



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

**GROWER APPLICATION
2025 - 2027**

Instructions for completing the WIC & Senior FMNP application to accept CVBs, and FMNP (WIC & Senior) benefits: You must submit the completed application, after reading the **“Grower Agreement 2025 - 2027”** via email to [FMNPTeam@doh.wa.gov \(preferred method\)](mailto:FMNPTeam@doh.wa.gov), by fax at 360-236-2345, or by mail at:

**Washington State Department of Health
WIC & Senior 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 and press # 2 for the farmers market program.

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

Contacts:			
Title			
Name (First, Last):			
Email:			
Mailing Address:			
City	State	Zip	County
Home Phone (555) 555-5555:		Cell Phone:	
Owner (First, Last):			
Email:		Phone number:	
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 or roadside stand and you want to be considered for authorization to accept CVB's and FMNP (WIC & Senior) benefits, you must submit a separate Farm Store Application.

Are you a new Grower to the program? Yes No



Please **check one** of the following (you must select at least one option):

- 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
- Marionberries
- 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 WIC CVB, FMNP, and SFMNP 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 program 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 FMNPTeam@doh.wa.gov or 1-800-841-1410.



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 2025 - 2027.”
3. I understand that if I am authorized, I am bound by all the terms of the “CDP Inc. e-WIC Farmer Merchant Agreement
4. I understand that if I am authorized, I will accept WIC CVB, FMNP, and SFMNP transactions at authorized farmers markets only..

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 CVB's, FMNP, and SFMNP Benefits.

I affirm that I have read and understand all sections of the document titled “**Grower Agreement WIC/Senior Farmers Market Nutrition Program 2025-2027**”. 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 my application will be declined If I do not sign this Agreement. I read the “**Grower Agreement WIC/Senior Farmers Market Nutrition Program 2025-2027**” 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
(*Official use only*)

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.

Send completed applications to:

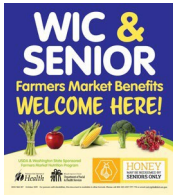
FMNPTeam@doh.wa.gov
(PREFERRED METHOD)

Fax: 360-236-2345
or mail to:

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WIC & Senior Coordinator

PO Box 47886
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Washington WIC doesn't discriminate.

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/ad-3027.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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

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

