

**WIC and Senior  
Farmers' Market  
Nutrition Program  
(SFMNP)  
Policy & Procedure  
Manual**

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: FM-1  
Effective Date: May 13, 2025

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**Functional Area: Farmer Management**

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**Subject: Authorization of Farmer/Grower Vendors**

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**A. Policy**

1. In accordance with the Federal Regulations and policies, the State Agency will define and distribute Basic Criteria necessary to be authorized as a Farmer Vendor for the New Jersey Farmers Market Nutrition Program.
2. In accordance with the Federal Regulations, the State Agency must ensure that participants have adequate access to Farmer/Grower Vendors and will take geographic location into consideration in the authorization process.
3. In accordance with State policies, the state differentiates between a Farmer and a Grower as follows in section B.

**B. Procedure**

1. **Farmer Vendor** applicants must meet the following criteria to be considered for authorization as a Farmers Market Nutrition Program **Farmer Vendor**:
  - a. Sign and comply with the Farmer/Grower Vendor Agreement.
  - b. Submit all documentation requested by the State Agency.
  - c. Show proof of ownership of at least 5 acres of land for human consumption.
  - c. Grow at least 7 fruits and vegetables.
  - d. Attend all required trainings.
  - e. Maintain internet connectivity at all locations where participants shop.
  - f. 35% of the items sold must be self-grown, the rest must be locally grown.

2. **Grower** applicants must meet the following criteria to be considered for authorization as a Farmers Market Nutrition Program **Vendor**:
  - a. Sign and comply with the Farmer/Grower Vendor Agreement.
  - b. Submit all documentation requested by the State Agency.
  - c. Show proof of soil and/or water testing.
  - d. Grow at least 3 fruits or vegetables.  
An exception applies to single product growers, in which case you will need to grow 3 types of that fruit or vegetable.
  - e. Attend all required trainings.
  - f. Maintain internet connectivity at all locations where participants shop.
  - g. 75% of the items sold must be self-grown, the rest must be locally grown.

2. Farmer/Growers interested in becoming Authorized Farmers Market Nutrition Program vendors must follow the steps below:

- a. Contact the State Office for assistance in determining if they qualify as a Farmer or a Grower applicant.
- b. Complete the Farmer/Grower Vendor Application and submit all required documents.

Authorization of Each Farmer Vendor Application will be reviewed by the State and processed on a case-by-case basis.

3. Denied applicants will receive a signed Denial Letter with reason and details of the appeal process.
4. Accepted applicants will be considered as having a “Pending” status until training is completed and agreements are signed. Upon completion of training, they will obtain their “Authorized” status.
5. Once the Farmer/Grower Vendor Agreement has been signed by all parties, all copies of documentation will be returned to the Farmer/Grower for their records.

#### **Attachments:**

- **Farmer/Grower Vendor Selection Criteria Attachment 1A & 1B**
- **Farmer/Grower Denial Letter Template Attachment 2**
- **Farmer/Grower Vendor Application = WIC-1**
- **Farmer/Grower Vendor Agreement = WIC -3**

**New Jersey Department of Health (DOH) Women Infant & Children  
Services Farmers Market Nutrition Program (FMNP)  
Senior Farmers Market Nutrition Program (SFMNP)  
Cash-Value Benefit (CVB)  
Farmer Vendor Selection Criteria**

**The New Jersey Department of Health (DOH) selects farmers to become authorized/certified farmer vendors in the FMNP/SFMNP based on the required criteria below.**

1. At least thirty-five percent (35%) of the produce sold by the farmer vendor must be self-grown; the remainder must be locally grown, except produce for the Cash-Value Benefit (CVB).
2. The farmer vendor must grow at least seven (7) authorized locally grown fruits, vegetables and/or herbs throughout the season for the WIC FMNP/SFMNP; except for fruit only farms and produce for the CVB.
3. The farmer vendor must offer for sale, at all times, at least three (3) self-grown items for the WIC FMNP/SFMNP; except for fruit only farms.
4. Interactive face-to-face training is required for new authorized/certified growers and must be completed every three (3) years for re-authorization. Annual Farmer Vendor/Grower training is mandatory and may be done in any form (i.e. face to face, paper based, etc.) selected by the State Agency.
5. A farmer vendor is responsible for training all employees and informing them about all the rules and regulations of the WIC FMNP/SFMNP, and the CVB.
6. A farmer vendor certification is for a specific three (3) year period.
7. The farmer vendor must meet the terms and conditions of zoning, building and health codes of the city/township, if applicable.
8. The farmer vendor must not be in violation of other Food and Nutrition Service (FNS) programs, and must not be currently disqualified, sanctioned or under investigation by any state program.
9. A farmer vendor must provide required documentation to the State Agency (SA). Not providing requested documentation to the SA shall result in disqualification in the WIC FMNP, SFMNP and from accepting CVBs.
10. A farmer vendor must comply with all required corrective actions resulting from monitoring by the State Agency.
11. A farmer vendor cannot buy, sell or trade WIC FMNP/SFMNP benefits or CVBs. A farmer vendor must comply with all applicable state and federal laws, regulations, and policies for the duration of the contract period.
12. A disqualified farmer vendor cannot reapply under any other name until the period of suspension is over.
13. Certified farmer vendors cannot have a criminal conviction or civil judgment.



**Please Print**

**Reviewed by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **USDA Non-Discrimination Statement**

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint 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 USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

USDA is an equal opportunity provider, employer, and lender.

**New Jersey Department of Health (DOH) Women Infant & Children  
Services Farmers Market Nutrition Program (FMNP)  
Senior Farmers Market Nutrition Program (SFMNP)  
Cash-Value Benefit (CVB)  
Grower Selection Criteria**

**The New Jersey Department of Health (DOH) selects farmers to become authorized/certified farmer vendors in the FMNP/SFMNP based on the required criteria below.**

1. At least seventy-five percent (75%) of the produce sold by the grower must be self-grown; the remainder must be locally grown, except produce for the Cash-Value Benefit (CVB).
2. The grower must offer for sale at least three (3) self-grown items at all times for the WIC FMNP/ SFMNP; except for fruit or vegetable only growers.
3. Interactive face-to-face training is required for new authorized/certified growers and must be completed every three (3) years for re-authorization. Annual Farmer Vendor/Grower training is mandatory and may be done in any form (i.e. face to face, paper based, etc.) selected by the State Agency.
4. A grower is responsible for training all employees and informing them about all the rules and regulations of the WIC FMNP/SFMNP, and the CVB.
5. A grower certification is for a specific three (3) year period.
6. The grower must provide proof of soil or water testing or verification on non-contaminated soil used for growing produce.
7. A grower's projection of income shall be at least \$250 or the grower must provide proof of participation in the Jersey Fresh Program.
8. The grower must not be in violation of other Food and Nutrition Service (FNS) programs, and must not be currently disqualified, sanctioned or under investigation by any state program.
9. A grower must provide required documentation to the State Agency (SA). Not providing requested documentation to the SA shall result in disqualification in the WIC FMNP, SFMNP and from accepting CVBs.
10. A grower must comply with all required corrective actions resulting from monitoring by the State Agency.
11. A grower cannot buy, sell or trade WIC FMNP/SFMNP benefits or CVBs. A grower must comply with all applicable state and federal laws, regulations and policies for the duration of the contract period.
12. A disqualified grower cannot reapply under any other name until the period of suspension is over.
13. Certified growers cannot have a criminal conviction or civil judgment.

**Please Print**

**Reviewed by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## USDA Non-Discrimination Statement

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

USDA is an equal opportunity provider, employer, and lender.

Date letter being sent

Name of Farm Representative  
Name of Farm  
Address  
City, State, Zip Code

**SUBJECT: FARMER/GROWER VENDOR DENAIL LETTER**

**Dear Farm Representative Last Name**

The New Jersey Farmer Market Nutrition Program (FMNP) and Senior Farmer Market Nutrition Program (SFMNP) would like to thank you for your interest in becoming an authorized New Jersey farmer/grower.

However, New Jersey FMNP and SFMNP require that all authorized farmers and or grower meet the following criteria.

Farmer criteria:

- ☐ A farmer vendor must have a minimum of five (5) acres in production.
- ☐ At least thirty-five percent (35%) of the produce sold by the farmer vendor must be self-grown: the remainder must be locally grown, except for produce purchased with Cash-Value Benefits (CVB).
- ☐ The farmer vendor must grow at least seven (7) authorized locally fruits, vegetables and/or herbs throughout the season for the WIC FMNP/SFMNP; except for fruit only farmers and produce purchased with CVB.
- ☐ The farmer vendor must offer at least three (3) self-grown items at all times for the WIC FMNP/SFMNP; except for fruit only farmers and produce purchased with CVB. All produce sold for FMNP/SFMNP Benefit must be locally grown.

Grower criteria:

- ☐ The grower must provide proof of soil or water testing or verification on non-contaminated soil used for growing produce.
- ☐ At least thirty-five percent (75%) of the produce sold by the grower vendor must be self-grown: the remainder must be locally grown, except for produce purchased with Cash-Value Benefits (CVB).
- ☐ The grower vendor must grow at least seven (3) authorized locally fruits, vegetables and/or herbs throughout the season for the WIC FMNP/SFMNP; except for fruit only farmers and produce purchased with CVB.
- ☐ The grower vendor must offer at least three (3) self-grown items at all times for the WIC FMNP/SFMNP; except for fruit only farmers and produce purchased with CVB. All produce sold for FMNP/SFMNP Benefit must be locally grown.

The farmer/grower is being denied from participating in the Farmers' Market Nutrition Program for failure to meet the above checked criteria.

You have the right to appeal this decision within 20 days of this notice. You may request a hearing in writing to: Lisa King, Regulatory Officer, Division of Certification of Need & Licensing, New Jersey Department of Health, P. O. Box 358, Trenton, New Jersey 08625-0358 or Via email by writing to Lisa King at [DOH-Grant-Appeals-Board@doh.nj.gov](mailto:DOH-Grant-Appeals-Board@doh.nj.gov).

If you have any questions, contact the Farmers Market Team at [NJSFMNP@doh.nj.gov](mailto:NJSFMNP@doh.nj.gov) or (609) 292-9560.  
Sincerely,

Prateek Srivastava  
Executive Director  
New Jersey WIC Services

New Jersey Department of Health  
WIC Services  
PO Box 364, Trenton, NJ 08625-0364

**WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM  
APPLICATION FOR PARTICIPATION**

**Important: All items must be completed. An incomplete application will be returned to you and will delay your authorization.**

STATE USE ONLY	
Date Rec'd: _____	
Type of Application: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal	
Vendor #: _____	
Contract Period: _____	
FY: _____	

Name of Owner		
Permanent Mailing Address		County
City		State      Zip Code
Home Telephone Number	Cell Phone Number	Email Address
Do you currently have a bank account where ACH payments can be deposited? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a minimum of 5 acres in production of fruits and vegetables for human consumption?  <input type="checkbox"/> Yes (Complete <b>Section A</b> ) <input type="checkbox"/> No (Complete <b>Section B</b> )		
<b>SECTION A</b>		
Please attach proof of acreage: <b>Attach</b> <input type="checkbox"/> Farm Land Tax Assessment <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Deed      or <input type="checkbox"/> Other		
Is your farm enrolled in the Farmland Preservation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a member of a Farmers' Market Council? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, identify: _____		
Are you an organic farmer? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, do you sell conventional produce? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What provisions are available to assist persons with disabilities? _____		
<b>CROPS GROWN</b>		
List the types of crops you expect to grow (must grow at least 7 types):		
<b>Vegetables</b>	<b>Fruits</b>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

**WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM  
APPLICATION FOR PARTICIPATION, CONTINUED**

**SECTION B**

Select type of farm: (Select One) \_\_\_\_\_ Size of farm: \_\_\_\_\_

Please attach proof of soil and/or water testing: ☒ Attach ☐ Soil ☐ Water

Are you a member of a Farmers' Market Council? ☐ Yes ☐ No If Yes, identify: \_\_\_\_\_

Are you an organic farmer? ☐ Yes ☐ No If yes, do you sell conventional produce? ☐ Yes ☐ No

What provisions are available to assist persons with disabilities? \_\_\_\_\_

**CROPS GROWN**

List the types of crops you expect to grow (must grow at least 3 types):

**Vegetables**

**Fruits**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FARMSTAND OR PERMANENT MARKET LOCATIONS**

<b>1</b>	Market Name and Address		County	
			Type of Market <input type="checkbox"/> Permanent <input type="checkbox"/> Farmstand	
	Name of Person Responsible for FMNP Matters		Title	Market Telephone No.
	Opening Date	Hours		
	Closing Date	<div style="display: flex; justify-content: space-between;"> <div> MON _____ AM to _____ PM  TUE _____ AM to _____ PM  WED _____ AM to _____ PM </div> <div> THU _____ AM to _____ PM  FRI _____ AM to _____ PM  SAT _____ AM to _____ PM  SUN _____ AM to _____ PM </div> </div>		
<b>2</b>	Market Name and Address		County	
			Type of Market <input type="checkbox"/> Permanent <input type="checkbox"/> Farmstand	
	Name of Person Responsible for FMNP Matters		Title	Market Telephone No.
	Opening Date	Hours		
	Closing Date	<div style="display: flex; justify-content: space-between;"> <div> MON _____ AM to _____ PM  TUE _____ AM to _____ PM  WED _____ AM to _____ PM </div> <div> THU _____ AM to _____ PM  FRI _____ AM to _____ PM  SAT _____ AM to _____ PM  SUN _____ AM to _____ PM </div> </div>		
<b>3</b>	Market Name and Address		County	
			Type of Market <input type="checkbox"/> Permanent <input type="checkbox"/> Farmstand	
	Name of Person Responsible for FMNP Matters		Title	Market Telephone No.
	Opening Date	Hours		
	Closing Date	<div style="display: flex; justify-content: space-between;"> <div> MON _____ AM to _____ PM  TUE _____ AM to _____ PM  WED _____ AM to _____ PM </div> <div> THU _____ AM to _____ PM  FRI _____ AM to _____ PM  SAT _____ AM to _____ PM  SUN _____ AM to _____ PM </div> </div>		

**WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM  
APPLICATION FOR PARTICIPATION, CONTINUED**

TAILGATE FARMERS MARKETS			
<b>1</b>	Market Location	Hours	
		MON _____ AM to _____ PM	THU _____ AM to _____ PM
		TUE _____ AM to _____ PM	FRI _____ AM to _____ PM
		WED _____ AM to _____ PM	SAT _____ AM to _____ PM
		SUN _____ AM to _____ PM	
<b>2</b>	Market Location	Hours	
		MON _____ AM to _____ PM	THU _____ AM to _____ PM
		TUE _____ AM to _____ PM	FRI _____ AM to _____ PM
		WED _____ AM to _____ PM	SAT _____ AM to _____ PM
		SUN _____ AM to _____ PM	
<b>3</b>	Market Location	Hours	
		MON _____ AM to _____ PM	THU _____ AM to _____ PM
		TUE _____ AM to _____ PM	FRI _____ AM to _____ PM
		WED _____ AM to _____ PM	SAT _____ AM to _____ PM
		SUN _____ AM to _____ PM	
<b>4</b>	Market Location	Hours	
		MON _____ AM to _____ PM	THU _____ AM to _____ PM
		TUE _____ AM to _____ PM	FRI _____ AM to _____ PM
		WED _____ AM to _____ PM	SAT _____ AM to _____ PM
		SUN _____ AM to _____ PM	
<b>5</b>	Market Location	Hours	
		MON _____ AM to _____ PM	THU _____ AM to _____ PM
		TUE _____ AM to _____ PM	FRI _____ AM to _____ PM
		WED _____ AM to _____ PM	SAT _____ AM to _____ PM
		SUN _____ AM to _____ PM	
Are you interested in selling your produce at:: Local WIC Clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Senior Centers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has any owner, manager or relative(s), or the business ever been charged, sanctioned or sentenced (suspension, disqualification, fine, etc.) for violations of the Supplemental Nutrition Assistance Program (SNAP) (Food Stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date: _____			
Are you currently a Supplemental Nutrition Assistance Program (SNAP) (Food Stamps) Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Authorization Number: _____                      Date of Authorization: _____			



**WIC AND SENIOR FARMERS' MARKET NUTRITION PROGRAM  
APPLICATION FOR PARTICIPATION, CONTINUED**

CERTIFICATION BY APPLICANT		
<p><i>To the best of my knowledge, all of the above information is true. I understand that any false statements made herein may result in the denial or withdrawal of my approval to participate in the WIC and Senior Farmers' Market Nutrition Program. I understand that if my application is approved for a Farmer/Grower Vendor Agreement, I will be bound by WIC and Senior FMNP Program regulations and policies including, but not limited to:</i></p> <ol style="list-style-type: none"> <li>1. <i>attend vendor training;</i></li> <li>2. <i>train my employees in WIC and Senior FMNP and Cash-Value Benefits (CVB);</i></li> <li>3. <i>periodically be monitored; and</i></li> <li>4. <i>redeem WIC and Senior FMNP and Cash-Value Benefits (CVB) properly.</i></li> </ol> <p><i>I understand that this is only a request for a vendor agreement. I understand that the WIC and Senior FMNP Program will consider the enclosed Selection Criteria when evaluating my application. I understand that if I am selected for Program participation, the New Jersey WIC and Senior FMNP and Cash-Value Benefits (CVB) Program does not guarantee a specific amount of business.</i></p>		
Name of Owner (Print)		Title
Signature of Owner or Authorized Agent		Date

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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, audiotape, 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](mailto:program.intake@usda.gov)  
This institution is an equal opportunity Provider.

STATE AGENCY USE ONLY		
Name of State Staff Reviewing Application (Print)		Title
Signature		Date
Name of Supervisor Reviewing Application (Print)		Title
Signature		Date

**New Jersey Department of Health  
New Jersey Department of Agriculture**

**WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP)  
SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)  
WIC CASH VALUE BENEFIT (CVB)**

**FARMER/GROWER VENDOR AGREEMENT**

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THIS AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
between the New Jersey Department of Health, WIC Services, and the Department of Agriculture, hereafter referred to  
as the NJDOH WIC and NJDA, and

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(Farmer/Grower Vendor Name)

hereafter referred to as the "Farmer/Grower Vendor" who operates a facility at the distinct location of

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(Farmer/Grower Address - Farm Address)

THIS AGREEMENT shall be binding from the \_\_\_\_\_ day of \_\_\_\_\_ through the 31st day  
of December, \_\_\_\_\_.

**Goals of the New Jersey WIC Farmers' Market Nutrition Program (FMNP)**

The New Jersey WIC Farmers' Market Nutrition Program (FMNP) is funded by the United States Department of Agriculture (USDA) to:

1. Provide nutritious, unprepared foods, (fruits, vegetables, and herbs) from farmer vendors to eligible participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or are on the waiting list for WIC benefits;
2. Expand awareness of the nutritional benefits of fresh fruits, vegetables, and herbs; and
3. Increase sales of locally grown produce at roadside stands and/or farmers' markets.

**Goals of the New Jersey Senior Farmers' Market Nutrition Program (SFMNP)**

The New Jersey Senior Farmers Market Nutrition Program (SFMNP) is funded by the United States Department of Agriculture (USDA) to:

1. Provide nutritious, unprepared foods, (fruits, vegetables, and herbs) from farmer vendors to eligible senior citizens;
2. Expand awareness of the nutritional benefits of fresh fruits, vegetables, and herbs; and
3. Increase sales of locally grown produce at roadside stands and/or farmers' markets.

**Goals of the New Jersey Cash-Value Benefit (CVB)**

The New Jersey Cash Value Benefit (CVB) is funded by the United States Department of Agriculture (USDA) to:

1. Provide cash-value benefits (CVBs) to eligible WIC participants statewide;
2. Expand awareness of the nutritional benefits of fresh fruits, vegetables, and herbs; and
3. Increase consumption of allowable fresh, frozen and canned fruits and vegetables to WIC participants.

**Role of the Farmer/Grower Vendor in the WIC FMNP/SFMNP**

Farmer/Grower Vendors play an important role in the WIC FMNP/SFMNP by providing locally grown fresh fruits, vegetables, and herbs to WIC participants and senior citizens.

## The Cash-Value Benefit (CVB)

Revisions in the WIC Food Package (7 CFR Part 246) provide the option for CVBs to be redeemed at roadside stands, farmers' markets as well as WIC authorized grocery stores. New Jersey has elected to increase the opportunities for healthier food choices to WIC participants by allowing certified farmer vendors in the WIC FMNP to accept CVBs for fresh fruits and vegetables.

The differences between the CVB and the WIC FMNP and SFMNP benefits are:

1. Herbs and spices cannot be purchased with CVBs.
2. Fresh fruits and fresh vegetables do not need to be locally grown.

## Definitions

For the purpose of this Agreement and other documents related hereto, the terms:

**Cash-Value Benefit (CVB)** - means a fixed-dollar amount check, voucher, electronic benefit transfer (EBT) card or other document which is used by a WIC participant to obtain eligible fruits and vegetables.

**Compliance Buy** - means a covert, on-site investigation in which a representative of the WIC FMNP/SFMNP poses as a participant, parent or caretaker of an infant or child participant or proxy, transacts one or more benefits (WIC FMNP/SFMNP or CVBs), and does not reveal during the visit that he or she is a program representative.

**CVB Eligible or Authorized Foods** - means all varieties of whole or cut fresh fruits and vegetables, including bagged mixtures, plain bagged salad, and plain bagged fruits and vegetables to include white potatoes are allowable food items. Fruits and vegetables do not need to be locally grown.

**CVB Ineligible or Unallowable Foods Items** – spices, herbs (cut or potted), items from salad bars, party platters or trays, fruit baskets, decorative vegetables and fruits, dried fruit, dried vegetables, bagged fruits and vegetables with dips, dressings or other ingredients are not allowed.

**Electronic Solution** – Method used for eligible participant to access benefits in order to obtain eligible supplemental foods.

**Employee Fraud and Abuse** - means the intentional conduct of a State, local agency or clinic employee which violates program regulations, policies, or procedures, including, but not limited to, misappropriating or altering electronic benefits, entering false or misleading information in case records or creating case records for fictitious participants.

**Farmer/Grower Vendor** - means an individual authorized (certified) by NJDOH to sell eligible produce to WIC and senior participants at designated locations. Individuals who exclusively sell produce grown by someone else, such as wholesale distributors cannot be authorized (certified).

**Farmer/Grower Vendor Annual Training** - means the farmer vendor will receive annual instructions according to USDA Regulations, State policies and procedures and any changes to program requirements.

**Farmer/Grower Vendor Interactive Face-to-Face Training** - means prior to or at the time of a farmer vendor's initial authorization/certification receives instructions by NJDOH staff that include USDA Regulations, State policies and procedures, and program requirements.

**Farmers' Market** - means an association of local farmers who assemble at a defined location for the purpose of selling their produce directly to consumers.

**FMNP** - means Farmers' Market Nutrition Program.

**FMNP Eligible/Authorized Foods** - means fresh nutritious, unprepared, locally grown fruits, vegetables, and herbs for human consumption.

**High Risk Farmer/Grower Vendor** - is defined as (1) a farmer/grower vendor in his/her first year of authorization; (2) a farmer vendor which a complaint is received due to his or her practice(s); or (3) a farmer vendor who redeems \$25,000 or above in one WIC FMNP/SFMNP growing season.

**Locally Grown Produce** – New Jersey defines “locally grown” as produce grown in New Jersey and/or the neighboring States of Pennsylvania, New York and/or Delaware.

**NJDOH** - means the New Jersey Department of Health.

**NJDA** - means the New Jersey Department of Agriculture.

**Proxy** - means any person designated by a participant to obtain and transact FMNP/SFMNP or CVBs to obtain supplemental foods on behalf of a participant.

**Roadside Stand** – means a location where an individual farmer/grower sells his/her produce to consumers.

**SFMNP** – means Senior Farmers’ Market Nutrition Program.

**SFMNP Eligible/Authorized Foods** - means nutritious, unprepared, locally-grown fruits, vegetables and herbs for human consumption.

**SFMNP Participant** – means a person who meets the eligibility requirements of the SFMNP to whom benefits have been issued.

**State Agency (SA)** – means WIC Services, New Jersey Department of Health (NJDOH).

**Supplemental Nutrition Assistance Program (SNAP)** - A new name for Federal Food Stamp Program (FSP) effective October 1, 2008.

**USDA** – means the United States Department of Agriculture.

**WIC FMNP** - means Women, Infants, and Children Farmers’ Market Nutrition Program.

**WIC Participant** - means eligible person identified by the State WIC Services to receive WIC FMNP benefits and CVBs.

## **PART ONE – NEW JERSEY DEPARTMENT OF HEALTH - WIC PROGRAM**

The NJDOH Obligations:

1. Maintain an account for payment of validly redeemed electronic benefits. NJDOH assumes no liability for costs incurred by the farmer/grower vendor for any banking fees resulting from a farmer’s non-compliance with Program regulations, rules, policies and procedures.
2. Provide farmer/grower vendors with interactive face to face and annual training according to USDA Regulations, State policies and procedures and program requirements.
3. Monitor farmer/grower vendor operations through price checks, automated reports, compliance buys, reviews of redeemed benefits, unannounced visits, follow-up on complaints and visits to high-risk farmers/growers.
4. Identify high-risk farmer/grower vendors.

5. Monitor and implement sanctions for out-of-compliance farmer/grower vendors.
6. Respond to farmer/grower vendor questions, complaints, or technical assistance, as needed.
7. Design, develop and distribute farmer/grower vendor materials and information as needed.
8. Disqualify a farmer/grower vendor and demand refunds from a farmer/grower vendor for improperly redeemed benefits.
9. Provide each farmer/grower vendor with a unique farmer/grower vendor number.
10. Disqualify a farmer/grower vendor from the WIC FMNP/SFMNP who has been disqualified from the SNAP.
11. Recruit farmer/grower vendors for program participation.
12. Advise farmer/grower vendor of specific program violations, including compliance buys that require corrective action(s).
13. Sanction a farmer/grower vendor based on documented reports of program abuse.
14. Terminate a farmer/grower vendor from the WIC FMNP/SFMNP based on farm sale, sale of roadside stand and/or farm market, self termination or disqualification from the program.
15. State agency, when notified, will assist with the reconciling payments to farmer/grower vendors when an error occurs with electronic transactions.

## **PART TWO - NEW JERSEY DEPARTMENT OF AGRICULTURE**

The NJDA's Obligations:

1. Refer prospective farmer/grower(s) who requests WIC FMNP/SFMNP participation information to NJDOH.
2. Provide space at various NJDA and farmer convention/conferences for NJDOH to recruit prospective farmers/ growers and/or train certified farmers/growers.
3. Refer farmer/grower vendor complaints to NJDOH for follow up.
4. Refer questions from farmer/grower vendors to NJDOH.
5. Refer farmer/grower vendor violations to NJDOH for follow up.

## **PART THREE – FARMER/GROWER VENDOR TERMS AND CONDITIONS**

### **A. GENERAL TERMS AND CONDITIONS, FARMER/GROWER VENDORS AGREE:**

1. To adhere to all federal regulations, state policies, and operating procedures of the WIC FMNP/SFMNP and CVB. The farmer/grower vendor shall carry out this agreement to comply with the non-discrimination provisions of USDA regulations as provided in §248.7, and must comply with the Civil Rights Act of 1964.
2. To inform the public of their participation in the WIC FMNP and SFMNP by displaying at least one FMNP poster in a place conspicuously visible to the general public.
3. To be accountable for actions of all its employees in the handling of benefits and the selling of eligible/authorized foods.

4. (A) Farmer Vendor (Traditional Farmers) – To have a minimum of five (5) acres in production for human consumption. Must grow at least seven (7) authorized locally grown fruits, vegetables and/or herbs throughout the season. At least thirty-five (35%) of the produce sold by the farmer vendor must be self-grown.
  - (i) Please provide proof of acreage. Acceptable forms of proof are:
    - Farm Land Tax Assessment
    - Leasing Agreement
    - Deed
    - Other
5. (B) Grower - No minimum acreage requirement. At least seventy-five percent (75%) of the produce sold by the grower must be self-grown. A minimum of three (3) self-grown items must be available at all times. The remaining produce must be locally grown.
  - (i) Please provide proof of soil and/or water testing.
6. To identify locally grown produce.
7. To display the current prices of eligible foods in close proximity to the foods.
8. To participate in and/or have farmer/grower vendor personnel participate in trainings as required by USDA and NJDOH, and provide orientation to employees as needed.
9. To immediately notify the SA when farmer/grower ownership is going to change, when operations are going to cease, or any other circumstances impacting on service to participants or the program.
10. That this agreement shall become null and void when ownership of the farm changes and may not be transferred or assigned by the farmer/grower vendor to any other person or entity.
11. To immediately inform the NJDOH WIC Services if any owner or manager is convicted of a felony and/or to inform the NJDOH WIC Services if the farmer/grower vendor is under investigation by SNAP.
12. To allow Federal and State representatives to:
  - (i) visit the farmer/grower vendor to observe benefit redemption procedures, and
  - (ii) conduct unannounced on-site monitoring visits to determine compliance with program regulations, policies and procedures.
  - (iii) To take necessary remedial action within two (2) weeks for any problem noted during an on-site visit.
13. To provide the SA with required documentation. Not providing requested documentation to NJDOH WIC Services shall result in disqualification from the WIC FMNP/SFMNP and from accepting CVBs.
14. That no conflict of interest exists between the farmer/grower vendor and USDA, NJDOH or NJDA.
15. To comply with all applicable Federal, State and local health protection laws and ordinances.
16. If any of the provisions of this agreement are or become invalid to any extent, the other provisions shall not be affected thereby. In the event of invalidity of a provision the parties agree to accept a provision which reflects as closely as possible the intention of the invalid provision.
17. That failure by either party to enforce any provision of this agreement shall not be considered a waiver of the provision or of the party's right to enforce the provision at a later time.
18. That NJDOH WIC Services shall not be held responsible for any losses incurred by a farmer/grower vendor as a result of disqualification pending an appeal decision.

19. To maintain the farmer/grower vendor training materials and any updated instructions from NJDOH.
20. That either party with a 15-day written advance notice can bring termination of this agreement.
21. That the farmer/grower vendor shall not offer voluntary withdrawal from the program as an alternative to disqualification from the WIC FMNP/SFMNP.
22. That neither the SA nor the farmer/grower vendor has an obligation to renew this agreement. A farmer/grower vendor must file a new application and meet the requirements of the farmer/grower vendor selection criteria for each contract period if the farmer/grower vendor wishes to be considered for a new contract in the WIC FMNP/SFMNP and CVB.

**B. WITH REGARD TO PARTICIPANTS, FARMER/GROWER VENDORS AGREE:**

1. To provide eligible foods to participants only as authorized by the WIC FMNP/SFMNP and the CVB.
2. To provide eligible foods to participants, which are the same quality and cost as sold to other customers.
3. Not to seek or receive restitution from participants for failed transactions not reimbursed by the NJDOH.
4. Not to request personal addresses or telephone numbers of participants for the purpose of redeeming benefits.
5. To offer participants the same courtesies as offered to other customers and not to distinguish or identify participants from other customers.
6. To provide services to participants without regard to race, color, age, sex, gender identity, sexual orientation, national origin, or disability.

**C. ELECTRONIC BENEFIT PROCESSING: FARMER/GROWER VENDORS AGREE:**

1. Not to provide substitute items, rain checks, or cash reimbursements for eligible foods that are unavailable, and not to collect sales tax on eligible foods.
2. Not to refund money or provide ineligible foods to replace eligible foods that participants or proxies attempt to return.
3. If there is no record of electronic transfers in a given month, you jeopardize your position as a certified farmer/grower vendor in the WIC FMNP/SFMNP.
4. Enter manually purchase amount of CVB or FMNP on electronic device.
5. Not to use redeemed benefits for the purchase of any commodity or for payment of any debt.
6. To notify the NJDOH of any suspected or observed improper use of electronic benefits by participants or other farmer/grower vendors.
7. Not to limit the amount of electronic benefits redeemed by a participant/proxy at one time.
8. Benefits must not be bought, sold or traded.

## D. SANCTIONS

1. When the SA is notified that a farmer/grower vendor is in violation of this agreement a warning letter is sent to the farmer/grower vendor. A farmer/grower vendor who has not corrected the violation(s) after receiving a written warning must attend a mandatory training.
2. A farmer/grower vendor who receives a warning letter and attends the mandatory training and has not corrected the violation(s) will be notified that sanctions are being imposed immediately and the farmer/grower vendor may be disqualified from the WIC FMNP/SFMNP.
3. A farmer/grower vendor who commits fraud or abuses the WIC FMNP/SFMNP is liable to prosecution under applicable Federal, State or local laws. Those who willfully misapply, steal, or fraudulently obtain electronic benefits shall be subject to a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both if the value of funds is \$100 or more. If the value of funds is less than \$100 then the penalties are a fine of not more than \$1,000 or imprisonment for not more than one (1) year or both. (7 CFR Ch. II (1-1-13 Edition)).
4. The SA retains the right to demand and receive refunds from farmer/grower vendors for charges of more than the actual purchase price for eligible foods and payments already made on improperly electronic benefits.
5. The SA may deny payment to the farmer/grower vendor for improperly transacted electronic benefits.
6. The farmer/grower vendor shall refund any amount demanded within twenty (20) days of receipt of the demand by the SA, unless the farmer/grower vendor has provided documentation, which justifies the price.
7. Disqualification/Civil Money Penalty of a farmer/grower vendor from participation in another FNS Program of the USDA shall result in a disqualification that is the same length of time as the FSP disqualification.
8. If a farmer/grower vendor has been disqualified from the WIC FMNP/SFMNP, they cannot reapply under any other name until the suspension is over.

### **FARMER/GROWER VENDOR SANCTIONS**

#### **TYPES OF ABUSES**

#### **Sanction**

- |   |   |
|---|---|
| 1. Farmer/Grower vendor convicted of trafficking electronic benefits.   | Permanent   |
| 2. Farmer/Grower vendor has one incidence of buying or selling electronic benefits for cash.  | Six Years   |
| 3. Farmer/Grower vendor has a pattern of charging for food not received by participants.  | Three Years   |
| 4. Farmer/Grower vendor charges the WIC FMNP/SFMNP and/or WIC Services more for supplemental foods actually purchased than other customers are charged for the same food items. | Three Years   |
| 5. Farmer/Grower vendor has a pattern of providing ineligible items in exchange for electronic benefits.  | One Year  |
| 6. Farmer/Grower vendor has been disqualified from SNAP (Food Stamp Program).   | The disqualification shall be for the same length of time as the SNAP disqualification. |
| 7. Farmer/Grower vendor discriminates against WIC/senior participants.  | One Year  |
| 8. Farmer/Grower vendor fails to maintain at least three (3) self-grown items at  |   |



all times during the growing season.

One Year

9. All other minor infractions will be required to attend a mandatory training session.

#### **E. TERMINATION OF FARMER MARKET NUTRITION PROGRAM AGREEMENT**

1. Upon termination of this agreement NJDOH shall cancel and remove the farmer/grower vendor's code for payment.
2. This Agreement shall terminate upon:
  - a. The end of the designated contract year,
  - b. Change in ownership or cessation of operations,
  - c. Disqualification of farmer/grower vendor from the program,
  - d. Upon fifteen (15) day written advance notice by either party, or
  - e. Failure to meet current farmer/grower vendor selection criteria.
3. NJDOH shall immediately terminate the agreement if it is determined that the farmer/grower vendor has provided false information in connection with its application for authorization.

#### **F. CONFIDENTIALITY**

1. NJDOH shall restrict the use or disclosure of information obtained from farmer/grower vendors, or generated by the State Agency concerning farmer/grower vendors. The NJDOH shall provide only the farmer/grower vendor's name, address, and authorization status.
2. NJDOH shall restrict the use or disclosure of Supplemental Nutrition Assistance Program (SNAP) retailer information furnished to it.
3. NJDOH must restrict the use or disclosure of confidential farmer/grower vendor information to persons directly connected with the administration or enforcement of the WIC Program or (SNAP) who NJDOH determines has a need to know the information for purposes of these programs.

#### **G. ADMINISTRATIVE APPEALS**

1. A farmer/grower vendor has the right to request an administrative appeal.
2. The farmer/grower vendor or his/her representative in writing must make a request for a hearing to the Grant Appeals Board stating the reasons for the request within twenty (20) business days of the date of notification of adverse action.
3. Once a date has been set for the appeal, the farmer/grower vendor has only one opportunity to reschedule.
4. Expiration of a WIC FMNP/SFMNP or CVB Agreement is not an appealable action.
5. Disqualification of a farmer/grower vendor as a result of disqualification from SNAP is not subject to review.

#### **ADMINISTRATIVE APPEAL OF STATE AGENCY DECISION AGAINST FARMER/GROWER VENDORS**

The following are SA procedures for a full administrative review to farmer/grower vendors that appeal a denial for authorization based on the selection criteria, a disqualification, and the imposition of a fine or a civil money penalty in lieu of a disqualification:

1. Written notification of the adverse action, the procedures to file for an administrative review, if any, and the cause(s) for the effective date of the action. Such notification shall be provided to participating farmer/grower vendors not less than 15 days in advance of the action.
2. The opportunity to appeal the adverse action within a time period specified by the State Agency in its notification of adverse action.
3. Adequate advance notice of the time and place of the administrative review to provide all parties involved sufficient time to prepare for the review.
4. The opportunity to present its case and at least one opportunity to reschedule the administrative review date upon specific request.
5. The opportunity to cross-examine adverse witnesses. Where necessary to protect the identity of WIC FMNP/SFMNP or CVB investigators, such examination may be conducted behind a protective screen.
6. The opportunity to be represented by counsel, if desired.
7. The opportunity to examine the evidence upon which the State Agency's action is based prior to the review.
8. An impartial decision-maker, whose decision as to the validity of the State Agency's action shall rest solely on the evidence presented at the hearing, and the statutory and regulatory provisions governing the WIC FMNP/SFMNP.
9. Written notification of the decision on the appeal, including the basis for the decision, within 60 days from the date of receipt of the request for a hearing by the farmer/grower vendor.
10. Upon final receipt of an administrative appeal decision, the farmer/grower vendor has the right to request further action from the Office of Administrative Law.

BANKING INFORMATION	
Bank Name	
Routing Number	Account Number
Federal ID/ SSN #	

Attach a copy of a blank VOIDED check from your account to ensue that your ACH credits are correctly applied.  
**IMPORTANT: If any of this information changes, please notify New Jersey WIC immediately.**

I (We) hereby authorize New Jersey WIC Services to initiate credit entries to my (our) bank account. These credit transactions should be made to the depository bank named above. If funds to which I am not entitled are deposited to my account, I (we) authorize New Jersey WIC Services to direct the financial institution(s) to return said funds.	
Name of Farmer Vendor/Authorized Person (Print)	Title
Signature	Date

## AUTHORIZED SIGNATURES

The undersigned represents that he/she is either the sole proprietor and/or has the legal authority to contract for the farmer vendor identified below:

FARMER/GROWER VENDOR	
Name of Farmer/Grower Vendor or Authorized Representative (Print)	
Title	
Signature of Farmer/Grower Vendor or Authorized Representative	Date
Trade Name of Farm	County
Street Location of Farm	
Mailing Address (if Different)	
City, State, Zip Code	
STATE	
Name of State Agency (NJDOH) Authorizing Agent (Print)	
Title	
Signature of State Agency (NJDOH) Authorizing Agent	Date

The Farmer hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1963 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 610 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines; and State Agency directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability be excluded from participation in, be denied the benefits of or otherwise be subjected to discrimination under any program or activity for which the Farmer receives Federal financial assistance from the State Agency; and hereby gives assurance that it will immediately take measures to effectuate this agreement.

By providing this assurance, the Farmer agrees to compile data, maintain records and submit reports as required to permit effective enforcement of the nondiscrimination laws, and to permit State Agency personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the State Agency shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, reimbursable expenditures, grant or donation of Federal property and interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Farmer by the State Agency. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance such as food, cash assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the Farmer, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the State Agency. The person or persons whose signature appears below are authorized to sign this assurance on the behalf of the Farmer.

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: FM-2  
Effective Date: May 13, 2025

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**Functional Area: Farmer Management**

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**Subject: Authorization of Farmers Markets**

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**A. Policy**

1. In accordance with the Federal Regulations, the State Agency will define and distribute Basic Criteria necessary for Farmers Markets, and associations of Farmers and Growers, to be authorized for the New Jersey Farmers Market Nutrition Program.
2. In accordance with the Federal Regulations, the State Agency must ensure that participants have adequate access to Farmer Vendors and will take geographic location into consideration in the authorization process of Farmers Markets.
3. In accordance with State policies, the state defines a **Farmers Market** as an association or group of Farmer Vendors and/or Growers who operate in a specific location, under the auspices and management of an appointed or employed **Farmers Market Manager**, herein referred to as the **FM Manager**.

**B. Procedure**

1. **Farmer Market** applicants must meet the following criteria to be considered for authorization as a Farmers Market Nutrition Program **Market Vendor**.
  - a. Farmers Market applicants must have an appointed or employed **Farmer's Market Manager**, herein referred to as the **FM Manager**.
  - b. There must be a signed agreement with each of the Growers selling under the auspices of the Farmers Market.

4. **The FM Manager** is the primary contact for the State Agency, and is responsible for the general oversight and operations of the Farmers Market including:
  - a. Signing the agreement between the Market and the State Agency
  - b. Signing and maintaining the Written Agreement with Growers
  - c. Ensuring that all Growers operating under the Market meet and maintain FMNP rules and criteria, including:
    - i. Confirming acceptable proof of soil or water testing
    - ii. Confirming that at least 75% of the produce offered for sale by participating Growers is self-grown; the remainder must be locally grown, except when the participant is transacting with the Cash Value Benefit (CVB) produce.
    - iii. Confirming that at least three (3) self-grown items are offered for sale at all times for the WIC-FMNP and the SFMNP participants.
  - d. Making space available for at least one (1) Farmer Vendor, or provide an offering of space to at least 3 Farmer Vendors per authorization period.
  - e. Creating a process for redemption and payment of Growers
  - f. Training and informing all Growers of all rules and regulations and transaction process of the WIC FMNP, Senior FMNP, and CVB.
  - g. Ensuring that the Market, and all Growers within, are compliant with all State and Federal programs rules and regulations, ie, USDA, DOH, etc
  - h. Ensuring that the Market space meets the terms and conditions of local zoning, building and health codes, as applicable.
  - i. Submitting all documentation requested by the State Agency.
  - j. Attending all required trainings.
  - k. Maintain internet connectivity at the physical space where participants shop.
5. Authorization of each Farmer Vendor Application will be reviewed by the State and processed on a case-by-case basis.

**Attachments:**

- **Farmers Market Criteria (Attachment 1)**
- **Farmers Market Application (Attachment 2)**
- **Farmers market Agreement WIC-44**

**New Jersey Department of Health (DOH) Women Infant & Children Services  
Farmers Market Nutrition Program (FMNP)  
Senior Farmers Market Nutrition Program (SFMNP)  
Cash-Value Benefit (CVB)  
Farmers' Market Vendor Selection Criteria**

**The New Jersey Department of Health (DOH) selects farmers to become authorized/certified farmer Market in the FMNP/SFMNP based on the required criteria below.**

1. The Farmers' Market must meet the terms and conditions of zoning, building and health codes of the city/township, if applicable.
2. At least seventy-five percent (75%) of the produce sold by the Farmers' Markets grower(s) must be self-grown; the remainder must be locally grown, except produce for the Cash-Value Benefit (CVB).
3. The Farmers' Markets grower (s) must offer for sale at least three (3) self-grown items at all times for the WIC FMNP/ SFMNP.
4. The Farmers' Market should make space available for one (1) traditional farmer vendor or provide an offering to at least three traditional farmer vendor per authorization period.
5. Interactive face-to-face training is required for new authorized/certified Farmers' Market and must be completed every three (3) years for re-authorization. Annual Farmers' Market training is mandatory and may be done in any form (i.e. face to face, paper based, etc.) selected by the State Agency.
6. A Farmers' Market Manager is responsible for training all participating grower(s) within the Market and informing them about all the rules and regulations of the WIC FMNP/SFMNP, and the CVB.
7. A Farmers' Market certification is for a specific three (3) year period.
8. The Farmers' Market must not be in violation of other Food and Nutrition Service (FNS) programs, and must not be currently disqualified, sanctioned or under investigation by any state program.
9. A Farmers' Market must provide required documentation to the State Agency (SA). Not providing requested documentation to the SA shall result in disqualification in the WIC FMNP, SFMNP and from accepting CVBs.
10. A Farmers' Market must comply with all required corrective actions resulting from monitoring by the State Agency.
11. A Farmers' Market cannot buy, sell or trade WIC FMNP and SFMNP benefits. A Farmers' Market must comply with all applicable state and federal laws, regulations and policies for the duration of the contract period.
12. A disqualified Farmers' Market cannot reapply under any other name until the period of suspension is over.

13. Certified Farmers' Market Manager/Representative cannot have a criminal conviction or civil judgment.

**Please Print**

**Review by:** \_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **USDA Non-Discrimination Statement**

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

USDA is an equal opportunity provider, employer, and lender.

<b>New Jersey Department of Health</b> <b>WIC Services</b> <b>P.O. Box 364</b> <b>Trenton, New Jersey 08625-0364</b>  <b>WIC AND SENIOR FARMERS' MARKET NUTRITION</b> <b>PROGRAM APPLICATION FOR PARTICIPATION</b>  Important: All items must be completed. An incomplete application will be returned and delay your authorization	<b><u>STATE USE ONLY</u></b>  Date Rec'd: _____  Type of Application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal  Farmer ID #: _____  Contract Period FFY: _____
---	--

Market Name: \_\_\_\_\_

**Summer Market:**

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_  
☐ Weekly    ☐ Monthly    ☐ Year Around    ☐ Other

**Winter Market:**    ☐ N/A, no winter market is planned now.

Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_  
☐ Weekly    ☐ Monthly    ☐ Year Around    ☐ Other

Hours of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Summer SFMNP Market</b>							
<b>Winter SFMNP Market</b>							

Does the market run a central terminal EBT/SNAP? ☐ Yes    ☐ No    ☐ Unknown    ☐ In-Progress

Does the market run an incentive program? ☐ Yes    ☐ No

List of Traditional Farmers at Market	List of Growers at Market



Market Sponsor Name: \_\_\_\_\_

Market Website: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Contact Phone#: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Fax#: \_\_\_\_\_

☐ Manager/Authorized Representative Information is the same as Contact information above

Manager Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Manager Phone#: \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Fax#: \_\_\_\_\_

### BANKING INFORMATION

Bank Name	
Routing Number	Account Number
Federal ID / SSN #	
Attach a copy of a blank VOIDED check from your account to ensure that your ACH credits are correctly applied. <b>IMPORTANT: If any of this information changes, please notify New Jersey WIC immediately.</b>	
I (We) hereby authorize New Jersey WIC Services to initiate credit entries to my (our) bank account. These credit transactions should be made to the depository bank name above. If funds to which I am not entitled are deposited to my account, I (we) authorize New Jersey WIC Services to direct the financial institution(s) to return said funds.	
Name of Market Manager/Authorized Person (Print)	Title
Signature	Date

### State Use Only

State Staff	Title	Date
Signature		
State Staff	Title	Date
Signature		

## **USDA Non-Discrimination Statement**

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 USDA by:

**1. mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**NEW JERSEY DEPARTMENT OF HEALTH**  
**WIC Farmers' Market Nutrition Program (FMNP)**  
**Senior WIC Farmers' Market Nutrition Program (SFMNP)**

**FARMERS' MARKET AGREEMENT**

This Agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(the "Effective Date") between the New Jersey Department of Health, WIC Services, hereafter  
referred to as the NJDOH WIC, and

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(Farmers' Market Name)

hereafter referred to as the "Farmers' Market" who operates a facility at the distinct location of  
*Street* *City* *State* *Zipcode*

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The Farmers' Market Business Address is as follows:

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(Farmers' Market Business Address)

THIS AGREEMENT shall be binding from the Effective Date through December 31, \_\_\_\_\_.

This agreement specifies the obligations and the right to participate in the New Jersey Department of Health Farmers' Market Nutrition Program (FMNP), the Senior Farmers' Market Nutrition Program (SFMNP), and Cash Value Benefits (CVB). This agreement is in accordance with SFMNP 7 C.F.R. 249.10 and FMNP 7 C.F.R. §248.10.

**I. Goals of Programs and Definition Section:**

**A. Goals of the New Jersey WIC Farmers' Market Nutrition Program (FMNP)**

The New Jersey WIC Farmers' Market Nutrition Program (FMNP) is funded by the United States Department of Agriculture (USDA) to:

1. Provide nutritious, unprepared foods (fruits, vegetables, and herbs) from Farmers' Markets to eligible participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or for those on the waiting list for WIC benefits;
2. Expand awareness of the nutritional benefits of fresh fruits, vegetables, and herbs; and
3. Increase sales of locally grown produce at Roadside Stands and/or Farmers' Markets.

## **FARMERS' MARKET AGREEMENT CONTINUED**

### **B. Goals of the New Jersey Senior Farmers' Market Nutrition Program (SFMNP)**

The New Jersey Senior Farmers Market Nutrition Program (SFMNP) is funded by the United States Department of Agriculture (USDA) to:

1. Provide nutritious, unprepared foods (fruits, vegetables, and herbs) from Farmers' Markets to eligible senior citizens;
2. Expand awareness of the nutritional benefits of fresh fruits, vegetables, and herbs; and
3. Increase sales of locally grown produce at Roadside Stands and/or Farmers' Markets.

### **C. Goals of the New Jersey Cash-Value Benefits (CVB)**

The New Jersey Cash Value Benefits (CVB) is funded by the United States Department of Agriculture (USDA) to:

1. Provide cash-value benefits (CVBs) to eligible WIC participants statewide;
2. Expand awareness of the nutritional benefits of fresh fruits and vegetables; and
3. Increase consumption of allowable fresh, frozen and canned fruits and vegetables to WIC participants.

### **D. Role of the Farmers' Market in the WIC FMNP/SFMNP**

Farmers Markets play an important role in the WIC FMNP/SFMNP by providing locally grown fresh fruit, vegetables, and herbs to WIC participants and senior citizens.

### **E. Definitions**

For the purposes of this Agreement and other documents related hereto, the following terms shall be defined as:

**Authorization of Farmers' Market** - The NJDOH process whereby a Farmers' Market has completed the following: met the selection criteria as listed in the "Farmers Market Selection Criteria" document; the application has been approved by NJDOH; the Farmers' Market representative signs the Farmers' Market Agreement; and the Farmers' Market representative responsible for operations has completed a NJDOH face to face training.

**Cash-Value Benefits (CVB)** - means a fixed-dollar amount check, voucher, electronic benefit transfer (EBT) card or other document which is used by a WIC participant to obtain eligible fruits and vegetables.

## FARMERS' MARKET AGREEMENT CONTINUED

**Covert Monitoring** - means an on-site investigation in which a representative of the WIC FMNP/SFMNP poses as a participant, parent or caretaker of an infant or child participant or proxy, transacts one or more electronic benefit, and does not reveal during the visit that he or she is a program representative.

**CVB Eligible or CVB Authorized Foods** - means all varieties of whole or cut fresh fruits and vegetables, including bagged mixtures, plain bagged salad, and plain bagged fruits and vegetables to include white potatoes as allowable food items. Fruits and vegetables do not need to be locally grown.

**CVB Ineligible or CVB Unallowable Foods Items** - spices, herbs (cut or potted), items from salad bars, party platters or trays, fruit baskets, decorative vegetables and fruits, dried fruit, dried vegetables, bagged fruits and vegetables with dips, dressings or other ingredients are not allowed.

**Farmer Vendor (hereinafter referred to as Farmer)** - means an individual that sells eligible produce to WIC and senior participants and have five acres or more of land that grows food for human consumption. A Farmer can be NJDOH authorized or a Farmers' Market enrollee (excluding growers). Individuals who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized or be an enrollee.

**Farmers' Market Annual Training** - means annual training provided by NJDOH staff to the Farmers' Market according to USDA Regulations, State policies and procedures including any changes to program requirements.

**Farmers' Market Enrollee** - means an entity that has been screened and permitted to participate in the Market by the Farmer's Market Manager as a Grower or Farmer to accept S/FMNP benefits.

**Farmers' Market Interactive Face-to-Face Training** - means prior to or at the time of a Farmers' Market initial authorization, the Farmers' Market Manager will receive instructions by NJDOH staff that include USDA Regulations, State policies and procedures, program requirements and a farmer vendor stamp.

**Farmers' Market** - means an association of local Farmers and/or Growers authorized by NJDOH who assemble at a defined location for selling their produce directly to consumers.

**Farmers' Market Manager** - means the individual that oversees the operation of the Farmers' Market, including fiduciary and operational management of the Farmers' Market. The Farmers' Market Manager also ensures all Federal Regulations, State Policies, and provisions of this Agreement are adhered to by all participants in the Farmers' Market.

## FARMERS' MARKET AGREEMENT CONTINUED

**FMNP** - means Farmers' Market Nutrition Program.

**FMNP Eligible/Authorized Foods** - means fresh nutritious, unprepared, locally grown fruits, vegetables, and herbs for human consumption.

**FMNP Participant** - means pregnant women, breastfeeding women, postpartum women, and children ages 2 to 5 who are receiving supplemental foods or FMNP benefits.

**Grower** - means an individual who meets the following criteria: 1) owns less than five acres of land that grows food for human consumption; 2) grows at least 75% of produce that they sell; 3) have at least three (3) self-grown items for sale at all times; and 4) be associated with a Farmers' Market.

**Growing Season** - means the period of June 1<sup>st</sup> through November 30<sup>th</sup> of each calendar year.

**High Risk Farmer** - is defined as either (1) a Farmer Vendor or Farmers' Market in his/her first year of authorization; (2) a Farmer Vendor or Farmers' Market that is the subject of a complaint regarding the practice(s) of the Farmer Vendor or Farmers' Market; or (3) a Farmer Vendor or Farmers' Market who redeems \$25,000 or above in one WIC FMNP/SFMNP Growing Season.

**Locally Grown Produce** - is defined as produce grown in New Jersey and/or the neighboring States of Pennsylvania, New York, or Delaware.

**NJDOH** - means the New Jersey Department of Health.

**NJDOH-WIC Services Address** shall be the following:

NJ Department of Health – WIC Services  
Attention: Farmers' Market Program  
PO Box 364  
Trenton, New Jersey 08625-0364

**NJDA** - means the New Jersey Department of Agriculture.

**Overt Monitoring-** means an on-site review by NJDOH of practices and transactions.

**Proxy (Alternate Authorized Representative)** - means any person designated by a participant to obtain and transact electronic benefits to obtain supplemental foods on behalf of a participant.

## FARMERS' MARKET AGREEMENT CONTINUED

**Roadside Stand** - means a location at which an individual farmer sells his/her produce directly to consumers. This contrasts with a group or association of Farmers and/or Growers selling their produce at a Farmers' Market.

**SFMNP** - means Senior Farmers' Market Nutrition Program.

**SFMNP Eligible/Authorized Foods** - means fresh, nutritious, unprepared, locally-grown fruits, vegetables and herbs for human consumption.

**SFMNP Participant** - means a person who meets the eligibility requirements of the SFMNP and to whom checks, or equivalent benefits have been issued.

**Signatory** - means the Farmers' Market Manager or authorized representative of the Farmers' Market who signs this Agreement.

**State Agency (SA)** - means WIC Services, New Jersey Department of Health (NJDOH).

**Supplemental Nutrition Assistance Program (SNAP)** - The federal program formerly known as the Federal Food Stamp Program (FSP)

**USDA** - means the United States Department of Agriculture.

**WIC FMNP** - means Women, Infants, and Children Farmers' Market Nutrition Program.

**WIC Participant** - means eligible person identified by the State WIC Services to receive WIC FMNP benefits and CVBs.

## **II. Rights and Responsibilities of the Parties**

### **A. Rights and Responsibilities of participating New Jersey Farmers' Market Managers and Farmers' Markets:**

1. Ensure that enrolled Growers and Farmers in the Farmers' Market do not discriminate against WIC and Senior FMNP participants, including but not limited to, ensuring that Growers and Farmers do not charge FMNP participants more than other customers.
2. Screen and authorize farmer's market enrollees to ensure they meet the requirements to participate in the S/FMNP.
3. Conduct training on SFMNP/FMNP policies and procedures for Farmers' Market enrollees and any employees with SFMNP/FMNP responsibility.

## **FARMERS' MARKET AGREEMENT CONTINUED**

- 4.** Accept SFMNP/FMNP electronic benefits.
- 5.** Develop training materials and provide participating Farmers' Market Enrollees the technical assistances in the operation of the electronic benefits.
- 6.** Supervise participating Farmers' Market enrollees at the Farmers' Market to ensure that their fruits and vegetables are fresh and locally grown (excluding Cash Value Benefits).
- 7.** Evaluate prospective Growers for recruitment.
- 8.** Invite at least one authorized FMNP, SFMNP and CVB farmer to participate in the market. If the farmer denies invitation, subsequent invitations must be made totaling three invitations. All invitations, acceptances and denials must be in writing and maintained for review by NJDOH.
- 9.** Ensure that all participating Farmers' Market Enrollees follow electronic transaction procedure for FMNP, SFMNP, and CVB.
- 10.** Agree to be monitored for compliance with SFMNP/FMNP requirements including both overt and covert monitoring.
- 11.** Be accountable for the actions of Farmers' Market enrollees, and/or the employees of the enrollees in the provision of foods and related activities.
- 12.** Pay the State Agency for any electronic benefits transacted in violation of this Agreement.
- 13.** Offer SFMNP/FMNP recipients the same courtesies as other Farmers' Market customers.
- 14.** Comply with the nondiscrimination provisions of USDA regulations including but not limited to 7 CFR 246.8, 7 CFR 248.7, and 7 CFR 249.7.
- 15.** Notify the State Agency if any Farmers' Market or Farmers' Market Manager ceases operation prior to the end of the authorization period.
- 16.** Provide the State Agency with an updated list of all Farmers/Growers at the authorized Farmers' Market who accept SFMNP/FMNP electronic benefits in exchange for their produce, and their effective dates of participation. If the list of Farmers/Growers changes, the Farmers' Market Manager is required to provide the State Agency with an updated list within fifteen (15) days of the change.



## **FARMERS' MARKET AGREEMENT CONTINUED**

17. All participating Farmers' Markets shall have an agreement with every enrollee. All agreements with Growers shall have provisions for soil testing or proof of outsourcing. Farmers must provide proof of acreage. All agreements and any changes to said agreements shall be approved by NJDOH WIC Services.
18. The Farmers' Market Managers shall provide agreements with enrollees, proof of soil testing/outsourcing for growers, and documentation of offer/denial letters from WIC Authorized Farmers to the State Agency upon request and at the time of Overt Monitoring.
19. The Farmers' Market Manager must monitor the participating enrollees and ensure that each Grower grows 75% of what he/she sells to FMNP and SFMNP participants.

### **B. Rights and Responsibilities of NJDOH:**

1. Provide automated food benefits in the form of electronic benefits for WIC FMNP/SFMNP (hereinafter referred to as electronic benefits). NJDOH assumes no liability for costs incurred by the Farmer Vendor for any banking fees resulting from a Farmer's non-compliance with Program regulations, rules, policies and procedures.
2. Process application received from Farmers' Markets.
3. Provide Farmers' Markets Managers or a Farmers' Market representative with interactive face to face training every three years prior to the start of FMNP/SFMNP pursuant to USDA Regulations, State policies and procedures and program requirements.
4. Annually train all Farmers' Market Managers regarding NJ FMNP/SFMNP regulations, criteria, and other related program information.
5. Monitor Farmers' Markets operations through price checks, automated reports, Overt and Covert Monitoring, reviews of electronic benefits, unannounced visits, follow-up on complaints and visits to High Risk Farmers.
6. Respond to questions, complaints, or requests for technical assistance from a Farmers' Market, as needed.
7. Design, develop and distribute Farmers' Market materials and information as needed, such as posters, flyers, and other informational guidance.
8. Disqualify a Farmers' Market and demand refunds from a Farmers' Market for improperly redeemed electronic benefits.
9. Recruit Farmers' Markets for program participation.

## **FARMERS' MARKET AGREEMENT CONTINUED**

10. Advise Farmers' Markets of Covert Monitoring and specific program violations that requires corrective action(s).
11. Sanction a Farmers' Market based on documented reports of program abuse.
12. Terminate or disqualify a Farmers' Market from the WIC FMNP/SFMNP for the following qualifying events (the following list is not exhaustive): an ownership change of the Farmers' Market; and/or Farmers' Market self-termination or SA's disqualification of the Farmers' Market from the program.
13. Ensure that FMNP, SFMNP, and CVB Farmers' Markets have no conflict of interest and are in compliance with all applicable Federal, State, and local health protection laws and ordinances.
14. SA will work cooperatively with the Department of Agriculture and mutually share information to ensure that a Farmers' Market is in compliance with S/FMNP requirements.

### **III. General Provisions:**

#### **A. General Terms and Conditions:**

1. Neither the SA nor the Farmers' Market have an obligation to renew this Agreement. A Farmers' Market and/or Farmers' Market Manager must file a new application and meet the requirements of the selection criteria for each contract period if the Farmers' Markets wishes to be considered for a new contract in the WIC FMNP/SFMNP and CVB.
2. This Agreement shall become null and void when the signatory of this agreement is no longer valid. This Agreement may not be transferred or assigned by the Farmer Market Manager or signatory to any other person or entity.
3. If any of the provisions of this Agreement are held to be invalid or unenforceable as a matter of law, the other terms and conditions hereof shall not be affected thereby and shall remain in full force and effect. To this end, the terms and conditions of this MOA are declared severable.
4. Failure by either party to enforce any provision of this Agreement shall not be considered a waiver of the provision or of the party's right to enforce the provision at a later time.
5. NJDOH WIC Services shall not be held responsible for any losses incurred by a Farmers' Markets as a result of disqualification pending an appeal decision by the Grants Appeal Board.

## FARMERS' MARKET AGREEMENT CONTINUED

6. In accordance with 7 CFR 249.10(b)(2)(i-iii) and 7 CFR 248.10(b)(2)(i-iii), the Farmer, Grower, Farmers' Market Manager, Farmers' Market and Roadside Stand shall not:
  - a. Collect sales tax on SFMNP/FMNP electronic benefit purchase.
  - b. Seek restitution from SFMNP/FMNP recipients for electronic benefits not paid by the State Agency.
  - c. Issue cash change or credit (including rain checks) in exchange for purchases that are in an amount less than the value of the SFMNP/FMNP electronic benefit(s).

### **B. The Farmers' Market agrees to the following terms and conditions:**

1. To adhere to all federal regulations, state policies, and operating procedures of the WIC FMNP/SFMNP and CVB. The Farmers' Market shall carry out this Agreement to comply with the non-discrimination provisions of USDA regulations as provided in 7 CFR 246.8, 7 CFR 248.7 and 7 CFR 249.7 and must comply with the Civil Rights Act of 1964.
2. To inform the public of their participation in the WIC FMNP and SFMNP by displaying at least one FMNP poster in a place conspicuously visible to the general public.
3. To be accountable for actions of all its Farmers' Market employees in the handling of electronic benefits and the selling of eligible/authorized foods.
4. To identify locally grown produce.
5. To display the current prices of eligible foods in close proximity to the foods.
6. To participate in and/or have Farmers' Market employees participate in trainings as required by USDA and NJDOH and provide orientation to employees as needed.
7. To immediately notify the SA when a Farmers' Market signatory is going to change or has changed, when operations are going to cease, or any other circumstances impacting service to participants or the program.
8. To allow Federal and State representatives to:
  - a. visit the Farmers' Market to observe electronic benefits redemption procedures, and
  - b. conduct unannounced on-site monitoring visits to determine compliance with program regulations, policies and procedures.
9. To take necessary remedial action within two (2) weeks for any problem noted during an on-site visit.
10. To provide the SA with any requested documentation. Not providing requested documentation to NJDOH WIC Services shall result in disqualification from the WIC FMNP/SFMNP and from accepting CVBs.

## **FARMERS' MARKET AGREEMENT CONTINUED**

11. To comply with all applicable Federal, State and local health protection laws and ordinances.
12. To maintain the Farmers' Market training materials and any updated instructions from NJDOH.
13. The Farmers' Market cannot voluntarily withdrawal from the program as an alternative to disqualification from the WIC FMNP/SFMNP.

### **C. The Farmers' Market agrees to the following terms and conditions concerning Participants:**

1. To provide eligible foods to participants only as authorized by the WIC FMNP/SFMNP and the CVB.
2. To provide eligible foods to participants, which are the same quality and cost as sold to other customers.
3. Farmers' Markets are prohibited from seeking or receiving restitution from participants for electronic benefits not reimbursed by the NJDOH.
4. Farmers' Markets are prohibited from requesting personal addresses, email addresses, or telephone numbers of participants for the purpose of redeeming electronic benefits.
5. To offer participants the same courtesies as offered to other customers and not to distinguish or identify participants from other customers.
6. To provide services to participants without regard to race, color, age, sex (including gender identity and sexual orientation), national origin, or disability.

### **D. The Farmers' Market agrees to the following terms and conditions concerning Electronic Benefits Processing:**

1. Not to provide substitute items, rain checks, or cash reimbursements for eligible foods that are unavailable, and not to collect sales tax on eligible foods.
2. Not to refund money or provide ineligible foods to replace eligible foods that participants or proxies attempt to return.

## **FARMERS' MARKET AGREEMENT CONTINUED**

3. If there is no record of electronic transfers in a given month, you jeopardize your position as a certified farmer/grower vendor in the WIC FMNP/SFMNP.
4. Enter Manually purchase amount of CVB or FMNP on electronic device.
5. Not to use redeemed benefits for the purchase of any commodity or for payment of any debt.
6. To notify the NJDOH of any suspected or observed improper use of electronic benefits by participants or other farmer/grower vendors.
7. Not to limit the amount of electronic benefits redeemed by a participant/alternative authorized representative/proxy at one time.
8. Benefits must not be bought, sold, or traded.

### **IV. Sanctions, Termination, Confidentiality, and Appeals:**

#### **A. Sanctions:**

1. When the SA is notified that a Farmers' Market is in violation of this Agreement, the SA shall send a warning letter to the Farmers' Market. A Farmers' Market who has not corrected the violation(s) within the timeframe noted in the written warning letter must attend a mandatory training within the timeframe specified in the warning letter.
2. A Farmers' Market that receives a warning letter from NJDOH and attends the mandatory training, yet still does not correct the violation(s) within fifteen (15) days of the mandatory training will be notified that sanctions are being imposed immediately and the Farmers' Market may be disqualified from the WIC FMNP/SFMNP. A Farmers' Market that does not attend the mandatory training will receive sanctions which may include disqualification.
3. A Farmers' Market that commits fraud or abuses the WIC FMNP/SFMNP is liable to prosecution under applicable Federal, State or local laws.
4. The SA retains the right to demand and receive refunds from Farmers' Market for charges of more than the actual purchase price for eligible foods and payments already made on improperly executed electronic benefits.
5. The SA may request reimbursement from the Farmers' Market from improperly transacted electronic benefits

## FARMERS' MARKET AGREEMENT CONTINUED

6. The Farmers' Market shall refund any amount demanded by the SA within twenty (20) days of receipt of the demand, unless the Farmers' Market has provided documentation, which justifies the price.
7. If a Farmers' Market has been disqualified from the WIC FMNP/SFMNP, it cannot reapply under any other name until the suspension is over.
8. The following types of abuse are prohibited, and a finding of abuse may result in the following correlating sanction:

Types of Abuse:	Sanction
(a) Farmers' Markets convicted of trafficking electronic benefits.	Permanent Disqualification from S/FMNP and CVB.
(b) Farmers' Market has at least two instances of buying or selling electronic benefits for cash	Six Years Disqualification
(c) Farmers' Market has at least two instances of charging for food not received by participant.	Three Years
(d) Farmers' Markets charges the WIC FMNP/SFMNP and/or WIC Services more for supplemental foods actually purchased than other customers are charged for the same amount of food items.	Three Years
(e) Farmers' Market has at least two instances of providing ineligible items in exchange for electronic benefits.	One Year
(f) Farmers Market enrollee(s) fails to maintain at least three (3) self-grown items at all time.	One Year
(g) All other minor infractions will require a Farmers Market manager to attend a mandatory training session.	One Year

## FARMERS' MARKET AGREEMENT CONTINUED

### **B. Termination of Agreement:**

1. NJDOH shall cancel and remove the Farmer Vendor's code for payment.
2. This Agreement shall terminate upon:
  - a. The end of the contract year as designated on page 1 of this Agreement;
  - b. Change in ownership of the Farmers' Market or cessation of operations;
  - c. Disqualification of the Farmers' Market from the program; or
  - d. Failure to meet current Farmer's Market Selection Criteria executed by the Farmers' Market at the time of application.
3. This Agreement may be terminated by either party with or without cause upon fifteen (15) days advanced written notice with the exception that the Department may immediately terminate this Agreement if it determines, in its sole discretion, that the Farmers' Market provided false information in connection with its application for authorization. NJDOH shall serve written notice of termination to the Farmers' Market Business Address. The Farmers' Market shall serve written notice of termination to the NJDOH-WIC Services Address.
4. Notice of termination shall be delivered via U.S. mail, return receipt requested, and shall be effective upon receipt with the exception of an immediate termination, which may be delivered via electronic mail to the signatory listed on this agreement or their designee and shall be effective upon receipt.

### **C. Confidentiality:**

1. NJDOH shall restrict the use or disclosure of information obtained from the Farmers' Market or generated by the State Agency concerning the Farmer Vendor(s) or Grower(s). The NJDOH shall provide only the Farmers' Market name, address, and authorization status.
2. NJDOH shall restrict the use or disclosure of Supplemental Nutrition Assistance Program (SNAP) retailer information furnished to it.
3. NJDOH shall restrict the use or disclosure of confidential Farmers' Market information to persons directly connected with the administration or enforcement of the WIC Program or (SNAP) who NJDOH determines has a need to know the information for purposes of these programs.

## FARMERS' MARKET AGREEMENT CONTINUED

### D. Administrative Appeals for SA Decision(s):

1. The Farmers' Market has the right to request an administrative review of any adverse action taken by the SA pursuant to 7 CFR 246.18.
2. The farmers' market manager or signatory must make a request in writing within twenty (20) business days of the date of notification of the adverse action for a hearing before the Grant Appeals Board stating the reasons for the request. Request for review by the Grant Appeals Board shall be sent to the following address:  
Lisa King  
Regulatory Officer Division of Health Facilities Evaluation and Licensing  
New Jersey Department of Health,  
PO Box 358  
Trenton, NJ 08625
3. Expiration of a WIC FMNP/SFMNP or CVB Agreement is not an appealable action.
4. Disqualification of a farmers' market as a result of disqualification from SNAP is not subject to review by the Grant Appeals Board.

BANKING INFORMATION	
Bank Name	
Routing Number	Account Number
Federal ID/ SSN #	

Attach a copy of a blank VOIDED check from your account to ensue that your ACH credits are correctly applied.  
**IMPORTANT: If any of this information changes, please notify New Jersey WIC immediately.**

I (We) hereby authorize New Jersey WIC Services to initiate credit entries to my (our) bank account. These credit transactions should be made to the depository bank named above. If funds to which I am not entitled are deposited to my account, I (we) authorize New Jersey WIC Services to direct the financial institution(s) to return said funds.	
Name of Farmers' Market Manager/Authorized Person (Print)	Title
Signature	Date



## FARMERS' MARKET AGREEMENT CONTINUED

### AUTHORIZED SIGNATURES

The undersigned represents that he/she is either the sole proprietor and/or has the legal authority to contract for the farmer vendor identified below:

FARMER MARKET	
Name of Farmers' Market Manager or Authorized Representative (Print)	
Title	
Signature of Farmers' Market Manager or Authorized Representative	Date
Trade Name of Farmers' Market	County
Street Location of Farmers' Market	
Business Address (if Different)	
City, State, Zip Code	
STATE	
Name of State Agency (NJDOH) Authorizing Agent (Print)	
Title	
Signature of State Agency (NJDOH) Authorizing Agent	Date

The Farmer hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1963 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 610 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines; and State Agency directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, or disability be excluded from participation in, be denied the benefits of or otherwise be subjected to discrimination under any program or activity for which the Farmer receives Federal financial assistance from the State Agency; and hereby gives assurance that it will immediately take measures to effectuate this agreement.

By providing this assurance, the Farmer agrees to compile data, maintain records and submit reports as required to permit effective enforcement of the nondiscrimination laws, and to permit State Agency personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the State Agency shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, reimbursable expenditures, grant or donation of Federal property and interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Farmer by the State Agency. This includes any Federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance such as food, cash assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the Farmer, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the State Agency. The person or persons whose signature appears below are authorized to sign this assurance on the behalf of the Farmer.

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: FM-3

Effective Date: May 13, 2025

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**Functional Area: Farmer Management**

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**Subject: Farmer Vendor/Grower and Farmers Market Training**

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**POLICY:**

1. In accordance with the Federal Regulations, training for Farmer/Grower Vendors and Farmers Markets shall be conducted under the following circumstances:
  - a. When a new Farmer/Grower Vendor or Farmers Market is accepted for participation in the Farmers Market Nutrition Program;
  - b. Annual Training for all Farmer/Grower Vendors and Farmers Markets prior to the start of the Farmers Market Season; and
  - c. Special training as determined necessary by the State Agency

**PROCEDURE:**

1. Training for new Farmer/Grower Vendors or Farmers Market is to be conducted face-to-face and at the farm site. At a minimum, this will include:
  - a. Verification of application information and review of documents
  - b. Purpose and overview of the Farmers Market Nutrition Program
  - c. Review of the State Agency expectations and the Farmer/Grower Vendor and/or Farmers Market Agreement
  - d. Use of the electronic benefits transaction system and the Farmer Redemption Website, including the necessity for internet capability
  - e. Equitable treatment of participants
  - f. Eligible foods, quality, and reasonable cost of produce
  - g. Civil Rights compliance and guidelines
  - h. Guidelines for the prompt handling of transaction difficulties
2. Annual Training is to be conducted at a location and method determined by the State Agency. At a minimum, this will include:
  - a. Updating, submitting and review of documents

- b. Review of the State Agency expectations and the Farmer/Grower Vendor Agreement
- d. Use of the electronic benefits transaction system and the Farmer Redemption Website, including the necessity for internet capability
- e. Equitable treatment of participants
- f. Eligible foods, quality, and reasonable cost of produce
- g. Civil Rights compliance and guidelines
- h. Guidelines for the prompt handling of transaction difficulties
- i. Requirement for displaying poster that advises that FMNP benefits are accepted.

**Attachments:**

- **Civil Rights (Attachment 1)**
- **Training Materials**

# Civil Rights Compliance in Farmers Market Nutrition Program

**Discrimination:** This is when we treat people differently because of our prejudices based on how we have grouped them in our minds.

**Civil Rights Training:** This training is required every year to ensure that everyone involved in administering programs that receive Federal Financial assistance understands civil rights related laws, regulations, procedures, and directives.

**Racial/Ethnic Data Collection:** State agencies collect racial/ethnic data from every person who applies for and receives benefits to monitor civil rights compliance.

**Program Availability:** Inform participants about the program and the steps necessary for participation. Also, let them know about their right to file a complaint, how to file a complaint, and the complaint procedures. Display the “And Justice for All” Poster prominently. All information, materials, and sources, including websites, used to inform the public about the program must contain a nondiscrimination statement.

**Complaints of Discrimination:** Participants and farmers can file a complaint directly with the USDA if they feel they have been treated differently based on one or more of the six protected bases: race, color, national origin, age, sex (including gender identity and sexual orientation), and disability. Any complaints received by the State agency are forwarded directly to the USDA. Confidentiality is very important and must be maintained.

**Investigating Noncompliance:** The USDA may conduct scheduled or unscheduled investigations to follow up on previous findings of noncompliance, investigate reports of noncompliance by other agencies, media, or grassroots organizations. Investigations may also be specific to an incident or policy, history of statistical underrepresentation of particular groups, or a pattern of complaints of discrimination.

**Noncompliance:** This is when a State Agency, Local Agency, or other subrecipient (farmer) is not adhering to any Civil Rights requirement, as provided by law, regulation, policy, instruction, or guidelines. Once noncompliance is determined, steps must be taken immediately to obtain voluntary compliance. Some of these steps include providing immediate written notice indicating the areas of noncompliance and the action required to correct the situation and negotiate to achieve compliance.

**Disability Accommodation:** Ensure access for people with disabilities, which can include parking lots, entrances, and exits, service animals, etc. by making alternative arrangements for service. If a participant requires accommodation due to their disability, contact the State Agency for guidance.

# Civil Rights Compliance in Farmers Market Nutrition Program

**Language Services:** Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English may require language services. State agencies should determine what language services are needed based on the number or proportion of Limited English Proficiency (LEP) persons from a particular language group served or encountered in the eligible service population.

**Assurances:** To qualify for Federal financial assistance, an application must be accompanied by a written assurance that the entity receiving the financial assistance will be operated in compliance with all nondiscrimination laws, regulations, instructions, policies, and guidelines.

**Sanctioning Procedures:** As part of the state plan of operations for WIC & Senior FMNP, the State Agency must develop sanctioning procedures for violations that emerge within the programs. Farmers who violate guidelines/regulations may be disqualified or sanctioned.

**Appeals:** Farmer vendors have the right to request an administrative appeal when their initial application to participate in the program is denied or when they are disqualified/sanctioned. Sanctions will be sustained pending outcome of departmental appeal. Expiration of a farmer vendor agreement is not an appealable action.

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: FM-4  
Effective Date: May 13, 2025

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**Functional Area: Farmer Management**

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**Subject: Monitoring Farmer/Grower Vendors and Farmer Markets**

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**POLICY:**

1. In accordance with the Federal Regulations, the State Agency is responsible to conduct and document monitoring reviews of Farmer/Grower Vendors and Farmers Markets under the following circumstances:
  - a. A Farmer/Grower Vendor or Farmers Market is judged to redeem a proportionately high volume of benefits (as opposed to other Farmer/Growers Vendors and/or Farmers Market within the State).
  - b. Complaints
  - c. New Farmer/Grower Vendors and Farmers Markets
  - c. Routine onsite annual monitoring, which may include:
    - i. 10% of Farmer/Grower Vendors
    - ii. 10 % of Farmers Markets
    - iii. 10% of High Risk Farmers
2. The State Agency is responsible to define High Risk Indicators and rank participating Farmer/Grower Vendors and Farmers Markets.

**Procedure:**

1. The State Agency Staff will visit Farmer/Grower Vendors and/or Farmers Markets to follow up on complaints or previously identified problems.
2. At a minimum, the following shall be documented in writing for all on-site Farmer/Grower Vendor and/or Farmers Market visits:
  - a. Names of Farmer/Grower Vendor, Farmers Market, and State Reviewer
  - b. Date of visit
  - c. Reason for visit
  - d. Nature of problem(s) detected, or the Reviewer's observation that the Farmer/Grower Vendor and/or Farmers Market appears to be in compliance.
  - e. Record of interviews and activities of the State Reviewer.

- f. Signature of the Reviewer and the Farmer/Grower Vendor or FM Manager
- 3. Reviews may be either overt or covert, ie, Compliance Buys
- 4. All reviews shall be documented on the Farmer/Grower Vendor Monitoring Form and/or the Farmers Market Monitoring Form, as is appropriate.
- 5. The State Agency shall rank Farmer/Grower Vendors and Farmers Markets in accordance with its defined High Risk Indicators.

Attachments:

- Farmer/Grower Vendor and Market Monitoring Form (Attachment 1)

**New Jersey Department of Health  
Farmers Market Nutrition Program  
FARMER VENDOR / MARKET MONITORING**

Name and Address of Farmer Vendor / Market:	Farmer Number:
Date of Visit:	
Reason for Visit:	
<input type="checkbox"/> Complaint	<input type="checkbox"/> Follow-Up
<input type="checkbox"/> Unannounced (Random)	<input type="checkbox"/> Volume
<input type="checkbox"/> New Farmer	<input type="checkbox"/> Technical Assistance
<input type="checkbox"/> Other:	
Who is being monitored: <input type="checkbox"/> Farmer <input type="checkbox"/> Market <input type="checkbox"/> Road Stand	

<b>Farmers' Markets ONLY</b>			
Number of growers authorized to accept benefits in Markets		Growers	
Does Market Manager have proof of growers trained for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Names of growers monitored at Market:			
1.	3.		
2.	4.		
<b>Areas for Monitoring</b>		<b>In Compliance</b>	<b>Non-Compliant</b>
FMNP Sign Posted		<input type="checkbox"/>	<input type="checkbox"/>
Display current prices of authorized foods near the produce		<input type="checkbox"/>	<input type="checkbox"/>
Are the prices reasonably priced		<input type="checkbox"/>	<input type="checkbox"/>
Minimum Stock (at least 3 self or locally grown produce)		<input type="checkbox"/>	<input type="checkbox"/>
Identify locally grown produce:			
1.	3.		
2.	4.		
Fresh Produce		<input type="checkbox"/>	<input type="checkbox"/>
Clean and Sanitary Conditions		<input type="checkbox"/>	<input type="checkbox"/>
Do grower accept WIC CVB's		<input type="checkbox"/>	<input type="checkbox"/>
Describe/ Observe FMNP, SMNP and/or CVB procedures:			

**Follow-up Visit required:** ☐ Yes ☐ No

Name (s) and Title (s) of Farmer Vendor (Print):	
Signature:	Date:
Name of State Agency Reviewer and Title (Print):	
Signature:	Date:
Comments:	



**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: FM-5  
Effective Date: May 13, 2025

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**Functional Area: Farmer Management**

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**Subject: Termination, Disqualification, Withdrawal and Appeals**

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**A. POLICY:**

1. The State Agency reserves the right to terminate or sanction a Farmer/Grower Vendor or Farmers Market if they violate the signed agreement between the State Agency and the Farmer/Grower Vendor or the State Agency and the Farmers Market.
2. The State Agency shall disqualify a Farmer/Grower Vendor when or if they do not meet the Farmer/Grower Vendor Selection Criteria.
3. The Farmer/Grower Vendor or Farmers Market has the right to withdraw from the Farmers Market Nutrition Program at any time.

**B. PROCEDURE:**

**1. Termination:**

The State Agency may terminate the authorization of a Farmer/Grower Vendor or Farmers Market when one of the following occurs:

- Failure to attend or submit annual training materials
- Three consecutive non-compliant monitoring visits
- Change of ownership
- Farmer/Grower Vendor or Farmers Market violates the signed Agreement

## **2. Disqualification:**

The State Agency may disqualify a Farmer/Grower Vendor or Farmers Market, if they fail to meet the Farmer/Grower Vendor or Farmers Market Selection Criteria, including:

- Farmer Vendor cannot produce proof of acreage
- Grower cannot produce proof of soil and/or water testing
- Farmer/Grower does not self-grow the required amount fruits and vegetables
- Farmer/Grower Vendor or Farmers Market does not submit required documentation

## **3. Withdrawal:**

A Farmer/Grower Vendor or Farmers Market must inform the State Agency of their intent to withdraw from the Farmers Market Nutrition Program.

The State Agency will confirm the withdrawal request in writing.

## **4. Appealing Adverse Actions**

- Any Farmer/Grower Vendor, Farmers Market, participant, Local Agency or other entity that receives an Adverse Action or finding from the State Agency is entitled to appeal that decision.
- The State Agency shall provide the entity receiving an Adverse Action or finding, at a minimum, the following:

Written notification of the adverse action or finding; the cause(s) for the action; and the effective date of the action. Such notification shall be provided within a reasonable timeframe, established by the State Agency, and in advance of the effective date of the action.

**All appeals will be handled by the State Appeal Board which will provide the following:**

1. The opportunity to appeal the action within the time specified by the State Agency in its notification of adverse action.
2. Adequate advance notice of the time and place of the hearing to provide all parties involved sufficient time to prepare for the hearing.
3. The opportunity to present its case and at least one opportunity to reschedule the hearing date upon specific request. The State Agency

may set standards on how many hearing dates can be scheduled, provided that a minimum of two hearing dates is allowed.

4. The opportunity to confront and cross-examine adverse witnesses.
5. The opportunity to be represented by counsel, or in the case of a recipient appeal, by a representative designated by the recipient, if desired.
6. The opportunity to review the case record prior to the hearing.
7. An impartial decision maker, whose decision as to the validity of the State Agency's action shall rest solely on the evidence presented at the hearing and the statutory and regulatory provisions governing the FMNP and/or SFMNP. The basis for the decision shall be stated in writing, although it need not amount to a full opinion or contain formal findings of fact and conclusions of law.
8. Written notification of the decision in the appeal, within 60 days from the date of receipt of the request for a hearing by the State Agency.

**5. Continuing Responsibilities**

Appealing an adverse action does not remove a Farmer/Grower or Farmers Market's responsibility for continued compliance with the terms of the written agreement or contract with the State agency while the appeal is pending.

**6. Judicial Review**

If a State level decision is rendered against Farmer/Grower Vendor, Farmers Market, participant, Local Agency or other entity and the appellant expresses an interest in pursuing a further review of the decision, the State agency shall explain any further State level review of the decision and any available State level rehearing process. If neither is available or both have been exhausted, the State agency shall explain the right to pursue judicial review of the decision.

**Attachments:**

- Sample Termination Letter (Attachment 1)
- Sample Voluntary Withdrawal Form (Attachment 2)



State of New Jersey  
**DEPARTMENT OF HEALTH**  
DIVISION OF FAMILY HEALTH SERVICES  
PO BOX 364  
TRENTON, N.J. 08625-0364  
[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
*Governor*

TAHESHA L. WAY  
*Lt. Governor*

KAITLAN BASTON, MD, MSc, DFASAM  
*Commissioner*

May 30, 2024

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Dear Farmer,

The New Jersey WIC and Senior Farmer Market Nutrition Programs (FMNP/SFMNP) sent a training announcement on February 12, 2024, to authorized farmer vendors and farmers markets announcing the trainings that were scheduled on February 22<sup>nd</sup>, 29<sup>th</sup>, April 3<sup>rd</sup>, 12<sup>th</sup>, and 29<sup>th</sup>. Each farmer vendor or market manager was required to attend one of the sessions in order to complete training materials that is necessary for compliance with the United States Department of Agriculture (USDA) regulations and New Jersey's mandatory requirement for participation in FMNP/SFMNP for the 2024 farmers market season. As a last resort, we mailed the training materials to your address and still have not received the completed paperwork from you.

Your Farm/market has not completed the requirements needed to continue participation in the New Jersey WIC Farmers' Market and Senior Farmers' Market Nutrition Programs. This has left us with no choice but terminate your agreement with New Jersey Farmers' Market Nutrition Program.

Effective **June 1, 2024** you will be terminated from the program.

You have the right to appeal this decision within 20 days of this notice. You may request a hearing in writing to: Lisa King, Regulatory Officer, Division of Certification of Need & Licensing, New Jersey Department of Health, P. O. Box 358, Trenton, New Jersey 08625-0358 or Via email by writing to Lisa King at [DOH-Grant-Appeals-Board@doh.nj.gov](mailto:DOH-Grant-Appeals-Board@doh.nj.gov).

If you have any questions, contact the Farmers Market Team at [NJSFMNP@doh.nj.gov](mailto:NJSFMNP@doh.nj.gov) or (609) 292-9560.

Sincerely,

Prateek Srivastava  
Executive Director  
New Jersey WIC Services

**New Jersey Department of Health  
SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR  
WOMEN, INFANTS AND CHILDREN (WIC) and  
SENIOR AND Farmers' Market Nutrition PROGRAM (S/FMNP)**

**Voluntary Withdrawal**

Voluntary withdrawing as an authorized vendor or farmer enables owners to withdraw from the New Jersey WIC program or Senior/Farmers' Market Nutrition Program (S/FMNP) as an Authorized location. The vendor / farmer must provide the State Agency two weeks advance written notification of any of the following changes:

- a. Any change in ownership;
- b. Any change in location or cessation of operations.

Please complete the following:

**Date of withdrawal:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Trade Name of Vendor, Farmer or Market:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Reason for Voluntary withdrawal for retail vendors:**

- ☐ Unable to adhere to NJ WIC program agreement and / or Vendor Selection Criteria
- ☐ Too costly to maintain NJ WIC minimum stock requirements
- ☐ Being NJ WIC authorized is not as profitable as I expected
- ☐ Very few WIC customers
- ☐ Other \_\_\_\_\_

**Reason for Voluntary withdrawal for farmers or market managers:**

- ☐ Unable to adhere to the S/FMNP criteria
- ☐ Program is not profitable for farmer or market to participate in
- ☐ Other \_\_\_\_\_



State of New Jersey  
DEPARTMENT OF HEALTH

PHILIP D. MURPHY  
Governor

PO BOX 360  
TRENTON, N.J. 08625-0360

TAHESHA L. WAY  
Lt. Governor

[www.nj.gov/health](http://www.nj.gov/health)

KAITLAN BASTON, MD, MSc, DFASAM  
Commissioner

Date

Name  
Address

**Subject: Notification of Disqualification: Farmer Vendor #**

Name,

State Agency (SA) staff (**Staff name**) visited your farm stand located at **Address of Farm Stand**, on **Date** and was informed that the stand was being leased out to another farmer who is not growing any produce but is purchasing produce from another farmer.

The State of New Jersey FMNP and SFMNP Farmer/Grower Vendor Agreement states: *a participating farmers must always maintain at least three (3) self-grown produce during the growing season*. Since farm stand for **Name** located at **Address** does not maintain at least three self-grown produce, **Farm Name** is disqualified from participating WIC Farmers' Market Nutrition Program (FMNP) and Senior Farmers' Market Nutrition Program (SFMNP) as of **Date**.

You have the right to appeal this decision within 20 days of this notice. You may request a hearing in writing to: Lisa King, Regulatory Officer, Division of Certification of Need & Licensing, New Jersey Department of Health, P. O. Box 358, Trenton, New Jersey 08625-0358 or Via email by writing to Lisa King at [DOH-Grant-Appeals-Board@doh.nj.gov](mailto:DOH-Grant-Appeals-Board@doh.nj.gov).

If you have any questions, contact the Farmers Market Team at [NJSFMNP@doh.nj.gov](mailto:NJSFMNP@doh.nj.gov) or (609) 292-9560.

Sincerely,

Prateek Srivastava  
Executive Director  
New Jersey WIC Services

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: SFMNP - 1  
Effective Date: May 13, 2025

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**Functional Area: Senior Farmers Market Nutrition Program**

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**Subject: Participant Eligibility**

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**A. Policy**

1. To be certified as eligible for the NJ Senior Farmers Market Nutrition Program (SFMNP), applicants shall, in accordance with the Federal Regulations and policies established by the State Agency, meet criteria in each of the following three areas:
  - a. **Residency:** Senior applicants must be residents of the State of New Jersey, and of the Sr Local Agency's service area at the time of application.
  - b. **Income eligibility:** Senior applicants must show a maximum household income of less than 185% of the federal poverty income guidelines, or be determined adjunctively eligible by proving proof of participation in another means-tested program with the same income guidelines.
  - c. **Age:** Senior applicants must be at least 60 years of age at the time of application.
2. The SFMNP Local Agency is responsible for ensuring that they, and their Partner Agencies, have a process for reviewing the eligibility documentation that all Senior Applicants present, and for recording them in the NJ WOW-MIS system.

**B. Procedure**

1. One of the following documents may be presented to the Certifying Staff Member as an acceptable proof of a Senior Applicant's identity, age and residency:
  - a. NJ Driver's License
  - b. NJ Non-Drivers Identification Card
  - c. Government Picture ID
  - d. Medicaid Card
  - e. Utility, phone bill or bank statements with current/valid dates.

This Policy supersedes P & P SFMNP – 001 dated September 2018

2. One of the following documents may be presented to the Certifying Staff Member as an acceptable proof of a Senior Applicant's income:
  - a) Affidavit – Self Declaration
  - b) SSI/ Disability Letter
  - c) Social Security Statement
  - d) Medicaid Verification/Valid Medicaid Card
  - e) Recent Pay Stub
  - f) Social Security/Retirement Statement
  - g) Valid SNAP (Food Stamp) verification
  - h) Unemployment Benefits
  - i) W-2 or Income Tax return from the previous calendar year
  
3. A Senior Applicant is determined to be adjunctively income eligible for NJ SFMNP benefits if they can prove participation in another means-tested program that utilizes the Federal guideline of a household income that does not exceed 185% of the Federal poverty level. Examples might be Medicaid, SNAP, etc.

**Attachments:**

- Application for Eligibility - Attachment 1
- Eligibility Guidelines - Attachment 2



**NEW JERSEY DEPARTMENT OF HEALTH**  
**SENIOR FARMER'S MARKET NUTRITION PROGRAM (SFMNP)**

**APPLICATION FOR ELIGIBILITY**

Senior Local Agency: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Distribution Site: \_\_\_\_\_

**FAMILY INFORMATION SCREEN**

**AUTHORIZED REPRESENTATIVE (Head of Household)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ALTERNATE AUTHORIZED REPRESENTATIVE (Formerly "Proxy")**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ E-mail: \_\_\_\_\_

**STREET ADDRESS (Household):**

\_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

☐ Mailing Address Different from Street Address:

**MAILING ADDRESS:**

\_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Family Size: \_\_\_\_\_

**\*\* If Homeless, please provide at least 1 form of Identity \*\***

☐ Driver License      ☐ Birth Certificate      ☐ Social Security Benefits Statement

Other: \_\_\_\_\_

## PARTICIPANT REGISTRATION SCREENS

**NOTE: Authorized Representative may also be a Participant; Maximum of 2 Participants per family.**

### Participant #1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

#### ETHNICITY:

- ☐ Hispanic  
☐ Non-Hispanic

#### RACE: Check all that apply

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Pacific Islander  
☐ White

#### PROOF OF IDENTITY

- ☐ Birth Certificate  
☐ Driver's License  
☐ Immigration Documents  
☐ Medical Card or Records  
☐ Other (Specify): \_\_\_\_\_

### Participant #2

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Primary Language: \_\_\_\_\_

#### ETHNICITY:

- ☐ Hispanic  
☐ Non-Hispanic

#### RACE: Check all that apply

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Native Hawaiian or Pacific Islander  
☐ White

#### PROOF OF IDENTITY

- ☐ Birth Certificate  
☐ Driver's License  
☐ Immigration Documents  
☐ Medical Card or Records  
☐ Other (Specify): \_\_\_\_\_

### Participant #1: INCOME INFORMATION

Do you receive any of the following?

- ☐ CSFP ☐ SNAP (Food Stamp) ☐ SSI ☐ Medicaid

Income Source:

- |   |  |
|---|--|
| <input type="checkbox"/> Affidavit – Self Declaration | <input type="checkbox"/> Reliable 3 <sup>rd</sup> Party Letter |
| <input type="checkbox"/> Bank Statement               | <input type="checkbox"/> Social Security/Retirement Statement  |
| <input type="checkbox"/> SSI/Disability Letter        | <input type="checkbox"/> SNAP Verification                     |
| <input type="checkbox"/> Employers Letter             | <input type="checkbox"/> Unemployment Benefits                 |
| <input type="checkbox"/> Medicaid Verification        | <input type="checkbox"/> W-2, prior year                       |
| <input type="checkbox"/> Recent Pay Stub              |  |

**Monthly Income:** \_\_\_\_\_

## Participant #2: INCOME INFORMATION

Do you receive any of the following?

☐ CSFP      ☐ SNAP (Food Stamp)      ☐ SSI      ☐ Medicaid

Income Source:

<input type="checkbox"/> Affidavit – Self Declaration	<input type="checkbox"/> Reliable 3 <sup>rd</sup> Party Letter
<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Social Security/Retirement Statement
<input type="checkbox"/> SSI/Disability Letter	<input type="checkbox"/> SNAP Verification
<input type="checkbox"/> Employers Letter	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> Medicaid Verification	<input type="checkbox"/> W-2, prior year
<input type="checkbox"/> Recent Pay Stub	

**Monthly Income:** \_\_\_\_\_

## SFMNP: RIGHTS AND OBLIGATIONS

1. I understand that I can receive SFMNP benefits from only (1) County or Municipal Office on Aging at a time.
2. I certify that I am not and will not attempt to enroll or obtain benefits from another County or Municipal Office on Aging.
3. I understand the SFMNP Eligibility Criteria, and I certify that all of the information that I have provided in this application is true and accurate.
4. I understand that the State, County or Municipality has the right to verify my information.
5. I understand that I can be disqualified from the SFMNP for failure to comply with these Rights and Obligations, and that this may result in penalties or in disqualification from the SFMNP for the next year.
6. The County or Municipal Office on Aging will make health and nutrition services available to me, and I am encouraged to participate in these services.

**By my signature, I certify that I have been advised of the Rights and Obligations and the Eligibility Criteria for the Senior Farmers Market Nutrition Program, and the information I have provided here is true and accurate.**

\_\_\_\_\_  
Signature of Participant #1/ Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant #2

\_\_\_\_\_  
Date

**APPROVED:**

**DENIED:**

\_\_\_\_\_  
Signature of Local Agency Staff

\_\_\_\_\_  
Date

## USDA Nondiscrimination Statement

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 USDA by:

(1) **mail:** U.S. Department of Agriculture,  
Office of the Assistant Secretary for Civil Rights,  
1400 Independence Avenue, SW, Mail Stop 9410,  
Washington, D.C. 20250-9410;

(2) **fax:** (202) 690-7442; or

(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

## SFMNP INCOME ELIGIBILITY GUIDELINES

Participation in the Senior Farmers' Market Nutrition Program is limited to those senior citizens who are 60 years and older and whose **Household Income** is equal to or less than the income poverty guidelines below.

<b>Income Eligibility Guidelines</b> <b>(Effective from July 1, 2025, to June 30, 2026)</b>					
<b>48 Contiguous States, D.C., Guam and Territories</b>					
<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice-Monthly</b>	<b>Bi-Weekly</b>	<b>Weekly</b>
1	\$28,953	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
Each Add'l Member Add	+\$10,175	+\$848	+\$424	+\$392	+\$196

My signature indicates that I have reviewed the income guidelines by household. By signing this I attest that my income is at or below my household size, listed above. I also affirm that I live in Choose One: County, and I am at least 60 years of age. I understand that if any of these statements are found to be fraudulent, I will be subjected to sanctions per the State Policy and Procedures.

1. Name of Participant (Print)	1. Signature	Date
2. Name of Participant (Print)	2. Signature	Date
3. Alternate Authorized Representative (Print)	3. Signature	Date

# SFMNP INCOME ELIGIBILITY GUIDELINES

## USDA Nondiscrimination Statement

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 USDA by:

(1) **mail:** U.S. Department of Agriculture,  
Office of the Assistant Secretary for Civil Rights,  
1400 Independence Avenue, SW, Mail Stop 9410,  
Washington, D.C. 20250-9410;

(2) **fax:** (202) 690-7442; or

(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: SFMNP-2  
Effective Date: May 13, 2025

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**Functional Area: Senior Farmers' Market Nutrition Program**

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**Subject: Self-Declaration Statement**

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**A. Policy**

1. In accordance with Federal Regulations and State Agency policy, the Senior Applicant says must provide a signed statement affirming their HH size and income does not exceed the maximum income eligibility.
2. The Certifying Staff Member may accept this statement in place of the Eligibility Application and Eligibility Guidelines, referenced in P&P\_\_\_SFMNP – 1; Attachment 2\_\_.

**B. Procedure**

1. If the NJ SFMNP Certification process is being conducted directly into the NJ-WOW MIS system, the Certifying Staff Member will offer a hard copy of the current **Income Eligibility Guidelines**, and the following **Self-Declaration Statement** to the Senior Applicant or to their Alternate Authorized Representative to read and explain:

**Self-Declaration Statement**

I have reviewed the Income Eligibility Guidelines for the 20\_\_ NJ Senior Farmers Market Nutrition Program. I attest that my income is at or below the amount indicated for my household size. I also attest that I am not less than 60 years of age, and that I am a resident of \_\_\_\_ (County, New Jersey), thereby meeting all the eligibility criteria for the NJ SFMNP.

I understand that if this statement is found to be untrue, I may be subject to sanctions per the State Policies.

- a. The Certifying Staff member will then so indicate in the appropriate screen in the WOW-MIS system that the **Self Declaration Statement** was used to determine the participants eligibility for the NJ SFMNP.
  - b. The Certifying Staff member will complete all fields, in cases where no income is reported, staff must enter at least **\$1.00 of income** to move forward in the system.
2. If the hard copy (paper) of the NJ SFMNP Application is being used to record eligibility information for the Certification Process, the Certifying Staff Member will offer the Senior Applicant or their Alternate Authorized Representative a hard copy of the current **Income Eligibility Guidelines**, and the **Self-Declaration Statement** to the Senior Applicant to review.
  - a. If the Senior Applicant or their Alternate Authorized Representative attests to the **Income Eligibility Guidelines** and the **Self-Declaration Statement**, the Certifying Staff Member will so indicate this in the appropriate place on the paper application and will affix their signature as a witness to the attestation.
  - b. When the information is transferred from the NJ SFMNP Application to the NJ-WOW-MIS system, the person entering the data will indicate that the **Self-Declaration** was used to determine eligibility for the NJ SFMNP in the appropriate screen in the system, **including entering the dollar amount of \$1.00 of income**, in the line on the Income screen of the WOW-MIS system.
3. If the information for certification is taken in a phone call, the Certifying Staff Member will read the **Self-Declaration Statement** to the applicant or Alternate Authorized Representative, and ensure that they understand it and the Eligibility Guidelines.

**Attachments:**

- Application for Eligibility - Attachment 1
- Eligibility Guidelines - Attachment 2



**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: SFMNP-3  
Effective Date: May 13, 2025

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**Functional Area: Sr Farmers Market Nutrition Program**

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**Subject: Designation of an Alternate Authorized Representative**

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**A. Policy**

1. A Senior Applicant to the NJ SFMNP can designate a trusted support person to represent them and act on their behalf in all phases of the NJ SFMNP.
2. In accordance with Federal Regulations, a person assigned to act on behalf of a Senior Applicant or Participant shall be referred to as the **Alternate Authorized Representative** (formerly referred to as the "Proxy").
3. Except in instances where the Senior Local Agency Coordinator allows otherwise, the **Alternate Authorized Representative** must be at least 16 years of age.
4. The Senior Applicant or Participant is responsible for any infractions committed by their **Alternate Authorized Representative**.

**B. Procedure**

1. The Senior Applicant must indicate in writing that they are designating an **Alternate Authorized Representative** to act on their behalf.
  - a. This documentation is to be given to the Certifying Staff member and shall be retained at the Sr Local Agency office.
2. Completion of the **NJ SFMNP Alternate Authorized Representative Consent Form** is the required documentation of assignment of such responsibilities to another person.
3. An individual accepting the responsibility of an **Alternate Authorized Representative** shall provide appropriate proof of identity to the Certifying Staff member, and shall complete the **Alternate Authorized Representative Form**
4. All Program Information; Nutrition Education; Program Status; and Information about the amount and use of benefits shall be delivered to

the **Alternate Authorized Representative** as if they are the Senior Participant.

- a. They should understand that they are expected to convey all information and education to the Senior Participant.

Attachments:

- NJ SFMNP Alternate Authorized Representative Consent Form - Attachment 1

**NEW JERSEY DEPARTMENT OF HEALTH  
SENIOR FARMERS MARKET NUTRITION PROGRAM (SFMNP)**

**Alternate Authorized Representative Form**

- You can give permission to another person to act on behalf of you and your family with the Senior Farmers Market Nutrition Program.
- This person is called an **Alternate Authorized Representative**. (In the past we called this person a “Proxy”.)

You will need to give signed permission to your Alternate Authorize Representative and they will need to agree to follow the Rights and Obligations of the SFMNP.

**SFMNP Authorized Representative Statement**

I, \_\_\_\_\_, DOB \_\_\_\_\_  
Name of Authorized Representative/Participant

designate, \_\_\_\_\_ to act on behalf of myself and  
Name of Alternate Authorized Representative  
my family in matters concerning my enrollment and benefits of the Senior Farmers Market Program.

\_\_\_\_\_  
Signature of Authorized Representative/Participant

\_\_\_\_\_  
Date

**SFMNP Alternate Authorized Representative Statement**

I agree to act on behalf of \_\_\_\_\_ and will comply  
with all the rules and policies of the Senior Farmers Market Program. I understand that I must  
present a valid form of identification at the Senior Local Agency.

\_\_\_\_\_  
Signature of Alternate Authorized Representative

\_\_\_\_\_  
Date

**USDA Nondiscrimination Statement**

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 USDA by:

(1) **mail:** U.S. Department of Agriculture,  
Office of the Assistant Secretary for Civil Rights,  
1400 Independence Avenue, SW, Mail Stop 9410,  
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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**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: **SFMNP-4**  
Effective Date: May 13, 2025

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**Functional Area: Sr Farmers Market Nutrition Program**

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**Subject: Certification Appointment/Process**

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**A. Policy:**

1. In addition to eligibility determination for the SFMNP, the Senior Applicant and/or their Alternate Authorized Representative must be advised of the following during the Certification Appointment/Process:
  - a. Rights and Obligations of the Senior Farmers Market Program
  - b. The Federal Non-discrimination Policy, and the Complaint Procedure
  - c. How to redeem, protect, and use their SFMNP Benefits
  - d. Locations of participating Farmers and Farmers Markets in their Service Area.
  - e. The right to, and process of filing complaints with the State Agency.
2. The Senior Applicant and/or their Alternate Authorized Representative must also be provided with appropriate Nutrition Education and assessed and referred for other critical services during the Certification Appointment if needed.
3. Accommodation must be made for different languages.

**B. Procedure:**

1. The Certifying Staff Member will provide the Senior Applicant and/or Alternate Authorized Representative with a hard-copy of the Rights and Obligations, as indicated in the Federal Regulations:

**SFMNP: Rights and Obligations**

I have been advised of my rights and obligations under the SFMNP. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification form is being submitted in connection with the receipt of Federal Assistance. Program Officials may verify information on this application. I understand that intentionally making a false or misleading statement, or intentionally misrepresenting, concealing, or withholding facts may result in paying the State Agency, in case, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. Standards for eligibility and participation in the SFMNP are the same for everyone regardless of race, color, national origin, age, disability, or sex.

I understand that I may appeal any decision made by the Local Agency regarding my eligibility for the SFMNP.

2. The Federal Non-Discrimination Policy is to be printed on all State or Local Agency issued documents that are displayed or given to the Senior participant and/or their Alternate Authorized Representative.

- a. They are to be advised that Civil Rights complaints may be made to:

By Mail:

U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW Washington, D.C. 20250-9410

By Fax:

(833) 256-1665 or (202) 690-7442

By Email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

3. The Certifying Staff Member must clearly explain to the Senior Participant and/or their Alternate Authorized Representative how to redeem, protect, and use their benefits, and the QR Code transaction tool.
  - a. This must include: Season dates; Benefit amount; What to do, should they lose, or have questions or problems with the benefit medium.
4. The Certifying Staff Member must give the Senior Participant and/or their Alternate Authorized Representative a list of participating Farmers/Growers and Farmers Markets in their service area.
5. The Certifying Staff Member must provide the Senior Participant and/or their Alternate Authorized Representative with appropriate Nutrition Education.
  - a. This Nutrition Education may be in the form of the SFMNP Program Guide.

6. The Certifying Staff Member must assess the Senior Participant's need for referral to other services.
7. The Local Agency will make translation services available to participants as needed.
8. Should a Senior who does not reside in the Senior Local Agency's service area present for Senior Farmers Market Benefits, they are to be referred to the appropriate Senior Local Agency.
9. The Certifying Staff Member must advise the Senior Participant and/or their Alternate Authorized Representative that they have the right to file a complaint to the State Agency about their treatment or experience with any aspect of the Sr Farmers Market Program, ie, individual Local Agency or Partner Agency staff, Farmers, other participants, etc.
  - a. Such complaints should be filed using the WIC 32 form.

**Attachments:**

- **WIC 32 - Complaint Form - Attachment 1**
- **Complaint Follow-Up Form - Attachment 2**
- **Season Details: Dates, Benefit Amounts, Senior Portal - Attachment 3**
- **List of Agencies - Attachment 4**

**New Jersey Department of Health  
WIC Services / FMNP-SFMNP / CSFP  
COMPLAINT REPORT**

Attachment 1

Email: [WIC\\_Complaints@doh.nj.gov](mailto:WIC_Complaints@doh.nj.gov)

**INSTRUCTIONS:** *Person(s) making the complaint must complete Sections I through IV, retain a copy, and email the original copy to the State Agency. Follow up action (as determined by the State Agency) must be documented on the WIC Complaint Follow Up form.*

**FOR STATE USE ONLY**

Initial Review by  
Supervisor (Date): \_\_\_\_\_  
Date Assigned: \_\_\_\_\_  
Investigator: \_\_\_\_\_  
Complaint #: \_\_\_\_\_

SECTION I		SECTION II	
<b>Who is making this complaint?</b> <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency <input type="checkbox"/> Senior Agency		<b>Who is this complaint against?</b> <input type="checkbox"/> Participant <input type="checkbox"/> Vendor <input type="checkbox"/> Farmer <input type="checkbox"/> Food Bank <input type="checkbox"/> Agency Staff <input type="checkbox"/> Local Agency <input type="checkbox"/> Senior Agency	
Name		Name of Participant, Vendor, Farmer, Food Bank, Agency Staff, Local Agency	
Street Address		(If Store) Address	
City, State, Zip Code	Telephone No.	(If Participant) ID No.	
SECTION III - DETAILS OF COMPLAINT			
Date of Incident	Time of Incident	Lane in store, names and physical description of person(s) involved (if applicable)	
Description of What Happened (be as detailed as possible) (Attach additional documents, if needed):			
SECTION IV - CERTIFICATION			
<i>I certify that the above information is true and complete to the best of my knowledge.</i>			
Name of Complainant (Type or Print)		Title (if any)	
Signature		Date	
Name of Witness (if any)		Title (if any)	
Signature		Date	
SECTION V - TO BE COMPLETED BY STATE OR LOCAL AGENCY			
(If complaint is anonymous or on behalf of another)	Name of State or Local Agency Staff Person (Type or Print)	Signature	
	Title (if any)	Date	

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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/ad-3027.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:

- mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- fax:**  
(833) 256-1665 or (202) 690-7442; or
- email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)



**NEW JERSEY WIC SERVICES**  
**Complaint Follow-Up Form**

**Complaint #:**            / **OIG Complaint, if applicable #:**

**Date Received by State Agency:**

**State Agency Staff following up on the complaint:**

**Date of Incident:**

**Complainant's Name:**

☐ **Senior Agency**

☐ **Agency Staff**

☐ **Participant**

☐ **Food Bank**

☐ **Vendor**

☐ **USDA**

☐ **Local Agency**

☐ **Farmer**

☐ **NJ Feedback**

**Name of Witness, If any:**

**Local WIC Agency:**

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**WIC Household Information**

**Authorized Representative:**

**WIC Household ID #:**

**Participant Name & ID:**

**Address:**

**Household Telephone Number:**

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**Vendor/Farmer Information**

**Vendor/Farmer Name:**

**Vendor/Farmer ID #:**

**Peer Group:**

**Vendor/Farmer Address:**

**Vendor/Farmer Telephone Number:**

**Summary of Complaint:** (from WIC-32 Complaint form):

**Follow-up Action:** (Provide the who, what, where, why and when)

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**Resolution and Corrective Action:**

**Follow up to:** ☐ Participant ☐ Vendor ☐ Local Agency ☐ Other:  
**Date of Follow up:**

**Is Training Needed:** ☐ Yes ☐ No

**SA Recommendations:**

**State Staff Completing Form:**

**Date Finalized:**

**Supervisor Review:**

**Date of Review:**

**Program Manager Review, if needed:**

**Date of Review:**

**Additional Action as indicated by Program Manager:**

# Senior Farmers' Market Nutrition Program







## Farmers' Market Benefits Overview

- 1 You have been issued this season's benefits by your Local Senior Agency Staff.
- 2 A QR code has been generated for your family to use at Authorized Farms and Farmers Markets.

- 3 Present QR code to Farmer to check the available balance.
- 4 Farmer will need to scan this image with their own smartphone or tablet and will enter purchase amount for NJ fresh fruits and vegetables you'd like to purchase for the day.
- 5 Once purchase is complete, the farmer will be able to tell you your remaining balance or you may access the participant portal.





## Accessing & Using Your Benefits

- Farmers' Market benefits can be redeemed from **May 1st** through **November 30th** of each year.
- Benefits will be aggregated at the family level; you will receive one QR code for all eligible members. All benefits will be added together for one total dollar amount.
- Available benefits display in real-time, so as soon as you or an authorized family member redeems any benefits, you will see a new balance reflected in the participant portal.

## Benefit Expiration

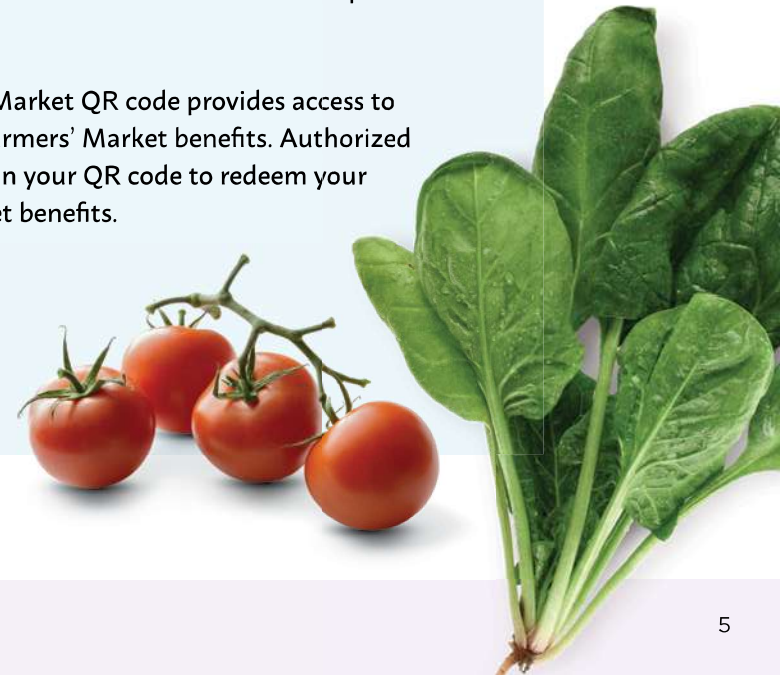
Once your benefits are issued, they will be available from that day until **11:59pm on November 30** of that year. Any remaining funds will no longer be available after **November 30th**. Benefits do not roll over to the next season so after **November 30th**, you will see a zero to reflect your current balance.



## What is a QR Code?

A QR code is a type of barcode that can be scanned by a smartphone or a tablet camera. It looks like a square, made of smaller black and white squares, which contain information that can be quickly and easily read by the device's camera. Scanning a QR code can take you to a website, show you a message or provide other useful information. It's a fast and convenient way to access information or complete a transaction.

Your Farmers' Market QR code provides access to your family's Farmers' Market benefits. Authorized farmers can scan your QR code to redeem your Farmers' Market benefits.



# FAQs

## Using Farmers' Market Benefits

### *How do I know if I am eligible for benefits?*

New guidelines are set each year to determine eligibility for Farmers' Market benefits. Ask your Local Senior Agency about you and your family's eligibility. If you are eligible, you will be issued a QR code that can be used to redeem benefits. You will need to take this code with you to be scanned by the cashier at the farm or farm stand.

### *How do I find an authorized farm stand or farmers market?*

To find a list of authorized farmers in your area, visit the link or scan the QR code to the right:  
<https://www.nj.gov/health/fhs/wic/farmers-markets/>



### *What if I forget my login information?*

- Don't worry! You can easily reset your password or retrieve your username by clicking on the "Forgot Password" link on the login page. You'll be asked to enter the username for your account, then sent an email with instructions on how to reset your password or retrieve your username.
- Please note that for security reasons, your account will be temporarily locked if you have 5 failed login attempts. If you continue to have trouble accessing your account, please contact your Local Senior Agency for assistance.

A screenshot of a login form titled "Login with Email!". It has two input fields: "Email \*" and "Password \*". Below the password field is a link that says "Forgot Password?". At the bottom right is a red button labeled "Close". A blue hand icon with a pointing finger is overlaid on the "Forgot Password?" link.

## Participant Portal

### *How do I access the participant portal?*

- The participant portal can be accessed at:  
<https://wic.nj.gov/seniorportal/>.
- You may use any device with an internet connection and web browser. This includes desktop computers, laptops, tablets and smartphones. Chrome, Firefox, Safari or Edge web browsers work best.
- If you have any issues with the site, try updating your browser to the latest version. If you're still having trouble, please contact your Local Senior Agency for assistance.



### *Is the participant portal secure? Will my information be safe?*

Your security and privacy are taken very seriously. The participant portal uses industry standard encryption to protect your personal information and prevent unauthorized access. Strict policies are also in place to ensure the confidentiality of your information.



# CSFP

## You may qualify for the Commodity Supplemental Food Program!

The Commodity Supplemental Food Program (CSFP) works to improve the health of seniors by supplementing their diets with nutritious commodity foods provided by the United States Department of Agriculture (USDA).

### Accessing Benefits

Commodities are pre-packed and distributed monthly to eligible seniors. The contents of the food package may change monthly depending upon what is available from USDA.

### Eligibility

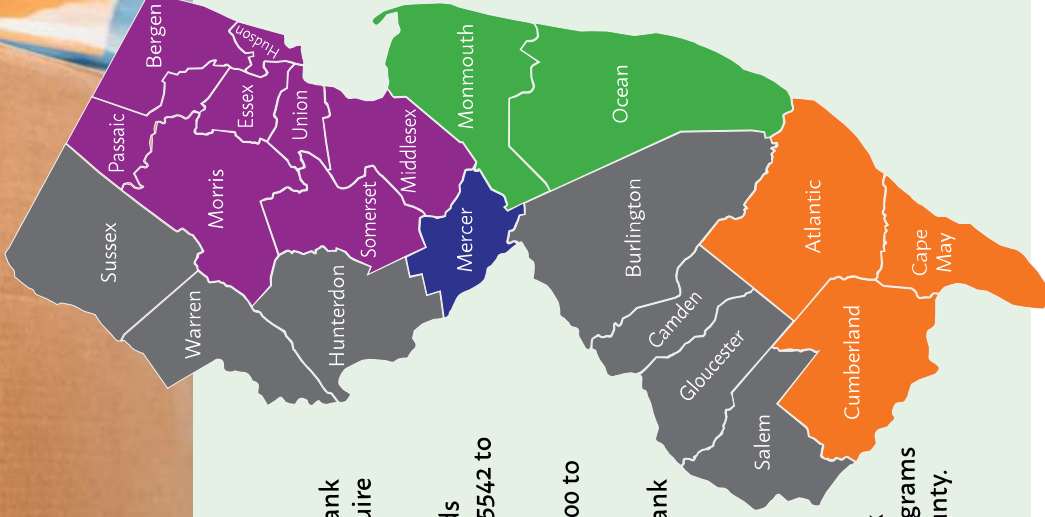
Seniors who wish to participate must reside in New Jersey, must be at least 60 years of age, and have a household income at/or below 130% of the poverty level.

Household Size	Elderly – 130% Annual	Elderly – 130% Monthly	Elderly – 130% Weekly
1	\$19,578	\$1,632	\$377
2	\$26,572	\$2,215	\$511



### Enrollment

- Contact Community Food Bank of NJ at 908-355-3663 to inquire about applying.
- Contact Mercer Street Friends (Mercer County) at 609-278-5542 to inquire about applying.
- Contact Fullfill at 732-918-2600 to inquire about applying.
- Contact Community Food Bank of NJ (Southern Branch) at 609-383-8843 to inquire about applying.
- Currently CSFP is not provided in these areas. Contact your local food bank for other food assistance programs that are available in your county.





New Jersey Seasonality Chart

Scan for more info about each produce item.

Jersey Tastes! Harvest of the Month

A Year-Round Celebration of the Garden State's Fruits and Vegetables.

Scan for more info, recipes, and fun produce activities!

# Fruits & Vegetables

## What's In Season?

Note: Seasonal variations exist in the northern and southern parts of the state. This information has been sourced with information provided by NJ Farm Bureau, the NJ Department of Agriculture and Rutgers Cooperative Extension. Funding was provided by a 2010 USDA Specialty Crop Block Grant. 05/2011

\*See fruits & vegetables key on page 13

### FRUITS & BERRIES

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Apples									
Blackberries									
Blueberries									
Cherries									
Cranberries									
Grapes									
Peaches, Nectarines									
Pears									
Plums*									
Strawberries									

### VEGETABLES

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Arugula									
Asparagus									
Beans*									
Beets									
Bok Choy									
Broccoli									
Cabbage									
Carrots									
Cauliflower									
Chard									
Chinese Cabbage									
Collards									
Cucumbers*									
Dandelion Greens									



VEGETABLES CONTINUED

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Eggplant*									
Garlic									
Garlic Scapes									
Herbs*									
Kale*									
Leeks									
Lettuce*									
Lima Beans									
Mustard Greens									
Okra									
Onions									
Parsnips									
Peas									
Peppers*									
Potatoes*									
Pumpkins									
Radish									
Scallions									
Squash*									
Spinach									
Sweet Corn									
Tat Soi									
Tomatoes*									
Turnips									

FRUITS & VEGETABLES KEY

Plums

- Traditional
- Fall Bearing

Peppers

- Bell
- Jalapeno
- Poblano
- Serrano

Tomatoes

- Grape
- Roma
- Beefsteak
- Heirloom

Beans

- Green snap
- Wax
- Yellow

Potatoes

- Idaho (baking)
- Wax
- Yukon Gold
- Purple
- Sweet Potato

Cucumbers

- Pickle
- Salad

Eggplant

- Italian
- Asian

Squash

- Yellow
- Zucchini
- Winter Squash
- Hubbard
- Acorn
- Pumpkin

Herbs

- Basil
- Chives
- Cilantro
- Dill
- Mint
- Parsley

Kale

- Curly
- Lacinata

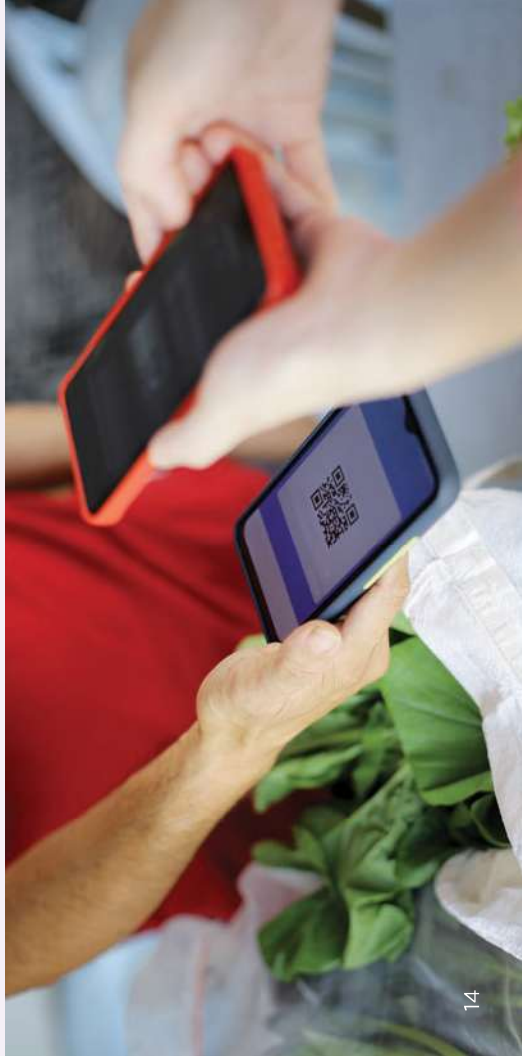
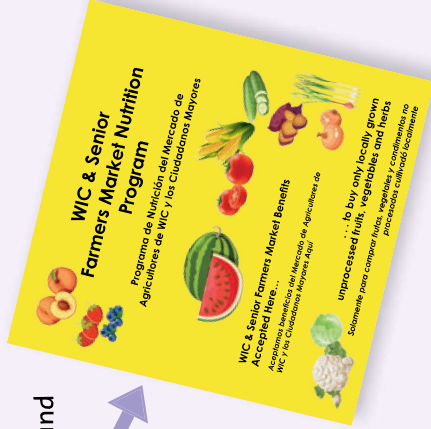
Lettuce

- Bibb
- Green/Red leaf
- Romaine
- Spring Mix



# Tips and Reminders for SFMNP Electronic Benefits

- Understand how to access and save the QR code on your phone, or print it out and bring it with you to the farm stand or Farmers' Market.
- Look for the yellow SFMNP poster to find authorized farmers, Farmers' Markets and Farm Stands.
- Redeem your electronic benefits to purchase herbs and locally grown fruits and vegetables using your QR code.
- Your QR code contains information unique to you, so it's important to keep it in a safe place and not share it with anyone.
- Redeem your SFMNP benefits before November 30.
- If your QR code is lost, stolen or damaged, notify your Local Senior Agency immediately. A new QR code will be issued, and remaining benefits can be accessed.
- Call your Local Senior Agency if you have any problems redeeming benefits.



Local Senior Agency:

Phone Number:

## My Info

## Benefit Balance

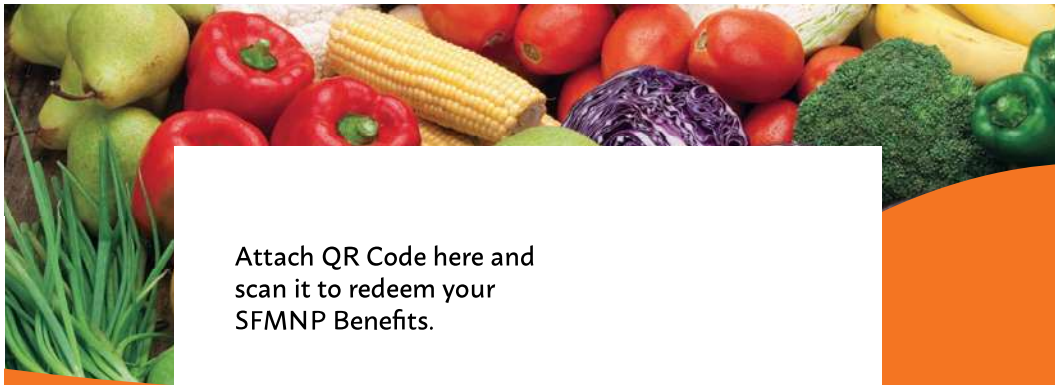
Family ID:

Initial Amount:

Date	Balance

## SFMNP: RIGHTS AND OBLIGATIONS

- I understand that I can receive SFMNP benefits from only (1) County or Municipal Office on Aging at a time.
- I certify that I am not and will not attempt to enroll or obtain benefits from another County or Municipal Office on Aging.
- I understand the SFMNP Eligibility Criteria, and I certify that all of the information that I have provided in this application is true and accurate.
- I understand that the State, County or Municipality has the right to verify my information.
- I understand that I can be disqualified from the SFMNP for failure to comply with these Rights and Obligations, and that this may result in penalties or in disqualification from the SFMNP for the next year.
- The County or Municipal Office on Aging will make health and nutrition services available to me, and I am encouraged to participate in these services.



Attach QR Code here and  
scan it to redeem your  
SFMNP Benefits.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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, audiotape, 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;
- (2.) fax:  
(833) 256-1665 or (202) 690-7442; or
- (3.) email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



# 2025 Senior Farmer's Market Nutrition Program

## Coordinators

## Attachment 4

<p><b>(67) <u>Atlantic</u></b>  <b>Juliette Monfardini, SFMNP Coordinator</b>  <b>Thelma Wilder, SFMNP Coordinator</b>  <b>Roberta Cincotti, Executive Director</b>  <b>Jessica Ward, Program Analyst</b>  Atlantic County Aging &amp; Disability Resource  Division of Intergenerational Services  101 South Shore Road Shoreview  Building, Room 212  Northfield, New Jersey 08225  Main Office: (609) 645-7700  Phone: (609) 645-7700 ext. 4708 (<b>Juliette</b>)  Phone: (609) 645-7700 ext. 4707 (<b>Thelma</b>)  Phone: (609) 645-7700 ext. 4340 (<b>Roberta</b>)  Phone: (609) 645-7700 ext. 4263 (<b>Jessica</b>)  Fax: (609) 645-5907  E-Mail: <a href="mailto:Monfardini_Juliet@aclink.org">Monfardini_Juliet@aclink.org</a>  E-Mail: <a href="mailto:Wilder_Thelma@aclink.org">Wilder_Thelma@aclink.org</a>  E-Mail: <a href="mailto:Cincotti_Roberta@aclink.org">Cincotti_Roberta@aclink.org</a>  E-Mail: <a href="mailto:Ward_Jessica@aclink.org">Ward_Jessica@aclink.org</a></p>	<p><b>(59) <u>Bergen</u></b>  <b>Adam Wolak, SFMNP Coordinator</b>  <b>Nancy Turnier, Nutrition Program Director</b>  Bergen County Div. of Senior Services One  Bergen County Plaza, 2<sup>nd</sup> Fl.  Hackensack, New Jersey 07601 Main  Office: (201) 336-7400  Phone: (201) 366-7462 (<b>Adam</b>)  Phone: (201) 336-7411 (<b>Nancy</b>)  Fax: (201) 336-7424  E-Mail: <a href="mailto:Awolak@bergencountynj.gov">Awolak@bergencountynj.gov</a>  E-Mail: <a href="mailto:NTurnier@bergencountynj.gov">NTurnier@bergencountynj.gov</a></p>
<p><b>(73) <u>Burlington</u></b>  <b>Bobbi Jo Westmoreland, SFMNP Coordinator</b>  Burlington County Office on Aging 795  Woodlane Rd.  Westampton, New Jersey 08060  PO Box 6000 (<b>Mailing Address</b>)  Mount Holly, New Jersey 08060  Main Office: (609) 265-5069  Phone: (609) 702-7055 (<b>Bobbi Jo</b>)  Fax: (609) 265-3725  <b>E-Mail:</b> <a href="mailto:bwestmoreland@co.burlington.nj.us">bwestmoreland@co.burlington.nj.us</a></p>	<p><b>(70) <u>Camden</u></b>  <b>Erin Small Gabriel, SFMNP Coordinator</b>  <b>Brett Tenuto</b>  <b>Maureen Bergeron, Director</b>  Camden County Div. of Senior &amp; Disabled Services  512 Lakeland Road, Suite 401  Blackwood, New Jersey 08012  Main Office: (856) 858-3220  Phone: (856) 858-2582 (<b>Erin</b>)  Phone: (856) 858-3317 (<b>Maureen</b>)  Fax: (856) 401-6405  <b>E-Mail:</b> <a href="mailto:erin.small@camdencounty.com">erin.small@camdencounty.com</a>  <b>E-Mail:</b> <a href="mailto:brett.tenuto@camdencounty.com">brett.tenuto@camdencounty.com</a>  <b>E-Mail:</b> <a href="mailto:maureen.bergeron@camdencounty.com">maureen.bergeron@camdencounty.com</a></p>

# 2025 Senior Farmer's Market Nutrition Program

## Coordinators

## Attachment 4

<p><b>(57) <u>Cape May</u></b>  <b>Mary Dozier, Director/SFMNP Coordinator</b>  <b>Teri Robinson, Nutrition Clerk</b>  Cape May County Division of Aging &amp; Disability  Resource Connection  3801 Route 9 South, Unit 4  Rio Grande, New Jersey 08242  Main Office: (609) 886-2784  Phone: (609) 886-2784 Ext. 6204 (<b>Mary</b>)  <b>Email:</b> <a href="mailto:Mary.Dozier@co.cape-may.nj.us">Mary.Dozier@co.cape-may.nj.us</a>  <b>Email:</b> <a href="mailto:Teri.Robinson@co.cape-may.nj.us">Teri.Robinson@co.cape-may.nj.us</a></p>	<p><b>(55) <u>Cumberland</u></b>  <b>Caroline Holder, SFMNP Coordinator</b>  <b>Barbara Nedohon, Executive Director</b>  Cumberland County Office on Aging &amp; Disabled  800 East Commerce Street  Bridgeton, New Jersey 08302  Main Office: (856) 453-2220  Fax: (856) 453-2212  <b>Email:</b> <a href="mailto:carolinehol@CumberlandCountyNJ.gov">carolinehol@CumberlandCountyNJ.gov</a>  <b>Email:</b> <a href="mailto:barbarane@CumberlandCountyNJ.gov">barbarane@CumberlandCountyNJ.gov</a></p>
<p><b>(64) <u>Essex</u></b>  <b>Haniyyah Muhammad, SFMNP Coordinator</b>  <b>Maurice Brown, Director</b>  <b>Shameeka Pierce</b>  Essex County Division of Senior Services  465 Martin Luther King Blvd., Suite 102  Newark, New Jersey 07102  Main Office: (973) 395-8375  Phone: (973) 395-8391 (<b>Haniyyah</b>)  Phone: (973) 395-5862 (<b>Maurice</b>)  Fax: (973) 273-0014 or 0015  E-Mail: <a href="mailto:hmuhammad@seniors.essexcountynj.org">hmuhammad@seniors.essexcountynj.org</a>  E-Mail: <a href="mailto:mbrown@seniors.essexcountynj.org">mbrown@seniors.essexcountynj.org</a>  E-Mail: <a href="mailto:spierce@seniors.essexcountynj.org">spierce@seniors.essexcountynj.org</a></p>	<p><b>(54) <u>Gloucester</u></b>  <b>Cathy Henry, SFMNP Coordinator</b>  <b>Eric Fisher, Director</b>  Gloucester Co. Div. of Senior Services  115 Budd Boulevard  West Deptford, New Jersey 08096  Main Office: (856) 384-6900  Phone: (856) 686-8330 (<b>Cathy</b>)  Fax: (856) 686-8345  E-Mail: <a href="mailto:chenry@co.gloucester.nj.us">chenry@co.gloucester.nj.us</a>  E-Mail: <a href="mailto:EFisher@co.gloucester.nj.us">EFisher@co.gloucester.nj.us</a></p>
<p><b>(75) <u>Hudson</u></b>  <b>Melanie Ferrante, SFMNP Coordinator</b>  <b>Bashira Curry</b>  <b>JoAnn Northgrave</b>  Hudson County Office on Aging  830 Bergen Avenue, Room 3-B  Jersey City, New Jersey 07306  Main Office: (201) 369-5280  Phone: (201) 369-5280 Ext.4258 (<b>JoAnn</b>)  Phone: (201) 369-4313 Ext.4150 (<b>Melanie</b>)  Fax: (201) 369-4315  E-Mail: <a href="mailto:mferrante@hcnj.us">mferrante@hcnj.us</a>  E-Mail: <a href="mailto:bcurry@hcnj.us">bcurry@hcnj.us</a>  E-Mail: <a href="mailto:jnorthgrave@hcnj.us">jnorthgrave@hcnj.us</a></p>	<p><b>(63) <u>Hunterdon</u></b>  <b>Alyssa DeLuca, SFMNP Coordinator</b>  <b>Kevin Burghardt, Division Head</b>  <b>Susan Nekola</b>  <b>Mary Connor</b>  Hunterdon County Div. of Senior, Disabilities &amp; Veteran Services  4 Gauntt Place Bldg. 1  P.O. Box 2900 (<b>Mailing Address</b>)  Flemington, New Jersey 08822  Main Office: (908) 788-1361  Phone: (908) 806-4174 (<b>Alyssa</b>)  Phone: (908) 788-1361 (<b>Kevin</b>)  Fax: (908) 806-4537  Email: <a href="mailto:adeluca@co.hunterdon.nj.us">adeluca@co.hunterdon.nj.us</a>  Email: <a href="mailto:kburghardt@co.hunterdon.nj.us">kburghardt@co.hunterdon.nj.us</a>  Email: <a href="mailto:snekola@co.hunterdon.nj.us">snekola@co.hunterdon.nj.us</a>  Email: <a href="mailto:mconnor@co.hunterdon.nj.us">mconnor@co.hunterdon.nj.us</a></p>



# 2025 Senior Farmer's Market Nutrition Program

## Coordinators

## Attachment 4

<p><b>(58) Mercer</b>  <b>Karina Turek, Co-Coordinator</b>  <b>Erica Saganowski, Executive Director</b>  Mercer County Office on Aging &amp; Disability  Resource Center (ADRC)  2210 Hamilton Avenue  P.O. Box 8068 <b>(Mailing Address)</b>  Trenton, New Jersey 08619-8068  Main Office: (609) 989-6661  Fax: (609) 588-0005  E-Mail: <a href="mailto:kturek@mercercounty.org">kturek@mercercounty.org</a>  E-Mail: <a href="mailto:esaganowski@mercercounty.org">esaganowski@mercercounty.org</a></p>	<p><b>(60) Middlesex</b>  <b>Ellen Bednarz, SFMNP/Division Manager</b>  <b>Sharon Hoban, Program Coordinator</b>  <b>Maryrose Agel</b>  Middlesex County Office on Aging &amp; Disabled  Services  JFK Square  75 Bayard Street, 5<sup>th</sup> Fl.  New Brunswick, NJ 08901  Main Office: (732) 745-3295  Phone: (732) 745- 2062 <b>(Ellen)</b>  Phone: (732) 745-4004 <b>(Sharon)</b>  Phone: (732) 745-4303 <b>(Maryrose)</b>  Fax: (732) 246-5641  E-mail: <a href="mailto:Ellen.Bednarz@co.middlesex.nj.us">Ellen.Bednarz@co.middlesex.nj.us</a>  E-mail: <a href="mailto:Sharon.Hoben@co.middlesex.nj.us">Sharon.Hoben@co.middlesex.nj.us</a>  E-mail: <a href="mailto:maryrose.agel@co.middlesex.nj.us">maryrose.agel@co.middlesex.nj.us</a></p>
<p><b>(65) Monmouth</b>  <b>Inhyoung Chae, SFMNP Coordinator</b>  <b>Michele O'Shaughnessy, Director</b>  <b>Lucy Jimenez-Ferina</b>  Monmouth County Division on Aging  3000 Kozloski Road  Freehold, New Jersey 07728  Main Office: (732) 431-7450  Fax: (732) 431-3214  E-mail: <a href="mailto:Inhyoung.Chae@co.monmouth.nj.us">Inhyoung.Chae@co.monmouth.nj.us</a>  E-mail: <a href="mailto:Michele.Oshaughnessy@co.monmouth.nj.us">Michele.Oshaughnessy@co.monmouth.nj.us</a>  E-mail: <a href="mailto:Lucciola.Jimenez-Farina@co.monmouth.nj.us">Lucciola.Jimenez-Farina@co.monmouth.nj.us</a></p>	<p><b>(71) Morris</b>  <b>Rhea Young, SFMNP/Nutrition Director</b>  <b>Jessica Jimenez, Community Service Worker</b>  Morris County Nutrition Project  340 W. Hanover Ave. Ground Fl.  P.O. Box 900 <b>(Mailing Address)</b>  Morristown, New Jersey 07960-0900  Main Office: (973) 285-6856  Phone: (973) 285-6857 <b>(Rhea)</b>  Phone: (973) 285-6885 <b>(Jessica)</b>  Fax: (973) 285-6883  E-mail: <a href="mailto:ryoung@co.morris.nj.us">ryoung@co.morris.nj.us</a>  E-mail: <a href="mailto:jjimenez@co.morris.nj.us">jjimenez@co.morris.nj.us</a></p>
<p><b>(69) Ocean</b>  <b>CarrieAnn Rosetto, SFMP/Planner</b>  <b>Maria LaFace, Executive Director</b>  <b>Nicole Concepcion, Fiscal</b>  Ocean County Office of Senior Services  1027 Hooper Avenue, Building #2  <b>(Address will change to 1005 Hooper Avenue - in the end of May)</b>  P.O. Box 2191 <b>(Mailing)</b>  Toms River, New Jersey 08754  Main Office: (732) 929-2181  E-mail: <a href="mailto:crosetto@co.ocean.nj.us">crosetto@co.ocean.nj.us</a>  E-Mail: <a href="mailto:mlaface@co.ocean.nj.us">mlaface@co.ocean.nj.us</a>  E-Mail: <a href="mailto:nconcepcion@co.ocean.nj.us">nconcepcion@co.ocean.nj.us</a></p>	<p><b>(72) Passaic</b>  <b>John Chipman, SFMP Coordinator</b>  <b>Shirley Force, Executive Director</b>  Passaic County Office on Aging /Division of  Nutrition &amp; Senior Services  930 Riverview Drive, Suite 250  Totowa, New Jersey 07512  Main Office: (973) 569-4060  Phone: (973) 569-4096 <b>(John)</b>  Phone: (973) 569-4070 <b>(Shirley)</b>  Fax: (973) 812-3459  E-Mail: <a href="mailto:JohnCH@passaiccountynj.org">JohnCH@passaiccountynj.org</a>  E-Mail: <a href="mailto:shirleyf@passaiccountynj.org">shirleyf@passaiccountynj.org</a></p>

## Attachment 4

<p><b>(53) Salem</b>  <b>Betty Myers, SFMNP Coordinator</b>  <b>April Friant, Assistant Coordinator</b>  <b>Victoria Maurizio, Executive Director</b>  <b>Hillary Nichols</b>  <b>Huntyr Rappa</b>  Salem County Office on Aging &amp; Disabilities  110 Fifth Street, Suite 900  Salem, New Jersey 08079  Main Office: (856) 339-8622 <b>(Main/Betty)</b>  E-Mail: <a href="mailto:betty.Myers@salemcountynj.gov">betty.Myers@salemcountynj.gov</a>  E-Mail: <a href="mailto:april.Friant@salemcountynj.gov">april.Friant@salemcountynj.gov</a>  E-Mail: <a href="mailto:victoria.maurizio@salemcountynj.gov">victoria.maurizio@salemcountynj.gov</a>  E-Mail: <a href="mailto:hillary.nichols@salemcountynj.gov">hillary.nichols@salemcountynj.gov</a>  E-Mail: <a href="mailto:huntyr.rappa@salemcountynj.gov">huntyr.rappa@salemcountynj.gov</a></p>	<p><b>(56) Somerset</b>  <b>Ellen Russo, SFMNP Coordinator</b>  <b>Caitlin Witucki, Deputy Director</b>  Somerset County Office on Aging &amp; Disability Services  27 Warren Street  Somerville, New Jersey 08876 Main  Office: (908) 704-6346  Phone: (908) 704-6349 <b>(Ellen)</b>  Phone: (908) 704-6339 <b>(Caitlin)</b>  Fax: (908) 595-0194  E-Mail: <a href="mailto:ERusso@co.somerset.nj.us">ERusso@co.somerset.nj.us</a>  E-Mail: <a href="mailto:Witucki@co.somerset.nj.us">Witucki@co.somerset.nj.us</a></p>
<p><b>(62) Sussex</b>  <b>Sheila Brunda, SFMNP Coordinator</b>  <b>Lorraine Hentz, Director</b>  Sussex County Office on Aging  1 Spring St., 1<sup>st</sup> Fl.  Newton, New Jersey 07860  Main Office: (973) 579-0555 Ext. 1221  Phone: (973) 579-0555 Ext 1277 <b>(Sheila)</b>  Fax: (973) 579-0550  E-Mail: <a href="mailto:SBrunda@sussex.nj.us">SBrunda@sussex.nj.us</a>  E-Mail: <a href="mailto:lhentz@sussex.nj.us">lhentz@sussex.nj.us</a></p>	<p><b>(66) Union</b>  <b>Vacant, SFMNP Coordinator</b>  <b>Natalie Zarrillo, SFMP/Exe. Director</b>  Union County Division on Aging  Administration Bldg.  10 Elizabethtown Plaza ,4<sup>th</sup> Fl.  Elizabeth, New Jersey 07207  Main Office: (908) 527-4870  Phone: (908) 527-4865 <b>(Natalie)</b>  Fax: (908) 659-7410  Email: <a href="mailto:Nzarrillo@ucnj.org">Nzarrillo@ucnj.org</a></p>
<p><b>(74) Warren</b>  <b>Sharon Green, SFMNP Coordinator</b>  <b>Michele Reid</b>  Warren County Division of Aging &amp; Disability Services  Wayne Dumont Jr. Administration Bldg.  165 County Road Route 519 South, Suite 245  Belvidere, New Jersey 07823  Main Office: (908) 475-6591  Phone: (908) 475-6516 <b>(Sharon)</b>  Phone: (908) 475-6591 <b>(Michele)</b>  Fax: (908) 475-6599  E-Mail: <a href="mailto:Sgreen@co.warren.nj.us">Sgreen@co.warren.nj.us</a>  E-Mail: <a href="mailto:Mreid@co.warren.nj.us">Mreid@co.warren.nj.us</a></p>	<p><b>(68) Jersey City</b>  <b>Joan Eccleston, Director/SFMNP Coordinator</b>  <b>Mylva Sarmiento, Supervisor Senior Citizen Center</b>  Jersey City Dept. of Health &amp; Human Services  Division of Senior Affair  394 Central Avenue  Jersey City, New Jersey 07307  Main Office: (201) 547-5750  Phone: (201) 547-4992 <b>(Joan)</b>  Phone: 201-547-4777 <b>(Mylva)</b>  E-Mail: <a href="mailto:ecclestonj@jcnj.org">ecclestonj@jcnj.org</a>  E-Mail: <a href="mailto:msarmiento@jcnj.org">msarmiento@jcnj.org</a></p>

# 2025 Senior Farmer's Market Nutrition Program

## Coordinators

## Attachment 4

<p><b>(61) Paterson</b> <b>Hilda V. Perez, SFMNP/Director</b> <b>Diane McCallum</b> <b>Adalgisa Ramos</b> Paterson Dept. of Health &amp; Human Services Senior Services Division 165 5<sup>th</sup> Avenue, 2<sup>nd</sup> Fl. Paterson, New Jersey 07524 Main Office: (973) 653-5932 (<b>Hilda &amp; Diane</b>) Phone: (973) 321-1242 (<b>Adalgisa</b>) Fax: (973) 688-8782 E-Mail: <a href="mailto:hperez@patersonnj.gov">hperez@patersonnj.gov</a> E-mail: <a href="mailto:dmccallum@patersonnj.gov">dmccallum@patersonnj.gov</a> E-mail: <a href="mailto:aramos@patersonnj.gov">aramos@patersonnj.gov</a></p>	
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**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: SFMNP - 5  
Effective Date: May 13, 2025

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**Functional Area: Sr Farmers Market Nutrition Program**

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**Subject: Dual Participation**

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**A. Policy**

1. It is illegal for a Senior Participant to obtain SFMNP benefits from more than one (1) Sr Local Agency or Partner Agency at a time.
2. Any Senior Participant who is found to be a Dual Participant may be subject to sanctions.

**B. Procedure**

1. The Senior Applicant and/or Alternate Authorized Representative must be informed of the illegality of Dual Participation during the Certification Process, and of the possibility of sanctions.
2. The Local Agency or Partner Agency Staff must immediately inform the Sr Local Agency Coordinator when an instance of **Dual Participation** is discovered.
3. The Sr Local Agency Coordinator will assess and investigate the instance of Dual Participation.
  - a. If Dual participation is verified, the Local Agency will deactivate access to the second set of benefits.
  - b. The Local Agency will further assess the appropriateness for additional sanction.
  - c. The Senior Participant and/or Alternate Authorized Representative will be given Written Notice of the finding under the letterhead of the Sr Local Agency.
4. A copy of the Written Notice and any relevant information is to be emailed to the SFMNP Team at: [NJSFMNP@doh.nj.gov](mailto:NJSFMNP@doh.nj.gov)
5. The Senior Participant retains the right to appeal any decision regarding their status and eligibility for the SFMNP.

**Attachments:**

- Immediate Disqualification Notice of Dual Participation (to be used with Local Agency letterhead) Attachment 1

**(Local Agency Letterhead)**  
**(Name)**  
**(Address)**  
**(Phone Number)**

**Immediate Disqualification Notice for Dual Participation**

Participant's Name  
Address  
City, State, Zip Code

Dear Mr./Ms. \_\_\_\_\_:

The above-named participant is being disqualified from the Senior Farmers' Market Nutrition Program (SFMNP), effective today, \_\_\_\_\_ for \_\_\_\_ months. The disqualification period will end on \_\_\_\_\_. This is your \_\_\_\_\_ offense.

The reason for the disqualification is that you have been dually participating in the \_\_\_\_\_ and \_\_\_\_\_ SFMNP.

You will not be automatically re-instated. However, you may reapply for the SFMNP benefits at the end of the disqualification period. You have the right to appeal this decision by writing, phoning, or visiting the local County Office on Aging no later than 60 days from the date of this letter.

\_\_\_\_\_  
Local Agency Coordinator/Designee Signature

\_\_\_\_\_  
Date

## USDA Nondiscrimination Statement

In accordance with Federal civil rights law 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, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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 USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

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**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: SFMNP - 6  
Effective Date: May 13, 2025

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**Functional Area: Sr Farmers Market Nutrition Program**

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**Subject: Monitoring WIC and Senior Farmer Market Nutrition Program**

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**A. Policy:**

1. The State Agency (SA) shall be responsible to conduct and document monitoring reviews of local Agencies based on the United States Department of Agriculture (USDA) Regulations.
2. In accordance with the Federal Regulations, the State Agency will conduct bi-annual monitoring of the WIC Farmers Market Local Agencies, and the Senior Farmers Market Local Agencies.
3. Local Agencies receiving WIC or Senior Farmers Market Funding are expected to cooperate with the monitoring reviews

**B. Procedure**

1. The State Agency will conduct monitoring of 50% of alternate Local Agencies annually to ensure compliance with federal regulations
2. The State Agency will give the Local Agency a minimum of 4 – 5 weeks' notice and guidance prior to the monitoring visit.
3. The State Agency will ensure that the Local Agency has all required forms and documentation and is advised of the scope of the monitoring.
4. At the end of the monitoring process, the State Agency will meet with the Coordinator or the Director of the agency to review the findings and make recommendations where necessary.
5. The State Agency will prepare and send the final report of the site visit including the findings, recommendations and corrective actions if needed.

**Attachments:**

- FMNP Monitoring Form - Attachment 1
- SFMNP Monitoring Form – Attachment 2

**New Jersey State WIC Services  
Farmers' Market Nutrition Program (FMNP)  
FFY \_\_\_\_\_ WIC Agency Monitoring**

**Local Agency:** \_\_\_\_\_ **Site:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

Areas to Monitor	YES	NO
1. Does your agency distribute any recipes or information on how to cook with seasonal vegetables?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agency have an arrangement with an authorized farmer to bring their produce to the Local Agency?	<input type="checkbox"/>	<input type="checkbox"/>
3. How often does your agency provide food demonstration to show participants how to prepare Fruits and Vegetables? <input type="checkbox"/> 1 to 3 times each season <input type="checkbox"/> 4 or more times each season <input type="checkbox"/> Never	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the agency engage in special programming to encourage produce redemption/consumption during FMNP season.	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Agency have the non-discrimination statement on printed materials created on its own.	<input type="checkbox"/>	<input type="checkbox"/>
6. Are staff involved in FMNP distribution trained during the year?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the Training Manual available for all to staff to review?	<input type="checkbox"/>	<input type="checkbox"/>

- Does the Local Agency have “*Justice for All*” poster posted? YES ☐ NO ☐

Describe location (s)

\_\_\_\_\_

- Did the Local Agency issue all *allotted* benefits for this season? YES ☐ NO ☐

If NO, please explain.

\_\_\_\_\_

**Observe a certification/ benefit pick-up and answer the following questions listed below.**

<b>Did WIC Staff provide instruction and information to participant?</b>			
	<b>YES</b>	<b>NO</b>	<b>Staff Name</b>
1. Redeem FMNP benefits between valid dates.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Inform participant to look for the yellow FMNP poster.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Redeem FMNP benefits only with an authorized farmer, roadside stand, and/or farmers' markets, <b>NOT at grocery stores</b>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Cash Value Benefits (CVBs) can be redeemed with an authorized farmer, roadside stand, and/or farmers' market for fresh produce.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Remind participants that no cash change, no rainchecks, and no substitutions will be given. If purchase goes over the total amount of the benefit amount, the household is allowed to pay the difference with an alternate method of payment ( <i>Cash, Credit/Debit or SNAP</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	
6. Given farmers' list to participant/ advise of farmer locations in WIC Shopper App.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Provided nutritional education materials that emphasizes the importance of fresh fruits and vegetables.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Given participant seasonal food chart eligible food list.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Remind participant to call the local WIC office if a problem develops when redeeming FMNP/CVB benefits.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Does the agency explain the complaint process?	<input type="checkbox"/>	<input type="checkbox"/>	

**New Jersey State WIC Services  
Senior Farmers' Market Nutrition Program (SFMNP)  
FFY \_\_\_\_\_ Senior Agency Monitoring**

**Agency:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

1. Does the local agency post the "Justice for All" poster? YES ☐ NO ☐  
Describe location (s).

2. Did the local agency issue all allotted benefits for last season? YES ☐ NO ☐  
If NO, please explain.

Observe a participant's certification and answer the items below. Please enter the name of the staff member who was observed providing instruction and information to the participant.

<b>Did Local Agency Staff provide instruction and information to the participant?</b>			
			Staff Name
Was the participant informed of Rights & Obligations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Redeem S/FMNP benefits between valid dates.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the participant informed to look for the yellow S/FMNP poster	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Redeem S/FMNP benefits only with an authorized farmer, roadside stand, and/or farmers' markets, <b><i>NOT at grocery stores</i></b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Remind participants that no cash change, rainchecks, or substitutions will be given. If the purchase exceeds the benefit balance amount, the participant can pay the difference with an alternate payment method ( <b><i>Cash, Credit/Debit, or SNAP</i></b> ).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the participant given the list of farmers and farmers' markets in their area?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Was the Senior FMNP Brochure provided and reviewed with the participant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Provided nutritional education materials that emphasize the importance of fresh fruits and vegetables?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	



Does the agency explain the complaint process?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the agency have an arrangement with an authorized farmer to bring produce to distribution sites?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
How often does the agency provide food demonstrations to show participants how to prepare Fruit and Vegetables? <input type="checkbox"/> 1 to 3 times a season <input type="checkbox"/> 4 or more times a season <input type="checkbox"/> Never	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the agency engage in special programming to encourage produce redemption/consumption during the SFMNP season?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the agency have the non-discrimination statement on its printed materials?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are staff involved in SFMNP distribution training during the season?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does the agency have a training manual for staff to review?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

### Required Forms

<b>Please submit the completed copies of the following forms:</b>
Immediate Disqualification for Dual Participation
Record of Complaints for Discrimination
Proof of Civil Rights Training for Staff

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program  
Policy and Procedure Manual**

Policy and Procedure #: SFMNP – 7  
Effective Date: 10.1.2025

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**Functional Area: Senior Farmers Market Nutrition Program**

**Subject: Conflict of Interest**

**A. Policy**

1. All staff, whether employed or in-kind, working with the Senior Farmers Market Program, must disclose to the State and Sponsor Agencies any actual or potential conflict of interest with participants or farmers.
2. No staff member, whether employed or in-kind, working with the Senior Farmers Market Program may certify or issue SFMNP benefits to a relative or family member, or to him/herself.

**B. Procedure**

1. The Local Agency coordinator, or designee, is responsible to ensure that every individual working with the SFMNP, whether a paid employee or an in-kind resource, attests to a Conflict-of-Interest Statement on an annual basis.
  - a. These attestations are to be maintained in the Senior Local Agency and must be presented upon request.
2. The Local Agency coordinator is expected to make staffing arrangements that ensure that staff members do not certify or issue benefits to relatives, family members, or to themselves, should they be applicants or participants in the SFMNP.
  - a. Relatives and family members include spouses, parents, children, grandchildren, grandparents, brothers, sisters, aunts, uncles, nieces, nephews, cousins, stepparents, stepchildren, step-siblings, and half-siblings.

Attachment: SFMNP Conflict of Interest Statement

**New Jersey Department of Health  
Division of Family Services  
Farmers Market Nutrition Program**

**Conflict of Interest Disclosure**

**Name of Staff Member:** \_\_\_\_\_

**Are you a paid employee or an in-kind resource?** \_\_\_\_\_

**Name of Local Agency:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**What duties do you perform in the Senior Farmers Market Program:**

- 
1. Are you currently a participant in the SFMNP? ☐ Yes ☐ No
2. Are you currently an Authorized Rep (formerly a Proxy) for a participant in the SFMNP? ☐ Yes ☐ No
- If so, please indicate the participant's name, DOB, and your relationship.*

- 
3. Do you have a family member who participates in the SFMNP? ☐ Yes ☐ No
- If so, please indicate their Name and DOB*

- 
4. Do you have a personal or financial interest in the operations of any Authorized Farmer or Farmers Market? ☐ Yes ☐ No
- If so, please describe*

- 
5. Do any of your family members have a personal or financial interest in the operation of an Authorized Farmer or Farmers' Market? ☐ Yes ☐ No
- If so, please describe:*
- 

**Certification of Employee or in-kind Resource**

I certify that this questionnaire contains neither willful misstatement of fact nor omission of material fact, and that after it is submitted, any future activity subject to disclosure will be reported before I engage in such activity.

**Signature:** \_\_\_\_\_

**Coordinator's signature:** \_\_\_\_\_