

# **CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE**

## **Senior Farmers' Market Nutrition Program**



## **2023 Check Booklet Toolkit**

Office of Grants Administration  
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[www.cdfa.ca.gov/go/sfmnp](http://www.cdfa.ca.gov/go/sfmnp)

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## 2023 SFMNP Forms

CDFA/ AAA Agreement	SFMNP Closeout Form ( <i>Check Return</i> )
AAA/ Provider Agreement	Lost or Stolen Check Booklet(s) Form
Receipt of Check Booklets	Proxy Form ( <i>Participants</i> )
Check Control Log ( <i>Service Providers</i> )	Participant Rights & Responsibilities
Participation Eligibility Guidelines	Nutrition Education Material
Check Issuance Log ( <i>Participants</i> )	Ineligible SFMNP Participation
Race Category Chart	Complaint Form

## Authority and Purpose

The Senior Farmers' Market Nutrition Program (SFMNP) is administered nationally by the U.S. Department of Agriculture's Food and Nutrition Services Agency (USDA, FNS), and in California, by the California Department of Food and Agriculture (CDFA) and is implemented under [7 CFR 249](#) CDFA partners with the California's Area Agencies on Aging (AAA) to distribute the SFMNP check booklets which include five (5) checks redeemable for \$10 each. The AAAs serve this purpose well because they administer several senior programs on a local level either directly or through their affiliation with senior organizations and centers.

The SFMNP, is a federally funded program which provides low-income seniors with check booklets that can be used to purchase fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs from Authorized Certified Farmers' Markets (CFM) to low-income seniors and.

## General Responsibilities

### California Department of Food and Agriculture

The CDFA, Office of Grants Administration (OGA) oversees the SFMNP and is responsible for all aspects of grant administration including monitoring of the AAA to ensure compliance with program requirements, statutes, federal regulations and agreement terms and conditions. The OGA will provide AAA assistance and consultation throughout the SFMNP season as well as, work collaboratively with the California Women, Infants and Children Program (WIC) to train, assist and monitor Farmers' Markets and farmers' compliance with federal regulations. The current WIC Authorized CFM Directory for each county is available at: [Authorized Market List](#).

### California Area Agency on Aging

The AAAs are responsible for implementing the SFMNP at the local level and ensuring no conflicts exist. Responsibilities include controlling the security of SFMNP checks and distribution to eligible participants or their designated proxy, advising participants of their rights and responsibilities under the SFMNP, and distributing nutrition education and other materials provided by OGA. AAAs must also maintain adequate documentation and control logs to assure the adherence to the SFMNP program requirements, statutes, federal regulations and agreement terms and conditions.

Every AAA must appoint a Coordinator for their agency. The AAA Coordinator acts as primary contact for OGA and oversees the receipt and distribution of the SFMNP check booklets.

### CDFA and AAA Agreements

The SFMNP federal regulation, [7 CFR 249](#) requires an agreement between the state agency (CDFA) and local agencies (AAA) that administer the SFMNP.

The [2023 SFMNP Agreement](#) specifics how CDFA and the AAAs agree to implement the 2023 SFMNP.

A new Agreement is required annually at the beginning of each SFMNP season. A signed copy must be emailed to OGA at [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) within 15 calendar days from receipt.

**\*Note:** SFMNP Check Booklets will not be issued to AAAs until OGA has received a signed agreement.

### **AAAs and Provider Agreements**

The SFMNP federal regulations also require an agreement between the AAA and service providers (i.e. senior center, meal programs, etc.). If the AAA works with an outside provider for distribution of SFMNP check booklets, both parties are required to complete and sign a [Service Provider Agreement](#). AAAs should email signed copies of their provider agreements to the OGA at [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) before distribution of any SFMNP checks.

## **Check Booklets**

### **AAAs Receipt of Check Booklets**

Shipments of SFMNP check booklets are sent directly to the AAAs from the printer and include a packing label that indicates the sequence numbers of the check booklets in the shipment.

Upon receipt, the AAA Coordinator and a secondary staff must certify the total number of check booklets received and the sequence number of the check booklets. The AAA Coordinator completes, signs, and returns the [2023 Receipt of Check Booklets](#) form to the OGA.

The [2023 Receipt of Check Booklets](#) is used for certifying the amount and sequence numbers of the check booklets that each AAA receives. The completed form should be emailed to the OGA within fifteen (15) calendar days of receipt. The OGA will return a signed copy for the AAAs' records to be kept on file.

### **USDA FNS Nondiscrimination Statement**

All AAA's and their service providers must display the USDA FNS "And Justice For All" Nondiscrimination Statement poster at each check distribution site in clear view for senior participants. OGA can provide additional posters upon request.

### **AAAs Distribution of Check Booklets to Service Providers**

Each AAA Coordinator/Provider must complete the following information on the provided [Check Control Log](#).

- Date the check booklets are issued to provider;
- Number of booklets issued;
- First and Last sequence numbers of check booklets issued to the provider;
- Provider Organization Name and Address;
- Printed Name and Signature of the service provider representative.

Service providers must sign the [Check Control Log](#) to acknowledge receipt of the check booklets. The AAAs retain the original and provide a copy to the service provider. AAAs must recover any check booklets that service providers do not distribute within thirty (30) days of receipt for possible reallocation. AAAs are encouraged to contact CDFA for further instructions regarding check booklets.

The AAAs are responsible to recover voided, expired or disfigured SFMNP check booklets from service providers and return them to CDFA via secured mail. The AAAs are to report the total number of SFMNP check booklets distributed/unissued on the [SFMNP Closeout Form \(Check Return\)](#) to CDFA no later than **October 31, 2023**.

### **Distribution of Check Booklets to Participants**

AAAs and service providers may begin distributing SFMNP check booklets no earlier than **May 1, 2023**. Each participant may receive only one SFMNP check booklet that includes five \$10 checks.

The 2023 check booklets must be distributed to participants on a first come first serve basis no later than **September 30, 2023**. Participants must redeem SFMNP checks at a certified farmers' market no later than November 30, 2023.

**\*Important:** Checks cannot be raffled, given away as prizes or issued in any other manner than that set forth by USDA regulations. The AAA's/service providers should ensure senior participants self-certify that they meet the [Participant Eligibility Guidelines](#) before signing the [Check Issuance Log](#) to receive a SFMNP check booklet.

Service providers must distribute check booklets to eligible senior participants within 30 calendar days of receiving them from the AAA.

The following information on the [Check Issuance Log](#) must be completed when the checks are issued:

- Planning and Service Area (PSA) Number;
- Distribution/issuance site location;
- Service provider name;
- Date check booklet is issued to a participant/proxy;
- Check booklet number issued to each participant/proxy;
- Printed name of senior participant (*not proxy*);
- Signature of participant or proxy;
- Ethnic Category of participant (*Hispanic/Latino – Yes or No*);
- Race Category of participant (*Indicate 1-5 using the [Race Category Chart](#)*);
- Certify that the Rights & Responsibilities and Nutrition Education materials were received by the participant/proxy (*Yes or No*).

The AAAs must retain the [Check Issuance Log](#) forms with original signatures and service providers are to keep a copy for their records.

The service provider is responsible for returning all unused check booklets to the AAAs as soon as possible, but not more than thirty (30) days after the initial receipt of them. Service providers must report to the AAAs, the total number of check booklets distributed to participants no later than September 30, 2023.

### **2023 SFMNP End of Year Closeout**

Closeout information is required to comply with SFMNP federal regulations. All AAAs must provide CDFA with 2023 SFMNP distribution locations and document issued and unissued check booklets on the [SFMNP Closeout Form \(Check Return\)](#).

*All unissued check booklets must be* destroyed (i.e. shred, tear, or burn) and recorded to CDFA by October 31, 2023. AAAs must have a witness present to sign off on the destroyed check booklets.

### **Participant Waiting List**

AAAs must keep track of inquiries on a waiting list if check booklets run out. The list should be kept until CDFA confirms or denies additional funding availability.

### **Security of Check Booklets**

The AAAs and service providers are responsible for the security of check booklets at all times. The checks are to be treated the same as cash. Security measures include, but are not limited to:

Store check booklets in a secure and locked file cabinet;

Do not leave check booklets unattended when distributing to providers or participants;

Limit access to check booklets to authorized AAA/service provider staff only.

### **Lost/Stolen SFMNP Check Booklets**

Lost or stolen checks cannot be replaced under any circumstances. AAAs and service providers are responsible for reporting lost or stolen check booklets to CDFA. Service providers must notify AAAs when checks or check booklets are discovered lost or stolen.

To report lost or stolen checks:

- Complete the [Lost or Stolen Check Booklet\(s\) Form](#)
- Send a signed copy to CDFA and keep the original for your records;
- Document lost or stolen checks or check booklets on the [Check Control Log](#) and the original [Check Issuance Log](#).

## **Participants**

### **Participant Eligibility**

The AAAs and service providers must ensure all senior participants self-certify they meet the required [Participant Eligibility Guidelines](#):

- Are at least 60 years of age or older.
- Household annual Income does not exceed more than 185% of poverty level.
- Has not already received a 2023 SFMNP Check Booklet.



### Participant Benefit Level

The benefit level for the 2023 season is \$50 per eligible participant.

### Designation of a Proxy

It is at the discretion of the AAA to allow eligible participants to designate an individual (proxy) to act as their authorized representative to receive an SFMNP check booklet and make purchases at Certified Farmers' Markets on their behalf. A proxy can be an authorized representative to a maximum of five participants. The AAA's are provided with an [English/Spanish Proxy Form](#) for participants to complete and designate proxy.

### Participant Rights and Responsibilities

During enrollment each participant or their designated proxy needs to be informed of their Rights and Responsibilities. Each participant/proxy must be provided a copy of the [Participant Rights and Responsibilities](#) form provided by CDFA. The participant or designated proxy must sign the [Check Issuance Log](#) acknowledging they meet all SFMNP requirements and have access to read or have the statement read to him/her.

### Nutrition Education

CDFA will provide AAAs with [Nutrition Education](#) materials for distribution to each participant. [Nutrition Education](#) information related to fresh fruits and vegetables—available in English and Spanish—must be given to participants at the time SFMNP check booklets are issued. The participants should be encouraged to take the materials home and reference it when they shop at CFMs. Additional languages can be found online at [www.cdfa.ca.gov/go/sfmnp](http://www.cdfa.ca.gov/go/sfmnp).

### Ineligible Applicants

The AAA must ensure the service providers advise any applicant deemed ineligible for SFMNP participation in writing, stating the reason(s) for their ineligibility and informing them of their right to appeal using the [Ineligible Participation form](#). The form includes a quick check off list and describes the conditions for appealing. The AAA must forward appeals to the OGA.

**\*Note:** Applicants DO NOT have the right to appeal the ineligibility for checks based solely upon the lack of SFMNP check booklets or available funding.

### Participant Use of Checks

SFMNP participants must purchase goods for the amount listed on the individual check. Change cannot be given to participants by the farmers. Checks must be used at one farm stall and cannot be split among two or more vendors.

Participants are allowed to use multiple checks at one time. If a participant purchases more than the value of benefit, they can use cash or other tender to pay the difference.

SFMNP Checks can ONLY be used to purchase fresh fruits, vegetables, honey and fresh cut herbs with must be purchased at a Certified, FMNP Authorized Farmers' Market no later than November 30.

## Monitoring Reviews

All AAAs are subject to a monitoring review (site visit or desk review) once every two years as required by the SFMNP federal regulations. The purpose of monitoring reviews is to ensure the SFMNP is being carried out according to federal regulations and review how the program is being administered on a local level. Monitoring reviews will be conducted during the SFMNP season, July through September.

The AAAs will be required to complete and return a Monitoring Review Form and provide SFMNP documents and forms for review. Documentation may include but is not limited to agreements, control and check issuance logs, proxy forms, and complaint forms.

The SFMNP Coordinator will contact the AAA to schedule a monitoring site visit or desk review.

## Complaint Procedures

The AAAs should follow the steps below when a complaint is filed:

- Interview the complainant to determine the nature of the problem;
- Document the complaint on the [Complaint Form](#);
- If possible, determine whether the problem is limited or widespread and whether it is ongoing or a one-time occurrence;
- If appropriate, contact the market manager to discuss possible resolutions;
- If resolution appears improbable, contact CDFA for assistance;
- Retain the completed complaint form and send a copy to CDFA.

## Record Retention

Record Retention and accessibility is governed by [2 CFR 200.333](#) and [2 CFR 200.337](#).

The AAAs must retain all supporting documentation pertaining to the 2023 SFMNP for a period of three years from closeout (January 31, 2027) or until any litigation, claims or audit findings related to the SFMNP are resolved, whichever is later.

Records that must be retained include, but are not limited to: tracking logs, receipts, distribution, and accountability of check booklets and provider agreements.



## 2023 SFMNP Forms

The following table summarizes the distribution of SFMNP Forms.

Form Name	CDFA	AAA	Provider	Participant
CDFA/AAA Agreement	Original	Copy	N/A	N/A
AAA/ Provider Agreement	Copy	Original	Copy	N/A
Receipt of Check Booklets	Original	Copy	N/A	N/A
Check Control Log	N/A	Original	Copy	N/A
Participation Eligibility Guidelines	N/A	On Site	On Site	To Review
Check Issuance Log/Race Category Chart	N/A	Original	Copy	N/A
SFMNP Closeout Form (Check Return)	Original	Copy	N/A	N/A
Lost or Stolen Check Booklet(s) Form	Copy	Original	Copy	N/A
Proxy Form	N/A	Original	Copy	To Fill Out
Participant Rights & Responsibilities	N/A	N/A	N/A	Original
Nutrition Education Material	N/A	N/A	N/A	Original
Ineligible SFMNP Participation	N/A	Copy	Copy	Original
Complaint Form	Original	Copy	Copy	Copy

## **SFMNP AAA AGREEMENT**

Form 1.2.1. (05.2021)

State of California Department of Food and Agriculture  
1220 N Street, Sacramento CA 95814



## **SFMNP AAA AGREEMENT**

Between the California Department of Food and Agriculture (CDFA)

and the Area Agency on Aging (AAA), **PSA** \_\_\_\_\_ **UEID #** \_\_\_\_\_.

Collaboration on the Senior Farmers' Market Nutrition Program

### **PURPOSE:**

1. To provide California low-income seniors with check booklets that can be used to purchase fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs from Authorized Certified Farmers' Markets (CFM).
2. To establish partnerships with the AAAs to utilize their knowledge and expertise in administering senior programs on a local level either directly or through their affiliation with senior organizations and centers.

### **CDFA RESPONSIBILITIES:**

1. Ensure AAAs are aware of and meet SFMNP federal regulations 7 CFR 249 and promote program growth.
2. Provide an instructional Toolkit and materials to distribute to every participant.
3. Subject to available funding from the United States Department of Food and Agriculture (USDA), Food Nutrition Services (FNS), provide AAA's SFMNP check booklets to be issued to eligible senior participants.
4. Provide SFMNP check redemption rates.
5. Conduct monitoring reviews.
6. Assist and consultation throughout the SFMNP season.

### **AAA RESPONSIBILITIES:**

1. Ensure the local agency is neither debarred nor suspended and will notify CDFA immediately if the local agency becomes debarred or suspended in the future.
2. Comply with SFMNP regulations 7 CFR 249 and procedures outlined in the Toolkit.
3. Identify and certify SFMNP participant eligibility.
4. Control the receipt and security of SFMNP checks.
5. Distribute SFMNP check booklets to eligible participants.
6. Advise participants of their rights and responsibilities under the SFMNP.

## SFMNP AAA AGREEMENT

Form 1.2.1. (05.2021)

State of California Department of Food and Agriculture  
1220 N Street, Sacramento CA 95814

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7. Provide access to participants of nutrition education materials on the use and safe handling of produce.
8. Display USDA, FNS "Justice For All" poster with Non-Discrimination Statement at SFMNP check booklet distribution sites.
9. Ensure all staff and/or providers administering the SFMNP receive training on SFMNP requirements and AAA policies and procedures.
10. Complete, sign and return to CDFA all required forms outlined in the current Toolkit in a timely manner.
11. Collaborate with CDFA on scheduling and conducting of monitoring review.
12. Allow CDFA access to rerecords and documentation relevant to the SFMNP anytime during the SFMNP season.
13. Provide year end closeout information, including destroy and report the total number of SFMNP check booklets distributed/unissued to CDFA by October 31.
14. Maintain all records outlined in the Toolkit for a period of at least three years from the conclusion of the SFMNP season, except as required by 2 CFR §200.333 Retention requirements for records.

By signing the agreement, AAA acknowledges that CDFA cannot provide funds to administer the SFMNP and certifies that the AAA is neither suspended nor debarred from receiving federal funds.

### PARTIES TO THE AGREEMENT:

<b>State Agency:</b>	<b>Area Agency on Aging – PSA _____</b>
<b>Name:</b> Kristi Duprey, Assistant Branch Chief	<b>Name:</b>
<b>Agency:</b> CA Department of Food and Agriculture	<b>Agency:</b>
<b>Address:</b> 1220 N Street, Room 120	<b>Address:</b>
<b>City, State, Zip:</b> Sacramento, CA 95814	<b>City, State, Zip:</b>
<b>Email:</b> <a href="mailto:Kristi.Duprey@cdfa.ca.gov">Kristi.Duprey@cdfa.ca.gov</a>	<b>Email:</b>
<b>Authorized Signature &amp; Date:</b>	<b>Authorized Signature &amp; Date:</b>

**SFMNP AAA AGREEMENT**

Form 1.2.1. (05.2021)

State of California Department of Food and Agriculture  
1220 N Street, Sacramento CA 95814

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**AGENCY CONTACT INFORMATION:**

**First Contact (distributed to Seniors)**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Contact (for CDFA records)**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Business Address:**

\_\_\_\_\_

**Shipping Address for Food Benefits if different: *(Cannot be a PO Box or residence)***

\_\_\_\_\_

## SERVICE PROVIDER AGREEMENT

Form 1.2.11. (05.2019)

State of California Department of Food and Agriculture  
1220 N Street, Sacramento CA 95814



## SFMNP SERVICE PROVIDER AGREEMENT – AAA & PROVIDER

**THIS AGREEMENT** is effective during the year \_\_\_\_\_.

### **BETWEEN:**

1. The Area Agency on Aging (AAA), PSA \_\_\_\_\_ and,
2. \_\_\_\_\_ (Service Provider).

### **THE AAA, PSA \_\_\_\_\_ AGREES TO:**

1. Provides SFMNP checks to the Provider for distribution to SFMNP participants.
2. Ensure provider staff are trained on the instructional SFMNP Toolkit and materials.
3. Compile and provide check redemption rates.

### **THE \_\_\_\_\_ (Provider) AGREES TO:**

1. Follow the federal SFMNP regulations and procedures described in the SFMNP Tool Kit:
2. Ensure the provider organization is neither debarred nor suspended and will notify CDFA immediately if the provider organization does in the future.
3. Control the receipt and security of SFMNP checks.
4. Identify and certify SFMNP participant eligibility.
5. Ensure the SFMNP check control log is complete and filled out accurately.
6. Distribute SFMNP check booklets to eligible participants.
7. Advise participants of their rights and responsibilities under the SFMNP.
8. Provide participants nutrition materials on the use and safe handling of produce.
9. Display USDA, FNS "Justice For All" poster with Non-Discrimination Statement at SFMNP check booklet distribution sites.
10. Ensure all provider staff administering the SFMNP receive training on SFMNP requirements and policies and procedures.
11. Return all SFMNP documentation, forms and unused check booklets to the AAA.
12. Report to the AAA the total number of check booklets distributed by October 15.

**SERVICE PROVIDER AGREEMENT**

Form 1.2.11. (05.2019)

State of California Department of Food and Agriculture  
1220 N Street, Sacramento CA 95814

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By signing the agreement, the Provider acknowledges that the AAA cannot provide funds to administer the SFMNP and certifies that the Provider is neither suspended nor debarred from receiving federal funds.

<b>Area Agency on Aging – PSA _____</b>	<b>Service Provider Organization:</b>
<b>Name of Representative:</b>	<b>Name of Representative:</b>
<b>Agency:</b>	<b>Organization Name:</b>
<b>Address:</b>	<b>Address:</b>
<b>City, State, Zip:</b>	<b>City, State, Zip:</b>
<b>Email:</b>	<b>Email:</b>
<b>Authorized Signature &amp; Date:</b>	<b>Authorized Signature &amp; Date:</b>



**CHECK RECEIPT FORM**

Form 1.2.5. (05.2021)

State of California

California Department of Food and Agriculture

Office of Grants Administration

**CHECK BOOKLET RECEIPT FORM****RECEIPT LOG:***(Have a Witness present during the counting of check booklets)*

The Area Agency on Aging (AAA) PSA \_\_\_\_\_ has received a total number of

\_\_\_\_\_ check booklets.

The AAA must control the receipt and security of the SFMNP check booklets at all times.

**SEQUENCE NUMBER OF CHECK BOOKLETS:**

The <u>sequence number</u> in <b>FIRST check booklet</b> received:	
The <u>sequence number</u> in <b>LAST check booklet</b> received:	

**REDEMPTION VALUE:**

Total Number of Check Booklets received from CDFA:	
Total amount per check booklet:	X \$50.00
Total Redemption Value:	

**AUTHORIZED SIGNATURE:**

AAA Coordinator Signature:	AAA Witness Signature:
Printed Name:	Printed Name:
Date:	Date:

CDFA SFMNP Coordinator Signature: \_\_\_\_\_

PLEASE EMAIL COMPLETED FORM TO [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov)  
WITHIN FIFTEEN (15) CALENDAR DAYS OF RECEIPT OF CHECKS

**CHECK CONTROL LOG**

Form 1.2.2. (01.2021)

State of California

California Department of Food and Agriculture

Office of Grants Administration

**PROVIDER CHECK CONTROL LOG - \_\_\_\_\_ SEASON****PSA # \_\_\_\_\_ Local Agency Organization Name \_\_\_\_\_**

**Reminder:** The service provider is responsible for returning all unused check booklets to the AAA as soon as possible, but not more than thirty (30) days after the initial receipt of them.

Issue Date	Total Number of Booklets	Check Booklet Sequence Number	Provider Organization Name and Address (organization issuing booklets)	Name and Signature of Provider (receiving booklets)
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____
		Start: _____ End: _____		Print: _____ Sign: _____

## 2023 SFMNP PARTICIPANT ELIGIBILITY REQUIREMENTS

- ✓ I certify that I have not already received the 2023 SFMNP Check Booklet for the season.
- ✓ I certify that I am at least 60 years of age or older.
- ✓ I certify my household annual income does not exceed 185% of the poverty level. *(See chart below)*

**Effective July 1, 2023 - June 30, 2024**

Maximum Household Income Eligibility Guidelines					
# of Persons in Household	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$26,976	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
Each additional person add	+\$9,509	+\$793	+\$397	+\$366	+\$183

Income Eligibility Guidelines can be found online at <https://www.fns.usda.gov/sfmnp/sfmnp-income-guidelines>

## REQUISITOS DE ELEGIBILIDAD DE PARTICIPANTES DE SFMNP 2023

- ✓ Certifico que aún no he recibido el Talonario de Cheques SFMNP 2023 para la temporada.
- ✓ Certifico que tengo 60 años o más.
- ✓ Certifico que el ingreso anual de mi hogar no excede el 185% del nivel de pobreza.  
(Consulte el cuadro a continuación)

### Vigencia 1 De Julio De 2023 – 30 De Junio De 2024

Pautas de elegibilidad de ingresos					
N.º de personas en el hogar	Anual	Mensual	Bimestral	Quincenal	Semanal
1	\$26,976	\$2,248	\$1,124	\$1,038	\$519
2	\$36,482	\$3,041	\$1,521	\$1,404	\$702
3	\$45,991	\$3,833	\$1,917	\$1,769	\$885
Cada persona adicional agrega	+\$9,509	+\$793	+\$397	+\$366	+\$183

Income Eligibility Guidelines can be found online at <https://www.fns.usda.gov/sfmnp/sfmnp-income-guidelines>

## Senior Participant Check Issuance Log - \_\_\_\_\_ Season



- ✓ I am at least 60 years of age or older.
- ✓ My annual income does not exceed 185% of poverty level. *(please see chart provided)*
- ✓ I have not already received a SFMNP Check Booklet or Food Benefit for the current year.
- ✓ I have been advised of my Rights and Responsibilities, Nutrition Education, and Nondiscrimination Statement under the SFMNP.

[illegible]

## 2023 SFMNP RACE CATEGORY CHART

**Participants, please choose one or more Racial Categories.**

\*If you selected Hispanic/Latino for your Ethnic Category, you still need to choose the number that best describes you Racial Category.

<b>Race Categories</b>	
<b>1</b>	<b>American Indian or Alaska Native –</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<b>2</b>	<b>Asian –</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<b>3</b>	<b>African American –</b> Persons having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
<b>4</b>	<b>Native Hawaiian or Other Pacific Islander –</b> Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<b>5</b>	<b>Caucasian –</b> Persons having origins in any of the original peoples of Europe, Middle East, or North Africa.



**SFMNP CLOSEOUT FORM**

1.2.6 (Rev. 5.2021)

State of California

California Department of Food and Agriculture

Office of Grants Administration

**SFMNP CLOSEOUT FORM****Agency: \_\_\_\_\_ CERTIFIES THAT:***(Please Select One)*

- ☐ All SFMNP food benefits **were issued** by September 30<sup>th</sup>.
- ☐ There were SFMNP food benefits **not issued** and documented below.

**SFMNP FOOD BENEFIT RECONCILIATION: *(Fill out for unissued food benefits)***

<b><u>TOTAL AMOUNT</u></b> of SFMNP food benefits received for distribution:	
Amount of SFMNP food benefits <b><u>ISSUED</u></b> to senior participants:	___
Amount of SFMNP food benefits <b><u>NOT ISSUED</u></b> to seniors:	

**UNISSUED SFMNP CHECK BOOKLET:**

First <b><u>unissued</u></b> check booklet number in sequence:	
Last <b><u>unissued</u></b> check booklet number in sequence:	

- ☐ The SFMNP Check Booklets that were **not issued** to senior participants were destroyed on \_\_\_\_\_ *(date)*.

**PROVIDE REASON(S) FOR UNISSUED FOOD BENEFITS:**

--

<b>Agency Organization:</b>			
<b>Name:</b>			<b>Title:</b>
<b>Signature:</b>			<b>Date:</b>

PLEASE EMAIL FORM TO [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) NO LATER THAN **OCTOBER 31.**

## LOST OR STOLEN CHECK FORM

Form 1.2.9. (05.2019)

State of California

California Department of Food and Agriculture

Office of Grants Administration



## LOST/ STOLEN CHECK BOOKLET FORM

**When reporting lost or stolen checks, the AAA must:**

1. Complete the Lost/Stolen Check Booklet Form and send to CDFA.
2. Document the lost/stolen check(s) on the Check Control Log that are lost/stolen.
3. Document the lost/stolen check(s) on the original Check Issuance Form.

### REPORTING AGENCY INFORMATION:

AAA (PSA \_\_\_\_\_) Name of Agency completing report: \_\_\_\_\_

AAA Staff Reporting: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MISSING CHECK(S)/ BOOKLET INFORMATION:

*Sequence numbers of missing SFMNP Check(s) or booklets:*

Date discovered missing: \_\_\_\_\_

Beginning Check Number: \_\_\_\_\_ Ending Check Number: \_\_\_\_\_

Person Reporting Missing Check(s): \_\_\_\_\_

### COMMENTS:

Briefly describe the situation on how the SFMNP check(s)/ booklets were lost, or stolen:

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*\*Please note CDFA cannot replace lost or stolen checks/booklets.*

**PLEASE EMAIL COMPLETED FORM TO [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov)  
WITHIN FIFTEEN (15) CALENDAR DAYS OF NOTIFICATION**

## PROXY FORM

Form 1.2.10. (03.2020)

State of California

California Department of Food and Agriculture

Office of Grants Administration



## SFMNP PROXY FORM

*SFMNP participants are authorized to designate an individual to act as their authorized representative or "Proxy" to sign and receive a SFMNP check booklet and make purchases at Certified Farmers' Markets.*

### Participant Eligibility Requirements:

I certify that,

- ✓ I am at least 60 years of age or older.
- ✓ My annual income does not exceed 185% of poverty level.
- ✓ I have not already received an SFMNP Food Benefits (check booklet or produce box) for the current year.

### This Proxy Form designates:

I \_\_\_\_\_ (senior participant) hereby designate  
\_\_\_\_\_ (proxy name), as my authorized SFMNP representative.

Senior Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

The participant has been assigned the following check booklet from **PSA** \_\_\_\_\_.

- ✓ Assigned proxy has received **check booklet #** \_\_\_\_\_

## PROXY FORM

Form 1.2.10. (03.2020)

State of California

California Department of Food and Agriculture

Office of Grants Administration



## Formulario de representante \_\_\_\_\_

*Los participantes están autorizados a designar una persona para que actúe como su representante autorizado para firmar o recibir una libreta de cheques SFMNP y realizar compras en los Mercados de Granjeros Certificados.*

### Requisitos de elegibilidad del participante:

- ✓ Certifico que tengo 60 años o más.
- ✓ Certifico que mi ingreso anual no excede el 185% del nivel de pobreza.
- ✓ Certifico que no recibí una libreta de cheques de SFMNP \_\_\_\_\_ para la temporada.

### Este formulario de representante designa a:

I \_\_\_\_\_ (Nombre del participante) designado

\_\_\_\_\_ (Nombre representativo), como mi representante autorizado para SFMNP.

Nombre del participante \_\_\_\_\_ Fecha \_\_\_\_\_

Firma \_\_\_\_\_

Al participante se le ha asignado el siguiente folleto de verificación de **PSA** \_\_\_\_\_.

- ✓ El proxy asignado ha recibido el folleto de verificación \_\_\_\_\_

## PARTICIPANTS RIGHTS AND RESPONSIBILITIES

I have been advised and understand my rights and responsibilities under the SFMNP. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

- Standards for eligibility and participation in the SFMNP are the same for everyone, regardless of race, color, national origin, age, disability, or sex.
- Everyone has the right to a fair hearing and may appeal the denial of benefits based on eligibility. Individuals may not appeal when the reason for denial is there are not enough funds for every applicant to participate or SFMNP booklets are not available.
- To file Civil Rights discrimination complaints, eligibility appeals or any other complaints about the program, please contact your local Area Agency on Aging.
- SFMNP checks can ONLY be used to purchase fresh fruits, vegetables, honey and fresh cut herbs which must be purchased at Certified Farmers' Market sites by November 30.
- When purchases are less than \$10.00, farmers may add eligible produce to bring the sale up to the value of the check. Change given for sales less than \$10.00 is not allowed.
- Checks cannot be exchanged for cash and can only be transferred to a designated proxy.
- Farmers may accept cash or food stamps to cover purchases over the checks' value.
- Farmers cannot accept checks that are torn, altered or missing serial numbers.
- Lost or stolen check booklets cannot be replaced but should be reported to your local service provider or the Farmers' Market Manager.
- Farmers cannot discriminate against SFMNP participants in price, quality of produce, or service.
- Anyone committing fraud or abuse in connection with the SFMNP is liable to prosecution under applicable federal, state and local laws.

## DERECHOS Y RESPONSABILIDADES DEL PARTICIPANTE

Se me informaron y comprendí mis derechos y responsabilidades bajo el SFMNP. Certifico que la información que proporcioné para mi determinación de elegibilidad es correcta a mi leal saber y entender.

- Las normas de elegibilidad y participación en el SFMNP son las mismas para todos, independiente de la raza, color, nacionalidad, edad, discapacidad o sexo.
- Todos tienen derecho a un audiencia justa y pueden apelar el rechazo de beneficios en función de la elegibilidad. Las personas no pueden apelar cuando el motivo del rechazo es que no hay suficientes fondos para que participen todos los solicitantes, o no hay disponibles libras de SFMNP.
- Para presentar quejas de discriminación de Derechos Civiles, apelaciones de elegibilidad u otras quejas sobre el programa, comuníquese con su Agencia de Área de Ancianidad local.
- Las compras con cheques SFMNP están limitadas a frutas y verduras frescas, miel e hierbas comestibles que deben comprarse en los sitios de Mercados de Granjeros Certificados, hasta el 30 de noviembre.
- Cuando las compras son inferiores a \$10.00, los granjeros pueden agregar frutas y verduras frescas o hierbas comestibles para que la venta sea del valor del cheque. No está permitido el cambio monetario para ventas inferiores a \$10.00.
- Los cheques no pueden cambiarse por efectivo y solo pueden transferirse a un representante designado.
- Los granjeros pueden aceptar efectivo o estampillas de alimentos para cubrir compras por el valor de los cheques.
- Los granjeros no puede aceptar cheques que estén rotos, alterados o le falten los números de serie.
- Las libretas de cheques perdidas o robadas no se pueden reemplazar, pero deben reportarse al proveedor de servicio local o el Administrador del Mercado de Granjeros.
- Los granjeros no pueden discriminar contra los SFMNP participantes por precio, calidad de producto fresco o servicio.
- Cualquiera que cometa fraude o abuso en relación con los SFMNP, es pasible de procesamiento bajo las leyes federales, estatales y locales correspondientes





## California Department of Food and Agriculture Senior FMNP Nutrition Education

(916) 657-3231 • [www.cdffa.ca.gov/go/sfmnp](http://www.cdffa.ca.gov/go/sfmnp)



### 6 Tips to Eat More Fruits and Vegetables

1. **Keep visible reminders**  
Keep a bowl of whole fruit on the table, counter, or the refrigerator ready to eat.
2. **Eat a variety of colors**  
Choose produce that is red, orange, or dark green. They are full of vitamins and minerals. Fill half your plate with fruits and vegetables at every meal and snack.
3. **Snack on the go**  
Have fresh fruit and vegetables cut and prepared for a quick and healthy snack.
4. **Discover fast ways to cook**  
Cook vegetables in the microwave in a bowl with a small amount of water for a quick and easy side dish.
5. **Add some spice**  
Add flavor to food with spices and herbs instead of salt for low sodium meals.
6. **Substitute the sugar**  
Substitute the use of sugar with honey as a natural sweetener.

### 5 Tips for Shopping at the Farmers Market on a budget

1. **Make a list but be flexible**  
Be prepared with a list but if a cheaper item is available and would work just the same, make a change.
2. **Look around before buying**  
Prices and quality may change from farmer to farmer, be sure to shop the market before making your purchases.
3. **Don't overbuy, consider the shelf life**  
Planning meals ahead of time will help so food doesn't go bad.
4. **Ask the farmer questions**  
Chat with the farmer, they know their product and can give helpful advice on how to cook and store the food they sell.
5. **Use your SFMNP checks!**  
SFMNP checks are accepted at many farmers markets and some offer other incentives to help your money go further. For a list of authorized farmers markets please visit [www.cdffa.ca.gov/go/sfmnp](http://www.cdffa.ca.gov/go/sfmnp).

### Prepare and Store your Food for Freshness

1. **Pantry (cool, dry place)**  
Onions, garlic, potatoes, yams, hard squash, and honey.
2. **Countertop (ripen, ready to eat)**  
Citrus fruit, peaches, plums, nectarines, avocados, tomatoes.
3. **Refrigerator (keep fresh)**  
Apples, pears, berries, cherries, grapes, broccoli, carrots, peppers, cucumbers, mushrooms, summer squash, and fresh cut herbs.
4. **Handling and Storing Produce**
  - Do not wash, cut, or peel until you are ready to eat. (Except Lettuce)
  - Refrigerate and cover peeled or pre-cut produce.
  - Produce should be kept separate from raw meat and seafood.
  - Refrigerator temperature should be at 40° F or below.



## California Department of Food and Agriculture Senior FMNP Nutrition Education

(916) 657-3231 • [www.cdfa.ca.gov/go/sfmnp](http://www.cdfa.ca.gov/go/sfmnp)



### 6 consejos para comer más frutas y verduras

1. **Tenga recordatorios a la vista**  
Tenga un tazón de frutas sobre la mesa, la barra de la cocina, o el refrigerador listas para comer.
2. **Coma una variedad de colores**  
Elija productos frescos rojos, naranjas o verde oscuro. Están llenos de vitaminas y minerales. Llene la mitad de su plato con frutas y vegetales en cada comida y bocadillo.
3. **Coma bocadillos**  
Tenga frutas y verduras frescas cortadas y preparadas para un bocadillo rápido y saludable.
4. **Descubra maneras rápidas de cocinar**  
Cocine las verduras en el microondas en un tazón con una pequeña cantidad de agua para una guarnición rápida y fácil.
5. **Añada especias**  
Añada sabor a la comida con especias e hierbas en lugar de sal, para comidas bajas en sodio.
6. **Sustituya el azúcar**  
Sustituya el uso de azúcar por miel como un edulcorante natural.

### 5 consejos para comprar en un Mercado de granjeros con un presupuesto

1. **Haga una lista pero sea flexible**  
Esté preparado con una lista, pero si un artículo más económico está disponible y sirve igual, haga el cambio.
2. **Mire antes de comprar**  
Los precios y la calidad pueden cambiar de granjero a granjero. Asegúrese de recorrer el mercado antes de hacer sus compras.
3. **No compre de más y considere la vida útil**  
Planificar las comidas antes ayudará a que no se arruine la comida.
4. **Haga preguntas al granjero**  
Hable con los granjeros, conocen su productos y pueden darle consejos útiles sobre cómo cocinar y almacenar los alimentos que venden.
5. **¡Use sus cheques SFMNP!**  
Los cheques SFMNP se aceptan en muchos mercados de granjeros y algunos ofrecen incentivos para ayudarlo a que su dinero rinda. Para obtener una lista de granjeros autorizados visite:  
[www.cdfa.ca.gov/go/sfmnp](http://www.cdfa.ca.gov/go/sfmnp)

### Prepare y guarde sus alimentos para que estén frescos

1. **Alacena (lugar fresco y seco)**  
Cebollas, ajo, papas, camote, calabaza y miel.
2. **Barra de la cocina (maduros, listos para comer)**  
Frutas cítricas, duraznos, ciruelas, duraznos, aguacates, tomates.
3. **Refrigerador (mantiene frescos)**  
Manzanas, peras, frutos rojos, cerezas, uvas, brócoli, zanahorias, pepinos, hongos, calabaza e hierbas frescas cortadas.
4. **Manipulación y almacenamiento de productos frescos**
  - No lave, corte o pele hasta que esté por comerlos. (excepto la lechuga)
  - Refrigere y cubra los productos frescos pelados y precortados.
  - Los productos frescos deben guardarse separados de la carne y mariscos crudos.
  - La temperatura del refrigerador debe estar a 40° F o menos.



加州政府糧食和農業部門

耆英農產品營養計劃贈券

(916) 657-3231 [www.cdfa.ca.gov/go/sfmnp](http://www.cdfa.ca.gov/go/sfmnp)



## 多吃蔬菜和水果的6個秘

**放置於容易看見的地方**

水果放置於桌子, 櫃檯, 或冰箱.

**顏色多樣化很重要**

選擇紅, 橘, 或暗綠色 的水果. 這些水果  
有豐富的維生素和礦物質. 每一餐  
和零食須一半是蔬菜和水果.

**快捷又健康的零食選擇**

切片的蔬菜和水果是快捷又健康的零  
食.

**快捷的烹調方式**

將蔬菜和少量清水放進碗裏, 用微波爐  
加熱. 既簡單又快捷.

**使用香草**

用香料和香草取代鹽以減少鈉的攝取  
量.

**代糖的選擇**

用天然蜂蜜代替糖.

## 農夫市場購物的5個秘訣

**製作可隨意改變的購物清單**

確認購物清單和懂得做出改變.

**購買前多比較**

產品的價格和質量都不同. 建議購  
買前比較不同商店的產品.

**一次別買太多及注意保質**

提前計劃避免食物太快變質.

**經常與農夫交流**

向農夫詢問蔬菜和水果的最佳烹飪  
方式及保存方法.

**使用耆英農產品營養計劃贈券**

營養計劃贈券可使用於大多數農夫  
市場. 地點詳情請瀏覽:

[www.cdfa.ca.gov/go/sfmnp](http://www.cdfa.ca.gov/go/sfmnp)

## 新鮮蔬菜和水果的準備和儲存

**儲藏室 (乾燥和涼爽的地方)**

洋蔥, 大蒜, 馬鈴薯, 甘薯, 南瓜, 牛油  
瓜, 冬瓜, 和蜂蜜.

**檯面 (成熟和即食)**

柑橘, 檸檬, 桃子, 李子, 油桃, 酪梨,  
和番茄.

**冰箱 (保持新鮮)**

蘋果, 梨子, 莓類, 櫻桃, 葡萄, 西蘭  
花, 胡蘿蔔, 燈籠椒, 黃瓜, 菇類,  
勝瓜, 涼瓜, 和新鮮香草.

**處理和存蔬菜和水果**

蔬菜和水果於進食前才洗, 切或剝 (除了  
生菜).

已切和剝的蔬菜和水果需封蓋和冷藏.  
冷藏的蔬菜和水果應與生肉和海鮮分開保  
存.

冰箱的溫度應保持於華氏40度或更低.

## INELIGIBLE PARTICIPATION FORM

Form 1.2.8. (03.2020)

State of California

California Department of Food and Agriculture

Office of Grants Administration



## INELIGIBLE PARTICIPATION FORM

*\*Applicant should receive a copy for their records and to be notified how to appeal.*

### Local Agency Filing Ineligibility:

Date: \_\_\_\_\_ Local Agency: \_\_\_\_\_

Applicant is ineligible to receive an SFMNP check booklet for the following reason(s):  
(Check all that apply)

- ☐ Not 60 years of age or older.
- ☐ Annual income exceeds 185% of the Federal Poverty Level.
- ☐ Already received the SFMNP food benefit for the current year.
- ☐ Other (please specify) \_\_\_\_\_

### Applicant Information:

Date: \_\_\_\_\_ First and Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Comments:

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### Appeal Rights:

Applicants who wish to exercise appeal rights may do so within ten (10) calendar days of receiving this notification. The appeal must be in writing and signed by the responsible party named on the grant application or his/her authorized agent. It must state the grounds for the appeal and include any supporting documents and a copy of the Office of Grants Administration decision being challenged. The submissions must be sent to: California Department of Food and Agriculture Office of Hearings and Appeals, 1220 N Street, Sacramento 95814.

**PLEASE EMAIL FORM TO [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) IMMEDIATELY**

## INELIGIBLE PARTICIPATION FORM

Form 1.2.8. (03.2020)

State of California

California Department of Food and Agriculture

Office of Grants Administration



### No admissible para participación

Agencia que informa al solicitante no elegible:

Fecha: \_\_\_\_\_ Nombre: \_\_\_\_\_

No es elegible para recibir cheques de SFMNP por los siguientes motivos:  
(Marque todo lo que corresponda)

- ☐ No tiene más de 60 años.
- ☐ El ingreso anual excede el 185% del Nivel de Pobreza Federal
- ☐ Ya recibió la caja de productos de SFMNP para el año en curso.
- ☐ Otro (especifique) \_\_\_\_\_

### Información del aplicante:

Fecha: \_\_\_\_\_ Nombre y apellido: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

### Comentarios:

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### Derechos de apelación:

Los solicitantes que desean ejercer los derechos de apelación pueden hacerlo dentro de los diez (10) días corridos posteriores a la recepción de esta notificación. La apelación debe realizarse por escrito y estar firmada por la parte responsable nombrada en la solicitud de subsidio o su agente autorizado. Debe indicar las bases de la apelación e incluir documentación de respaldo y una copia de la decisión de la Administración de la Oficina de Subsidios que se desafía. La presentación debe enviarse al Departamento de Alimentos y Agricultura de California Oficina de Audiencias y Apelaciones, 1220 N Street, Sacramento 95814.

**ENVÍE EL FORMULARIO POR CORREO ELECTRÓNICO A**  
**[grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) INMEDIATAMENTE**



## COMPLAINT FORM

Form 1.2.7. (05.2019)

State of California

California Department of Food and Agriculture

Office of Grants Administration



## SFMNP COMPLAINT FORM

**Type of Complaint:** *(Please check the appropriate box)*

☐ Participant    ☐ Farmer/Vendor    ☐ Market Manager    ☐ AAA Staff    ☐ Anonymous

Date: \_\_\_\_\_ First and Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Complaint:** *(Please describe the complaint. Use additional sheets of paper if needed.)*

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**Resolution:** *(What is your desired outcome of this complaint?)*

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**I hereby certify that the above Statements are true and correct to the best of my knowledge:**

\_\_\_\_\_  
Person Filing Complaint:

\_\_\_\_\_  
Date

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410. fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**EMAIL FORM TO [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) WITHIN FIFTEEN (15) DAYS OF COMPLAINT**



## COMPLAINT FORM

Form 1.2.7. (05.2019)

State of California

California Department of Food and Agriculture

Office of Grants Administration



## Formulario de queja SFMNP

**Tipo de queja:** *(Marque la casilla correspondiente)*

☐ Participante    ☐ Granjero/Proveedor    ☐ Administrador de Mercado

☐ Personal de AAA    ☐ Anónima

Fecha: \_\_\_\_\_ Nombre y apellido: \_\_\_\_\_

Número de teléfono: (\_\_\_\_) \_\_\_\_\_ Correo electrónico: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

**Queja:** *(Describa la queja. Use hojas adicionales si necesita).*

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**Resolución:** *(¿Cuál es el resultado deseado de su queja?)*

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**Por el presente certifico que las declaraciones anteriores son verdaderas y correctas a mi leal saber y entender:**

\_\_\_\_\_  
Demandante

\_\_\_\_\_  
Fecha

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:  
correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; o correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución es un proveedor que ofrece igualdad de oportunidades.

**ENVÍE EL FORMULARIO POR CORREO ELECTRÓNICO A [grants@cdfa.ca.gov](mailto:grants@cdfa.ca.gov) DENTRO DE LOS QUINCE (15) DÍAS DE PRESENTADA LA QUEJA**