

2024
Louisiana Farmers' Market Nutrition Program
Farmers' Market Application and Information Form

The information below must be provided for the Farmers' Market to participate in the Farmers' Market Nutrition Program. Information provided will determine eligibility to participate in the program and will also be used in promoting the market 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 Farmers' Market: _____

2. Market Location/Schedule of Operation:

a. Location #1: _____

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

b. Location #2: _____

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

c. Location #3: _____

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

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

_____, LA _____
(City) (Zip)

4. Person to Represent the Market: _____

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

_____, LA _____
(City) (Zip)

Phone #: _____ Fax #: _____ Email: _____

Website: _____

5. Approximate Number of Farmers Who Sell at the Market During an Average Week: _____

Approximate Number of Other Vendors Who Sell at the Market During an Average Week: _____

6. Do you currently provide nutrition education at your market site(s)? Yes _____ No _____

If so, who is providing the nutrition education, how often and in what manner?

7. Does your market have an incentive program for Farmers' Market Nutrition Program benefits card shoppers such as "Market Match" that gives them additional funds to use at the market if they use all of their benefits?

Yes _____ No _____

If so, please explain how this program works.

8. Does your market have a current list of rules and regulations governing participation and conduct in the market?

Yes _____ No _____

If so, please attach a current list of your market rules and regulations.

9. Upon signature of the Market Representative, you agree to abide by the following conditions to receive authorization by the Louisiana Department of Agriculture & Forestry to participate in the Farmers' Market Nutrition Program:

- a. Cooperate with the Louisiana Department of Agriculture & Forestry, local agencies and local farmers in promoting the Farmers' Market Nutrition Program as an approved farmers' market program in your market.
- b. Recommend to the department those farmers who sell at the market who are eligible to be certified. Likewise, do not recommend farmers or any other vendor who do not meet the eligibility standards to participate in the program.
- c. Assist in monitoring the FMNP participating farmers to ensure compliance with program rules as specified in the FMNP Farmer Participation Agreement signed by participating farmers. At a minimum, monitor rules for posting Vendor Display Signs and Produce Price Signs, and make sure that farmers are extending the same courtesies to benefits card recipients as they do to other customers, including produce quality and price, and make sure participating farmers abide by the USDA nondiscrimination policy prohibiting discrimination on the bases of race, color, national origin, sex, age, disability, reprisal or retaliation for protected activities.
- d. Assist benefits card recipients in identifying certified farmers and buying produce with their benefits cards, and monitor the use of benefits cards to ensure compliance with the FMNP rules.

IN WITNESS WHEREOF, the following parties agree to accept the "Farmers' Market 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 market.

(Market Representative Signature)	(Date)
(LDAF Representative or Designee Signature)	(Date)
(LDAF FMNP Director Signature)	(Date)

PLEASE SUBMIT THIS FORM VIA MAIL, EMAIL, OR FAX TO:

Louisiana Department of Agriculture & Forestry
 Michelle Estay, FMNP Director
 47076 N. Morrison Blvd.
 Hammond, LA 70401-7308
 Tel: (985) 345-9483 Fax: (225) 237-5630
 Email: fmnp@ldaf.la.gov

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

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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

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