







Farmers' Market Nutrition Program 2024

North Carolina WIC Farmers' Market Nutrition Program

Training for Farmer Certification



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Farmers' Market Nutrition Program 2024

Overview

- Program Goals
- Farmer Guidelines
- Vendor Portal and Completing a Purchase
- Farmer Compliance
- Federal Nondiscrimination Requirements

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Farmers Market Nutrition Program Goals

- To improve the nutritional status of WIC participants
- To stimulate business for the local farmer and increase farmers' share of the food dollar
- Help revitalize rural areas by increasing awareness and use of farmers' markets

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Changes for the 2024 Season

WIC FMNP

- Season starts on **June 10, 2024**
- Issuance of eFMNP benefits is tied to the readiness of the markets and availability of produce
- Issuance of eFMNP benefits will start later than this date in areas where markets open later in the season

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WIC eFMNP Card



WIC FMNP benefits will expire 30 days after date of issuance.
Use this card to purchase eligible fresh fruits and vegetables at authorized farmers markets only.
No change will be given.
DO NOT WRITE OR SIGN ON YOUR CARD.
For FMNP benefits balance, visit:
participants.cdpehs.com
Buying, selling, or otherwise misusing WIC benefits is a crime. To report suspected fraud, call (800) 424-9121 or visit www.usda/oig/hotline.htm.
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Participant Eligibility

- Currently active WIC participant
- AND
- Child between 2 and 4 years old
- OR
- Women who are pregnant, postpartum, partially breastfeeding or fully breastfeeding and receiving eWIC benefits.

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Farmer Eligibility

- Farmers will be required to have an electronic device (smart phone or tablet) with internet access and a camera to scan a QR code that is on the WIC eFMNP cards.

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Farmer Eligibility

- Each farmer must be certified to participate
 - Certification is achieved by:
 - ✓ Signing a Farmer Agreement on the current program guidelines for EACH market where they sell produce
 - ✓ Signing Farmer Merchant Agreement, submitting a voided check, and W9 with federal tax ID or SSN
 - ✓ Complete certification training and returning a completed VOT form
 - ✓ Must complete all requirements before accepting eFMNP benefits

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"Grow-Your-Own" Produce Requirements

- Locally grown
 - ✓ Within NC borders only
 - ✓ Limits defined by each individual market
- Limited to produce grown on farmers' land or land the farmer leases
 - ✓ If leased, must be by farmer growing produce
- Farmers must grow more than 50% of their produce sold at the market

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"Grow-Your-Own" Produce Requirements

- Wholesale products are not allowed
 - ✓ Produce cannot be purchased from a non-farm source
- Farmers must agree to on-site farm inspections

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FMNP Approved/Eligible Foods

- Any fresh, locally-grown fruits or vegetables
- Locally grown is defined as within NC borders
- No processed, heated, or cooked foods

✓ **NO** herbs, nuts, seeds, honey, maple syrup, cider, jelly, jam, eggs, meat, cheese, seafood, baked goods, plants, flowers, other non-food items, or items not grown by local farmers

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Display of FMNP Poster & Prices



- Farmers must display the FMNP poster shown here during hours of operation
 - ✓ Must get posters from your market manager
- Farmers must post prices for all produce
 - ✓ Prices must be easily seen and read by customers




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Vendor Portal and Completing a Purchase

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Vendor Portal Registration

In this section we cover:

- How to register for an account
- Selecting a username and password
- Confirming email
- Setting Profile in the vendor portal
- Review and Sign CDP processing agreement
- Transaction History
- Settlement History
- New Purchase
- Manually entering an eFMNP card number
- Balance Inquiry

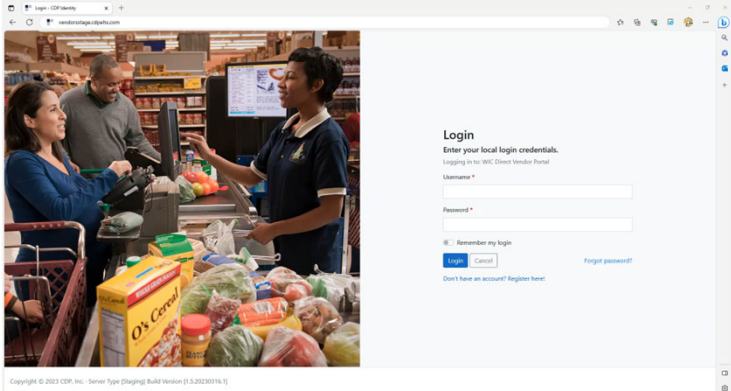
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Vendor Portal Login

Website: <https://vendors.cdpehs.com> ←

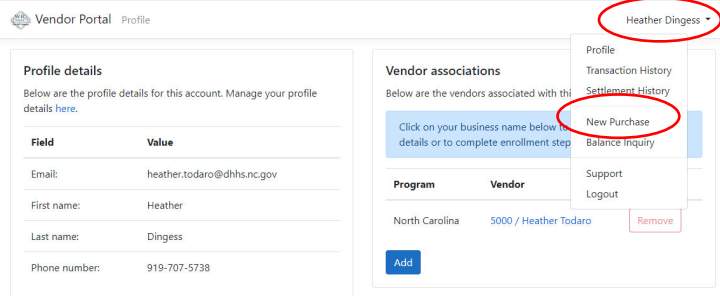


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Completing A Purchase



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Completing A Purchase

There are two methods of making a purchase:

- Device camera can be used to scan a QR code, or
- The card number may be manually entered.

- Select the device camera from the drop-down (if multiple device cameras are listed).
- Click Start Scanning.
- Scan the code presented by the participant using the camera on your device.

NOTE: To remember the camera selection and bypass the “Start Scanning” prompt in the future, select Remember my selection. Clicking Stop Scanning will reset this function.

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Completing A Purchase: Camera

The Purchase details page displays.

- Enter the Date of Birth and Price of the purchase in dollar amount.
- Optionally, select the Location of the purchase, if any locations have been saved.
- Click Submit purchase

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Completing A Purchase: Camera

Purchase succeeded. x

Participant details





Using a camera from your device, scan the code presented by the participant.

Start Scanning
Manually Enter Card

Remember my selection

➤ When a purchase has been made successfully a **Purchase Succeeded** will appear at the top of the page and the options to start another new purchase display.

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Completing A Purchase: Manually

To make a purchase by manually entering a card, click Manually Enter Card.

Participant details

Using a camera from your device, scan the code presented by the participant.

Start Scanning
Manually Enter Card

Remember my selection

The Card Details form displays. Enter the card number





Card details

Use the below form to manually enter the card details.

Program *
Card Number *

Continue
Cancel

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Completing A Purchase: Manually

Purchase details

Use the below form to complete the purchase for this participant.

Location





Card number * Date of birth (MM/YY) * Price *

 \$

- Enter the PIN and Price of the purchase in dollar amount.
- Click Submit purchase

NOTE: The PIN will be hidden as it is entered.

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Completing A Purchase: Manually

Purchase succeeded. x



Participant details

Using a camera from your device, scan the code presented by the participant.

Remember my selection

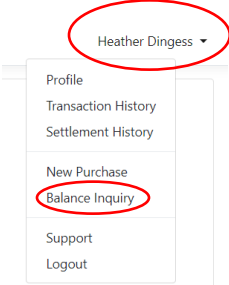
- When a purchase has been made successfully a success message will appear at the top of the page and the options to start another new purchase display.

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Balance Inquiry

- To use the device camera to scan a code for a balance inquiry, click **Request Camera Access**.
- When the device camera opens, scan the code presented by the participant.



Vendor Portal Balance Inquiry Heather Dingess



Balance inquiry

Using a camera from your device, scan the code presented by the participant.

Request Camera Access Manually Enter Card

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Balance Inquiry

Vendor Portal Balance Inquiry Heather Dingess

Balance inquiry

Use the below form to complete the balance inquiry for this participant.

Location

None

Card number * *****5800 Date of birth (MM/YY) *

Submit inquiry Cancel





The Balance Inquiry form displays.

- ✓ Enter the **Date of Birth**.
- ✓ Optionally, select the purchase Location, if any locations are saved.
- ✓ Click **Submit inquiry**.

The current available balance for the card displays. From this page the user can go to the New Purchase page or submit another balance inquiry.

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Farmer Compliance

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Farmer Compliance

- Regular visits for monitoring
 - ✓ Assure certification and answer questions
 - ✓ Compliance buys to check for correct procedures
- Farm visits to check production sources
- Notify market manager if you decide NOT to participate in FMNP

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Farmer Compliance


➤ Suspension may occur if any violation of the following federal program guidelines occurs:

- ✓ Accepting eFMNP benefits at unauthorized markets.
- ✓ Paying customers cash for eFMNP benefits.
- ✓ Charging extra for produce purchased with eFMNP benefits.
- ✓ Accepting eFMNP benefits for items obtained from unauthorized sources.
- ✓ Repeated or blatant infractions of any guidelines

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Farmer Compliance

➤ Other violations that farmers may be suspended from participation in FMNP are:

- ✓ Accepting eFMNP benefits before the farmer is certified
- ✓ Redeeming benefits for unauthorized products
- ✓ Redeeming benefits for non-local products (See "Grow Your Own" requirements)

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Compliance and Payment

- If a farmer is sent a warning letter after a violation is committed, they may not be paid for the eFMNP benefits involved.
- Repeated violation of Program requirements will result in non-payment of the eFMNP benefits involved AND suspension from the Program.

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Fair Hearing Request

- If suspended from program participation, farmers or markets may request a fair hearing by contacting:

Freda Butner
NC Department of Agriculture and Consumer Services
1020 Mail Service Center
Raleigh, NC 27699-1020

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Equal Opportunity

- All customers should receive courteous service
 - ❖ Federal law prohibits discriminating against customers based on race, color, national origin, religion, sex (including gender identity and sexual orientation), disability, age, marital status, and family/parental status, income derived from a public assistance program and political beliefs.
- Must comply with the requirements of Title VI of the Civil Rights Act of 1964 and Department of Agriculture regulations on nondiscrimination (7 CFR parts 15, 15a, 15b)

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What is Discrimination?

- **Discrimination** is the act of distinguishing one person or group of persons from others either intentionally, by neglect, or by the effect of actions or lack of actions based on their perceived or actual protected bases.

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Discrimination Types

- **Disparate treatment:** intentional
- **Disparate impact:** intentional or unintentional – It can be a policy or practice that disproportionately impacts a group
- **Retaliation** for prior civil rights activity: applies to applicant/beneficiary and his or her family, known associates, and anyone who cooperated in a civil rights investigation including agency employees

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What are the Civil Rights Requirements for FMNP?

- Farmers and Market Managers must not discriminate based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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Questions about the Program?

➤ **Contact Information**

- ✓ Heather Dingess at 919-707-5738 or heather.todaro@dhhs.nc.gov
- ✓ Ashley Evans at 919-707-5802 or ashley.evans@dhhs.nc.gov
- ✓ Question can be emailed to: ncwicfmp@dhhs.nc.gov

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Assurance of Civil Rights Compliance

The farmer hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C.2000d et seq.); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

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USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.





To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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

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USDA Program Discrimination Complaint Form, (AD-3027)

AD-3027 OMB Control Number: 0508-0002
Expires Date: 03/31/2024

U.S. Department of Agriculture
USDA Program Discrimination Complaint Form

Complainant Information	
First Name <input type="text"/>	
Mailing Address <input type="text"/>	
Primary Phone Number <input type="text"/>	Alternate Phone Number <input type="text"/>
E-mail <input type="text"/>	
Best way to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="text"/>	
Representative Information	
Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have written authorization from representative? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="text"/>	
First Name <input type="text"/>	
Last Name <input type="text"/>	
Mailing address <input type="text"/>	
Phone <input type="text"/>	
E-mail <input type="text"/>	
Complaint Information	
1. Provide the name of the program or project you are filing the complaint about: <input type="text"/>	
2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program: <input type="checkbox"/> ARS <input type="checkbox"/> ERS <input type="checkbox"/> FNS <input type="checkbox"/> NIFA <input type="checkbox"/> NRCS <input type="checkbox"/> OIA <input type="checkbox"/> OREIS <input type="checkbox"/> Other <input type="text"/>	
3. Date of your alleged discrimination: <input type="text"/>	
4. Location and address of the office where discrimination occurred: <input type="text"/>	
5. Were you discriminated against prior? <input type="checkbox"/> Yes (include the names of persons involved in the alleged discrimination of events) <input type="checkbox"/> No	
6. What happened to you? (please include dates of each allegation) <input type="text"/>	
7. Is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, reprisal/retaliation, genetic information, and political beliefs. (Not all bases apply to all programs). Retaliation is prohibited based on prior civil rights activity. (Include any documentation against based on) <input type="text"/>	
8. Have you ever been to see the complaint received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Have you filed a complaint about the incident with another Federal, State, or local agency or with a court? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. If yes, with what agency or court did you file? <input type="text"/>	
11. If yes, when did you file? (month/year) <input type="text"/>	
Complainant Signature <input type="text"/>	Date <input type="text"/>
Representative Signature <input type="text"/>	Date <input type="text"/>

<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>

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