Commonwealth of Virginia

2013 SENIOR FARMERS MARKET NUTRITION PROGRAM (SFMNP)
FARMER APPLICATION

DEFINITION:

"Farmer" means an individual who grows and sells a minimum of $1,000 in gross sales of produce per farm unit per year.

To participate in the SFMNP, a "Farmer" must:

1. Be the **bona fide producer** of the fresh fruit, vegetables, and cut herb products offered in exchange for SFMNP checks.
2. Accept training and monitoring on program rules and procedures, which may include visits on the farm or at the market.
3. Be certified on an **annual** basis by Virginia Department of Agriculture and Consumer Services (VDACS) and hold an authorized Farmer Agreement with the Department for Aging and Rehabilitative Services (DARS-VDA).
4. Agree to comply with all SFMNP rules and amendments to rules that may be in effect at markets and/or mailed to farmers.
5. **Not live in the same household** or be an immediate family member of senior participants or SFMNP or Area Agency on Aging staff at the local or state agency. There shall be no opportunity for conflict of interest between the authorized Farmer, VDACS or DARS-VDA staff or local organization (AAA's) staff.

I. Farmer Information:

(Please Print or Type)

FARMER NAME _____ Number of Acres Farmed in Produce: _____

FARMER MAILING ADDRESS _____

_____
CITY/TOWN STATE ZIP

Home Telephone ☐ _____ Cell # ☐ _____

Business Telephone ☐ _____ E-mail ☐ _____

Please indicate by checking the boxes near the above contact information that you would like to have made available to senior FMNP participants for the purpose of providing them information about where and when you are selling produce. If no boxes are checked, this info will not be provided to seniors; only the markets or roadside stands you list below and your name will be given.

II. Identification (ID) Stamp Information:

DO YOU presently have a SFMNP check ID stamp? ☐ **Yes**; ☐ **No** If **Yes; stamp ID #** _____

When you stamp your checks, all three digits must be clearly readable. If your stamp is worn or broken, please indicate that you need a new stamp. If you need more ink to make a clear imprint, please request an ink refill.

Need new stamp? ☐ **Yes;** ☐ **No** **Need ink refill?** ☐ **Yes;** ☐ **No**

ENDORSEMENT – *Please print here* _____ *the name you use to endorse the back of the SFMNP checks.*

III. Farmers' Markets – Groups or Associations of Farmers – Note: not all Farmers' Markets are allowed to participate in SFMNP. Please review the list of currently participating Markets in the Farmer Handbook

Please print all the FARMERS' MARKET(S) selling locations and addresses and circle the DAYS OF WEEK in season, where you expect to **sell** your self-grown produce:

Name of Farmers' Market	Location and Address	Days/Hours of Operation
		Sun M T W Th F Sat
		Sun M T W Th F Sat
		Sun M T W Th F Sat

IV. Roadside or Farm Stands – Individual Farmer Operations – Note: not all Roadside or Farm Stands can be authorized. Feel free to attach additional information about your Roadside or Farm Stand

Please describe the ROADSIDE or FARM STAND(S) where you expect to **sell** your self-grown produce. Complete the physical locations and ADDRESS (ES) and circle the DAYS OF WEEK in season:

Description of Roadside or Farm Stand	Physical Location and Address	Days/Hours of Operation
		Sun M T W Th F Sat
		Sun M T W Th F Sat

V. Eligible Foods Grown

List the Eligible fruit, vegetables, and cut herbs grown on your farm for which you plan to accept SFMNP checks:

_____

_____

_____

_____

Farm geographic location or address at which fruits, vegetables, and/or fresh cut herbs are **grown**:

_____ _____

Address/Location City/Town/State

VI. Signature

By signing this form:

1. **I understand this is an application to be an authorized Farmer for the Senior Farmers Market Nutrition Program (SFMNP) and it is not a guarantee that I will be authorized.**
2. **I understand the Farmer criteria as described in the Farm Market Fresh for Seniors Handbook for Farmers and affirm that I meet the Farmer criteria.**
3. **I understand that I may be authorized to accept SFMNP checks only at certain specified farmers' markets, and my Roadside or Farm Stand may not be selected as a priority location.**
4. **I understand I cannot accept SFMNP checks before I receive the signed Farmer Agreement or before the date indicated on the checks.**
5. **I affirm that the statements in this request for authorization are true. I understand if I give false information, the VDACS and DARS-VDA will deny or terminate my authorization to accept SFMNP checks.**

_____ _____ _____

PRINT FARMER NAME SIGN FARMER NAME DATE

_____ _____ _____

VDACS REPRESENTATIVE REVIEW VDACS SIGNATURE DATE

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