

# **NORTH CAROLINA WIC FARMERS' MARKET NUTRITION PROGRAM (FMNP) Guidelines for Farmers—2024 - 2027**

For the purchase of North Carolina grown fresh fruits and vegetables only at  
FMNP certified farmers' markets.

The purpose of the WIC Farmers' Market Nutrition Program (FMNP) is to encourage WIC customers to obtain fresh fruits and vegetables directly from farmers as well as to improve nutrition of low-income women, infants and children. These transactions increase the farmer's share of the food dollar, keep more of the consumer dollar in local communities and help to revitalize rural areas.

Attached are the WIC FMNP guidelines for participating farmers. Please review them carefully and complete the updated Farmer's Agreement. You must complete a Farmer's Agreement for 2024 - 2027 for each market where you participate and return to the WIC FMNP administrator before accepting eFMNP benefits. Please contact us with any questions.

The North Carolina Department of Health and Human Services administers the program in cooperation with the North Carolina Department of Agriculture & Consumer Services.

If you have questions or concerns, contact:

- **Freda Butner**  
North Carolina Department of Agriculture & Consumer Services  
(919) 707-3110
  
- **Heather Dingess**  
North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being  
(919) 707-5738

## **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.

### **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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## **1. Farmers Eligibility to Participate**

- A. Farmers must be certified to participate in the program. All farmers must complete an updated Farmer's Agreement on the Current Guidelines before accepting eFMNP benefits. If a farmer sells at more than one FMNP market, a Farmer's Agreement must be completed for each market. The farmer is accountable for the actions of employees in the provision of food and other activities related to the Program.
- B. Farmers may accept eFMNP benefits only at markets authorized to participate in the program. If unsure, check with the market manager. Do not accept eFMNP benefits at an unauthorized site.
- C. Notify the market manager if ceasing to participate in the program during the period of the Agreement.
- D. Farmers must comply with the 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 Discrimination Act of 1975, Department of Agriculture regulations on non-discrimination (7 CFR parts 15, 15a and 15b), and Food and Nutrition Service Instructions as outlined in 7 CFR 248.7.
- E. No farmer who is employed by or who has a spouse, child, or parent who is employed by the state WIC program or the local WIC program serving the county in which the farmer does business can participate in the FMNP. A farmer shall not have an employee who handles or transacts eFMNP benefits who is employed by or who has a spouse, child, or parent who is employed by the state WIC program serving the county in which the farmer does business. Such situations present a conflict of interest.
- F. Neither the State WIC Agency nor the farmer has an obligation to renew the Agreement. The State WIC Agency or farmer may terminate the Agreement for cause after providing 30 days advance written notice.
- G. No new farmer's Agreements will be accepted after September 30<sup>th</sup> of each year.

## **2. "Grow-Your-Own" Farm Produce Requirements**

- A. Grow-Your-Own: Farmers may accept eFMNP benefits only for farm products they produce, defined as follows:
  - 1. Locally grown. Boundaries set by individual markets. eFMNP benefit redemptions are limited to fresh fruits and vegetables produced by a farmer on his/her farm. This may include land under lease or license, provided that the farmer who leased the land carries out the production (e.g., cultivation, planting, harvesting, etc.). Farmers may be required to show proof of lease arrangements.

Farmers may accept eFMNP benefits for products they obtain cooperatively from other North Carolina farms if this is allowed by the farmer's market rules. Farmers must allow on-farm visits to verify product sources. Farmers who do not produce at least 50% of the produce they are selling may not participate.
- B. Wholesale Buying: Products cannot be purchased from a non-farm source and sold for eFMNP benefits.
- C. Farm Visits: All farmers must agree to allow on-farm inspections by NCDA&CS personnel to verify product sources and acreage under production. If farmers sell products obtained cooperatively from other farms, inspectors must be allowed to visit those farms to verify product sources. Farmers must provide assistance to allow inspectors to document crops and conditions at the time of visit.

## **3. Display of Prices**

- A. Farmers must post prices for all items on sale at all times. Prices must be prominently displayed on signs that are easily seen and read by customers.
- B. Each participating farmer must display a FMNP poster at all times.

#### **4. Description of eFMNP Benefit Card**

- A. The **WIC eFMNP benefit cards have a value of \$30.00 each.**
- B. Issuance date of eFMNP benefit cards to recipients will be determined based on the market opening date in your county, along with the time that you start having an abundance of eligible products at your market.

#### **5. Eligible Foods**

- A. WIC eFMNP benefits are good only for fresh, locally produced, and unprocessed fruits and vegetables. Produce may be cleaned, trimmed, and packaged, but not otherwise processed, heated, or cooked.
- B. eFMNP benefits **cannot** be redeemed for herbs, nuts, honey, jelly, jam, eggs, baked goods, plants, flowers, or other non-food items, or items not produced on local farms.

#### **6. Receiving eFMNP benefit cards from Customers**

- A. FMNP customers cannot exchange eFMNP benefits for cash or give them away. If unsure, farmers may ask FMNP customers where they obtained their eFMNP benefit cards.
- B. Never give change for eFMNP purchases or exchange cash for eFMNP benefits.
- C. Do not collect State or local taxes on purchases made with eFMNP benefits.
- D. Do not accept eFMNP benefit cards that are damaged or appear to be reproduced or tampered with.
- E. If you suspect any type of abuse, please do not accept the eFMNP benefit card and inform the market manager or your local WIC office as quickly as possible.
- F. FMNP customers should pay the same price for items as customers paying with cash. Any overpricing for FMNP purchases is forbidden.
- G. All customers should receive courteous service. Remember that Federal law prohibits discriminating against customers on the grounds of race, color, sex, disability, national origin, or age.
- H. Completing an eFMNP purchase is completed using the Vendor Portal

#### **7. Enforcement of eFMNP Program Guidelines**

- A. Regular monitoring activities will be conducted to ensure compliance with guidelines. For farmers, these may include:
  - 1. Regular visits to markets to ensure farmers have certification, and to answer any questions about procedures.
  - 2. Compliance buys to check for proper redemption procedures.
  - 3. Farm visits to check production sources of farmers.
- B. The compliance committee will determine violations and assess penalties. FMNP customers may file a grievance and the compliance committee will investigate.
- C. For the following violations, farmers will first receive a warning and may not be reimbursed for the eFMNP benefits involved:
  - 1. Accepting eFMNP benefits before the farmer is certified.
  - 2. Redeeming eFMNP benefits for unauthorized products.
  - 3. Redeeming eFMNP benefits for non-local products, as defined in the "Grow-Your-Own" requirements.
- D. Repeated infractions will result in non-payment for eFMNP benefits and suspension from the Program.
- E. Farmers may be suspended from FMNP for the following violations immediately following fifteen days notice of the adverse action:
  - 1. Accepting eFMNP benefits at unauthorized markets.
  - 2. Paying customers cash for eFMNP benefits.

3. Exchanging eFMNP benefits with another farmer for cash or product.
4. Charging extra for products purchased with eFMNP benefits.
5. Accepting eFMNP benefits for items obtained from unauthorized sources.
6. Repeated or blatant infractions of any guidelines.

Farmers and/or markets that are disqualified can request a fair hearing by contacting Freda Butner at the North Carolina Department of Agriculture & Consumer Services.

Payments may be withheld for all eFMNP benefits involved in infractions of this nature and repayment sought if payment has already been made. A farmer who commits fraud or abuse is liable to prosecution under applicable Federal, State, or local laws.

Farmers may not seek restitution from FMNP customers for eFMNP benefits not paid by the State WIC Agency.

## 8. Completing a New Purchase

- A. Completing an eFMNP purchase in the Vendor Portal
  1. Enter your **Username** and **Password** in the vendor portal. Click **Login**
    - a) Select "**Remember my login**" to store login credentials.
  2. To access the New Purchase page, click the arrow at the top right next to your username to display the drop-down menu.
  3. Click **New Purchase**. There are two methods of making a purchase. The device camera can be used to scan a QR code, or the card may be manually entered.
- B. Using Device Camera to Scan QR Code
  1. Click **Request Camera Access** to use the device camera to scan a barcode. A page will display asking to use the camera from your device to scan the QR code presented by the participant. Depending on the device used, the information displayed on this page will be different.
  2. Select the device camera from the drop-down
  3. Click Start Scanning.
  4. Scan the code presented by the participant using the camera on your device.
  5. Enter the Date of Birth and Price of the purchase in dollar amount.
  6. Optionally, select the Location of the purchase if any locations have been saved.
  7. Click Submit purchase.
    - a) 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.
- C. Manually Entering a QR Code
  1. To manually enter a card from the New Purchase page, click **Manually Enter Card**.
  2. **Enter the Card Number**.
  3. Enter the **Date of Birth** and **Price** of the purchase in dollar amount.
    - a) The PIN will be hidden as it is entered.
  4. Click **Submit Purchase**.
    - a) 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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**\*\*You must complete an agreement for each FMNP participating market and return it to Heather Dingess at the Division of Child and Family Well-Being before accepting eFMNP benefits!! Please note: This agreement expires on December 31, 2027.**

Please complete the following and return to **Heather Dingess, Division of Child and Family Well-Being, Community Nutrition Services Section, 1914 Mail Service Center, Raleigh, NC 27699-1914**  
or email at [ncwicfmnp@dhs.nc.gov](mailto:ncwicfmnp@dhs.nc.gov)

**2024 - 2027 WIC FMNP FARMER'S AGREEMENT**

I (*print your name*) \_\_\_\_\_ hereby agree to participate in the North Carolina WIC Farmers' Market Nutrition Program (FMNP) and to abide by the Guidelines for Farmers – 2024 - 2027. I have attended the training for my market site, which was given by my market's manager or advisor who attended the training administered by the North Carolina Department of Agriculture & Consumer Services or the North Carolina Division of Child and Family Well-Being/Community Nutrition Services Section and I understand the rules and guidelines of the Program.

\_\_\_\_\_  
Farmer's Signature

\_\_\_\_\_  
Vendor (farmer)#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

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

\_\_\_\_\_  
Telephone Number (including area code)

\_\_\_\_\_  
Fax Number (including area code)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Name of Market

\_\_\_\_\_  
County

\_\_\_\_\_  
Market Manager's Name

\_\_\_\_\_  
Market #

Please list any other markets where you will be selling: \_\_\_\_\_

**Witness Signature and Title** (This should be signed by the person who trained the farmer e.g., the Farmers' Market Manager, Farmers Market Board Member, Farmers Market Advisor)

**\*You must complete a separate Farmer's Agreement for each FMNP market where you will be participating.**

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