

# Ohio Senior Farmers' Market Nutrition Program



Department of  
Aging

Farmer/Market  
Manager Manual

SFMNP 2022

## TABLE OF CONTENTS

<b>Introduction</b>	2
Program Overview	
Terms, Definitions, and Acronyms	
<b>Administration</b>	6
Federal Administration	
State Administration	
Local Administration	
<b>Farmer/Market Manager</b>	9
Authorization	
Eligibility	
Training	
Responsibilities	
Reciprocal Agreement Procedure	
<b>Participant Eligibility</b>	15
<b>Coupon Management</b>	16
<b>Publicizing SFMNP</b>	18
<b>Monitoring</b>	19
<b>Program Violations</b>	20
<b>Non-Discrimination Complaints</b>	22
<b>Appendices</b>	
A: SFMNP Sample Coupon Invoice	
B: SFMNP Sample Coupon	
C: SFMNP Farmers/Market Manager Compliance Tool	
D: USDA Program Discrimination Complaint Form Instructions	
E: USDA Non-discrimination Statement	
F: Eligible Foods List	

The Senior Farmers' Market Nutrition Program (SFMNP) is a federally funded program administered by the United States Department of Agriculture's (USDA) Food and Nutrition Services (FNS) Agency and in Ohio, by the Ohio Department of Aging (ODA). ODA provides additional state funds to support SFMNP operation within Ohio. The SFMNP provides low-income older adults with coupons to purchase eligible, locally grown produce at farmers' markets and roadside stands.

The SFMNP is supplementary to the Supplemental Nutrition Assistance Program (SNAP) and to any other Federal, State or local food or nutrition assistance program.

The purposes of the SFMNP are to:

1. Provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and fresh, cut herbs from farmers' markets, roadside stands, and community support agriculture (CSA) programs to low-income older adults;
2. Increase the domestic consumption of agricultural commodities by expanding or aiding in the expansion of domestic farmer's markets, roadside stands, and CSAs;
3. Develop or aid in the development of new and additional farmers' markets, roadside stands, and CSAs.

The *Ohio Senior Farmers' Market Nutrition Program Farmers/Market Managers Manual* (hereby "Manual") contains information about SFMNP policies, rules, and regulations for farmers and market managers, in accordance with 7 CFR part 249 and Ohio SFMNP program procedures. Completion of SFMNP training and signing of the SFMNP farmer/market manager agreement with the Area Agency on Aging/SFMNP-contracted partner (hereby "Agency") authorizes the farmer/market manager to participate in Ohio SFMNP. If there are any changes to Ohio SFMNP, farmers/market managers will be notified by the Agency.

The following is a list of Federal, State and local terms, acronyms, and definitions used throughout this Manual.

**AAA** – Area Agency on Agency; on behalf of ODA, the local agency certifies eligible participants, authorizes farmers/market managers, issues SFMNP coupons, provides nutrition education and/or information on operational aspects of the program to SFMNP participants, farmers, and market managers.

**Administrative Costs**—direct and indirect costs (as defined in 7 CFR 249.12 (a)(1)(ii) exclusive of food costs, which are necessary to support SFMNP operations. Administrative costs include, but are not limited to:

- Costs associated with administration and start-up;
- The provision of nutrition education;
- SFMNP coupon issuance;
- Participant education about coupon redemption procedures;
- Eligibility determinations;
- Outreach services;
- Printing SFMNP coupons;
- Processing redeemed coupons;
- Training farmers and market managers;
- Monitoring and reviewing program operations;
- Required reporting and recordkeeping;
- Recruiting and authorizing farmers, market managers, and roadside stands;
- Preparing contracts for farmers, market managers, and roadside stands;
- Developing a data processing system for redemption and reconciliation of coupons;
- Designing program training and information materials;
- Coordinating SFMNP implementation responsibilities between designated administering agencies.

**Bulk Purchase** – program model in which bulk quantities of certain produce items, such as apples or sweet potatoes, are purchased directly from authorized farmers and are then equitably divided among and distributed directly to participants, either at a central distribution point (such as a local senior center) or through some type of home delivery network. This program may/may not be available in your region.

**CFR** – Code of Federal Regulations. Contains the regulations governing all federal programs. 7 CFR part 249 contains the regulations governing the SFMNP.

**Coupon**—printed, paper “check” by which benefits under the program are transferred to program participants.

**Eligible Foods**—fresh, nutritious, unprepared, locally grown fruits, vegetables, honey, and fresh, cut herbs for human consumption are eligible to be purchased with Ohio SFMNP coupons. Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Dried fruits and/or vegetables, such as prunes (dried plums), raisins (dried grapes), sun-dried tomatoes, or dried chili peppers are not considered eligible foods. Potted fruit or vegetable plants, potted or dried herbs, wild rice, nuts of any kind (even raw), maple syrup, cider,

seeds, eggs, meat, cheese, and seafood are also not eligible foods for purposes of the SFMNP. A list of eligible foods is included below:

**Fresh Vegetables**: asparagus, beans (green or snap), beets, broccoli, Brussels sprouts, cabbage, carrots, cauliflower, celery, corn on the cob, cucumbers, eggplant, greens (all varieties), kale, kohlrabi, leeks, lettuce, mushrooms, okra, onions, parsnips, peas, peppers, potatoes, radishes, rhubarb, rutabagas, spinach, squash, tomatoes, turnips and zucchini.

**Fresh Fruits**: apricots, apples, berries (all varieties), cantaloupes (whole), cherries, grapes, melons (whole), peaches, pear, plums, pumpkins (non-decorative), and watermelons (whole).

**Fresh, Cut Herbs**: basil, chives, cilantro, dill, garlic, horseradish, lovage, marjoram, mint, oregano, parsley, rosemary, sage, and thyme. Herbs must be fresh and cut. Herbs may not be purchased with SFMNP coupons if they are potted or dried.

**Honey**: comb, cut comb-liquid honey, naturally crystallized honey, Kosher/wild honey,,, and unflavored honey sticks.

**Farmer**—an individual authorized to sell eligible food at participating farmers’ markets and/or roadside stands. Individuals who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized to participate in SFMNP. Ohio SFMNP authorizes individual farmers and farmer market managers. Ohio SFMNP does not authorize CSAs.

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

**Farmstand/roadside stand** – a location at which an individual farmer sells their produce directly to consumers.

**Federal Fiscal Year (FFY)**—the period of 12 calendar months beginning October 1 of any calendar year and ending September 30 of the following calendar year.

**FNS** – Food and Nutrition Service, a division of the United States Department of Agriculture responsible for the national administration of several federal nutrition programs, including SFMNP.

**Food Costs**—the cost of eligible food purchased at authorized farmers’ markets and roadside stands.

**Ineligible Food**—food that may not be purchased with SFMNP coupons.

**Ineligible Fruits**—citrus fruits (lemons, oranges, limes, grapefruits and tangerines) and tropical fruits (bananas, pineapples, and mangos) are not eligible to be purchase with Ohio SFMNP coupons. These fruits are not locally grown. Dried fruits, such as prunes and raisins, are not eligible to be purchase with Ohio SFMNP coupons.

**Ineligible Vegetables**—Dried vegetables, such as sun-dried tomatoes, and potted vegetable plants are not eligible to be purchased with Ohio SFMNP coupons.

**Ineligible Herbs**—Dried, potted, and uncut herbs are not eligible to be purchase with Ohio SFMNP coupons.

**Ineligible Honey** – flavored, whipped, pasteurized, and infused honey products are not eligible to be purchased with Ohio SFMNP coupons.

**Other Ineligible Foods**—Baked goods and processed foods, including jams, apple butter, apple cider, and maple syrup are not eligible to be purchase with Ohio SFMNP coupons.

**Locally grown** – grown within the state of Ohio or in areas of states adjacent to the state of Ohio which would include adjacent areas of Michigan, Indiana, Kentucky, Pennsylvania, or West Virginia.

**Market Manager** – a person who manages, in an official capacity, one or more farmers’ markets. The term *market master* may be used interchangeably.

**Nutrition Education** – individual or group sessions and the provision of relevant materials, in keeping with the individual’s personal, cultural, and socioeconomic preferences and the Dietary Guidelines for Americans that emphasize relationships between nutrition and health and encourage participants to build healthful eating patterns, and to take action for good health.

**ODA**—Ohio Department of Aging; the state agency responsible for state administration of the SFMNP.

**Participant** – a program eligible older adult who receives SFMNP coupons.

**Program Year** – the period of 12 months beginning January 1 of any calendar year and ending December 31 of the following calendar year.

**Proxy (authorized representative)** – an individual authorized by an eligible homebound SFMNP older adult to act on the eligible older adult’s behalf including application for certification, receipt of SFMNP coupons and use of coupons at authorized outlets if the SFMNP benefits are ultimately received by the eligible older adult. The proxy must provide additional information on the SFMNP application and both the older adult and proxy must sign the application. The terms *proxy* and *authorized representative* are often used interchangeably.

**SFMNP** – The Senior Farmers’ Market Nutrition Program authorized by Section 4402 of the Farm Security and Rural Investment Act of 2002, & U.S.C. 3007.

**State Plan** –a plan of SFMNP operation and administration that describes the manner in which ODA intends to implement, operate, and administer all aspects of SFMNP within Ohio.

**Supplemental Produce**—locally grown items on the authorized food list that are purchased or obtained by a participating farmer from another local farmer who grew the “supplemental produce”. Supplemental produce does not include food that has been purchased or obtained from a store or other type of “wholesaler”.

**USDA** – United States Department of Agriculture, the cabinet level agency responsible for federal aspects of all federal agriculture and nutrition programs.

**Wholesaler**—a person, business, or corporation that is in the business of selling food it does not grow.



The Food and Nutrition Services (FNS) of the U.S. Department of Agriculture (USDA) and the Supplemental Food Programs Division (SFPD) of the FNS are responsible for SFMNP administration. FNS provides assistance to ODA and evaluates all levels of SFMNP operations to ensure that the goals of the program are achieved. Ohio's SFMNP is overseen by the USDA FNS Midwest Regional Office based in Chicago, Illinois.

Federal regulations define the requirements of the program. Topic areas covered by the requirements include administration, eligibility, nondiscrimination, benefit levels, eligible foods, coupon and market management, financial management systems, distribution of funds, appeal procedure, monitoring and reviews, investigations, claims and penalties, procurement, records and reports, and confidentiality. ODA determines how the SFMNP is implemented within these regulations.

*The USDA SFMNP Federal Regulations may be accessed here: <https://www.fns.usda.gov/part-249—senior-farmers-market-nutrition-program-sfmnp>*

The Ohio Department of Aging (ODA) is responsible for the effective and efficient administration of the SFMNP in accordance 7 CFR 249. ODA provides guidance to Agencies on all aspects of the SFMNP operations.

**ODA SFMNP Contacts**

**Carmen Clutter**, MS, RDN, LD  
Assistant Chief  
Elder Connections Division  
Ohio Department of Aging  
[CClutter@age.ohio.gov](mailto:CClutter@age.ohio.gov)

**Autumn Trombetta**, MS, RDN, LD  
Population Health Program Administrator  
Elder Connections Division  
Ohio Department of Aging  
[ATrombetta@age.ohio.gov](mailto:ATrombetta@age.ohio.gov)



**E**ach Agency receives an allocation of funds based on available funding, prior year performance, prior year redemption and service need. Each Agency determines when, where, and how to distribute coupons and provide nutrition education. In addition, with the funds received, Agencies are responsible to reimburse SFMNP authorized farmers/market managers upon receipt of consumer coupons.

**A**ll Agencies must follow regulations in accordance with 7 CFR Part 249 and procedures outlined in the Ohio SFMNP State Plan of Operation and the Ohio SFMNP Program Manual. USDA SFMNP grant funds may only be used to support the SFMNP. Agencies may contract with local community organizations to carry out the operations of the SFMNP within their service area.

**A**gencies are responsible for the regional operation of Ohio SFMNP within their planning and service area, including but not limited to:

- Supporting Ohio's SFMNP in the counties within their service region;
- Complying with Ohio's SFMNP Program Manual;
- Monitoring compliance of coupon distribution, utilization, and redemption practices;
- Authorizing, training and monitoring farmers/market managers and monitoring farmers, farmers' markets, and/or roadside stands; and,
- Certifying eligible older adults to participate in SFMNP.

**O**hio SFMNP authorizes farmers and market managers to sell eligible produce in exchange for SFMNP coupons. Coupons are then submitted to the Agency for reimbursement. Farmers/market managers must be authorized by the Agency **before** they can accept coupons for reimbursement. Only farmers/farmer's markets authorized by the Agency may redeem SFMNP coupons. Only farmers authorized by the Agency or having a valid agreement with an authorized farmers' market may redeem coupons. Ohio SFMNP does not authorized CSAs. Authorized farmers/market managers must agree to sell participants only SFMNP eligible foods (Appendix F). Wholesalers are not permitted to participate in Ohio SFMNP.

**O**DA does not restrict the number of farmers/market managers that can be authorized for SFMNP or require that the farmer reside within the same county where the farmers' market or roadside stand is located to be eligible for authorization.

**P**articipating farmers/market managers must enter into an agreement with the Agency serving the region and complete required SFMNP training. The agreement must be signed by a representative who has legal authority to obligate the farmer/market manager. Agreements will include a description of sanctions for noncompliance with SFMNP requirements, specifications for SFMNP operations, and defined responsibilities of the farmer/market manager and the Agency. In accordance with 7 CFR part 249.10 (b)(10), SFMNP agreements between the Agency and farmer/market manager may not exceed three (3) years. Neither the Agency or the farmer/market manager has an obligation to renew the agreement. The agreement may be terminated for cause after providing advance written notice.

**A**uthorized farmers/market managers must comply with requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age of Discrimination Act of 1975, Department of Agriculture regulations on nondiscrimination (parts 15, 15a and 15b of 7 CFR part 249), and FNS Instructions as outlined in 7 CFR part 249.7.

**A**uthorized farmers/market managers must comply with federal and Ohio ethics and conflict of interest laws and do nothing inconsistent with them. In accordance with 7 CFR 249.10(a)(10), the Agency must ensure that there is no conflict on interest between the Agency and any participating farmer/market manager.

**A** farmer/market manager who commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State, and/or local laws.

**T**he Agency may disqualify a farmer/market manager for SFMNP violations. The farmer/market manager has the right to appeal a denial of an application to participate, a disqualification, or a SFMNP sanction by the Agency. Expiration of an agreement and claims actions under 7 CFR part 249.20 are not appealable.

To become a **SFMNP participating farmer**, the following criteria must be met:

1. Must be an individual who grows and sells eligible foods, including fruits, vegetables, herbs and/or honey at a farmers' markets or road stands. SFMNP farmers may not exclusively sell produce obtained from another person or entity, such as a wholesaler;
2. Have a roadside stand, farm market, or participate in a farmers' market located within the Agency's service area;
3. Enter into an agreement with the Agency for the purpose of participating in Ohio's SFMNP in the Agency's planning and service area;
4. Successfully complete required SFMNP training and thoroughly read contents of this Manual;
5. Follow and comply with the SFMNP regulations in accordance with 7 CFR part 249 and guidelines as set forth by this Manual;
6. Provide information to the Agency about the farmers' market/roadside stand's name, location, hours of operation, and a list of self-produced items available for purchase. In addition, participating farmers must provide an estimate of the number of rows, by feet or acreage, which will be used to grow the eligible foods.

To become a **SFMNP participating Market Manager**, the following criteria must be met:

1. Manage an established farmers' market within the Agency's service area.
2. Enter into an agreement with an Agency for the purpose of participating in Ohio's SFMNP.
3. Successfully complete required SFMNP training and thoroughly read contents of this Manual;
4. Follow and comply with the SFMNP regulations in accordance with 7 CFR part 249 and guidelines as set forth by this Manual;
5. Provide information to the Agency about the farmers' market including name, location, and hours of operation;
6. Enter into written agreements with each farmer within the farmers' market that is participating in SFMNP; and,
7. Train and monitor each farmer participating in at the SFMNP-authorized farmers' market to comply with SFMNP rules (in accordance with 7 CFR part 249), including but not limited to eligible food, equitable treatment of SFMNP participants, and civil rights.

Farmers/market managers will receive the Manual each program year. The Manual is reviewed and updated, if needed, each program year. Farmers/market managers are required to thoroughly read the Manual contents. Any questions or concerns regarding Manual contents should be discussed with the Agency in which the farmer/market manager has an agreement with.

Interactive training is required for all farmers, market managers, volunteers, and/or staff who have not previously participated in SFMNP. Training must occur prior to the start-up of the selling season. After a farmer/market manager's first year of SFMNP operation, annual interactive training is not required. However, all authorized farmers/market managers must receive, and read, the Manual annually.

**A**t minimum, each annual training shall include instruction on the following topics:

- Eligible food choices;
- Proper SFMNP coupon redemption procedures, including deadlines for submission of coupons for payment;
- Equitable treatment of SFMNP participants, including the availability of eligible foods to SFMNP participants that are of the same quality and cost as sold to other customers;
- Civil rights compliance and guidelines;
- Guidelines for storing SFMNP coupons safely; and,
- Guidelines for cancelling SFMNP coupons.

**In accordance with 7 CFR part 249.10(b)(1), farmers/market managers shall:**

1. Provide information, as required to the Agency for periodic reports to ODA;
2. Assure that SFMNP coupons are redeemed only for eligible foods;
3. Provide eligible foods at or less than the price charged to other customers;
4. Accept SFMNP coupons within the dates of their validity and submit such coupons for payment within the allowable time period as established by the Agency;
5. In accordance with the procedure established by the Agency, mark each transacted coupon with a farmer/market manager identifier;
6. Accept training on SFMNP procedures and provide training to farmers and any employees with SFMNP responsibilities and such procedures;
7. Agreed to be monitored for compliance with SFMNP requirements, including both overt and covert monitoring;
8. Be accountable for actions of farmers or employees in the provision of eligible foods and related SFMNP activities;
9. Pay the Agency for any coupons transacted in violation of the agreement. The Agency may deny payment to the farmer/market manager for improperly redeemed SFMNP coupons and may demand refunds for payments already made on improperly redeemed coupons;
10. Offer SFMNP participants the same courtesies as other customers;
11. Comply with the nondiscrimination provisions of the USDA regulations as provided in 7 CFR 249.7;
12. Notify the Agency if the farmer/market manager ceases operation prior to the end of the SFMNP authorization period;
13. Clearly mark or post current prices, including sale prices, directly on or near all produce;
14. Clearly mark the produce that is, and that which is not, fresh, locally grown items on the eligible food list;
15. Provide wholesome, quality food. If a participant returns a produce due to poor quality, replace it accordingly;
16. Post the sign, provided by the Agency, indicating participation in SFMNP; and,
17. Work with the Agency to prevent, detect, and correct any abuses or misuses in redemption and reimbursement of SFMNP coupons.

**In accordance with 7 CFR part 249.10(b)(2), farmers/market managers shall neither:**

1. Seek restitution from SFMNP participants for coupons not paid by the Agency; nor
2. Issue cash change for purchases that are in an amount less than the value of the SFMNP coupon; nor,
3. Collect tax on SFMNP coupon purchases.

The purpose of this procedure is to eliminate the need for a farmer to enter into multiple agreements with different Agencies if they would like to participate in the SFMNP program in counties outside the original AAA region in which they are authorized. If a farmer participates in SFMNP in one region (original) the farmer may participate in another AAA SFMNP region (reciprocal) if the following occur:

1. The farmer has completed the authorization process in one AAA SFMNP region (original); and
2. The farmer is in good standing with the one AAA SFMNP region (original); and
3. Either:
  - The farmer provides a copy of the approved, signed agreement to the reciprocal Agency in which they wish to do additional business; or
  - The original Agency forwards a copy of the approved, signed agreement to reciprocal Agency where the farmer wishes to do additional business.
4. The reciprocal Agency enters into an agreement with the farmer. This agreement states the farmers' participation in the reciprocal region is based on the approved, signed agreement of the original region in which the farmer was authorized to conduct SFMNP business.
5. For payment, the farmer must submit coupons to the appropriate Agency, as indicated on the coupon.

**F**armers may be sanctioned for accepting SFMNP coupons in any area where they do not have a current agreement.



## PARTICIPANT ELIGIBILITY

Individuals who are eligible to receive SFMNP benefits must meet the following criteria:

1. **Categorical eligibility**

Participants must be at least 60 years of age or older.

2. **Residency requirement**

Participants must reside within the designated service area of the Agency at the time of application to be eligible for SFMNP. There are no established durational or fixed residency requirements.

3. **Income**

Participants must have a maximum household income of not more than 185 percent of the annual federal poverty income guidelines. FNS announces income poverty guidelines annually.

Participants may be certified only for the current FFY SFMNP period of operation. Eligibility is determined at the beginning of each period of operation. Prior FFY certifications may not be carried over into subsequent years. Certification for the SFMNP is performed at no cost to the application or their authorized representative.

A participant may designate an authorized representative (proxy) to apply for certification and/or shop at the farmers' markets or roadside stands on the behalf of the older adult if they are unable to perform these actions. The Agency must obtain a signed statement from the eligible older adult designating another individual as their authorized proxy. An older adult who has been certified to receive SFMNP benefits may designate an authorized proxy at any point during the SFMNP period of operation.

## COUPON MANAGEMENT

Each participant will receive ten (10) coupons valued at five dollars (\$5.00) per coupon. Each coupon will have an expiration date, to not exceed November 30<sup>th</sup> of the Program year. Coupons are only valid for the dates as indicated. Coupons may only be redeemed by authorized farmers/market managers for eligible foods. A sample coupon is at the end of this Manual (*Appendix B*).

SFMNP coupons may not be exchanged for cash. Participants may use more than one SFMNP coupon at a time. Participants may use a combination of SFMNP coupons and cash. Any purchase for more than the amount of SFMNP coupons tendered must be paid by the participant. Farmers are encouraged to help SFMNP participants maximize the use of SFMNP coupons by offering additional fruits and vegetables if the total purchase is less than the SFMNP coupon. There is no sales tax on SFMNP purchases. Participants or proxies must be charged the same price, or less, than other non-SFMNP customers.

Farmers/market managers must verify valid end dates of all coupons. The coupons must be postmarked, or hand delivered to the Agency on or before the tenth calendar day following the valid end date, as indicated on the coupon. Coupons received after the tenth calendar day are not eligible for payment. Lost or stolen SFMNP coupons will not be replaced or reimbursed. Farmers/market managers shall treat SFMNP coupons like cash and store them in a secure, locked location until submitting coupons to the Agency for payment.

### How to Accept Coupons:

1. Verify that the foods to be purchased appear on the current Ohio SFMNP Eligible Foods List;
2. Ask the participant or proxy for the SFMNP coupons to be redeemed;
3. Verify the valid dates on the coupon and that they were issued for the region you are authorized for. Note the expiration dates and the time-period indicated on the coupon. Any coupon redeemed after the valid time-period will not be honored for payment;
4. Total the price of foods selected by the participant or proxy. Remember, no change can be given to the participant if they do not spend the entire value of the coupon. Help the participant select enough produce to equal the value of the coupon;
5. Before submitting a coupon for reimbursement, place your name or stamp in the space provided on the coupon.

When submitting coupons for redemption, farmers/market managers shall:

- Ensure the time period for coupon submission has not expired;
- Ensure all coupons have been signed or stamped with a unique identifier;
- Place only the same-time period of coupons in the same direction. This will help the Agency process coupons more efficiently for payment;
- Include a completed, signed invoice (*Appendix A*) addressed to the Agency.

**H**andling and processing of the coupons can vary among Agencies, and may include one of the following:

- Farmer/market manager submit SFMNP coupons directly to the Agency for payment;
- Farmers participating in authorized farmers' markets may submit their coupons directly to the authorized market manager for immediate payment. The authorized market manager submits SFMNP coupons to the Agency for payment;
- Some farmers' markets collect SFMNP coupons and provide participants with "tokens" to be used as payment at the farmers' market. The market manager pays the farmer for tokens redeemed. The authorized market manager submits SFMNP coupons to the Agency for payment.

**T**he Agency must verify that the stamp/farm information included on the back of the submitted coupon is from an authorized farmer/market manager. All farmers/market managers must submit all coupons with an invoice on/before that date indicated on the coupon. Farmers/market managers should not accept SFMNP coupons from participants or proxies after the coupon expiration date.

## PUBLICIZING SFMNP

The participating farmer/market manager must acknowledge the support of the USDA, ODA and the Agency, whenever publicizing the program. The farmer/market manager must include in any publication or web site regarding the SFMNP an acknowledgement in substantially the form set below:

“This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture and the support of the Ohio Department of Aging and the (Agency).”

In accordance with the [USDA Food and Nutrition Service \(FNS\) Instruction No. 113-1](#), all information materials and sources, including websites, used to inform the public about SFMNP programs shall contain a nondiscrimination statement. The farmer/market manager must use the shortened and standard nondiscrimination statement as indicated:

- The shortened statement, “This institution is an equal opportunity provider” shall be used on all program material that describes or provides general information about the program.
- The standard statement (*Appendix E*) is needed for material that informs the public, applicants, or participants about the program, how to apply for benefits, or if an adverse action can be taken. The standard statement must be kept in its specific formatting and must be in the same font size as the rest of the document.
- The shortened and standard nondiscrimination statement shall not be altered or combined with other statements. If another nondiscrimination statement is included, the statements shall be separate, distinct, and clearly identified.

## MONITORING

The Agency is responsible for the monitoring of authorized farmers/market managers in which they have an agreement with. Monitoring includes developing a system for identifying high risk farmers, farmers' markets, and roadside stands, and ensuring on-site monitoring, conducting further investigation, and sanctioning of such farmers, farmers' markets, and roadside stands, as appropriate.

Participating farmers/market managers are ranked by risk factors, and the Agency will conduct annual, on-site monitoring of at least 10 percent of farmers, 10 percent of farmers' markets and 10 percent of roadside stands or one of each program model, whichever is greater. This includes those farmers, farmers' markets, and roadside stands that are identified as being the "highest-risk".

High-risk indicators include farmers/market managers who have:

1. A proportionately high volume of SFMNP coupons redeemed by a farmer within a farmers' market or at a single roadside stand (as compare to other farmers within the farmers' market or within Ohio);
2. Participant and/or proxy complaints; and/or
3. Farmers, farmers' markets, and roadside stands in their first year of SFMNP operations.

If application of the high-risk indicators results in fewer than 10 percent of farmers, farmers' markets, and/or roadside stands being designated as "high-risk," the Agency shall randomly select additional farmers, farmers' markets, and/or roadside stands to be monitored in order to meet the 10 percent minimum. The high-risk indicators listed above generally apply to an Agency already participating in SFMNP. An Agency participating in the SFMNP for the first time shall, in lieu of applying high-risk indicators, randomly select 10 percent of its participating farmers, 10 percent of its participating farmers' markets, and 10 percent of its participating roadside stands, or at least one farmers' markets and/or roadside stand, whichever is greater, for monitoring visits.

Monitoring visits are made to ensure authorized farmers/market managers are complying with procedures and regulations of Ohio's SFMNP, in accordance with 7 CFR part 249. Reviewers are not required to notify the farmer, farmers' market, or roadside stand before, during, or immediately after the visit.

In instances where the farmer/market manager is permitted to continue participating in SFMNP, after being informed of any deficiencies detected by the monitoring visit, the farmer/market manager must provide a plan as to how the deficiencies will be corrected.

### Compliment Process

Documenting compliments is encouraged and valued.

### Complaint Process

The Agency must have procedures that document the handling of complaints from participants and farmers/market managers. Complaints of civil rights discrimination shall be handled in accordance with 7 CFR part 249.7(b).

## PROGRAM VIOLATIONS

ODA defines the type and level of sanctions to be applied against the farmer/market manager based upon the severity and nature of a SFMNP violation. Farmers/market managers may be sanctioned and/or disqualified by the Agency when appropriate.

The Agency reserves the right to terminate or sanction a farmer/market manager if the farmer/market manager violates the signed agreement between the Agency and the farmer/market manager.

Violations may result in suspension or disqualification from Ohio SFMNP. Violations are classified into three levels of non-compliance: Class I, Class II, and Class III.

### Class I Violations

Class I violations are violations of **one single** finding of noncompliance for a practice listed on the *SFMNP Farmers/Market Managers Compliance Tool (Appendix C)*.

Class I violations result in a warning letter issued from the Agency. This warning letter serves as written notice of the first violation so the Farmer/Market Manager can correct the deficiency.

### Class II Violations

Class II violations are violations of **two** findings of noncompliance for a practice listed on the *SFMNP Farmers/Market Managers Compliance Tool*. Class II violations are two findings of Class I violations throughout one program year.

Class II violation result in a citation letter issued from the Agency. This citation letter serves as written notice of noncompliance so the farmer/market manager can correct the deficiency.

### Class III Violations

Class III violations are violations that are considered more serious areas of noncompliance and may result in suspension and/or disqualification from Ohio SFMNP. Class III violations are findings of noncompliance of one or more of the following practices:

- The farmer/market manager accepts coupons in exchange for cash;
- The farmer/market manager charges participants and/or proxies more than other customers;
- The farmer/market manager does not complete the Agency agreement truthfully;
- The farmer/market manager seeks restitution from a participant and/or proxy for a coupon(s) not paid by the Agency;
- The farmer/market manager fails to notify the Agency about disqualification from the Ohio WIC Farmers' Market Nutrition Program (FMNP); and/or
- The farmer/market manager is cited for three or more Class I violations.

A Class III violation results in a citation letter issued from the Agency for immediate SFMNP suspension.

## **Suspension**

Suspensions are imposed for a maximum of 15 days and are used to ensure the farmer/market manager has adequate time to appeal the adverse action (Class III violation). During the period of the suspension, the farmer/market manager may not participate in Ohio SFMNP.

If the event that led to a suspension is not validated, the suspension is immediately lifted. If the event that led to a suspension is validated, the farmer/market manager is immediately disqualified from participating in Ohio SFMNP.

## **Disqualification**

Disqualification follows a suspension period if the event that led to a suspension is validated. The farmer/market manager must stop all SFMNP business and return all SFMNP posters to the Agency. A farmer/market manager who has been disqualified at any point in the SFMNP season is disqualified from participating for the remainder of the program year. At the conclusion of the disqualification period, the farmer/market manager may reapply for authorization.

Farmers/market managers will be permanently disqualified from future participation in Ohio SFMNP if:

- They have been permanently disqualified by Ohio WIC FMNP; and/or
- They are found guilty of a Civil Rights violation.

**F**armers/Market Managers have the right to appeal any violation. If the Farmer/Market Manager appeal a violation, the Agency's appeal process should be followed, in accordance with 7 CFR 249.16.



## NON-DISCRIMINATION COMPLAINTS

Civil Rights requirements, in accordance with 7 CFR 249.7, require that no person shall, on the grounds of race, color, national origin, age, sex, or disability, be excluded from participation, be denied benefits, or be otherwise subjected to discrimination, under SFMNP.

Any person or representative alleging discrimination based on a protective class (as referenced above) has the right to file a complaint within 180 days of the alleged discriminatory action. All complains, written or verbal, must be forwarded to:

**Tamara Earley**  
Regional Civil Rights Officer  
77 West Jackson Blvd., 20<sup>th</sup> Floor  
Chicago, Illinois 60604  
(312) 353-6657  
[Tamara.Early@usda.gov](mailto:Tamara.Early@usda.gov)

Civil Rights training will be provided for all authorized farmers/market managers. For complete guidance on the Civil Rights Compliance and Enforcement within Nutrition Programs and Activities visit: <https://fns-prod.azureedge.net/sites/default/files/113-1.pdf>

# **Appendix A**

## *SFMNP Coupon Invoice*

## Sample SFMNP Coupon Invoice

All coupons submitted for reimbursement must contain a completed, signed SFMNP invoice form. Coupons, with accompanying invoice, should be submitted to appropriate Agency by the 10<sup>th</sup> business day, as indicated on each coupon.

SFMNP coupons expiring XX/XX/XXX, must be submitted to the Agency on/before XX/XX/XXX

SFMNP coupons expiring XX/XX/XXX, must be submitted to the Agency on/before XX/XX/XXX

Mail or hand-deliver SFMNP coupons with invoice to the following:

**Agency Name**

Attention:

Agency Address:

City, Ohio, Zip Code

<b>FARMER/MARKET MANAGER:</b>						
<b>Stamp/ID Number:</b>						
<b>Mailing Address:</b>						
	City:		Zip Code:		County:	
<b>Phone Number:</b>	Home:			Business:		
<b>Email Address:</b>						
<b>Number of Coupons:</b>	_____ x <b>\$5.00</b> = _____ (total amount to be paid)					

I hereby certify the information submitted is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Farmer/Market Manager

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Printed Name of Farmer/Market Manager

# **Appendix B**

## *SFMNP Sample Coupon*

 <b>2022</b>	<b>\$5 COUPON</b>	 <b>SENIOR FARMERS' MARKET</b> Nutrition Program <small>Ohio Department of Aging</small>
	<b>EXPIRES: 10/10/2022</b> <b>NO CHANGE RETURNED</b>	
<p>For Aging-Related Services In Your Area, Contact: 1-800-252-0155 or 513-721-1025</p>		

INFORMATION ONLY

--

coupon identification number

Per contract, farmer / market manager must submit for redemption by **November 10, 2022**  
Funded by: ODA, AAAs & USDA  
Equal opportunity employer / provider.

# **Appendix C**

## *Farmer/Market Manager Compliance Tool*

## SFMNP Farmer/Market Manager Compliance Tool

<b>Agency:</b>		<b>Monitored by:</b>	
<b>Date:</b>	_____ / _____ / 2021	<b>County:</b>	
<b>Farmer/Market Manager:</b>		<input type="checkbox"/> Farmers' Market	<input type="checkbox"/> Roadside Stand
		<input type="checkbox"/> <b>New Farmer/Market Manager</b>	<input type="checkbox"/> <b>High Volume Farmer/Market Manager</b>

RESPONSIBILITIES	COMPLIANCE CHECK		
	YES	NO	N/A
1. Is SFMNP "Redeem Coupons Here" poster on display?			
2. Are SFMNP coupons <b>only</b> being used to purchase eligible foods?			
3. Are prices clearly posted on/near eligible foods?			
4. Is produce that is, and that which is not, locally grown clearly marked?			
5. Are participants and/or proxies treated courteously?			
6. Does the produce offered appear wholesome?			
7. Are SFMNP coupons being accepted after coupon expiration dates?			
8. Has the farmer/market manager completed annual SFMNP training requirements?			
9. Is the farmer/market manager providing false information about SFMNP to participants?			
10. Are rain checks being issued in exchange for SFMNP coupons?			
11. Is sales tax being charged on SFMNP coupon purchases?			
12. Does the farmer/market manager have a valid agreement with the Agency?			

**Is a corrective action plan required?**    ☐ NO    ☐ YES (if "yes", complete information below)

*I understand the responsibilities and agree to make necessary adjustments to continue participating in Ohio SFMNP.*

\_\_\_\_\_  
Signature of Farmer/Market Manager

\_\_\_\_\_  
Printed Name of Farmer/Market Manager

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Printed Name of Agency Representative



# **Appendix D**

## *USDA Program Discrimination Complaint Form*

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**  
**Office of the Assistant Secretary for Civil Rights**  

---

**USDA Program Discrimination Complaint Form Instructions**  
(The complaint form is below the instructions)

**PURPOSE:** The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

**FILING DEADLINE:** A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated;
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

**USDA POLICY:** Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

**PROPERTY ADDRESS:** If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

## **PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

## **REPRISAL (RETALIATION) PROHIBITED:**

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.



**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**  
**Office of the Assistant Secretary for Civil Rights**  
**Program Discrimination Complaint Form**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address (if you have one): \_\_\_\_\_

Telephone Number starting with area code: \_\_\_\_\_

Alternate Telephone Number starting with area code: \_\_\_\_\_

Best Time of the Day to Reach You \_\_\_\_\_

Best Way to Reach You, (check one): Mail ☐ Phone ☐ E-mail ☐ Other: ☐

Do you have a representative (lawyer or other advocate) for this complaint? Yes ☐ No ☐

If yes, please provide the following information about your representative:

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

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

--

Please name the program you applied for (if known/if applicable): \_\_\_\_\_

Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency ☐

Food and Nutrition Service ☐

Rural Development ☐

Natural Resource Conservation Service ☐

Forest Service ☐

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

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: \_\_\_\_\_  
                     Month                    Day                    Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?

Address of location where incident occurred:

\_\_\_\_\_  
 Number and street, PO Box, or RD Number

\_\_\_\_\_  
                     City                    State                    Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

## 6. Remedies: How would you like to see this complaint resolved?

## 7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, with what agency or court did you file? \_\_\_\_\_

When did you file? \_\_\_\_\_

Month                      Day                      Year

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

Date: \_\_\_\_\_

**Mail Completed Form To:**

USDA

Office of the Assistant Secretary for Civil Rights

1400 Independence Ave, SW, Stop 9410  
Washington, D.C. 20250-9410

E-mail address:

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

Local area: (202) 260-1026

Toll-free: (866) 632-9992

Local or Federal relay: (800) 877-8339

Spanish relay: (800) 845-6136

Fax: (202)690-7442

**PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:**

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.



# **Appendix E**

*USDA NDS*

## **USDA Nondiscrimination Statement**

**For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following 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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

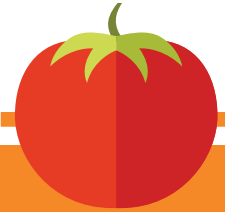
This institution is an equal opportunity provider.

# **Appendix F**

## ***SFMNP Eligible Food List***

# SENIOR FARMERS' MARKET

Nutrition Program



## Use Your Coupons Here

BUY HEALTHY FOODS

### vegetables



Asparagus  
Beans  
Beets  
Broccoli  
Brussels Sprouts  
Cabbage  
Carrots  
Cauliflower  
Celery  
Corn  
Cucumbers

Eggplant  
Greens (all)  
Kale  
Kohlrabi  
Leeks  
Lettuce  
Mushrooms  
Okra  
Onions  
Parsnips  
Peas

Peppers  
Potatoes  
Radishes  
Rhubarb  
Rutabagas  
Spinach  
Squash  
Tomatoes  
Turnips  
Zucchini



### FRESH CUT herbs

Basil  
Chives  
Cilantro  
Dill  
Garlic  
Horseradish  
Lovage  
Marjoram  
Mint  
Oregano  
Parsley  
Rosemary  
Sage



### fruits

Apples  
Apricots  
Berries  
Cherries

Grapes  
Melons  
Pears  
Peaches

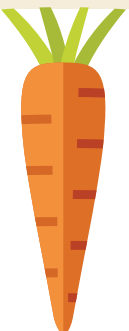
Plums  
Pumpkins  
(non-decorative)



### honey

## OVER 60 YEARS OF AGE?

APPLY FOR THE SENIOR FARMERS' MARKET NUTRITION PROGRAM



## STAY PROTECTED

