant/household will receive in FY 2016 is \$40.

4. Do you plan to use non-federal funds to provide SFMNP benefits to other participants?

No Yes; if so, please describe how such participants will be identified and certified, and the benefit amount that will be provided. _____

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

N/A

6. Indicate the total number of local agencies serving SFMNP recipients, and the number of each type of farmers, farmers' markets, and/or roadside stands authorized. Also indicate review activity below:

New Fiscal Year: 2016

<u>11</u>	Total # of Local Agencies
<u>4</u>	# of local agencies to be reviewed (all participating agencies reviewed by State agency staff at least once every two years)
<u>49</u>	Total # of Farmers Markets Authorized
<u>5</u>	# of markets to be reviewed (minimum of 10%)
<u>194</u>	Total # of Farmers authorized
<u>20</u>	# of farmers to be reviewed (minimum of 10%)
<u>30</u>	Total # of Roadside Stands authorized
<u>3</u>	# of Roadside Stands to be reviewed (minimum of 10%)
<u>N/A</u>	Total # of CSAs authorized
<u>N/A</u>	# of CSAs to be reviewed (minimum of 10%)

Previous Fiscal Year: 2015

<u>11</u>	Total # Local Agencies
<u>7</u>	# of local agencies reviewed
<u>45</u>	Total # Farmers Markets Authorized
<u>21</u>	# of markets reviewed
<u>182</u>	Total # Farmers authorized
<u>51</u>	# of farmers reviewed
<u>30</u>	Total # Roadside stands authorized
<u>11</u>	# of Roadside stands reviewed

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

1. Five of the agencies used the abbreviated non-discrimination statement on documents that should have the full statement and/or were using an incorrect/outdated statement. All agencies were provided with the current/updated statement as all materials will need to contain the updated statement for 2016. The agencies were also provided guidance on the use of the abbreviated statement.

7. Briefly summarize key findings and corrective actions taken as a result of farmer/market/roadside stand/CSA reviews.

1. Signs were observed not posted in the proper location. The farmer was asked about where the sign should be posted, answered correctly and then re-located the sign to the correct area.
2. Sign not posted at all. The farmer was asked about the sign and said that she had one but forgot it. The farmer was re-educated on the requirement to have the sign posted. The farmer was monitored again at a later date and had the sign posted.
3. A farmer accepted coupons that were not signed by the participant. The farmer was

re-educated on required documentation for coupon acceptance and reimbursement.
Farmer acknowledged understanding.

Reminder to Current SFMNP State agencies:

In addition to the Updated State Plan section just completed, the following documents must also be provided to FNS before the SFMNP 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).

Appendices

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

Required

- A. Federal-State Agreement 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, roadside stands, or CSA programs, or for conducting bulk purchases, if applicable
- E. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)
- F. Instructions to participants, including rights and responsibilities
- G. List of fruits, vegetables, honey 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 SFMNP coupon, check or EBT card
- K. Map outlining service areas and proximity of farmers' markets, roadside stands, and/or CSA programs from the prior year's operation to SFMNP local agencies
- 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, CSAs and bulk purchases (if applicable)
- P. Training materials for farmers, markets, roadside stands and CSAs (if applicable)
- Q. State agency's monitoring tool(s) to review farmers, farmers' markets, roadside stands, and CSA programs (if applicable)
- R. Sample State-wide application/certification form
- S. Sample notification of client ineligibility
- T. State agency's monitoring tool to review local agencies/clinics
- U. Copy of SFMNP affidavit to affirm income eligibility
- V. List of criteria for certifying SFMNP participants
- W. List of criteria used to authorize CSA programs (if applicable)
- X. List of SFMNP certification/issuance sites

Optional

- 1. State agency training tools for local agencies
- 2. Sample proxy form
- 3. Examples of nutrition education materials
- 4. Copy of form to request an appeal/fair hearing and procedures

Please list any other attachments or appendices: _____