



# **Senior Farmers' Market Nutrition Program and WIC Farmers' Market Nutrition Program FY 2023 Updated State Plan Information for VA DARS**

The Food and Nutrition Service (FNS) is collecting this information in order to provide fresh, nutritious, unprepared, locally grown fruits and vegetables through farmers' markets and roadside stands to WIC participants and low-income seniors, and to expand awareness and use of, and sales at, farmers' markets and roadside stands through the WIC Farmers' Market Nutrition Program (FMNP) and Senior Farmers' Market Nutrition Program (SFMNP). This is a mandatory collection and FNS will use the information to ensure the efficient management of the FMNP and SFMNP. The collection does not request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0584-0447 and 0584-0541. The time required to complete this information collection is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314. ATTN: PRA (0584-0447/0584-0541). Do not return the completed form to this address.

**SENIOR FARMERS' MARKET NUTRITION PROGRAM  
WIC FARMERS' MARKET NUTRITION PROGRAM**

**Updated Consolidated State Plan Information**

**Fiscal Year 2023**

Unless submitting a comprehensive State Plan, each State agency must provide, at a minimum, the following information, including budget pages, to their respective FNS Regional Office, annually. Any State agency interested in receiving expansion funds, should such funds become available during FY 2023, must also complete the **Request for Expansion Funds pages**.

State Agency: VA DARS

A. FY 2022 Participants Served:

Number of SFMNP participants (those issued SFMNP coupons/food instruments, bulk purchase food boxes or bags and/or CSA benefits) served with federal and State agency funds in FY 2022 (previously participating fiscal year):	Number of FMNP recipients (those issued coupons/food instruments) served with federal and State agency funds in FY 2022 (previously participating fiscal year):
<b>SFMNP: <u>10,950</u></b>	<b>FMNP: <u>4164</u></b>

B. Please provide estimates for FY 2023:

1. Estimated number of SFMNP participants to be served with SFMNP federal and State agency funds in FY 2023:

**(Excluding Expansion)**

**(Including Expansion)**

12,450

22,000

2. Estimated number of FMNP recipients to be served with FMNP federal and State agency funds in FY 2023:

<b>(Excluding Expansion)</b>		<b>(Including Expansion, If Any)</b>
<u>500</u>	Pregnant women	<u>625</u>
<u>300</u>	Breastfeeding women	<u>375</u>
<u>300</u>	Postpartum women	<u>375</u>
<u>550</u>	Infants (over 4 months of age)	<u>690</u>
<u>2400</u>	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are	<u>3000</u>

	defined by the State agency, please indicate accordingly)	
<u>N/A</u>	Other designation (e.g., only Priority I pregnant or breastfeeding women; specify): _____	<u>N/A</u>
<u>4050</u>	Total _____	<u>5065</u>

3. Check (X) for the type of SFMNP/FMNP recipients to whom benefits will be issued:

<b>SFMNP</b> <input checked="" type="checkbox"/> Individuals <input type="checkbox"/> Households	<b>FMNP</b> <input checked="" type="checkbox"/> Individuals <input type="checkbox"/> Households
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4. Benefit Level

a. The Federal benefit amount that each **SFMNP** participant will receive in FY 2023 is \$50.

Is this a change from last year?  Yes  No

§ 249.8(b) of the Federal SFMNP regulations states that the Federal SFMNP benefit level received by each participant, whether a household or individual, may not be less than \$20 per year or more than \$50 per year, except for certain State agencies that were legaced into the SFMNP using a different benefit level.)

b. The lowest Federal benefit amount that any **FMNP** recipient will receive in FY 2023 is \$30 and the highest is \$30. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. N/A

Is this a change from last year?  Yes  No

(**Please note:** Federal FMNP regulations at § 248.8(b) state that the value of the Federal FMNP benefits received by each recipient, or by each family within a household in those State agencies which elect to issue benefits on a household basis under §248.6(c) may not be less than \$10 per year or more than \$30 per year.)

5. Do you plan to use non-federal funds to provide SFMNP/FMNP benefits to other participants?

**SFMNP**  Yes  No      **FMNP**  Yes  No

If you answered **YES** for **SFMNP**, please describe how such participants will be identified and certified and the benefit amount that will be provided. For **FMNP**, please describe this caseload; include the name(s) of the program(s) and the sources of non-federal funds:

Utilizing new state funds, an additional 2,000 SFMNP participants will be identified and certified using the same criteria as the current federal program uses in Virginia, while reaching 3 formerly unserved areas in Virginia. The benefit amount will remain the same as the federal program, \$50 per eligible individual.

6. If fruits, vegetables, and/or fresh herbs have been **added** to/or **deleted from** the State agency's list of eligible foods for FY 2023, list those items in Appendix G. Please note that honey is eligible only for the SFMNP.

No change

7. Proposed months of Program operation (i.e., months of benefit usage by participants): June through November

8. Proposed months of coupon/food instrument issuance: May through September

9. Are tokens used at authorized farmers' markets? Yes  No

If Yes, please describe how they are used in the market. \_\_\_\_\_

10. Are all participants provided with a receipt through the CSA program?

Yes  No  N/A

If No, please describe the procedure in more detail. \_\_\_\_\_

11. Are any markets authorized to accept WIC Cash Value Vouchers/Benefits (CVV/CVB's)?

Yes  No

If Yes: State-agency wide  or Selected Areas  Please list.

\_\_\_\_\_

12. Are any farmers authorized to accept WIC Cash Value Vouchers/Benefits (CVV/CVB's)?

Yes  No

13. Do any farmers allow participants to order eligible foods by phone or online for pick-up and payment at the market? (Please note: This question was added to Section II. General Administration of the complete Consolidated State Plan Guidance in FY 2022.)

Yes  No

If yes, please list the farmers or markets or provide a map detailing which offer online ordering and cite appendix reference.

N/A

14. Describe the State agency's coupon replacement policy or include the statement that FMNP/SFMNP coupons will not be replaced. (Please note: This question was added to Section V. Food Instrument, Farmers' Market, Roadside Stand, Bulk Purchase, and CSA Program Management of the complete Consolidated State Plan Guidance in FY 2022.)

FMNP/SFMNP coupons will not be replaced

15. Do you provide nutrition education resources online? Please provide links or attach examples. (Please note: Section VII. Nutrition Education Requirements was edited so that any nutrition education resources that are provided online should be identified in FY 2022.)

No

16. For SFMNP only: Provide a detailed explanation or attach the State agency's policy explaining when and how participant signatures are obtained to designate a proxy and/or to verify income eligibility (e.g. at time of application, at another time during the season; provided written, text, email, other electronic format, etc). (Please note: Questions in Section IV. Certification were edited to capture this information in FY 2022.)

The senior applicant must fully complete and sign the application during each season through September. The senior must read or have read to him or her, the certification language advising them of their rights and obligations under SFMNP. The senior's signature indicates that they understand the certification language. This is true for any applicant for SFMNP benefits.

Seniors, who wish to do so, must also fully complete and sign the form designating the proxy.

The proxy may not be a staff member of the State or Local Agency, or a farmer participating in the program.

If the senior cannot present the application in person, the person acting as a proxy will bring the application (which includes the senior applicant's self – declaration of income), the senior's proof of age and residence (copies will be acceptable), and the proxy designation request signed by the senior, to the enrollment location.

The proxy will also show identification verifying they are the proxy named by the senior participant.

17. Indicate the total number of local agencies serving SFMNP/FMNP participants, and the number of each type of farmers, farmers' markets, and/or roadside stands authorized. Also indicate review activity below:

<b>New Fiscal Year: <u>2023</u></b>	FMNP	SFMNP
Total # Local Agencies Participating	<u>10</u>	<u>23</u>
# of local agencies to be reviewed (This is the # of local agencies <i>not</i> the # of participating clinics, unless designated as local agencies.)	<u>5</u>	<u>5</u>
Total # Farmers Markets Authorized	<u>0</u>	<u>0</u>
# to be reviewed (min 10%)	<u>N/A</u>	<u>N/A</u>
Total # Farmers authorized	<u>400</u>	<u>400</u>
# to be reviewed (min 10%)	<u>40</u>	<u>40</u>
Total # Roadside stands authorized	<u>30</u> (authorized Farmers operating from roadside stands)	<u>30</u> (authorized Farmers operating from roadside stands)
# to be reviewed (min 10%)	<u>3</u>	<u>3</u>
Total # of CSAs		<u>N/A</u>
# to be reviewed (min 10%)		<u>N/A</u>

<b>Previous Fiscal Year: <u>2022</u></b>	FMNP	SFMNP
Total # Local Agencies Participating	<u>8</u>	<u>12</u>
# of local agencies reviewed (This is the # of local agencies <i>not</i> the # of participating clinics, unless designated as local agencies.)	<u>3</u>	<u>9</u>
Total # Farmers Markets Authorized	<u>0</u>	<u>0</u>
# of markets reviewed	<u>N/A</u>	<u>N/A</u>
Total # Farmers authorized	<u>193</u>	<u>193</u>
# of farmers reviewed	<u>19</u>	<u>19</u>
Total # Roadside stands authorized	<u>24</u> (authorized Farmers operating from roadside stands)	<u>24</u> (authorized Farmers operating from roadside stands)
# Roadside stands reviewed	<u>2</u>	<u>2</u>
Total # of CSAs		<u>N/A</u>
# of CSAs reviewed		<u>N/A</u>

18. a. Briefly summarize key findings and corrective actions taken as the result of local agency reviews in FY 2022.

One agency's Civil Rights Statement on DTGC's *Notice of Ineligibility* form was outdated. That same agency generated its authorized Farmer List for participants prior to DARS' authorized farmers list being complete and before the season starts. Due to the large volume of check booklets that get distributed in the region, this agency needs to print the farmers list in advance, so the information may be outdated. This agency does have a disclaimer at the top of its farmer list stating this. However, this year, this created

[confusion due to a disqualified farmer being on the list and claiming that he should be entitled to accept the coupons because he was listed on the local handout.](#)

b. Briefly summarize key findings and corrective actions taken as a result of farmer/market/roadside stand/CSA reviews in FY 2022.

[One of the two farmers that was suspended last year had his daughter complete an application this year with the intent to sell on the suspended farmer's behalf. With the help of the farmers' market manager, this farmer has now been disqualified from the program. Another farmer was also disqualified due to repeated violations of buying and reselling wholesale items and not posting the required signage.](#)

C. In light of recent changes in technology for both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), it is important that State agencies clearly identify how SFMNP/FMNP benefits are provided to participants. Since the inception of the Programs, SFMNP/FMNP benefits have most often been provided using food instruments. In the event that a State agency is using a different delivery method such as an e-solution (e.g., mobile app or EBT card), it is expected that where applicable, the State agency address how that method applies to SFMNP and FMNP.

1. Are any markets currently providing benefits using an e-solution?

Yes  No

If yes, for which programs?  WIC  SNAP  FMNP  SFMNP

2. Do you anticipate providing SFMNP or FMNP benefits using an e-solution?

Yes  No

If yes, when? [FY2024](#) In all markets or in selected areas? [All markets](#)  
Please reference and/or attach the appendix/amendment for the State agency's e-solution as required under Appendix B of the [WIC FMNP and SFMNP FY 2022 Guidance Package | Food and Nutrition Service \(usda.gov\)](#) Please see Appendix B

### **Funding Information:**

1. Under the FMNP, is the State agency applying to use not more than 2 percent of the total Program funds for market development and/or technical assistance in FY 2023?

Yes  No

(If yes, provide the justification for requesting market development or technical assistance funds meeting the criteria set forth in § 248.14(h) of the federal FMNP regulations). Include a detailed description of how the State agency plans to promote the development of farmers' markets. \_\_\_\_\_

**FMNP Matching Funds:**

1. Per § 248.14(a), describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State agency match requirement** for the FMNP, which will be \$8081 for your State agency in FY 2023 based on the Federal Funds Request and State agency Matching Funds worksheets.

**(Note that the 30 percent minimum match requirement applies only to the total administrative cost of the program, although the State agency may meet this match requirement with State agency local, or private funds provided for food as well as administrative costs):**

Type	Source	Amount
State agency and local funds		\$ <u>8081</u>
Private funds		
In-kind Contributions		
Similar Programs		
Program Income		
Total FMNP Match Amount: \$ <u>8081</u>		

State agency and local funds. If available, attach documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.

[See Appendix E attachment](#)

Private Funds. Include a detailed description of all cash donations or letters of commitment from the organizations or individuals planning to make such donations.

[N/A](#)

In-kind Contributions. If any portion of the State agency’s minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and how the value was determined, including any supporting documentation.

[N/A](#)

Similar Programs. Federal funds provided for SFMNP or any other FNS program (e.g., Specialty Crop or Farmers’ Market Promotion Program grants awarded by USDA’s



Agricultural Marketing Service) **cannot** be used as a match source. Include the title of the program, the source of funding and a brief description of how the program operates.

[N/A](#)

Program Income. Describe type and source. (More specific information can be found in [WIC Policy Memorandum #2005-3, Price Adjustments, Collections, Fines, and Program Income](#)) [N/A](#)

Reminder to Current SFMNP/FMNP State agencies:

In addition to the Updated State Plan section just completed, the following documents must also be provided to FNS before the SMNP/FMNP State Plan can be approved for FY 2023:

- a. FY 2023 Estimated Federal Budget Summary (Please see Section III – Funding. If using the excel worksheet provided to assist with calculations, please attach a copy of the worksheet to this section or cite appendix reference \_\_\_\_.);
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Using the Appendices lettering/numbering system shown below, a description of any other procedural changes or amendments to the State Plan that have occurred since the previous State Plan submission and approval by FNS, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers’ markets, roadside stands, and/or local agencies, and a new map showing the location of these new outlets or facilities; and
- d. Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 6/30/2025.

Include all of your Appendices here. Please identify clearly any pages according to the lettering system used in this format.

**Required Appendices** – See Appendices Folder; Appendices Index - completed

Please indicate the fiscal year of the last	Please indicate if a change (Y) or if no change (N) has occurred since the last
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approved appendix	applicable approved appendix	
A. _____	_____	Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 6/30/2025
B. _____	_____	Job Descriptions
C. _____	_____	Copies of signed agreements between the State agency and another State agency (delineating the functions to be performed)
D. _____	_____	Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, roadside stands
E. _____	_____	Supporting documentation for State agency, private, in-kind, or similar program funding (if applicable)
F. _____	_____	Instructions to SFMNP participants, including rights and responsibilities (rights and responsibilities for FMNP participants should take place during the WIC certification visit per 7 CFR 246.7(j))
G. _____	_____	List of fruits, vegetables and/or fresh herbs that are eligible in SFMNP/FMNP
H. _____	_____	Samples of reporting forms for record keeping (if available)
I. _____	_____	Copy of the log or other forms used to record and report food instrument issuance and inventory
J. _____	_____	Copy of the SFMNP/FMNP food instrument (coupon, check, e-solution benefits , etc.)
K. _____	_____	Map outlining service areas and proximity of farmers' markets, roadside stands and/or CSA programs from the prior year's operation to SFMNP/FMNP local agencies
L. _____	_____	List of criteria used to authorize farmers' markets
M. _____	_____	List of criteria used to authorize farmers
N. _____	_____	List of criteria used to authorize roadside stands

- |    |       |       |   |
|----|-------|-------|---|
| O. | _____ | _____ | List of criteria used to authorize farmers for bulk purchase programs.  |
| P. | _____ | _____ | Copy of prototype agreements for farmers, markets, CSAs and bulk purchases (if applicable)  |
| Q. | _____ | _____ | Training materials for farmers, markets, roadside stands and CSAs (if applicable)   |
| R. | _____ | _____ | State agency's monitoring tool(s) to review farmers, farmers' markets, roadside stands, and CSA programs (if applicable)  |
| S. | _____ | _____ | Sample State agency-wide application/certification form for FMNP and SFMNP interested farmers, farmers' markets, roadside stands  |
| T. | _____ | _____ | Sample notification of ineligibility for SFMNP participation (notification for WIC (and FMNP) ineligibility must take place during a WIC certification visit per 7 CFR 246.7(j)(5)) |
| U. | _____ | _____ | State agency's monitoring tool to review SFMNP/FMNP local agencies/clinics  |
| V. | _____ | _____ | Copy of SFMNP application and signed statement to affirm income eligibility   |
| W. | _____ | _____ | List of criteria for certifying SFMNP participants  |
| X. | _____ | _____ | List of criteria used to authorize CSA programs (if applicable)   |
| Y. | _____ | _____ | List of SFMNP certification/issuance sites  |

**As applicable (Any forms/materials used in the SFMNP/FMNP that are different from what is used in the WIC Program)**

Please indicate the	Please indicate if a change (Y) or if
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fiscal year of  
the last  
approved  
appendix

no change (N) has  
occurred since the  
last applicable  
approved  
appendix

1. \_\_\_\_\_      \_\_\_\_\_      State agency training tools for local agencies
2. \_\_\_\_\_      \_\_\_\_\_      Sample proxy form
3. \_\_\_\_\_      \_\_\_\_\_      Examples of nutrition education materials
4. \_\_\_\_\_      \_\_\_\_\_      Copy of form to request an appeal/fair hearing and  
procedures
5. \_\_\_\_\_      \_\_\_\_\_      Copy of other agency's nutrition education plans for  
SFMNP/FMNP participants

Please list any other attachments or appendices: \_\_\_\_\_