2016 SrFMNP Training Attendance

Date:

Delivered Training:

County:

Market Coordinator:

Name of Vendor:
2016 Senior Farmer’s Market Nutrition Program

Table of Contents

Section I ..................................................................................................................... Contact Information

• Market Coordinators
• Distribution Coordinators

Section II .............................................................................................................. Senior Redemption Rates

• SFMNP

Section III ............................................................................................................. Vendor Information

• Welcome Letter
• Application/Guidelines
• Survey
• Market Hours

Section IV ............................................................................................................. Market Review Information

• Review
• Distribution Review Sheet

Section V ............................................................................................................. Extra Information

• Distribution Agency
  o Issuance Log
  o Certificate of Eligibility
  o Agreement Form
  o Eligible Foods List
  o Proxy Sheet
• Market Coordinator
  o Agreement Form
• Regional Map
• Information Letter
• Attendance Sheet
Contact Information

- Market Coordinators

-Distribution Coordinators
Fill out this sheet with the appropriate information and send back to Kelsey Ruble by scanning and emailing to Kelsey.ruble@ky.gov, or fax to 502-573-0304, or mailing to the address above.

Distribution Coordinator Name: ________________________________________________

Address:______________________________________________________________

Phone:_________________________ Email Address:__________________________

Name of Agency:________________________________________________________
Senior Farmers’ Market Nutrition Program

Kentucky Department of Agriculture • Senior Farmers’ Market Nutrition Program

107 Corporate Drive, Frankfort, KY 40601 • (502) 782-9238

Fill out this sheet with the appropriate information and send back to Kelsey Ruble by scanning and emailing to Kelsey.ruble@ky.gov, or fax to 502-573-0304, or mailing to the address above.

Market Coordinator Name: ____________________________

Address: ____________________________________________

Phone: ____________________ Email Address: ______________

Market Name: ____________________________
Senior Redemption Rates

-SrFMNP
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Vendor Information

- Welcome Letter
- Application/Guidelines
- Survey
- Market Hours
Dear participants, farmers, vendors, and volunteers,

Along with the USDA, SrFMNP, and myself, the Kentucky Department of Agriculture would like to welcome you to the Senior Farmers Market Nutrition Program for the 2016 season.

Your hard work and determination is key to the success of this program, and has already benefitted so many seniors. We pride ourselves in excellent customer service and the optimal produce available.

We have grown so much as a program over the past few years and we wish to continue to develop and help as many seniors as we can.

KDA is excited to help, communicate, and visit each of our participating counties in Kentucky, and we hope you will recruit others to potentially sell at our markets, along with us.

If there ANY questions or concerns, do not hesitate to contact our program, Kelsey Ruble: 502-782-9238, or email: Kelsey.ruble@ky.gov, or Tina Garland: 502-782-9212, or tina.garland@ky.gov.

We thank you so much for you time and effort, as well as your cooperation as we continue to develop this program.

Sincerely,

Tina G. Garland  
Kentucky Department of Agriculture  
Procedures Development Coordinator
Senior Farmers’ Market Nutrition Program
Participation Guidelines
Kentucky Department of Agriculture • Senior Farmers’ Market Nutrition Program
107 Corporate Drive, Frankfort, KY 40601 • (502) 782-9238

A farmer shall:
- Be a member of a state authorized farmers’ market for the Senior Farmers’ Market Nutrition Program (FMNP).
- Sell only at an authorized Senior FMNP farmers’ market.
- Provide information to the Kentucky Department of Agriculture (KDA) pertaining to the Kentucky Senior Farmers’ Market Nutrition Program as required for periodic reports to United States Department of Agriculture (USDA) - Food & Nutrition Service (FNS).
- Assure that Senior FMNP checks are redeemed only for eligible foods. See power point presentation for eligible foods list.
- Deposit checks often and no later than November 4, 2016.
- Offer for sale only locally grown fruits, vegetables, honey, and herbs (eligible food) for human consumption. Locally grown means grown within fifty miles of Kentucky’s borders.
- Provide eligible foods at or less than the price charged to other customers.
- Post the price of each eligible food item.
- Post Senior FMNP sign provided by KDA.
- As provided by the KDA, stamp each check with an individual Senior FMNP identifier and have check signed by the senior participant or their proxy.
- Receive training on Senior FMNP procedures and provide training to employees involved with the Senior FMNP.
- Agree to be monitored for compliance with Senior FMNP requirements.
- Be responsible for actions of employees.
- Reimburse the KDA for checks redeemed in violation of this agreement.
- Offer Senior FMNP recipients the same courtesies as other market customers.
- Comply with the nondiscrimination provisions of USDA and KDA regulations.

A farmer shall not:
- Sell, exclusively, eligible foods grown by someone else, such as a wholesale distributor.
- Accept checks after October 25, 2016.
- Deposit checks after November 4, 2016.
- Collect sales tax on Senior FMNP purchases.
- Seek restitution from Senior FMNP recipients for checks not reimbursed.
- Issue cash/change for purchases.

Either party may terminate this Agreement for cause, by giving thirty (30) days’ notice in writing to the other party by certified or registered mail with return receipt requested. In the event federal funds become unavailable, the KDA may terminate this Agreement without penalty. Availability of funds shall be determined by the KDA.
If the KDA determines the farmer has failed to perform in accordance with this Agreement; the KDA may terminate this Agreement in whole or in part.

The KDA may deny payment to or may establish a claim for reimbursement of payments made to a farmer for improperly deposited FMNP checks. The KDA will not be responsible for penalties associated with non-payment of checks. The KDA may disqualify a farmer for program abuse. A farmer that commits fraud or engages in other illegal activity will be subject to prosecution under applicable federal, state or local laws. A farmer may appeal the denial of an application to participate, the imposition of a sanction, or disqualification from participation in the Senior FMNP. The expiration of this Agreement shall not be subject to appeal. This Agreement is valid June 1, 2016 thru November 4, 2016.

Complete the following questions to verify that you understand the guidelines of the Senior FMNP. You must complete the questions to receive approval to participate in the Senior FMNP.

1. What is the last day to accept checks in the Senior FMNP? ________________
2. What is the last day to deposit checks in the Senior FMNP? ________________
3. True or False. All senior FMNP checks must be stamped by the farmer and signed by the senior participant or their proxy to be redeemed. ________________
4. True or False. A farmer can only accept SFMNP checks at an authorized SFMNP farmers’ market. ________________

To Be Completed by Farmer (please print CLEARLY)

Name _____________________________

Farm Name _____________________________

Address _____________________________

City _____________________________ State ___ Zip __________

Telephone ( ) _______ _____________________________  

Email _____________________________

I participate in the following Senior FMNP markets. (List counties) 1. ____ 2. ____ 3. ____

I have participated in KY Senior FMNP training and have had the opportunity to ask questions regarding Senior FMNP policies, procedures, and requirements. I agree to the Farmer Participation Guidelines as set forth in this document.

Farmer Signature _____________________________ Date __________

To Be Completed by Local Market Coordinator

Market Name _____________________________ Farmers’ Market _____________________________ County Name _____________________________

I certify that the above farmer is eligible to participate in the Farmers’ Market Nutrition Program.

Market Coordinator _____________________________ Date __________

Signature _____________________________

For Kentucky Department of Agriculture Use Only

The Farmer named above is approved for participation in the Kentucky Senior Farmers’ Market Nutrition Program

Approved By ________________ Date Approved ________________
SrFMNP Survey

2016

1. Does the KDA require vendors to have training once a year or every two years?

2. How often are vendors required to deposit senior voucher checks?

3. What does the vendor require the seniors to do while purchasing items?

4. What do vendors do with old, damaged, or unused stamps?

5. What are the things that should be displayed during each farmers market?
   1. 
   2. 
   3. 
   4. 

6. How much are each voucher worth?

7. Are seniors allowed to receive change back for unused vouchers?

8. Where is the produce supposed to be grown when selling at the farmers market?

9. Do you write down your county or market name on your application?
Farmers’ Market Operation Hours

Please complete the following form for your county.

1. County Name ______________________

2. Market Name ______________________

3. Physical Address (i.e. off I-64, exit 113 beside Waffle House)
   ______________________________________
   ______________________________________

3. Number of new farmers’ participating in your market _____

4. Months of Operation (please circle all that apply).

5. List the times beside the day(s) that the market is open (i.e. Monday 2-4pm).
   a. Sunday_____________________
   b. Monday_____________________
   c. Tuesday_____________________
   d. Wednesday__________________
   e. Thursday___________________
   f. Friday_____________________ 
   g. Saturday___________________
Market Review Information

- Review Sheets

- Distribution Review Sheet
KENTUCKY DEPARTMENT OF AGRICULTURE  
Farmers’ Market Nutrition Program  
Farmer Monitor Review

Date: ______  Time:______  Weather:______  Name of Reviewer:______

MARKET INFORMATION:

Vendor Number: ______  Market Name: ______
County: ______  Location: ______

OBSERVATIONS:
1. Are the Market days and hours of operation posted?  □ Yes  □ No
2. Are farmers adhering to their days and hours of operation?  □ Yes  □ No
3. Are FMNP signs posted? □ Yes  □ No
4. Is the vendor number displayed on the FMNP sign? □ Yes  □ No
5. Are produce prices displayed? □ Yes  □ No
6. List products being sold: ______
7. Are there any produce packaged in $4 increments ______
8. How was the produce displayed? (Tables, ground, etc.) tables
9. Is the farmer appropriately dressed? □ Yes  □ No  Comments: ______
10. Did you take pictures of the market? □ Yes  □ No
11. Rate the appearance of fresh produce on the following: Rate 1-3 1=excellent  2= moderate  3=poor
    Freshness ______  Quality ______  Appearance ______

QUESTIONS:
Name of Vendor: ______
12. Did you receive training on how to accept the FMNP checks? □ Yes  □ No
13. How many acres do you farm? ______
14. How often do you deposit your checks? ______
15. Do you have any problems depositing your checks? □ Yes  □ No  Comments: ______
16. Do you give clients change? □ Yes  □ No
17. Are clients charged sales tax? □ Yes  □ No
18. Are clients signing checks at time of redemption? □ Yes  □ No  Comments: ______
19. Do you have any complaints about the FMNP program? no

List Findings:
Comments:

Name of Reviewer:
KENTUCKY
SENIOR FARMERS' MARKET NUTRITION PROGRAM
LOCAL AGENCY MONITORING REVIEW

LOCAL AGENCY NAME:
COUNTY:
ADDRESS:
EMAIL:
REVIEWER: DATE OF REVIEW:
LOCAL AGENCY STAFF INTERVIEWED:

1. Who is the FMNP contact at the Local Agency?
   Name:
   Title:

2. Are FMNP services coordinated with any other programs such as EFNEP, CSFP, and Extension? If so, describe:

3. Which staff performs the following functions?
   Check Issuance and Instructions:
   Review of Reports:
   Nutrition Education:
   Other Functions:

4. What comments have you heard from staff about this program?

5. What comments have you heard from FMNP participants?

SENIOR FMNP CHECK MANAGEMENT

1. How many Senior participants have received FMNP checks for this year?
   Seniors

2. What is the dollar amount that was allocated to the local agency?
   Dollar Amount
   Potential Seniors ($ amount/$28)

3. Could you serve more clients than the amount that was allocated to your agency?
   YES ☐ NO ☐
   If yes, how many?
   If not, then why?

4. Are the checks kept in locked storage until issued?
   YES ☐ NO ☐
5. Describe procedures for unused checks.

6. Have you had checks missing/stolen in the last 2 years?
   YES □   NO □

7. If yes, when did you notice them missing?

8. Did you replace any lost or stolen vouchers? Yes □   No □

9. Do you distribute the SrFMNP vouchers throughout the season or only on particular days (i.e. commodity distribution days)?
   Describe.

10. Describe procedures for distributing checks.

11. Do you distribute to families or individuals?
    Families □   Individuals □

12. How can you ensure that checks are not double issued?

**OBSERVATIONS**

1. Are issuance logs and certificate of eligibilities on file? Yes □   No □
   a. Are certificate of eligibility complete? Yes □   No □
   b. Are recipients meeting the age requirement? Yes □   No □
   c. Are recipients meeting the income requirement? Yes □   No □

2. Do issuance logs match certificate of eligibilities?
   i.e. Perform random 10% sampling.

3. Do you maintain your records for 3 years plus the current year?
   Yes □   No □

4. Does the Senior Distributing Agency prefer hard copy issuance logs or electronic issuance logs?

5. Do you complete CSFP forms or Certificate of Eligibility to certify SrFMNP participants? CSFP forms □   Certificate of Eligibility □

6. Do participants sign a receipt of SrFMNP benefits? Yes □   No □

**MONITORING AND TRAINING**

1. Has training been provided to staff concerning FMNP for the current fiscal year?
   a. Civil Rights: Yes □   No □
   b. FMNP Check Management: Yes □   No □
CIVIL RIGHTS COMPLAINTS

1. Have there been any Civil Rights complaints from FMNP recipients? If so, what action has been taken?

2. What are the procedures for handling Civil Rights complaints?

NUTRITION EDUCATION

1. What materials have been developed by the local agency, if any?

2. What efforts have been made to provide nutrition education concerning the use of fresh fruits and vegetables for participants?

3. Do you distribute the SrFMNP brochures to all SrFMNP clients?
   Yes □   No □

4. Is there a need for any materials to be developed in languages other than English?
   Yes □   No □

List Findings:

Comments:
**Certificate of Eligibility**

**Participant Information**

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This information is requested solely for the purposes of determining the State’s compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.

**ELIGIBILITY REQUIREMENTS**

**Age** – Person must be 60 years of age or older on the day of issuance.

Verified by:
- [ ] Birth Certificate
- [ ] US Census Records
- [ ] Military/Veteran’s ID Card
- [ ] Baptismal Record
- [ ] Driver’s License
- [ ] Notarized Affidavit of Birth
- [ ] Military Records
- [ ] Other ____________________

**Income Level**

Total annual income for the household must not exceed those on the local guidelines. See agency staff to review the income levels.

- Number in Household __________
- Income $ __________
- [ ] Weekly
- [ ] Bi-Weekly
- [ ] Monthly
- [ ] Yearly

Verified by:
- [ ] Bank Statement
- [ ] Check Stub
- [ ] CSFP recipient
- [ ] Food Stamp recipient
- [ ] Medicaid
- [ ] Other ____________________

**SIGNATURE OF RECEIVED CHECKS**

I, the undersigned, acknowledge that after an explanation of the eligibility requirements for the Seniors Farmers’ Market Nutrition Program (SrFMNP), I am eligible to receive SrFMNP check booklets. On this ______ day of ___________________ 201__, I have received my SrFMNP benefits. I understand that I can only receive SrFMNP benefits once per year. I understand that misrepresentation of eligibility may result in legal action to collect funds paid out to any person not meeting the eligibility requirements stated above.

Designation of Proxy  [ ] YES  [ ] NO If yes, I designate ____________________ Date

**CHECKS ISSUED**

Number of Checks Issued 7

Check Start Number ____________________

**FOR USE BY LOCAL ISSUING AGENCY**

Information Verified by Agency
Extra Information

- Distribution Agency
  - Issuance Log
- Certificate of Eligibility
  - Agreement Form
- Eligible Foods List
- Market Coordinator
  - Agreement Form
  - Regional Map
  - Information Letter
  - Attendance Sheet
Instructions: Each range of checks, whether issued, voided, lost, or stolen, must be tracked on this form. Remember to issue checks in consecutive order. Fill in all information. Detailed instructions provided in your local issuing agency packet. Return issuance logs to kelsey.ruble@ky.gov

<table>
<thead>
<tr>
<th>Check Starting Number</th>
<th># of Checks Issued</th>
<th>Issue Date</th>
<th>Participant First Name</th>
<th>Participant Last Name</th>
<th>Date of Birth</th>
<th>Issued By</th>
<th>participant signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex.</td>
<td>00001</td>
<td>7</td>
<td>08/08/2004</td>
<td>John</td>
<td>Jones</td>
<td>12/31/1944</td>
<td>zyx</td>
</tr>
</tbody>
</table>
COMMONWEALTH OF KENTUCKY
DEPARTMENT OF AGRICULTURE
AND
SENIOR FARMERS’ MARKET NUTRITION PROGRAM
2016 AGREEMENT RENEWAL

THIS RENEWAL applies to the 2013 Senior Farmers’ Market Nutrition Program Agreement between the Kentucky Department of Agriculture, hereinafter “the First Party”, and your Distribution Site, hereinafter “the Second Party”.

This Renewal consists of this two page description with signatures of acceptance; the original 2013 Agreement is incorporated herein by reference.

By mutual agreement the First Party and Second Party agree to renew the Agreement for the period of June 1, 2016 through November 15, 2016.

All other terms remain unchanged.

In witness of their acceptance of the terms of this agreement, the parties have had this Agreement executed by their duly authorized representatives.

Agreement must be returned to KDA no later than June 1, 2016.

AGREED:

FIRST PARTY:

________________________________________________________
Signature/date
Bill Wickliffe, Director
Kentucky Department of Agriculture

SECOND PARTY:

________________________________________________________
County (Print)
SrFMNP Distribution Coordinator
(Print Name)

________________________________________________________
Signature/date

SFMNP-2016
Amendment & Renewal
SFMNP Attachment M. Eligible Food List

<table>
<thead>
<tr>
<th>Fruits</th>
<th>Vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apples</td>
<td>Mushrooms</td>
</tr>
<tr>
<td>Asparagus</td>
<td>Okra</td>
</tr>
<tr>
<td>Beans (green)</td>
<td>Onions</td>
</tr>
<tr>
<td>Beets</td>
<td>Parsnips</td>
</tr>
<tr>
<td>Blackberries (thornless &amp; thorny)</td>
<td>Pawpaws</td>
</tr>
<tr>
<td>Blueberries</td>
<td>Peaches</td>
</tr>
<tr>
<td>Broccoli</td>
<td>Pears</td>
</tr>
<tr>
<td>Brussels Sprouts</td>
<td>Peas (snow peas, sugar snap)</td>
</tr>
<tr>
<td>Cabbage (red, green, savoy, chinese)</td>
<td>Peppers</td>
</tr>
<tr>
<td>Carrots</td>
<td>Plums</td>
</tr>
<tr>
<td>Cauliflower</td>
<td>Potatoes</td>
</tr>
<tr>
<td>Cherries</td>
<td>Pumpkins</td>
</tr>
<tr>
<td>Corn (sweet)</td>
<td>Radishes</td>
</tr>
<tr>
<td>Cucumber</td>
<td>Raspberries</td>
</tr>
<tr>
<td>Edamame Soybeans</td>
<td>Rhubarb</td>
</tr>
<tr>
<td>Eggplant</td>
<td>Strawberries</td>
</tr>
<tr>
<td>Grapes</td>
<td>Summer squash (yellow, zucchini, patty pan)</td>
</tr>
<tr>
<td>Greens (collards, kale, mustard, spinach, swiss chard, turnip)</td>
<td>Sweet potatoes</td>
</tr>
<tr>
<td>Green Onions</td>
<td>Turnips</td>
</tr>
<tr>
<td>Kohlrabi</td>
<td>Tomatoes</td>
</tr>
<tr>
<td>Lettuce</td>
<td>Watermelons</td>
</tr>
<tr>
<td>Melons (muskmelon, honeydew, cantaloupe)</td>
<td>Honey</td>
</tr>
</tbody>
</table>

Winter Squash (acorn, butternut, spaghetti, kabocha)

Eligible Cooking Herbs (must be fresh cut, not dried or in the pot growing) including but not limited to:

<table>
<thead>
<tr>
<th>Herbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basil</td>
</tr>
<tr>
<td>Borage</td>
</tr>
<tr>
<td>Chives</td>
</tr>
<tr>
<td>Cilantro</td>
</tr>
<tr>
<td>Dill</td>
</tr>
<tr>
<td>Epazote</td>
</tr>
<tr>
<td>Fennel</td>
</tr>
<tr>
<td>Garlic</td>
</tr>
<tr>
<td>Marjoram</td>
</tr>
<tr>
<td>Mint</td>
</tr>
<tr>
<td>Oregano</td>
</tr>
<tr>
<td>Parsley</td>
</tr>
<tr>
<td>Rosemary</td>
</tr>
<tr>
<td>Sage</td>
</tr>
<tr>
<td>Savory</td>
</tr>
<tr>
<td>Shiso</td>
</tr>
<tr>
<td>Sorrel</td>
</tr>
<tr>
<td>Tarragon</td>
</tr>
<tr>
<td>Thyme</td>
</tr>
</tbody>
</table>
Senior Farmers’ Market Nutrition Program

Kentucky Department of Agriculture • Senior Farmers’ Market Nutrition Program

107 Corporate Drive, Frankfort, KY 40601 • (502) 782-9238

A designated proxy is someone that is allowed to pick up and receive product purchased with SFMNP vouchers in your absence.

Please provide proxy information for up to three people below.

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

Participant signature: ___________________________ Date: ________

Witness signature: ______________________________ Date: ________
COMMONWEALTH OF KENTUCKY
DEPARTMENT OF AGRICULTURE
AND
SENIOR FARMERS’ MARKET NUTRITION PROGRAM
2016 AGREEMENT RENEWAL

THIS RENEWAL applies to the 2013 Senior Farmers’ Market Nutrition Program Agreement between the Kentucky Department of Agriculture, hereinafter “the First Party”, and your Farmers’ Market, hereinafter “the Second Party”.

This Renewal consists of this two page description with signatures of acceptance; the original 2013 Agreement is incorporated herein by reference.

By mutual agreement the First Party and Second Party agree to renew the Agreement for the period of June 1, 2016 through November 4, 2016.

All other terms remain unchanged.

In witness of their acceptance of the terms of this agreement, the parties have had this Agreement executed by their duly authorized representatives.

Coordinators must send in hours of operation for each market.

Agreement must be returned to the KDA no later than June 1, 2016.

AGREED:

FIRST PARTY: SECOND PARTY:

Signature/date
County (Print)
Bill Wickliffe, Director
SrfFMNP Market Coordinator (Print Name)
Kentucky Department of Agriculture
Signature/date
Kentucky Department of Agriculture

2016 Senior Farmers Market Nutrition Program

What is SrFMNP?

The Senior Farmers’ Market Nutrition Program (SrFMNP) provides fresh, locally grown fruits and vegetables from Kentucky farmer’s markets to the dinner tables of low-income seniors who are nutritionally at-risk. The SrFMNP was constructed to help fight diseases and help targeted groups to achieve a diet that is nutritionally sound. The program also provides farmers with additional revenue at Kentucky farmers’ markets.

How is it structured?

More than 100 farmers’ markets participate in the Farmers’ Market Nutrition Program. There is more of a demand for the program than a supply of funding. Each year, the KDA completes a grant application for SrFMNP and sends it to the USDA for approval. Once the grant is approved, USDA grants Kentucky a particular amount of funding.

Who is eligible?

Any senior over the age of 60 on the day of issuance on a limited income.

What are the income guidelines?

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual Income</th>
<th>Monthly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,775</td>
<td>$1,815</td>
<td>$419</td>
</tr>
<tr>
<td>2</td>
<td>$29,471</td>
<td>$2,456</td>
<td>$567</td>
</tr>
<tr>
<td>3</td>
<td>$37,167</td>
<td>$3,098</td>
<td>$715</td>
</tr>
<tr>
<td>4</td>
<td>$44,863</td>
<td>$3,739</td>
<td>$863</td>
</tr>
<tr>
<td>5</td>
<td>$52,559</td>
<td>$4,380</td>
<td>$1,011</td>
</tr>
<tr>
<td>6</td>
<td>$60,255</td>
<td>$5,022</td>
<td>$1,159</td>
</tr>
<tr>
<td>7</td>
<td>$67,951</td>
<td>$5,663</td>
<td>$1,307</td>
</tr>
<tr>
<td>8</td>
<td>$75,647</td>
<td>$6,304</td>
<td>$1,455</td>
</tr>
<tr>
<td>For Each Additional Family Member Add</td>
<td>$7,696</td>
<td>$642</td>
<td>$148</td>
</tr>
</tbody>
</table>

Reminders:

- Grocery stores cannot accept vouchers
- Processed foods cannot be purchased such as: jams, jellies, breads, meats, eggs, cheese, nuts, and flowers
- A farmer cannot exclusively sell produce grown by someone else
- Food purchased from auctions are not allowable
- A person substituting will need to have SFMNP training before they are allowed to take vouchers

How to apply:

Farmers’ markets that are interested in applying for the Farmers’ Market Nutrition Program can call the Division of Food Distribution at (502) 782-9238 or find the application on the Kentucky Department of Agriculture’s website www.kyagr.com. The applications are competitive and must be received no later than September 30 for the next year’s season. Participating markets do not need to apply.

Eligible foods:

- Apples
- Asparagus
- Beans
- Beets
- Blackberries
- Blueberries
- Broccoli
- Brussels Sprouts
- Cabbage
- Carrots
- Cauliflower
- Cherries
- Cucumbers
- Edamame Soybeans
- Eggplant
- Grapes
- Greens
- Green Onions
- Honey
- Kohlrabi
- Lettuce
- Melons
- Mushrooms
- Okra
- Onions
- Parsnips
- Pawpaws
- Peaches
- Pears
- Peas
- Peppers
- Plums
- Potatoes
- Pumpkins
- Radishes
- Raspberries
- Rhubarb
- Strawberries
- Sweet Corn
- Summer Squash
- Sweet Potatoes
- Tomatoes
- Turnips
- Watermelons
- Winter Squash
Criteria for Market Coordinators:
- Must receive all applications and turn into KDA Foods Division
- Must complete the hours of operation form
- Must complete the renewal form

Criteria for Distribution Coordinators
- Must complete the renewal form
- Must complete the issuance log (with senior signatures)
- Must return each form upon completion, (group and individual submission okay)

Criteria for Farmers:
- Must complete application with stamp number on application (not handwrittten)
- Must attend training once a year (one per farmer no matter how many markets they are selling)
- Must be a member of an approved farmers market
- Accept SrFMNP vouchers for only fruits and vegetables the farmers have produced in Kentucky or within 50 miles of the border

Criteria for Farmers Market
- The market must be an established market with at least one year of experience in operation.
- The market must have more than one member in the market and more than one member participating in SrFMNP
- The market must be listed as KY Proud
- The market must be open at least once a week with an established location with consistent days and operating hours

<table>
<thead>
<tr>
<th>Adair County Farmers' Market</th>
<th>Harrison County Farmers' Market</th>
<th>Monroe County Farmers' Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen County Farmers' Market</td>
<td>Hart County Farmers' Market</td>
<td>Montgomery County Farmers' Market</td>
</tr>
<tr>
<td>Anderson County Farmers' Market</td>
<td>Henry County Farmers' Market</td>
<td>Morgan County Farmers' Market</td>
</tr>
<tr>
<td>Bourbon County Farmers' Market</td>
<td>Pennyrile Area Farmers' Market</td>
<td>Owen County Farmers' Market</td>
</tr>
<tr>
<td>Cave City County Farmers' Market</td>
<td>Jackson County Farmers' Market</td>
<td>Owlsley County Farmers' Market</td>
</tr>
<tr>
<td>Bath County Farmers' Market</td>
<td>Southwest Farmers' Market</td>
<td>Pendleton County Farmers' Market</td>
</tr>
<tr>
<td>Boyd County Farmers' Market</td>
<td>Beechmont Farmers' Market</td>
<td>Perry County Farmers' Market</td>
</tr>
<tr>
<td>Boyle County Farmers' Market</td>
<td>Jefferson Farmers' Market</td>
<td>Powell County Farmers' Market</td>
</tr>
<tr>
<td>Breckinridge County Farmers' Market</td>
<td>Jessamine County Farmers' Market</td>
<td>Pulaski County Farmers' Market</td>
</tr>
<tr>
<td>Campbell County Farmers' Market</td>
<td>Johnson County Farmers' Market</td>
<td>Rockcastle County Farmers' Market</td>
</tr>
<tr>
<td>Riverview Farmers' Market</td>
<td>Lawrence County Farmers' Market</td>
<td>Rowan County Farmers' Market</td>
</tr>
<tr>
<td>Carter County Farmers' Market</td>
<td>Lee County Farmers' Market</td>
<td>Russell County Farmers' Market</td>
</tr>
<tr>
<td>Owensboro Regional Farmers' Market</td>
<td>Lewis County Farmers' Market</td>
<td>Scott County Farmers' Market</td>
</tr>
<tr>
<td>Edmonson County Farmers' Market</td>
<td>Lincoln County Farmers' Market</td>
<td>Farmers' Market Assoc of Taylor Co.</td>
</tr>
<tr>
<td>Elliott County Farmers' Market</td>
<td>Logan County Farmers' Market</td>
<td>Cadiz/Trigg County Farmers' Market</td>
</tr>
<tr>
<td>Estill County Farmers' Market</td>
<td>Berea Farmers' Market</td>
<td>Beech Bend Farmers' Market</td>
</tr>
<tr>
<td>Lexington Farmers' Market</td>
<td>Marion County Farmers' Market</td>
<td>Bowling Green Farmer's Market</td>
</tr>
<tr>
<td>Fleming Farmers' Market</td>
<td>Martin County Farmers' Market</td>
<td>Boyce Community Farmers Market</td>
</tr>
<tr>
<td>Franklin County Farmers' Market</td>
<td>Mason County Farmers' Market</td>
<td>Community Farmers Market</td>
</tr>
<tr>
<td>Garrard County Farmers' Market</td>
<td>Menifee County Farmers' Market</td>
<td>SoKY Marketplace Farmers Market</td>
</tr>
<tr>
<td>Grayson County Farmers' Market</td>
<td>Mercer County Farmers' Market</td>
<td>Wolfe County Farmers' Market</td>
</tr>
<tr>
<td>Dry Ridge Farmers' Market</td>
<td>Metcalfe County Farmers' Market</td>
<td>Woodford County Farmers' Market</td>
</tr>
</tbody>
</table>