



## 2022 Authorized Farmer Agreement

The Senior Farmers Market Nutrition Program (SFMNP) exists to:

- Provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, herbs and honey from farmers markets, and roadside stands to low income senior participants;
- Increase the consumption of domestic agricultural products, and;
- Support existing and develop or aid in the development of new and additional farmers markets and roadside stands.

Farmers who wish to become authorized under the SFMNP must meet the following criteria:

- Sell at a farmers market, roadside stand or farm stand in one or more of the following counties.

<b>Senior Farmers Market Nutrition Program (SFMNP)</b>
Allen, Anderson, Atchison, Barton, Bourbon, Brown, Butler, Clay, Cloud, Chase, Cherokee, Cheyenne, Coffey, Cowley Crawford, Decatur, Dickinson, Doniphan, Douglas, Ellis, Ellsworth, Finney, Franklin, Geary, Harvey, Hodgeman, Jackson, Jefferson, Jewell, Johnson, Labette, Leavenworth, Linn, Lincoln, Lyon, Marion, Marshall, McPherson, Miami, Mitchell, Morris, Nemaha, Neosho, Norton, Osage, Ottawa, Pawnee, Pottawatomie, Prairie Band Potawatomie Nation, Rawlins, Reno, Republic, Rice, Riley, Saline, Sedgwick, Shawnee, Sheridan, Sherman, Stafford, Sumner, Thomas, Wabaunsee, Washington, Wilson, Wyandotte

- Sell eligible foods such as fresh fruits, vegetables, fresh cut herbs, and local honey that were grown in Kansas or in a county that directly borders Kansas in Missouri, Oklahoma, Colorado, or Nebraska.
- Cannot exclusively sell produce grown by someone else even if that produce is local.
- Attend a Kansas Department of Health and Environment (KDHE) hosted, interactive training either in person (regional workshops) or via live webinar. See <http://www.kdheks.gov/sfmnp> for dates and locations of scheduled trainings. Additional training dates may be added, to request a different training date contact [Sarah.Sumner@ks.gov](mailto:Sarah.Sumner@ks.gov) or [Courtney.Koenig@ks.gov](mailto:Courtney.Koenig@ks.gov).

If all of the above criteria have been met, please completely fill out this agreement.



**Contact Information**

Farmer Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**General Information**

Have you attended a KDHE-hosted interactive training in 2022? This includes any training given at Regional Workshops or live interactive webinars (this does not include reviewing slides). Yes or No (circle one)

Did you review the slides and/or listen to the recorded webinar? Yes or No (circle one)

Is this your first year participating in the SFMNP? Yes or No (circle one)

If you are a returning Farmer, what is your SFMNP ID Number? \_\_\_\_\_

Do you have at least one KDHE issued sign? Yes or No (circle one)

How many SFMNP signs do you need? \_\_\_\_\_

What SFMNP eligible items will you sell?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Farmers Market Information**



Provide a list of all the farmers markets and/or roadside stands where you will sell in 2022. **Providing this information helps us direct seniors to locations that they can use their SFMNP checks.** There were over 110 markets/farm stands/roadside stands listed last year. Please be as specific as possible about the days, dates, and times of operation for your markets so that we can provide correct, specific information to senior participants.

**Farmers Market 1**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 County \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Days/Dates/Times of Operation \_\_\_\_\_

**Farmers Market 2**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 County \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Days/Dates/Times of Operation \_\_\_\_\_

**Farmers Market 3**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 County \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Days/Dates/Times of Operation \_\_\_\_\_

**If you would like a home farm stand listed on our directory this section MUST be filled out!**

**Home Farm Stand**

Address \_\_\_\_\_  
 City \_\_\_\_\_  
 County \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Special Instructions \_\_\_\_\_

Special Instructions include things such as phone numbers, months of operation or instructions to call to place an order before arriving.  
 (please add an additional sheet to list more farmers markets)



**Agreement period: January 1 – November 30, 2022**

BY SIGNING THIS AGREEMENT, THE FARMER AGREES TO:

1. Comply with the Federal Regulations and Procedures of the KSFMNP.
2. Acknowledge receiving interactive training.
3. Exchange only eligible foods for KSFMNP checks.
4. Display the SFMNP sign when selling at a Farmers Market or roadside stand.
5. Provide eligible foods to participants at or less than the price charged to other customers and offer participants the same courtesies as other customers.
6. Comply with all civil rights guidelines.
7. Accept KSFMNP checks within the dates of their validity and submit such checks for payment within the allowable time period established by KDHE.
8. Safely store all checks collected in a lock box before submitting for reimbursement in a timely manner.
9. Stamp all checks with the Farmer ID stamp **so that the ID number can be clearly read** and endorse appropriately **on the back of the check** while presenting for deposit.
10. Be monitored for compliance by KDHE overtly or covertly as required by USDA to ensure KSFMNP regulations are being met. Please note that first-year vendors are especially likely to be monitored.
11. Not issue cash change for purchases that are in an amount less than the value of the check nor collect tax on KSFMNP checks purchases.
12. Provide information as KDHE may require for Food and Nutrition Service reports.
13. Be accountable for actions of employees.
14. Pay KDHE for any checks transacted in violation of this Agreement.
15. Notify KDHE if the Farmer ceases operation prior to the end of the authorized period.
16. Shall not seek restitution from participants for coupons not paid by the State agency.

**Sanctions**

Failure to comply with agreed upon KSFMNP policies may result in the following action.

Class 1 Violation: Warning letter

Class 2 Violation: Non-Compliance Letter and technical assistance by telephone with a verbal test of information provided.

Class 3 Violation: Suspension from the program

I have attended a training session or reviewed presentation that describes, in detail, the rules and regulations of the Kansas Senior Farmers Market Nutrition Program/Farmers Market Nutrition Program and how they operate. I agree to abide by these rules, and I understand that failure to do so may result in non-payment, suspension, and/or disqualification from the program.

Farmer Name (print): \_\_\_\_\_

Farmer Signature: \_\_\_\_\_

KSFMNP Manager Signature: \_\_\_\_\_



**Mail completed application to:**

Sarah Sumner, SFMNP Administrative Assistant  
 Kansas Department of Health and Environment  
 1000 SW Jackson Street, Suite 230  
 Topeka, KS 66612

**Or email to completed application to:**

[Sarah.Sumner@ks.gov](mailto:Sarah.Sumner@ks.gov)

In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to the 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
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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