

## Farmers' Union

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### .....Instructions for Completing.....Application

1. Fill in all boxes.
2. If an item does not apply, put "NA" in that block.
3. If you are applying for the first time, leave the Farm Number box blank
4. Type or clearly print.
5. Complete both sides of the application. **Sign and date!**
6. Return the application by mail, fax or e-mail.

Mail: D.C. Department of Health  
ATTN: FMNP Coordinator  
Nutrition & Physical Fitness Bureau  
899 North Capitol Street, NE 3rd Floor  
Washington, DC 20002

Fax: ATTN: FMNP Coordinator  
202-535-1710

E-mail: info.wic@dc.gov

Please note that applications with missing information

**WILL NOT BE PROCESSED** and

**WILL BE RETURNED TO YOU.**

If you have questions, please call , :30am – 4:00pm Monday – Friday.



**FARMERS' MARKET NUTRITION PROGRAM\***  
**5 DD@7 5 HCB'5 B8 '5 ; F99A9BH**  
 WIC & Senior Farmers' Market Nutrition Program | WIC Vegetable and Fruit Cash-Value Checks

The Farmer-Vendor Application is for the District of Columbia, Women, Infants and Children (WIC) to authorize farmers to provide eligible foods to program participants under regulations published by the United State Department of Agriculture. This agreement will be in effect for three years unless terminated by the District of Columbia State WIC Program or the Farmer-Vendor

State Use Only	
FMNP Only Approved CVC and FMNP Approved	Incomplete Denied
Signature	Date

Please review the instructions that accomany this application.

FMNP Number		Check One :      Re-Authorization      New FMNP Applicant      New CVC/FMNP Applicant	
Name of Farm		Last Name	First Name
Mailing Address (number and street, P.O. Box)			
City	State	ZIP code	County
Telephone Number (Include Area Code)		E-mail Address	
Do you participate in any other FMNP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Which States?			
Farm Physical Address (number and street):			
City	State	Ward	County
Check One (Required) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Cooperative			
Will the Market remain in the same location throughout the year? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, please explain:			
% of Vegetable Acreage: _____      % of Herb Acreage: _____		Is the Market location handicap accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% of Fruit Acreage: _____		Number of Posters Needed for advertisement? _____	
<b>Market Promotionsg</b>			
Do you wish to participate in any special marketing events? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what days of the week are you available? <input type="checkbox"/> Sun. <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Weds. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.			Time Availability: _____ to _____
<b>A U F _ Y i @ W H j c b g</b>			
Name of Market:	Address of Market:	Day of week market is open:	
		Hours of Operation:	
Name of Market Manager:	Telephone Number of Manager:	Manager's E-mail:	
Name of Market:	Address of Market:	Day of week market is open:	
		Hours of Operation:	
Name of Market Manager:	Telephone Number of Manager:	Manager's E-mail:	

List all of the fruits your farm produces for sale:

List all of the vegetables your farm produces for sale:

List all of the herbs your farm produces for sale:

Do you plan to purchase produce for sale? Yes No

List the produce you plan to purchase for sale: [Click here to enter text.](#)

The WIC Fruit and Vegetable Cash Value Check is changing its check format to **Automated Clearing House (ACH)** payments. ACH Payments are electronic payments that are created when the customer gives an originating institution, corporation, or other customer (originator) authorization to debit directly from the customer's checking or savings account for the purpose of bill payment. In order for farmers to continue accepting the Cash Value Check, a farmer must contact their banking institution to ensure that the account of their choice, savings or checking is set-up to receive ACH debit transactions.

Name of Bank:

Address of Bank Branch:

Bank Routing Number:

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Bank Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail Address:

Branch Telephone:

All the information in this application is true and correct. I understand that providing false information may result in the District of Columbia's WIC program denying or terminating my authorization to participate. By signing this application, I agree to follow all program requirements in the attached sections and as stated in the Farmers' Market Guide Book.

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

I have reviewed the attached application for participation in the District of Columbia Produce Plan Program and have confirmed that the above named applicant is actively involved in the commercial production of those agricultural products reflected herein. The District of Columbia will contact the county extension agent.

County Extension Agent Name (Print Clearly): \_\_\_\_\_

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

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

County Extension Agent E-mail Address: \_\_\_\_\_

County Extension Agent Telephone Number: \_\_\_\_\_

FOR THE DISTRICT OF COLUMBIA STATE AGENCY USE ONLY

Complete Application:	Yes	No	Recommend for Approval:	Yes	No
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Verification of County Agent	Yes	No	Name of approving person:	Yes	No
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Additional Market Locations:

Name of Market:	Address of Market:	Day of week market is open: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.  Hours of Operation:
Name of Market Manager:	Telephone Number of Manager:	Manager's E-mail:
Name of Market:	Address of Market:	Day of week market is open: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.  Hours of Operation:
Name of Market Manager:	Telephone Number of Manager:	Manager's E-mail:
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