



# North Carolina WIC Farmers' Market Nutrition Program

## Farmer Certification Training

**Farmers'  
Market  
Nutrition  
Program  
2026**





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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 2026 Season

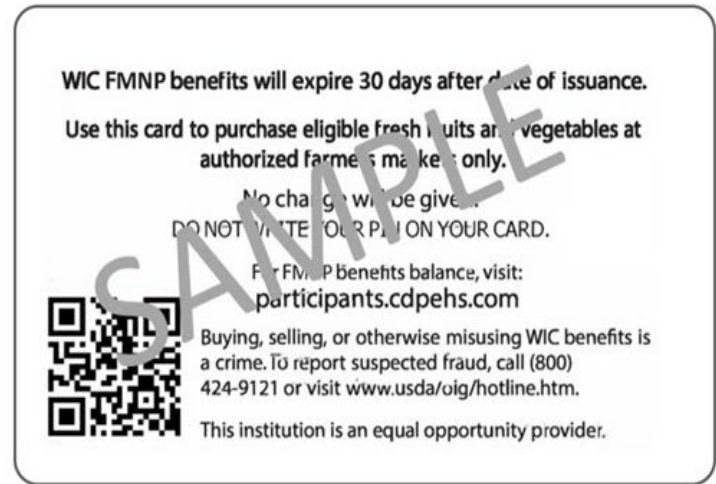


## WIC FMNP

- Season starts on **May 1, 2026**
- Issuance of eFMNP benefits is tied to the readiness of the markets and availability of produce
  - ✓ There **must** be an authorized Market in the county before eFMNP benefits will be issued to a local agency
- 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 are 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, 2026.



# Participant Eligibility



- Currently active WIC participant

**AND**

- Child between 2 and 4 years old

**OR**

- Women who are pregnant, postpartum, or 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 authorized to participate.
  - Authorization 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 2026 Verification of Training form
    - ✓ **All** requirements **MUST** be completed before accepting eFMNP benefits



# “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



# 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





# 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 your Profile in the vendor portal
  - ✓ Reviewing and Signing CDPs Merchant agreement
- Completing a new purchase
- Manually entering a FMNP card number
- Transaction History
- Settlement History
- Balance Inquiry
- Customer Support

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# 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

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

[Forgot password?](#)

Copyright © 2025 CDP, Inc. - Server Type [Production] Build Version [2.0.10]

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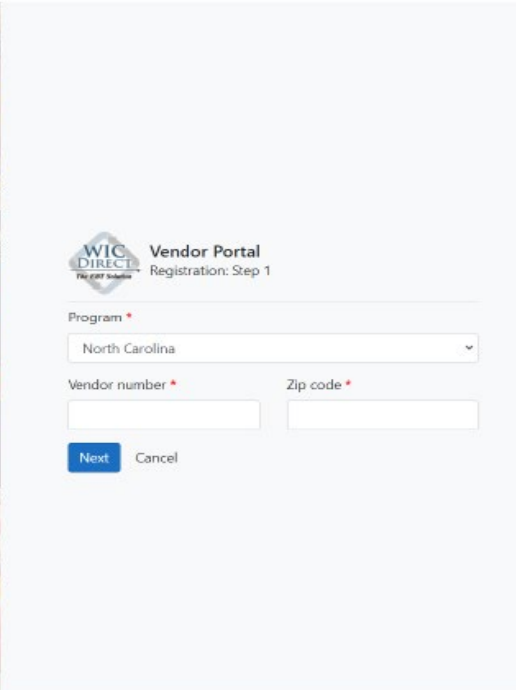


# Vendor Portal Registration

## New Vendor/Farmer



Copyright © 2023 CDOP, Inc. - Server Type [Staging] Build Version [6.13.1.80]



WIC DIRECT  
The eWIC Solution

Vendor Portal  
Registration: Step 1

Program \*

North Carolina

Vendor number \*

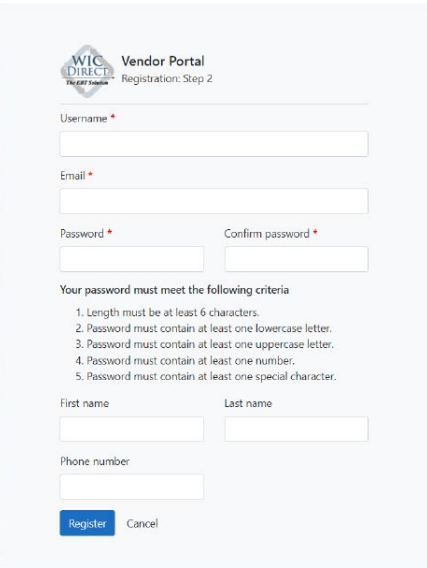
Zip code \*

Next Cancel

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

## New Vendor/Farmer



WIC DIRECT  
Vendor Portal  
Registration: Step 2

Username \*

Email \*

Password \* Confirm password \*

Your password must meet the following criteria

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.

First name Last name

Phone number

Register Cancel

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
10. Click Register.
  - After clicking Register you will need to check your email for a Confirmation Email from CDP

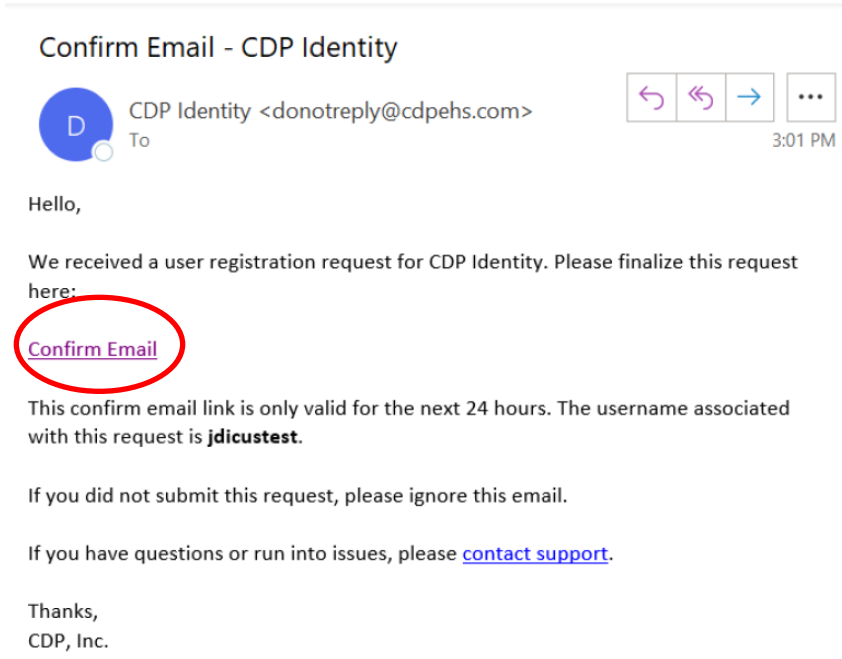
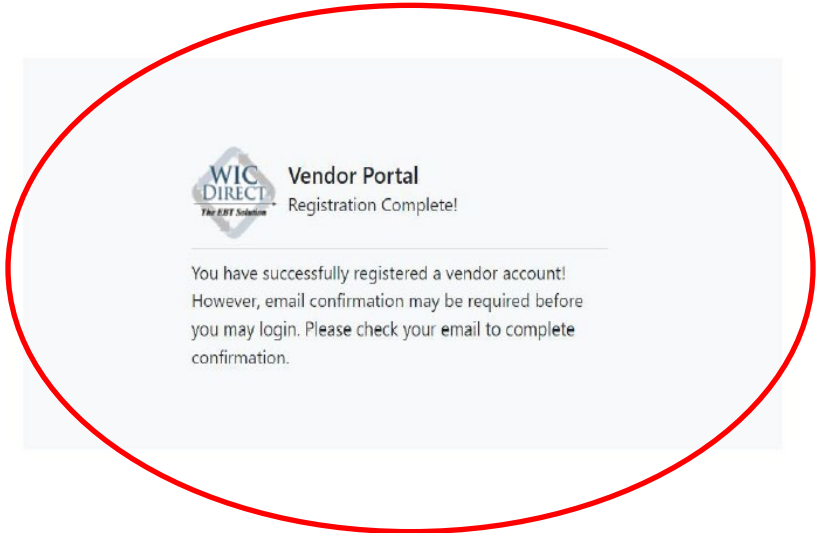


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# Vendor Portal Registration

## New Vendor/Farmer

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.



# Vendor Portal Registration

## New Vendor/Farmer

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	<a href="#">5001 / Heather Dingess</a>	<a href="#">Remove</a>

[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

## New Vendor/Farmer

The screenshot shows the Vendor Portal registration interface. A modal window titled 'Vendor details' is open, displaying the following information:

Field	Value
Program name:	North Carolina
Vendor name:	Heather Dingess
Vendor number:	5001
Processing agreement:	Signed: Feb 5, 2026, 12:23:51 PM <a href="#">Download Processing Agreement</a>
Government:	Federal Tax ID: *****2222 (SSN) <a href="#">Download Form W9</a> <b>Approval Status:</b> Approved
Bank account:	Information on file
Date range:	Begin: 02/05/2026 End: 10/30/2026
Contact information:	Heather Dingess <a href="mailto:heather.dingess@dhhs.nc.gov">heather.dingess@dhhs.nc.gov</a>
Address:	1915 Health Services Way Raleigh, NC 27607
Locations:	<a href="#">Edit locations</a>

The 'Processing agreement' field is circled in red. The background shows the 'Profile details' section of the vendor's profile, including fields for Email, First name, Last name, and Phone number. The user's name 'Heather Dingess' is visible in the top right corner.

- 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.



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# Vendor Portal Registration: Vendor Association

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	<a href="#">5001 / Heather Dingess</a>	<a href="#">Remove</a>

[Add](#)

- Adding a Vendor Association allows you to add additional vendor numbers if you participate in WIC FMNP at more than one Farmers Market.



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# Vendor Portal Registration: Vendor Association

Vendor Portal Add Vendor Association Heather Dingess ▾

### Add vendor association

Program \* Vendor Number \* Zip Code \*

North Carolina 05002 27607

Add Cancel

- Select the **Program North Carolina** from the drop-down
- Enter the **Vendor number**
- Enter your **Zip Code**
- Click Add

Vendor Portal Profile Heather Dingess ▾

Vendor association added.

#### Profile details

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

Field	Value
Email:	heather.dingess@dhs.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	<a href="#">05002 / Heather Dingess</a>	<a href="#">Remove</a>
North Carolina	<a href="#">5001 / Heather Dingess</a>	<a href="#">Remove</a>

Add



# Vendor Portal Registration: Vendor Association



Program	Vendor	Actions
North Carolina	<a href="#">05002 / Heather Dingess</a> 	<a href="#">Remove</a>

- To view the Vendor Details and complete enrollment, click the Vendor number/name hyperlink



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# Vendor Portal Registration

## Vendor details

Below are the details for this vendor.

Field	Value
Program name:	North Carlina
Vendor name:	Heather Dingess
Vendor number:	05002
Processing agreement:	<a href="#">Review and Sign</a>
Government:	Federal Tax ID: *****2222 (SSN) Form W9 Unavailable <a href="#">Upload W9 Form</a>
Bank account:	<a href="#">Submit Bank Account</a>
Date range:	Begin: 02/05/2026 End: 10/30/2026
Contact information:	Heather Dingess <a href="mailto:heather.dingess@dhhs.nc.gov">heather.dingess@dhhs.nc.gov</a>
Address:	1915 Health Services Way Raleigh, NC 27607
Locations:	<a href="#">Edit locations</a>

Close

➤ On this screen is where you will need to sign the Processing Agreement, add your W9 and Bank Account (if not already submitted)



# Completing A Purchase

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# Completing A Purchase



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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	<a href="#">Remove</a>

[Add](#)

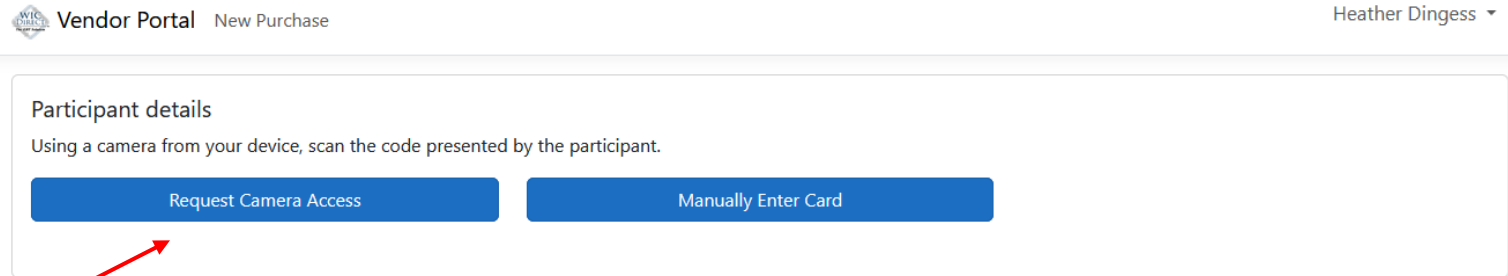
Before starting a purchase make sure you are logged into the Vendor Portal.

Once logged in you will:

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



# Completing A Purchase



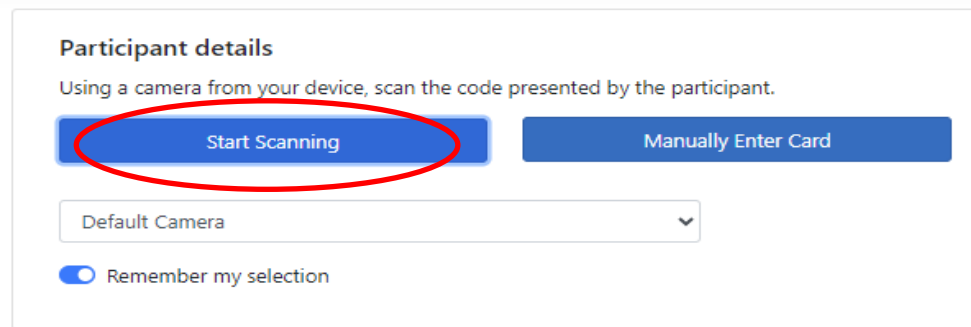
- You will need to give your device access to your camera by clicking on:
  - ✓ **Request Camera Access**, and then allow
- You can also choose to **Manually Enter Card**



# 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.



Participant details

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

**Start Scanning**      Manually Enter Card

Default Camera

Remember my selection


- 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

 Vendor Portal    New Purchase    Heather Dingess ▾

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

Location

Card Number \*    Vendor \*    Date of Birth (MMYY) \*    Price \*

\*\*\*\*\*0144            \$ 0.00

- On this screen is where you will choose a location and vendor # if you have added a location and a vendor association (more than one vendor number) to your vendor profile.
  - ✓ If you did not add a second vendor number, the area circled in red will not show on the screen.
- Enter the Date of Birth (two digits for month and two digits for the year) and then the Price.
- Click Submit purchase



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# Completing A Purchase: Camera



Vendor Portal New Purchase

Heather Dingess ▾

Purchase succeeded.  
Farmers Market (Farmers Market): 26.00 \$\$\$

## Participant details

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

Request Camera Access

Manually Enter Card

- When a purchase has been made successfully a **Purchase succeeded** message will appear at the top of the page and the options to start another new purchase displays.
- **NEW this year**, below the Purchase succeeded message you now see the balance available on the FMNP card



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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

Vendor Portal New Purchase Heather Dingess ▾

**Card details**  
Use the below form to manually enter the card details.

Program \* Card Number \*

North Carolina 507979990000144



# Completing A Purchase: Manually



Vendor Portal New Purchase

Heather Dingess ▾

## Purchase details

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

Location

None ▾

Card Number \*

\*\*\*\*\*0144

Vendor \*

NC – Heather Dingess/5001 ▾

NC – Heather Dingess/05002

Date of Birth (MMYY) \*

Price \*

\$ 0.00

Submit purchase

Cancel

- On this screen is where you will choose a location and vendor # if you have added a location and a vendor association (more than one vendor number) to your vendor profile.
  - ✓ If you did not add a second vendor number, the area circled in red will not show on the screen.
- Enter the Date of Birth (two digits for month and two digits for the year) and then the Price.
- Click Submit purchase



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# Completing A Purchase: Manually



Vendor Portal New Purchase

Heather Dingess ▾

Purchase succeeded.  
Farmers Market (Farmers Market): 26.00 \$\$\$

## Participant details

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

Request Camera Access

Manually Enter Card

- When a purchase has been made successfully a **Purchase succeeded** message will appear at the top of the page and the options to start another new purchase displays.
- NEW this year, below the Purchase succeeded message you now see the balance available on the FMNP card



# Transaction History

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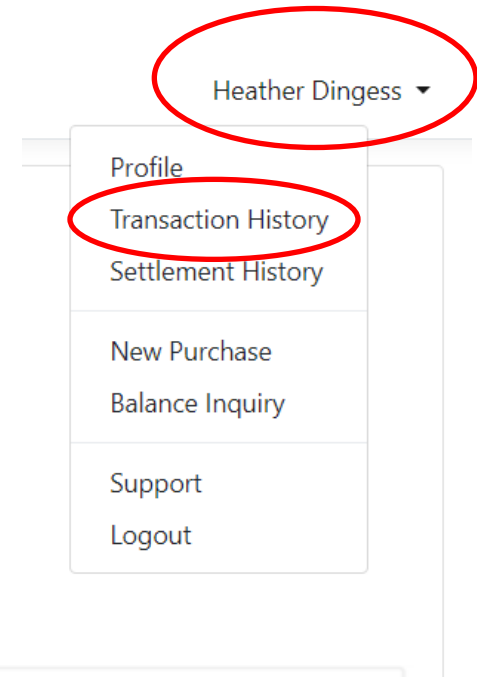


# Transaction History



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- To access the Transaction History page, click the arrow at the top right next to your Username.
  - ✓ Click Transaction History



Vendor Portal Transaction History

Number	Received	Type	Settled	Paid (\$)	Actions
14506	05/08/2025 12:37:54 PM	Purchase Request	05/12/2025	+0.01	Naperville Market <span>Void</span>
14491	05/08/2025 1:36:37 PM	Purchase Request	05/12/2025	+0.99	Naperville Market <span>Void</span>
14457	05/30/2025 3:43:40 PM	Purchase Request	06/02/2025	+1.00	Naperville Market <span>Void</span>
14455	06/01/2025 3:31:13 PM	Purchase Request	06/02/2025	+0.89	Naperville Market <span>Void</span>

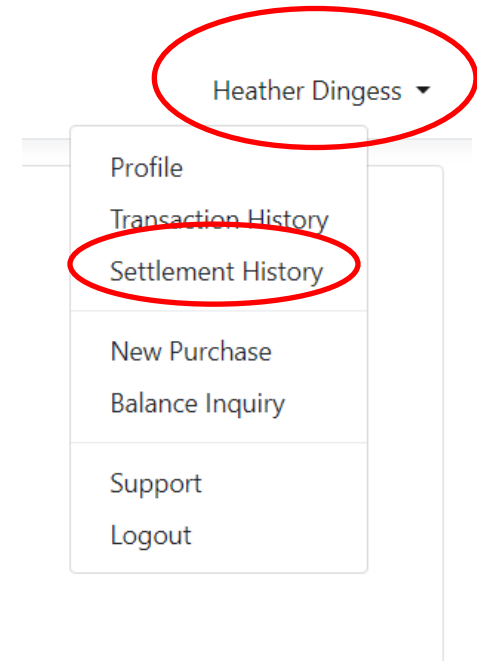


# Settlement History

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# Settlement History

- To access the Settlement History page, click the arrow at the top right next to your Username.
  - ✓ Click Settlement History



Vendor Portal Settlement History

Vendor:  Settled:  Previous Next Export

Settled	Effective	Paid (\$)
<input type="text" value="05/12/2025"/>	<input type="text" value="05/13/2025"/>	+7.54
<input type="text" value="05/12/2025"/>	<input type="text" value="05/13/2025"/>	+7.66
<input type="text" value="06/02/2025"/>	<input type="text" value="06/03/2025"/>	+3.88
<input type="text" value="06/02/2025"/>	<input type="text" value="06/03/2025"/>	+6.66



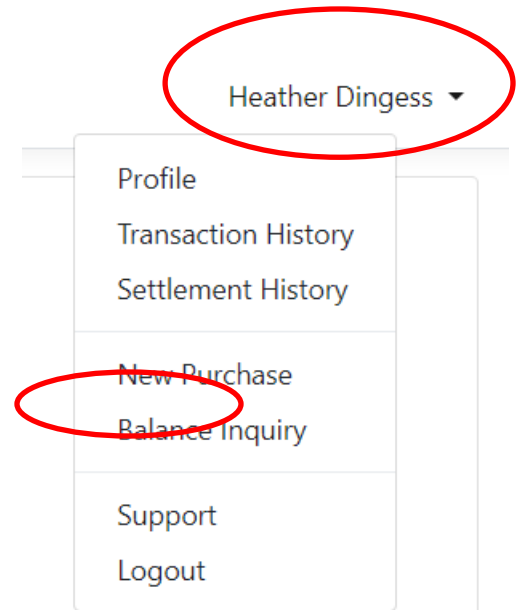
# Balance Inquiry

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# 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](#)



# Balance Inquiry



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Vendor Portal Balance Inquiry Heather Dingess ▾

### Balance inquiry

Use the below form to complete the balance inquiry for this participant.

Location

Card Number \* Vendor \* Date of Birth (MMYY) \*

\*\*\*\*\*0144 Heather Dingess / 05002

The current available balance for \*\*\*\*\*0144 is: \$26.00

[New Purchase](#)

[New Balance Inquiry](#)

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 is then displayed
- From this page the user can go to the New Purchase page or submit another balance inquiry.



# Vendor Portal Customer Support

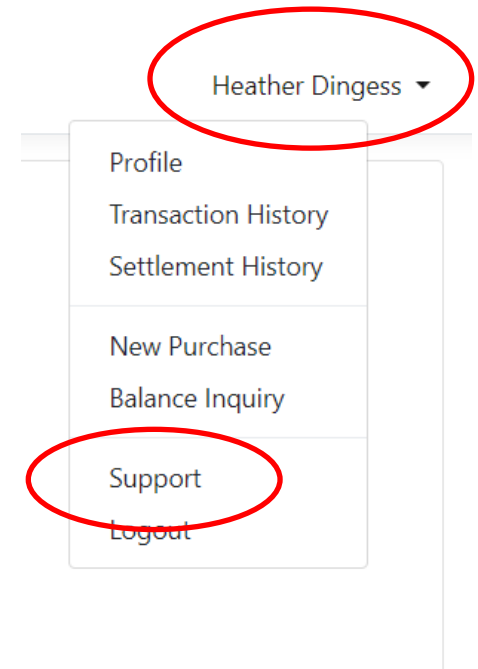
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# Vendor Portal Customer Support

- Customer Support for questions with the vendor portal is **only** available Monday – Friday from CDP.
- If you have questions with a transaction or need help on Saturday, please contact Heather Dingess at **919-612-2413**



Vendor Portal Support

Heather Dingess ▾

## Contact customer support

Customer support staff is available for help and support with any issues you may have! Please call [+1-866-237-4814](tel:+1-866-237-4814) for support.



# Farmer Compliance

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# 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 WIC FMNP



# 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)



# 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.



# 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.



# 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.



**Farmers' Market Nutrition Program 2026**

# USDA Program Discrimination Complaint Form, (AD-3027)

AD-3027 OMB Control No: 0508-0002  
Expiration Date: 09/30/2027

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

Complainant Information		
First name	Middle Initial	Last Name
Mailing Address (Include Full City, State and Zip Code)		
Primary Phone Number	Alternate Phone Number	Email
Best way to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other		
<small>If you have difficulty understanding the English language, you may request language assistance services by calling 866-632-9992. Assistance will be available for individuals who are not proficient in English. Persons with disabilities who require alternative means of communication (e.g., braille, large print, American Sign Language) should contact the responsible State or local Agency that administers the program or contact the United States Department of Agriculture (USDA) through the Federal Telecommunications Relay Service at 711 (voice TTY).</small>		
Representative Information		
Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have written authorization from representative? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please attach.		
First name	Last Name	
Mailing address (Include Full City, State and Zip Code)		
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"/> Agricultural Marketing Service, AMS <input type="checkbox"/> Foreign Agricultural Service, FAS/Trade and Foreign Agricultural Affairs, TFAA <input type="checkbox"/> Food and Nutrition Service, FNS <input type="checkbox"/> Forest Service, FS <input type="checkbox"/> Farm Service Agency, FSA <input type="checkbox"/> National Institute of Food and Agriculture, NIFA <input type="checkbox"/> Natural Resources Conservation Service, NRCS <input type="checkbox"/> Rural Development, RD <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).		

AD-3027 OMB Control No: 0508-0002  
Expiration Date: 09/30/2027

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

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, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on:

<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Family/Parental Status
<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Income from Public Assistance
<input type="checkbox"/> Political Beliefs	<input type="checkbox"/> Religion	<input type="checkbox"/> Retaliation (prior civil rights activity)

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**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>



# 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](mailto:ncwicfmnp@dhhs.nc.gov)

**Farmers'  
Market  
Nutrition  
Program  
2026**

# 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.



**Farmers'  
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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, 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/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. 20260-9410;

(2) **fax:** (202) 690-7442; or

(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**Farmers'  
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2026**