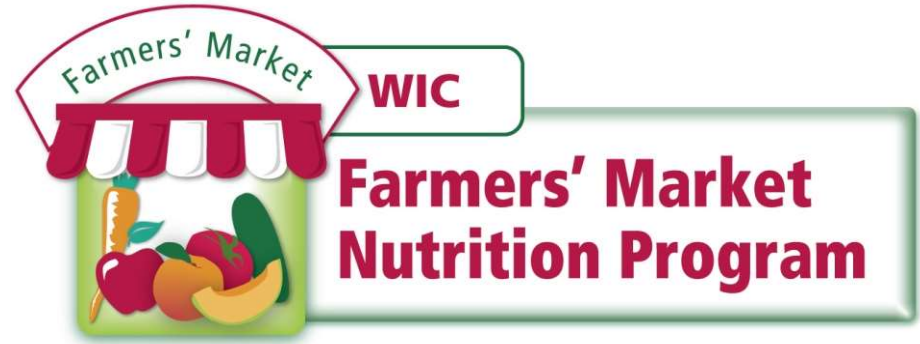




North Carolina WIC Farmers' Market Nutrition Program

Farmer Certification Training

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2025**





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Overview

- Program Goals
- Farmer Guidelines
- Vendor Portal
 - ✓ Setting up your account
 - ✓ Completing a Purchase
 - ✓ Manually entering a card
 - ✓ Balance Inquiry
- Farmer Compliance
- Federal Nondiscrimination Requirements



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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FMNP 2025 Season



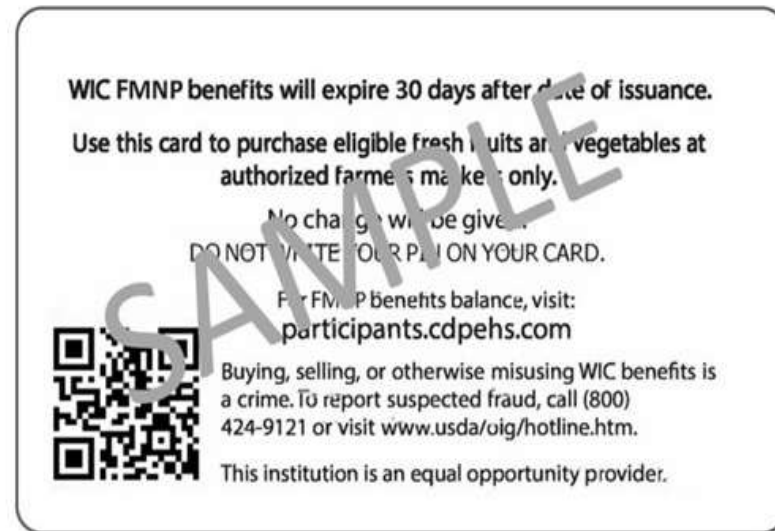
WIC FMNP

- Season starts on **May 1, 2025**
- 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

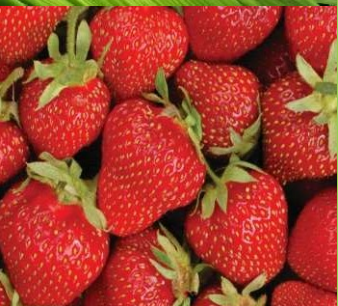
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WIC FMNP Card



- Here is what the NC WIC FMNP card looks like.
- Participants will be issued an FMNP card at participating local WIC agencies. Once eFMNP benefits are issued to a participant the benefits on the cards will expire 30 days after issuance.
- FMNP cards cannot be accepted after October 30, 2025.



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.

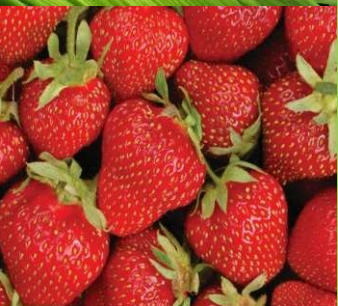
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Farmer Eligibility

- Farmers are required to have an electronic device (smartphone or tablet) with internet access and a camera to scan a QR code that is on the back of the WIC FMNP cards.

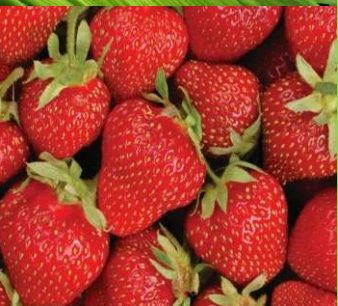
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Farmer Eligibility

- 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 return a completed 2025 Verification of Training form
 - ✓ **All** requirements **MUST** be completed before accepting eFMNP benefits



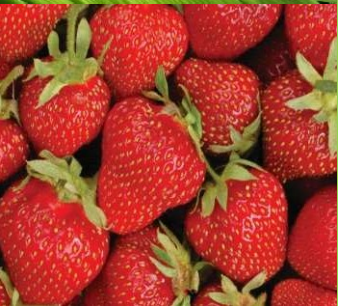
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“Grow-Your-Own” Produce Requirements

- 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 the land is leased, it must be by the farmer growing the produce
- Farmers are required to grow at least 50% of their produce sold at the market



"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

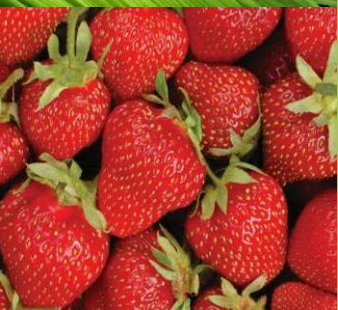


Farmers' Market Nutrition Program 2025

Display of FMNP Poster & Prices

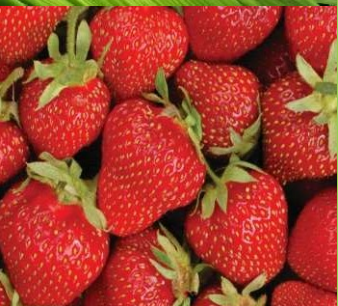


- Farmers must display the WIC FMNP poster shown here during hours of operation
 - ✓ Must get posters from your market manager
- Farmers must post prices for all produce they sell
 - ✓ Prices must be easily seen and read by customers



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Vendor Portal



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Vendor Portal Registration

In this section we cover:

- Registering for a New account or Logging into an existing account
 - ✓ Selecting a username and password
 - ✓ Confirming email
 - ✓ Setting up Profile in the vendor portal
 - ✓ Reviewing and Signing CDP's electronic processing agreement
- Completing a new purchase
- Transaction History
- Settlement History
- Manually entering an FMNP card number
- Balance Inquiry



Vendor Portal Login



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

Login

Enter your local login credentials.
Logging in to: WIC Direct Vendor Portal

Username *

Password *

Remember my login

[Forgot password?](#)

[Don't have an account? Register here!](#)

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Vendor Portal Registration



The screenshot shows the "Vendor Portal Registration: Step 1" form. It includes a "Program" dropdown menu with "North Carolina" selected, a "Vendor number" input field, and a "Zip code" input field. There are "Next" and "Cancel" buttons at the bottom.

Copyright © 2022 CDIF, Inc. - Screen Type [Diagram] Build Version [6.13.1.10]

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1. Program – select **North Carolina** from the drop-down list
2. Enter your 5-digit Vendor number.
3. Enter your Zip code.
4. Click Next.



Vendor Portal Registration



The screenshot shows the 'Vendor Portal Registration: Step 2' form. It includes fields for Username, Email, Password, and Confirm password. Below the password fields, there are five criteria for password strength: 1. Length must be at least 6 characters. 2. Password must contain at least one lowercase letter. 3. Password must contain at least one uppercase letter. 4. Password must contain at least one number. 5. Password must contain at least one special character. There are also fields for First name, Last name, and Phone number. At the bottom, there are 'Register' and 'Cancel' buttons.

5. Enter a Username.
6. Enter your Email.
7. Select a Password
8. Confirm password by entering the password again.
NOTE: The password must meet the criteria listed.
9. Update the First name, Last name, and Phone number as needed.
10. Click Register.

➤ After clicking Register you will need to check your email for a Confirmation Email from CDP

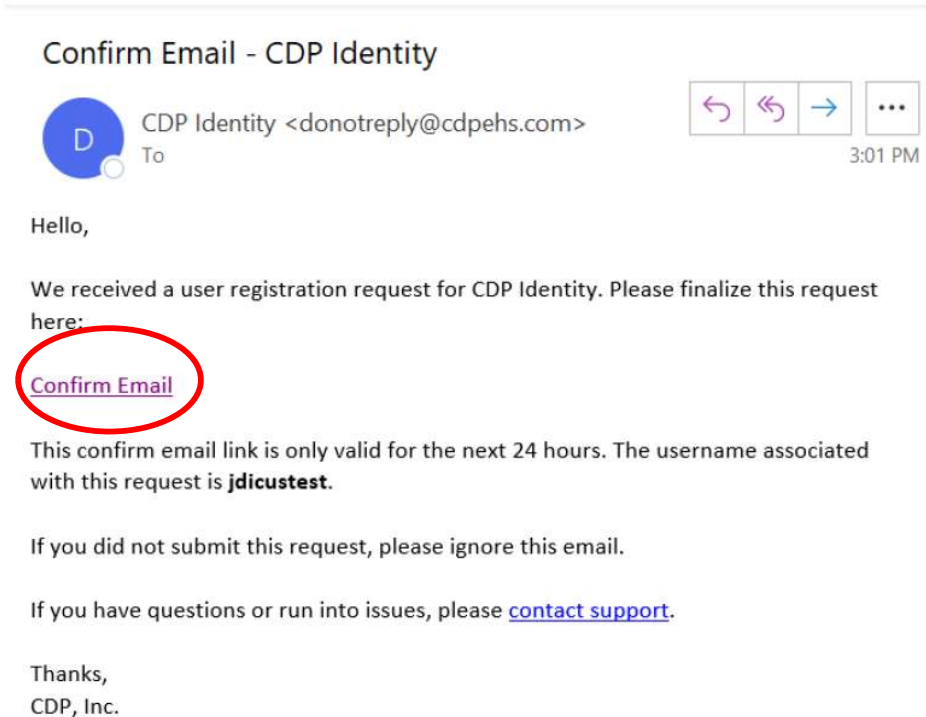
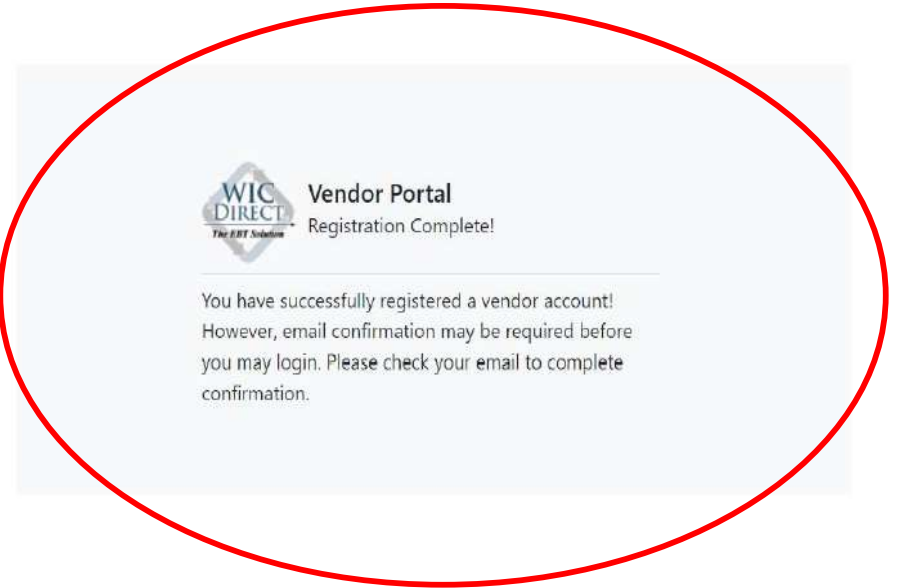
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Vendor Portal Registration

When you have successfully completed registration, the following message will display:



11. Click Confirm Email.
12. Click **Click here to continue!** to return to the Login page.



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Vendor Portal Registration

Vendor Portal Profile Heather Dingess ▾

Profile details

Below are the profile details for this account. Manage your profile details [here](#).

Field	Value
Email:	heather.dingess@dhhs.nc.gov
First name:	Heather
Last name:	Dingess
Phone number:	

Vendor associations

Below are the vendors associated with this account.

Click on your business name below to view and edit vendor details or to complete enrollment steps.

Program	Vendor	Actions
North Carolina	5001 / Heather Dingess	Remove

[Add](#)

- From this screen you will be able to access your vendor details to confirm you Address and Bank information by clicking on the blue vendor number/ name in the box on the right side of the screen.



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Vendor Portal Registration

Vendor Portal Profile Heather Dingess

Profile details
Below are the profile details for this vendor.

Field	Value
Program name:	North Carolina
Vendor name:	Heather Dingess
Vendor number:	5001
Processing agreement:	Signed: Sep 5, 2024, 8:35:39 AM Download Processing Agreement
Government:	Federal Tax ID: *****1054 (SSN) Download Form W9
Bank account:	Information on file
Date range:	Begin: 06/10/2024 End: 10/30/2024
Contact information:	Heather Todaro heather.dingess@dhhs.nc.gov
Address:	5601 Six Forks Rd. Raleigh, NC 27609
Locations:	Edit Locations

Close

- This is where you will click to electronically sign the Processing agreement.
 - ✓ You will not be able to complete any WIC FMNP transactions until the Processing agreement is signed.



Completing A Purchase

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Completing A Purchase

Vendor Portal Profile

Heather Dingess ▾

Profile
Transaction History
Settlement History
New Purchase
Balance Inquiry
Support
Logout

Profile details
Below are the profile details for this account. Manage your profile details [here](#).

Field	Value
Email:	heather.dingess@dhhs.nc.gov
First name:	Heather
Last name:	Dingess
Phone number:	919-707-5738

Vendor associations
Below are the vendors associated with this account. Click on your business name below to view details or to complete enrollment steps.

Program	Vendor	
North Carolina	5001 / Heather Dingess	Remove

[Add](#)

Before starting a purchase make sure you are logged into the Vendor Portal.

Once logged in you will:

- click on your name in the top right corner of the page
 - ✓ Then New Purchase




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Completing A Purchase

Vendor Portal New Purchase Heather Dingess ▾

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

[Request Camera Access](#) [Manually Enter Card](#)



- You will need to give your device access to your camera by clicking on **Request Camera Access**, and then allow
- You can also choose to **Manually Enter Card**



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Completing A Purchase

There are two methods for completing a purchase:

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

The screenshot shows a payment interface titled "Participant details". Below the title, there is a line of text: "Using a camera from your device, scan the QR code presented by the participant." Below this text are two blue buttons: "Start Scanning" and "Manually Enter Card". The "Start Scanning" button is circled in red. Below the buttons is a dropdown menu labeled "Default Camera" and a checkbox labeled "Remember my selection" which is currently checked.

- Select the device camera from the drop-down (if multiple device cameras are listed).
- Click Start Scanning.
- Scan the QR 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.

Vendor Portal New Purchase Heather Dingess

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

Location
None

Card number * *****5300 Date of birth (MMYY) * Price * \$ 0

Submit purchase Cancel

- Enter the Date of Birth and Price.
- 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. ✕

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 **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.

Default Camera

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 *



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Completing A Purchase: Manually

Purchase details

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

Location

None

Card number *

Date of birth (MMYY) *

Price * \$

- Enter the Date of Birth and Price.
- Click Submit purchase

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



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Completing A Purchase: Manually

Purchase succeeded. ✕

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

Default Camera ▼

Remember my selection

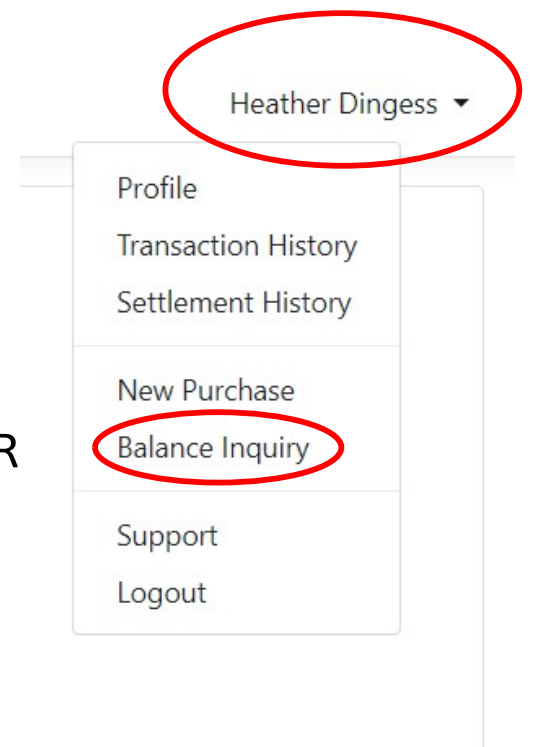
- When a purchase has been made successfully a success message will appear at the top of the page and the options to start another new purchase display.



Balance Inquiry



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



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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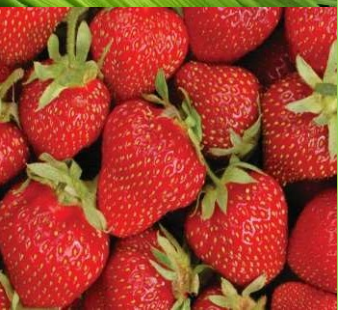
Balance Inquiry

The screenshot shows a web interface for a "Vendor Portal" with a "Balance Inquiry" page. The user's name, "Heather Dingess", is displayed in the top right corner. The main heading is "Balance inquiry", followed by the instruction: "Use the below form to complete the balance inquiry for this participant." The form includes a "Location" dropdown menu currently set to "None". There are two required fields: "Card number *" and "Date of birth (MMYY) *". The card number field contains "*****5800". At the bottom of the form are two buttons: "Submit inquiry" (in blue) and "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

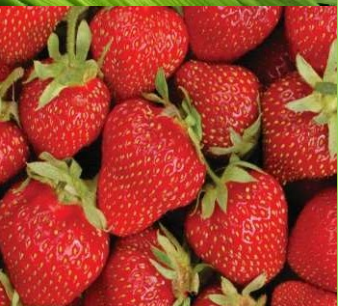


Farmer Compliance



- 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

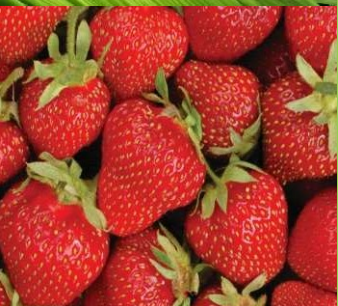


Farmer Compliance



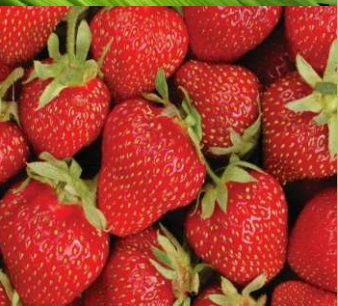
- Other violations that farmers may be suspended from participation in FMNP are:
 - ✓ Accepting eFMNP benefits before the farmer is certified
 - ✓ Redeeming benefits for unauthorized products
 - ✓ Redeeming benefits for non-local products (See "Grow Your Own" requirements)

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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

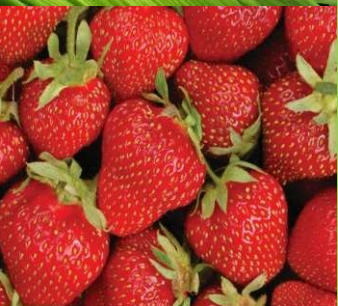
- All customers should receive courteous service
 - ❖ Federal law prohibits discriminating against customers based on race, color, national origin, religion, sex (including gender identity and sexual orientation), disability, age, marital status, and family/parental status, income derived from a public 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)



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



What are the Civil Rights Requirements for FMNP?

- Farmers and Market Managers must not discriminate based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, 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:

❖ Office 919-707-5738

❖ Cell 919-612-2413

✓ Questions can be emailed to:

ncwicfmnp@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, audiotope, 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

This institution is an equal opportunity provider.



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USDA Program Discrimination Complaint Form, (AD-3027)

AD-3027 OMB Control Number: 0508-0002
Expiration Date: 05/31/2024

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

Complainant Information			
First name	Middle Initial	Last Name	
Mailing Address			
Primary Phone Number	Alternate Phone Number	Email	
Best way to reach you: Mail Phone Email Other			
Representative Information			
Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have written authorization from representative? If so, please attach: <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name		Last Name	
Mailing address			
Phone		Email	
Complaint Information			
<i>(attach additional pages and supporting documentation as needed)</i>			
1. Provide the name of the program you applied for (if known/applicable).			
2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program. <input type="checkbox"/> FNS <input type="checkbox"/> FFS <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown			
3. Date of recent alleged discrimination (mm/dd/yyyy)		4. Location and/or address of the office where discrimination occurred	
5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known).			
6. What happened to you? (please include dates of each allegation)			
7. It 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, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Retrial is prohibited based on prior civil rights activity. I believe I was discriminated against based on:			
Remedies			
8. How would you like to see this complaint resolved?			
9. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?			
10. If yes, with what agency or court did you file?		11. If yes, when did you file? (mm/dd/yyyy)	
Complainant Signature _____		Date _____	
Representative Signature _____		Date _____	

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