



Grower ID: _____ Farm Store ID: _____
(For official use only)

WIC Farmers Market Nutrition Program (WIC FMNP) & Senior Farmers Market Nutrition Program (SFMNP)

**GROWER APPLICATION
2022**

Instructions for completing the WIC & Senior FMNP application:
You must submit the completed application, after reading the “**Grower Agreement 2022**” to FMNPTeam@doh.wa.gov or by mail at:

**Washington State Department of Health
WIC and Senior FMNP Coordinator**
PO Box 47886
Olympia, WA 98504-7886

If you have questions or want to request a printed copy of the agreement call 1-800-841-1410.

THIS AGREEMENT is made by, and between the Washington State Department of Health (Department) and the following:

Primary Grower Name (First, Last):			
Email:			
Grower Mailing Address:			
City	State	Zip	County
Home Phone (555) 555-5555:		Cell Phone:	
Associate Grower Name (First, Last) Optional:			
Email:		Phone number:	
Associate Grower Mailing Address:			
City	State	Zip	County

Business information:

Farm Name:			
Farm Physical Address:			
City	State	Zip	County

If you have a farm store on your property and you want to be considered for authorization to accept FMNP (WIC & Senior) benefits, please also fill in the section on page number 3.

Are you a new Grower to the program? Yes No



Please check one of the following:

- I grow all the eligible foods I sell
- I grow a portion of the eligible foods I sell
- I grow none of the eligible foods I sell
- I produce honey exclusively

Check all the foods you plan to sell:

Fruits:

- Apples
- Apricots
- Asian pears
- Blackberries
- Blueberries
- Boysenberries
- Cantaloupes
- Cherries
- Currants
- Red and black figs
- Gooseberries
- Grapes
- Ground cherries
- Huckleberries
- Kiwi
- Loganberries
- Marion berries
- Melons
- Muskmelon
- Nectarines
- Peaches
- Pears
- Plums
- Raspberries
- Sea berries
- Strawberries
- Tayberries
- Watermelons

Vegetables:

- Alfalfa sprouts
- Amaranth greens
- Artichoke
- Arugula
- Asparagus
- Beets
- Bok choy
- Broccoli
- Brussel sprouts
- Cabbage
- Carrots
- Cauliflower
- Celery
- Chinese cabbage
- Collard greens
- Corn
- Cucumber
- Eggplant
- Garlic
- Green beans
- Green onions
- Kale
- Kohlrabi
- Leeks
- Lettuce
- Mizuna
- Mushrooms
- Mustard greens
- Onions
- Parsnips
- Peas
- Peppers
- Potatoes
- Pumpkins
- Radishes
- Rhubarb
- Rutabagas
- Shallots
- Spinach
- Squash

- Swiss chard
- Tatsoi
- Tomatillos
- Tomatoes
- Turnips
- Watercress
- Yellow waxed beans
- Yu choy
- Zucchini
- Other eligible greens
- Other eligible sprouts

Cut Herbs:

- Basil
- Cilantro
- Chives
- Dill
- Fennel
- Parsley
- Microgreens
- Other eligible herbs

Sell to seniors only:

- Honey



Farmers markets where I plan to accept FMNP benefits: Print the names of each market where you plan to sell. If you need to add more markets, attach a list to the application. Make sure to notify the state FMNP via phone or email if after you submit your application or after you become authorized you decide to go to a market not listed below. This will help you avoid banking fees. FMNPTeam@doh.wa.gov or 1-800-841-1410.

FARM STORE

Fill out this part of the application **only** if you operate a farm store and want your farm store to be considered for authorization to accept FMNP benefits. Submitting this document doesn't guarantee your farm store will be authorized.

If you have more than one farm store, make a copy of this page and fill out for each individual farm store. Attach it to the last page of the application.

Check the appropriate answer to the questions below:

The farm store is located on the property where I grow eligible food. Yes No
 Someone is physically on site during all operating hours to assist customers. Yes No

Farm Store Address:			
City	State	Zip	County
Farm Store Phone:			

Farm Store Operating Hours:

State the date of when the farm store opens, and the day the farm store closes for the year. Or you can check the box if your farm store operates year round.

First day farm store opens: ____ / ____ Last day farm store opens: ____ / ____ or Year-round
 (dd/mm) (dd/mm)

Operating days	Start Time (i.e. 9 AM)	End Time (i.e. 5 PM)
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		
<input type="checkbox"/> Saturday		
<input type="checkbox"/> Sunday		



By signing this Agreement:

1. I understand there is no guarantee I will be authorized to participate in the Washington State Farmers Market Nutrition Program.
2. I understand that if I am authorized, I am bound by all the terms of the “Grower Agreement WIC/Senior Farmers Market Nutrition Program 2022.”

If you need assistance, contact the FMNP office by calling 1-800-841-1410 or TTY 711 or by emailing FMNPteam@doh.wa.gov.

I affirm that the statements in this Grower Application are true and correct. I understand if I have provided false information, the Department will decline my application or terminate my authorization to accept FMNP Benefits.

I affirm that I have read and understand all sections of the document titled “**Grower Agreement WIC/Senior Farmers Market Nutrition Program 2022**”. I understand it is my responsibility to clarify any section of this document by requesting assistance from a Washington WIC Farmers Market Nutrition Program representative.

I understand by signing this application, I acknowledge that if I don't meet any part of the selection criteria required for WIC/Senior Farmers Market Nutrition Program authorization, my application will be declined by the Department.

I understand that, if I do not sign this Agreement, my application will be declined. I read the “**Grower Agreement WIC/Senior Farmers Market Nutrition Program 2022**” and agree to comply with the rules, terms and regulations associated with this program.

The undersigned have the signature authority to affix to their signatures in execution of this agreement, (**Required*)

_____	_____	_____
*Print Primary Grower's legal name	*Signature	*Date

_____	_____	_____
Print Associate Grower's name	Signature	Date

_____	_____
State of Washington Department of Health Signature <i>(Official use only)</i>	Date

Approval: This agreement is subject to the written approval of the DOH FMNP Coordinator and shall not be binding until so approved. The agreement is not effective until signed on this page by both parties and you receive a copy of your agreement with an authorization letter from the Department of Health.



Washington WIC doesn't discriminate.

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: [How to File a Complaint](#) and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- Email: program.intake@usda.gov
- Fax: (202) 690-7442

This institution is an equal opportunity provider.
Washington WIC doesn't discriminate.

