



PARTICIPATION APPLICATION FOR 21ST CENTURY FARMERS' MARKETS Instructions

Purpose:

The primary purpose in providing you this form is to benefit you and/or your agricultural retail market toward its establishment as an approved retailer in the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) Supplemental Nutrition Assistance Program (SNAP) (formerly called the "Food Stamp Program"), for related services, and to judge the highest likelihood of your success as a potential participant in North Carolina's *21st Century Farmers' Markets* program.

Instructions:

Please complete the application and write legibly or print type using **blue ink**. *You do not need to be a market manager or association leader to apply on behalf of an agricultural retailers' market.* Mail the completed application to: *21st Century Farmers' Markets*, c/o The Leaflight, Inc., P.O. Box 16081, Chapel Hill, NC 27516; Or, you may apply by scan/email to (programs@leaflight.org), or by fax to (919) 928-5512. Applications are reviewed on a rolling basis, and processed in as timely a manner as possible. This application is not a contract and in no way obligates anyone to receive or provide services. Kindly email, or call the Leaflight's office (919) 619-8119, if you have questions about this application process.

Privacy & Routine Uses Statement:

Information you provide in each section of this form is used to determine levels of service you and/or your market may be eligible to receive. Results may be made available as a routine use by The Leaflight, Inc., to our partners: the U.S. Department of Agriculture (USDA), North Carolina Department of Agriculture & Consumer Services (NCDA&CS), North Carolina Department of Health and Human Services (DHHS), including all NAMES you indicate as your contacts and partners on this form. Personally identifiable information you provide on this form is **not** shared with others.

Inclusionary Statement:

We try to create easily understandable forms and instructions. This application, also online at www.leaflight.org/application was created through the careful use and study of government forms, guidelines, and complex regulations. The estimated time to complete the application is 40 minutes, which includes time required to search existing data sources, gather the necessary data, complete and review the form, and provide and submit the application and any additional information required. If you have comments concerning the accuracy of this time or suggestions for making this application simpler, we would be happy to hear from you. You can email forms@leaflight.org. The Leaflight, Inc. is an educational and scientific, charitable and religious non-profit organization whose mission is sustainable development.

Funding for this program comes from the U.S. Department of Agriculture, State of North Carolina, DHHS, NCDA&CS, and generous donors.



✂ PLEASE DETACH AND RETAIN THIS PAGE FOR YOUR RECORDS ✂



FOOD AND NUTRITION SERVICE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM RETAIL STORE ELIGIBILITY

TO BE ELIGIBLE AS A STORE IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM, YOUR STORE(S) MUST SELL FOOD FOR HOME PREPARATION AND CONSUMPTION AND MEET ONE OF THE CRITERIA BELOW:

(Criterion A) Offer for sale, on a *continuous basis*, at least three *varieties* of qualifying foods in each of the following four staple food groups, with *perishable foods* in at least two of the categories:

- meat, poultry or fish
- bread or cereal
- vegetables or fruits
- dairy products

For more information on Criterion A, see below.

*****OR*****

(Criterion B) More than one-half (50%) of the total dollar amount of all things (food, nonfood, and services) sold at the farmers' market must be from the sale of eligible *staple foods*.

Definitions for Criterion A:

Continuous basis means that on any given day of operation, a store must offer for sale and normally display in a public area, qualifying staple food items, with no fewer than three different varieties of food items in each of the four staple food categories.

Perishable foods are items that are either frozen staple food items; or, fresh, un-refrigerated or refrigerated staple food items that will spoil or suffer significant deterioration in quality within 2 to 3 weeks.

Variety means different types of foods, such as apples, cabbage and squash in the fruit or vegetable category; or, milk, cheese and butter in the dairy category. The following does not meet the variety requirement: having different brands and sizes; having the same item but with varying ingredients (e.g., plain sausage and spicy sausage); or having the same item but offering different types of the item (e.g., Granny Smith and Red Delicious apples). Food items with multiple eligible ingredients (e.g., pizza, frozen dinners) will be counted only once as a staple food, in the category of the main ingredient.

Retail sales include all retail sales of the firm including food, non-food, gas and services (such as rental fees, games, dry cleaners, and lottery). However, fees directly connected to the processing of staple foods such as raw meat, poultry, and fish may be calculated as staple food sales under Criterion B.

Staple foods do not include accessory foods such as coffee; tea; cocoa; soda; non-carbonated drinks such as sports drinks, punches, and flavored waters; candy; condiments; spices; hot foods; or, foods ready to go or made to take out, like prepared sandwiches or salads.



PARTICIPATION APPLICATION FOR 21ST CENTURY FARMERS' MARKETS NORTH CAROLINA

2011

SECTION ONE: Basic Information

DATE OF APPLICATION: / /

CONTACT INFORMATION

YOUR NAME, Last NAME, First

YOUR AFFILIATION, if other than market

COUNTY TITLE

CITY ZIP CODE (Zip + 4 if known) -

PHONE - - ext. MOBILE LANDLINE FAX - -

EMAIL, person submitting this application

NAME, Market

MAILING ADDRESS, Market: Street/RFD # or P.O. Box

CITY: ZIP CODE (Zip + 4 if known) -

PHONE - - ext. MOBILE LANDLINE FAX: - -

WEBSITE, Market http://

MISSION STATEMENT, Market:

BACKGROUND DESCRIPTION, Market:

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SECTION TWO: Capacity

This section requests information to help us determine the retailers' ability to successfully support programs that provide consumers access to a variety of goods, including foods and plants meeting USDA FNS SNAP eligibility requirements.

MARKET RETAILER TYPE: FARMERS' MARKET TAILGATE MARKET MINI MOBILE MARKET DELIVERY ROUTE FARM STAND

Please CHECK Retailer type & structure: NON-PROFIT PRIVATELY HELD CORPORATION COOPERATIVE OTHER _____

Does the Market meet USDA FNS SNAP Retail Store eligibility criteria? (see page 2)

CRITERIA 'A' CRITERIA 'B' BOTH CRITERIA NEITHER CRITERIA

LOCATION # 1:

Please CHECK features of Market INDOOR OUTDOOR RAIN COVER OUTDOOR "OPEN AIR"

ELECTRICAL OUTLET ETHERNET RECEPTACLE 'WI-FI' INTERNET TELEPHONE JACK

CELL PHONE signal strength: NO SIGNAL POOR FAIR GOOD EXCELLENT

DAY, HOURS and MONTHS of operation

LOCATION # (1)	FROM HOURS:MINS <input type="checkbox"/> AM S M TU W TH F SA	TO: HOURS:MINS <input type="checkbox"/> AM <input type="checkbox"/> PM	FROM MONTH/DAY TO MONTH/DAY <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> /
LOCATION # (1)	FROM HOURS:MINS <input type="checkbox"/> AM S M TU W TH F SA	TO: HOURS:MINS <input type="checkbox"/> AM <input type="checkbox"/> PM	FROM MONTH/DAY TO MONTH/DAY <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> /

LOCATION # 2:

Please CHECK features of Market INDOOR OUTDOOR RAIN COVER OUTDOOR "OPEN AIR"

ELECTRICAL OUTLET ETHERNET RECEPTACLE 'WI-FI' INTERNET TELEPHONE JACK

CELL PHONE signal strength: NO SIGNAL POOR FAIR GOOD EXCELLENT

DAY, HOURS and MONTHS of operation

LOCATION # (2)	FROM HOURS:MINS <input type="checkbox"/> AM S M TU W TH F SA	TO: HOURS:MINS <input type="checkbox"/> AM <input type="checkbox"/> PM	FROM MONTH/DAY TO MONTH/DAY <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> /
LOCATION # (2)	FROM HOURS:MINS <input type="checkbox"/> AM S M TU W TH F SA	TO: HOURS:MINS <input type="checkbox"/> AM <input type="checkbox"/> PM	FROM MONTH/DAY TO MONTH/DAY <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> /

If you have additional locations, copy or print this blank page for use

YEAR market first opened Market incorporated YES NO Board of Directors YES NO

Market Representative with Authority to Sign Contracts:

NAME, Last NAME, First

Market Manager employment: FULLTIME PART-TIME UNPAID GOVERNMENT NONE

NAME, Last NAME, First

PHONE - - ext. MOBILE LANDLINE FAX - -

EMAIL, Market Manager

TOTAL # of Market's vendor members: % of total vendors who sell food: %

AVERAGE # of vendors selling per week: MAXIMUM # of vendors selling per week:

Public transportation to and from LOCATION # (1): FREE SERVICE NOT FREE NO SERVICE WEEKDAYS ONLY OTHER

Public transportation to and from LOCATION # (2): FREE SERVICE NOT FREE NO SERVICE WEEKDAYS ONLY OTHER

PLEASE SUBMIT THIS PAGE TO APPLY

SECTION FIVE: Need

This section requests information to determine the extent of potential direct benefit among individuals who would be able to make use of the Supplemental Nutrition Assistance Program, and vendors who agree to accept alternative payments at your agricultural retailers' market.

Percentage estimate of vendor members whose farm sales average below \$20,000 annually:

BELOW 25%
 25% - 50%
 50% - 75%
 ABOVE 75%
 DATA UNREPORTED

LOCATION # (1), Market's Street Address

CITY ZIP CODE (Zip + 4 if known) -

LOCATION # (2), Market's Street Address

CITY ZIP CODE (Zip + 4 if known) -

If you have additional location, copy or print this blank page for use

Which of the following best describes your market's neighborhood?

URBAN
 RURAL
 SUBURBAN

Briefly describe your understanding of community and household needs with your markets' enrollment in the USDA FNS Supplemental Nutrition Assistance Program?

Please describe additional community need, market and consumer demand, community partnership and market capacity?

This space for use by LeafLight staff only:

Number Key Verification

County Tier Designation: Tier 1 Tier 2 Tier 3

Percentage county population in poverty: BELOW 10% 10% - 15% 15% - 20% ABOVE 20%

FNS households (and FNS eligible households) within 4 miles 0 - 999 1000 - 2499 2500 +

Percentage county population receiving FNS: % Percentage county adult population obese/overweight: %

Incidence of type 2 diabetes in zip code BELOW 5% 5% - 8% ABOVE 8%

Percentage county residents not meeting Fruits &Vegetable recommendations: %

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