



New Mexico Department of Health (NMDOH)  
WIC Farmers' Market Nutrition Program (FMNP)  
Farmers' Market Nutrition Enhancement Program (FMNEP)  
Senior Farmers' Market Nutrition Program (SFMNP)

**Farmer/Grower Agreement**  
2014, 2015, 2016

Farmer/Grower Identification Code Number: \_\_\_\_\_  
(Permanent ID assigned by Farmers' Market Manager)  
Name of Authorized Farmers' Market:

\_\_\_\_\_  
(Market where Farmer/Grower received ID Code Number) (Market ID Code issued by NM DOH)

Name of Farm: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

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

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

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

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

List all **AUTHORIZED** Markets you will sell at. Your permanent ID number will work at Farmers' Markets **authorized by NM DOH.**

Please list Market Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list additional markets separately and attach to contract.

Farmer/Grower's Banking Institution:

Name of Bank: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ e-ddress: \_\_\_\_\_

I intend to offer the following eligible fresh, unprepared fruits and/or vegetables, and herbs for purchase with Farmers' Market Nutrition Program (FMNP, SFMNP, FMNEP) checks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Farmer/Grower  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Farmers' Market Mgr  
Signature \_\_\_\_\_ Date \_\_\_\_\_

NMDOH FMNP Program Mgr  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Complete and Return to:  
Farmers' Market Nutrition Program  
PHD NMDOH CSFP- FMNP  
2040 South Pacheco # 122  
Santa Fe, NM 87505  
Phone: 505-476-8803  
Fax: 505-476-8900

A copy of this contract will be sent to you.

## FARMER/GROWER

Please detach and keep for your records.

**FARMER/GROWER:** \_\_\_\_\_

**Your permanent ID Code Number is:** \_\_\_\_\_  
and should be used at all **authorized** Farmers Markets you participate in. If you have any questions, or changes to contact information, please call NMDOH - FMNP State Office at (505) 476-8803.

Farmer/Grower must meet the following criteria in order to be authorized to participate in the FMNP, SFMNP, and FMNEP. Farmer/Grower must comply with the selection criteria. The Department may reassess the Farmer/Grower at any time using the selection criteria. A Farmer/Grower not complying with the selection criteria will be removed from eligibility to participate in the FMNP, SFMNP, and FMNEP.

### Farmer/Grower Selection Criteria:

1. The Farmer/Grower must complete and submit a Farmer/Grower Agreement to the Market Manager for review and approval no later than **June 8** of each year.
2. If selected to participate, the Market Manager will assign Farmer/Grower a Farmer/Grower ID Code Number. The Market Manager will submit the Farmer/Grower Agreements to the Department of Health by **June 8** of each year.
3. To participate in FMNP/SFMNP/FMNEP the Farmer/Grower must be an **authorized** member of an organized Farmers' Market that has been **approved** by the Department of Health.
4. The Farmer/Grower must be the grower of FMNP/SFMNP/FMNEP eligible fruits, vegetables, and herbs, and may sell only locally grown produce within the borders of New Mexico and/or within an 80 mile radius of the market, outside of the New Mexico border.
5. The Farmer/Grower is responsible for applying for and maintaining all required business licenses.
6. The Farmer/Grower must participate in annual training provided by the Department. The Farmer/Grower shall attend a face-to-face training every year of the agreement. The Department, or its authorized representative, and/or the market manager, will perform the face-to-face training. Training sites and dates will be determined and designated by the Department and/or the market managers, annually.

### Farmer/Grower agrees to:

1. Accept training for the WIC Farmers Market Nutrition Program, Farmers' Market Nutrition Enhancement Program, and the Senior Farmers Market Nutrition Program.
2. Display the "**New Mexico WIC Farmers' Market Nutrition Program Checks Welcome Here**" sign as proof of authorization to participate.

3. Redeem checks only for eligible fresh, unprepared fruits and vegetables as defined by United States Department of Agriculture (USDA), Food and Nutrition Services (FNS) and the NMDOH FMNP.
4. Provide eligible fresh, unprepared fruits and vegetables at not more than the current price charged to other customers.
5. Offer the New Mexico WIC-FMNP, FMNEP, and SFMNP participants the same courtesies as all other customers and to otherwise comply with all applicable United States Department of Agriculture regulations governing nondiscrimination in services. Farmer/Grower expressly agrees not to discriminate against any WIC FMNP, FMNEP, and the SFMNP participants on the basis of race, color, national origin, age, sex, handicap or disability.
6. Accept New Mexico WIC FMNP, FMNEP, SFMNP participant checks **only within the valid dates (July 1 through November 15)** of the current market season.
7. Provide no cash change, rain checks or "I O U's" and collect no tax.
8. Assure that I will not seek restitution from WIC FMNP, FMNEP, SFMNP participant(s) for checks that were improperly redeemed and not paid for by the New Mexico WIC FMNP, FMNEP, SFMNP.
9. Pay the WIC FMNP, FMNEP, SFMNP participants for any Checks transacted in violation of the agreement.
10. Acknowledge that the Farmer/Grower is held accountable for the actions of individuals they (the Farmer/Grower) authorize to assist with any WIC FMNP, FMNEP, and SFMNP - related activities.
11. Cooperate with the staff from the Department of Health Farmers' Market Nutrition Program in monitoring for compliance with the required Program procedures.
12. **Only farmers/growers selling produce grown locally may participate in the WIC Farmers Market Nutrition Program (FMNP), Farmers Market Nutrition Enhancement Program (FMNEP), and Senior Farmers Market (SFMNP). The farmer must be prepared to demonstrate that all produce subject to the program was produced locally within the borders of New Mexico and/or within an 80 mile radius of the market, outside of the New Mexico border.**
13. **Reselling of agricultural products is strictly prohibited. Reselling is defined as produce purchased for resale to market customers. Individuals who exclusively sell produce grown by someone else such as wholesale distributors cannot be authorized to participate in the WIC Farmers Market Nutrition Program (FMNP), Farmers Market Nutrition Enhancement Program (FMNEP), and Senior Farmers Market (SFMNP).**
14. Provide such information as the DOH FMNP shall require for its periodic reports to USDA, Food and Nutrition Service (FNS).
15. Promptly notify the DOH FMNP office if grower operations cease prior to the end of the authorization period.
16. Checks may only be accepted at the **authorized** Farmers Market locations. You may not accept them at roadside stands (unless you have a Roadside Stand contract with the DOH FMNP) or at any other locations off of authorized market grounds.

17. The FMNP, FMNEP, SFMNP and the grower understand that each market may have their own rules and regulations in determining who may sell at that market.
18. A Farmer/Grower suspected of, and/or, violating USDA, WIC FMNP, FMNEP or SFMNP rules and regulations will be investigated by the DOH. If farmer/grower is found in violation(s) of USDA, WIC FMNP, FMNEP or SFMNP rules and regulations will subject to disciplinary action as deemed appropriate to the nature and severity of the violation(s).
19. A Farmer/Grower that is disqualified from the FMNP, FMNEP or SFMNP may **not** participate at any authorized farmers market during the disqualification period.
20. The FMNP, FMNEP or the SFMNP may deny payment to the farmer for improperly redeemed checks or may establish a claim for payments already made on improperly redeemed checks.
21. The Farmer/Grower may appeal a decision that adversely affects the Farmer/Grower except the expiration of this agreement. The appeal procedure is detailed in the Farmers' Market Nutrition Program Manual.
22. Farmer/Grower and Farmers Market Manager, and/or representative, must **ensure that all WIC FMNP, FMNEP, and SFMNP checks have all required information, prior to depositing/cashing. This includes:**
  - a. Participant's signature
  - b. Farmer/Grower's Identification Code number
  - c. Farmers' Market, or representative Market Vendor stamp,
  - d. and that all are legible prior to deposit.
23. If any checks are rejected and/or returned by the bank due to farmers/growers and /or Farmers' Market Manager, and/or representative error to include but not limited to "missing / illegible farmer code" or "missing/illegible market number" the DOH FMNP will not pay rejected and/or returned checks or bank charges incurred by Farmers'/Growers.
24. **Deposit all FMNP, FMNEP, and SFMNP checks before/or by November 30. Any WIC FMNP, FMNEP, and SFMNP checks deposited after November 30 will be Null and Void.**
25. Farmer/Grower agrees to abide by all laws, regulations, policies and procedures governing the WIC FMNP, FMNEP, SFMNP and understands that violation of such provisions may result in sanctions, criminal penalties, or both. Farmer/Grower acknowledges that any and all losses shall be the sole responsibility of the Farmer/Grower and that under no circumstances shall the Farmers' Market and the state FMNP, FMNEP, SFMNP Office be held liable for any such losses.
26. Farmer/Grower acknowledges and understands that the provisions of state and federal law concerning the FMNP, FMNEP, SFMNP, and regulations, policies and procedures promulgated pursuant to such laws are incorporated into this agreement by reference.

A FARMER/GROWER WHO COMMITS FRAUD OR ABUSE OF THE PROGRAM IS LIABLE TO PROSECUTION UNDER STATE, FEDERAL AND LOCAL LAW. FARMERS/GROWERS, and/or FARMERS MARKETS WHO WILLFULLY MISAPPLY,

STEAL OR FRAUDULENTLY OBTAIN PROGRAM FUNDS SHALL BE SUBJECT TO FINES OF UP TO \$10,000 (TEN THOUSAND DOLLARS), OR IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. IF SUCH FUNDS, ASSETS, OR PROPERTY ARE OF THE VALUE OF \$100 OR LESS, THE FINE IS NOT MORE THAN \$1,000 AND IMPRISONMENT IS FOR NOT MORE THAN ONE YEAR, OR BOTH.

By signing this agreement (page 2) the farmer represents that all produce subject to this agreement was produced locally by him/her or a family member. In compliance with USDA, FNS federal regulations at 7 CFR Part 248 and Department of Health Farmers' Market Nutrition Programs regulations and policies incorporated herein by reference, the farmer's signature indicates acceptance of the terms and conditions of this written agreement. Neither the WIC FMNP, FMNEP, SFMNP the farmer and/or the farmers' market have an obligation to renew the agreement. The FMNP, FMNEP, SFMNP or the farmer and/or the farmers' market may terminate the agreement for cause after providing advance written notification of at least 15 days.

This agreement is valid for the 2014, 2015 and 2016 Market years.