

DEM SENIOR FARMERS' MARKET NUTRITION PROGRAM

VENDOR PARTICIPATION AGREEMENT

This agreement is in force through November 30, 2020

BETWEEN: **SALE OF FRUITS, VEGETABLES, & HONEY ONLY**

RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE SENIORS FARMERS MARKET PROGRAM
235 Promenade Street—Room 370
Providence, Rhode Island 02908

AND: Vendor/Farmer _____

Address _____

Town _____ State _____ Zip _____

Telephone _____

RELATING TO: Vendor participation in the Rhode Island Senior Farmers' Market Nutrition Program (Hereinafter SFMNP).

AGREEMENT:

Vendor/Farmer has been trained on, understands, and agrees to comply with all the requirements included in the "Guidelines and Procedures for Rhode Island SFMNP Farmers" Handbook.

Vendor/Farmer agrees to check for updates for SFMNP Program on an annual basis by visiting: www.rigrown.ri.gov and must email Christopher.Rueckel@dem.ri.gov stating they viewed the site.

Vendor/Farmer agrees to abide by all rules for accepting SFMNP checks.

This agreement is in force through November 30, 2020.

By signing this I agree to all terms that are listed above. Failure to follow the rules will cause suspension of your ability to accept SFMNP coupons.

Vendor/Farmer Signature _____ Date _____

Vendor/Farmer Name (Printed) _____

SFMNP STAMP # _____

THIS FORM NEEDS TO BE RECEIVED EACH YEAR BY MAY 15 FOR YOUR STAMP TO BE ACTIVE.

For RI DEM Use Only

Date Application Received: _____ Date Application Approved: _____

Approver Signature: _____