



## 2025-2026 Senior Farmers' Market Nutrition Program Outlet Application & Questionnaire – Farmers' Markets & Farmers

<b>Applicant's Business Name</b>	<b>Contact Person &amp; Phone No.</b>	<b>Application for what type of outlet?</b> Farmers' Market? <input type="checkbox"/> Market sub-outlet? <input type="checkbox"/> Independent Farmer? <input type="checkbox"/>
<b>Applicant's U.S. Mail address / Email address</b>		
<b>Proposed Service Location(s) and days of operation:</b>		
<b>County and Local Agency:</b>		

Applicant represents that Applicant's business is prepared to be an outlet for the Senior Farmers' Market Nutrition Program (SFMNP) for the two program years 2025 and 2026. Applicant agrees that the periods of performance for this agreement are from April 1, 2025, to October 31, 2025, and from April 1, 2026 to October 31, 2026. Participants may redeem coupons until October 31, 2025 in 2025 and October 31, 2026 in 2026. Applicant agrees that the deadline for Applicant to submit redeemed coupons to its Local Agency for reimbursement is Monday, November 10, 2025 for 2025, and Tuesday, November 10, 2026 for 2026.

Applicant confirms that Applicant has reviewed and complies with the checklist below. Applicant understands and agrees that this Application is subject to review and approval by the Office of Community Services (OCS), which is the State Agency for SFMNP in Hawaii. Applicant recognizes that Applicant's status as an outlet in SFMNP is conditional at all times on continued compliance with all of the requirements of the U.S. Department of Agriculture and its Food and Nutrition Service, as well as all requirements of OCS and the Local Agency for participation in the program, including but not limited to compliance with requirements for eligible foods, pricing of food, prohibition on providing change if a purchase is for less than \$5 or a multiple of \$5, prohibition on imposing taxes on food, and the requirements for fiscal reporting, and treatment of customers in compliance with Civil Rights training and courtesies to customers, as well as the duties of the Outlet Agreement for the outlet's services.

In compliance with U.S. Department of Agriculture regulations, the Applicant acknowledges that he/she shall have received the Outlet Training in Civil Rights and program management before commencing participation in the program.

\_\_\_\_\_  
**Applicant representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Local Agency Provider**

\_\_\_\_\_  
**Date**

**Approved:**

\_\_\_\_\_  
**Office of Community Services**

\_\_\_\_\_  
**Date**

## Questionnaire to be filled out by Local Agency on Interview with Applicant

1 Has the Applicant submitted to the Local Agency an accurate and current IRS Form W-9:

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

2 Has the Local Agency verified that Applicant is a local farmer who actively grows Eligible Foods and appears able to sell such foods either independently or through a Farmers' Market? Or is a Farmers' Market composed of farmers who grow Eligible foods? Will Applicant allow the Local Agency and OCS to visit the Applicant's farming operation?  Date: \_\_\_\_\_

3 Has the Applicant identified in writing the location(s) where, and days of the week when, the Applicant would be selling Eligible foods to customers who are participating in SFMNP:

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

4 Has the Applicant previously participated in SFMNP? During seasons in what years?

\_\_\_\_\_. Does the Applicant believe that it/he/she is familiar with the requirements of program operations and Civil Rights and customer courtesy obligations? \_\_\_\_\_  
(NOTE: This is a general confirmation only. Applicant remains obligated to satisfactorily attend trainings and to comply with program obligations.)  Date: \_\_\_\_\_

5 If the Applicant is new to the program, has the Applicant reviewed the list of Eligible Foods and otherwise satisfied the Local Agency that **the Applicant grows its/his/her own Eligible Foods in sufficient quantities** to participate as a vendor outlet in SFMNP for 2025 and 2026? Or, if the Applicant is a Farmers' Market, does its participating Farmers have sufficient growing resources to participate as vendor outlets within the Farmers' Market? Note that, under USDA regulations, all new Outlets are deemed "high risk" and will be subject to monitoring.  Date: \_\_\_\_\_

6 Has the Applicant been asked whether the Applicant intends to sell INELIGIBLE foods, as well as Eligible Foods? If Applicant intends to sell some INELIGIBLE foods, has the Applicant been advised to clearly separate foods are eligible for purchase with SFMNP coupons and which are not, and agreed to do so?  Date: \_\_\_\_\_

7 Has the Applicant reviewed the Agreement form for the type of operation that the Applicant intends to perform (Farmers' Market, Farmer sub-outlet, or Independent Farmer) and confirmed to the satisfaction of the Local Agency that the Applicant can and will comply with the requirements of the Agreement?  Date: \_\_\_\_\_

8 Has the Applicant reviewed other forms that are to be used in the SFMNP, including processing forms, reimbursement log, sanctions handout, posters, for the type of operation that the Applicant intends to perform and confirmed to the satisfaction of the Local Agency that the Applicant can and will comply with program requirements as reflected in the forms?  Date: \_\_\_\_\_

9 **Local Agency Comments on recommending this Application for approval by OCS:**

Local Agency rep /s/ \_\_\_\_\_ Date: \_\_\_\_\_, 2025