



CALIFORNIA DEPARTMENT OF
FOOD AND AGRICULTURE

Senior Farmers' Market Nutrition Program

2015 Toolkit

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Table of Contents

Purpose	2
General Responsibilities	2
Agreements	3
CDFA and AAAs	3
AAAs and Providers	3
Participants	3
Participant Eligibility	3
Participant Benefit Level	3
Designation of a Proxy	3
Participant Rights and Responsibilities	3
Ineligible Applicants	4
Check Booklets	4
AAAs Receipt of Check Booklets	4
AAAs Distribution of Check Booklets to Service Providers	4
Distribution of Check Booklets to Participants	5
Participant Waiting List	6
Security of Check Booklets	6
Lost/Stolen SFMNP Check Booklets	6
Record Retention	6
Complaint Procedures	7
Nutrition Education	7
Poverty Guideline Chart	A-1



Purpose

The Senior Farmers' Market Nutrition Program (SFMNP) is a one hundred percent 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 Certified Farmers' Markets (CFM), roadside stands and community supported agriculture (CSA) programs to low-income seniors.

The 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). CDFA partners with 32 of California's Area Agencies on Aging (AAA) to distribute the SFMNP check booklets which include ten (10) checks redeemable for \$2 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.

General Responsibilities

CDFA administration responsibilities include: ensuring AAA compliance with statutes, regulations and agreement terms and conditions; submitting financial reports to USDA, FNS and conducting AAA reviews to maintain grant programmatic; and maintaining fiscal integrity.

CDFA also works collaboratively with the California Women, Infants and Children Program (WIC) to train, assist and monitor Farmers' Markets and farmers' compliance with federal regulations. You can access the current WIC Authorized CFM Directory for each county at: [Authorized Market List](#)

The AAAs are responsible for implementing the SFMNP at the local level. Responsibilities include controlling the security of SFMNP checks and distribution to eligible participants or their designated proxy. In addition, AAAs are responsible for advising participants of their rights and responsibilities under the SFMNP, and distributing nutrition education and other materials provided by CDFA, while maintaining adequate documentation and control logs to assure adherence to the SFMNP federal regulations.

Every AAA appoints an SFMNP Coordinator (Coordinator) for their agency. The Coordinator acts as primary contact for CDFA and oversees the receipt, distribution and accountability of the SFMNP check booklets.

Agreements

CDFA and AAAs

Federal regulations require an agreement between the state agency and local agencies that administer the SFMNP. The **SFMNP Agreement** specifics how CDFA and the AAAs agree to implement the 2015 SFMNP.

A new Agreement is required annually at the beginning of each SFMNP season. A signed copy should be emailed to CDFA immediately following signature by the AAA Director, but no more than 15 days from receipt of the SFMNP check booklets.

AAAs and Providers

Federal regulations require an agreement between the local agency and the provider. If the local agency works with an outside provider to help distribute the SFMNP check booklets both parties are required to complete a **Provider Agreement**.

Local agencies and providers should retain signed copies for their records. A signed copy should also be emailed to CDFA at grants@cdfa.ca.gov.

Participants

Participant Eligibility

The AAAs must ensure participants self-certify they meet all of the following requirements:

- Are at least 60 years of age.
- Annual Income does not exceed more than **185% of poverty level**.
- Has not already received a 2015 SFMNP check booklet.

Participant Benefit Level

The benefit level for the 2015 season is \$20 per each eligible participant.

Designation of a Proxy

Participants are allowed to designate an individual (proxy) to act as their authorized representative to receive an SFMNP check booklet and make purchases at Certified Farmers' Markets. The AAA's are provided with an **English/Spanish Proxy Form** for participants.

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 designed proxy must sign the



Check Issuance Log acknowledging they meet all SFMNP requirements and have read or had the statement read to him/her.

Ineligible Applicants

The AAAs must 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. Appeals should be forwarded to CDFA.

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

Check Booklets

AAAs Receipt of Check Booklets

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

Upon receipt, the AAA Coordinator and secondary staff must certify the total number of check booklets received and the sequence number of the check booklet. The AAA Coordinator completes, signs, and returns the **Receipt of Check Booklets** form to CDFA.

The **Receipt of Check Booklets** is used for certifying the amount and sequence numbers on the check booklets that each AAA receives.

The completed original should be emailed to CDFA immediately following signature by the AAA Coordinator. CDFA will return a signed copy for the AAAs' records to be kept on file for three years after the expiration of the **SFMNP Agreement**.

AAAs Distribution of Check Booklets to Service Providers

Each AAA Coordinator must complete the following information on the **Check Control Log**.

- Date the check booklets are issued to provider;
- Number of booklets issued;
- Check booklet sequence numbers issued to the provider;
- Provider Name (organization);
- Name and signature of the provider recipient.

Service providers must sign **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 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 also 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 by all service providers to CDFA by November 15, 2015.

Distribution of Check Booklets to Participants

Each participant may receive one SFMNP check booklet, made up of ten \$2 checks.

The 2015 check booklets must be distributed to participants no later than September 30, 2015. Participants must redeem checks no later than November 30, 2015.

Service providers need to distribute check booklets to participants within **thirty (30) days** of receiving them from the AAA. The service providers should remind participants that they are only allowed one check booklet a year and they are required to certify that they have only received one check booklet for the 2015 season before signing the **Check Issuance Log**.

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 participant;
- Signature of participant/proxy;
- Ethnic Category of participant (*Hispanic/Latino – Yes or No*);
- Race Category of participant (*Indicate A-E using the **Race Category Chart***);
- Certification nutrition education material was received by the participant/proxy (*Yes or No*).

The AAAs retain the **Check Issuance Log** with original signatures and service providers keep a copy.



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 receiving them.

Service providers must report to the AAAs, the total number of check booklets distributed to participants by November 15, 2015.

The AAAs document all unissued check booklets on the **Check Booklet Return Form** and destroy (i.e. shred, tear, or burn) or return the check booklets to CDFA.

Participant Waiting List

Local AAAs must keep track of inquiries on a waiting list in the event that 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 them 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**;
- Document lost or stolen checks or check booklets on the **Check Control Log** and send a copy to CDFA;
- Document lost or stolen checks or check booklets on the original **Check Issuance Log** and send a copy to CDFA.

Record Retention

The AAAs are required to retain all supporting documentation pertinent to the 2015 SFMNP for a period of three years after the expiration of the CDFA and AAA Agreement. Records that must be retained include, but are not limited to: tracking logs, receipts, distribution, and accountability of check booklets and provider agreements.

Complaint Procedures

The AAAs should follow the steps below when a participant, farmer or Farmers' Market registers a complaint:

- 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 onetime 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.

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, Spanish, Chinese and Russian—are given to participants at the time SFMNP check booklets are issued. The participants should be encouraged to take the material home and reference it when they shop at CFMs.

2015 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
Provider Agreement	Copy	Original	Copy	N/A
Proxy Form (<i>English/Spanish</i>)	N/A	Original	Copy	To Fill Out
Participant Rights & Responsibilities (<i>English/Spanish</i>)	N/A	N/A	N/A	Original
Ineligible SFMNP Participation	N/A	Copy	Copy	Original
Receipt of Check Booklets	Original	Copy	N/A	N/A
Check Control Log	N/A	Original	Copy	N/A
Check Issuance Log/Race Category Chart	N/A	Original	Copy	N/A
Lost or Stolen Check Booklet(s) Form	Copy	Original	Copy	N/A
Check Booklet Return Form	Original	Copy	N/A	N/A
Complaint Form	Copy	Original	Copy	Copy (<i>optional</i>)
Nutrition Education Material (<i>other languages available</i>)	N/A	N/A	N/A	Original

Appendix A

Poverty Guideline Chart

185% Federal Poverty Level

Since the number of persons in a family unit may vary, the AAAs are encouraged to assist participants in determining whether the criteria is met using the Income Eligibility Guidelines below.

EFFECTIVE JULY 1, 2014 - JUNE 30, 2015

Income Eligibility Guidelines					
# of Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$21,590	\$1,800	\$900	\$831	\$416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
Each Additional Member Add	+7,511	+626	+313	+289	+145

EFFECTIVE JULY 1, 2015 - JUNE 30, 2016

Income Eligibility Guidelines					
# of Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$21,775	\$1,815	\$908	\$838	\$419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
Each Additional Member Add	+7,696	+642	+321	+296	+148

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

2015 SFMNP Agreement

THIS AGREEMENT is effective during the year 2015.

BETWEEN:

1. The California Department of Food and Agriculture (CDFA)
2. The Area Agency on Aging (AAA), PSA _____, DUNS # _____

THE CDFA AGREES TO:

1. Provide support and assistance to meet federal regulations in the most efficient and cost effective manner possible and promote program growth.
2. Provide an instructional Tool Kit and materials to distribute to every participant.
3. Provide SFMNP check booklets
4. Compile and provide check redemption rates.
5. Conduct compliance reviews required by federal SFMNP regulations.

THE AAA (PSA _____) AGREES TO:

Follow the federal SFMNP regulations and procedures described in the 2015 SFMNP Toolkit:

1. Identify and certify SFMNP participant eligibility.
2. Control the receipt and security of SFMNP checks.
3. Distribute SFMNP check booklets to eligible participants.
4. Advise participants of their rights and responsibilities under the SFMNP.
5. Provide participants nutrition education material on the use of fresh fruits and vegetables.
6. Ensure staff administering the SFMNP receives training on policies and procedures.
7. Complete and return CDFA required forms outlined in the Tool Kit.
8. Report and destroy all unused check booklets at the end of the season.
9. Report to the AAA the total number of check booklets distributed by November 15, 2015.
10. Maintain all records outlined in the Tool Kit for a period of three years after the expiration of this agreement.

*The AAA understands the CDFA will not provide funds to administer the 2015 SFMNP,
and certifies that it is neither suspended nor debarred from receiving Federal funds.*

Signature: Crystal Myers, CDFA Title Printed Name Date

Signature: Area Agency on Aging Title Printed Name Date

PLEASE EMAIL FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) DAYS OF RECEIPT

2015 Provider Agreement

THIS AGREEMENT is effective during the year 2015.

BETWEEN:

1. The Area Agency on Aging (AAA), PSA _____ and
2. _____ (Provider Organization)

THE AAA (PSA _____) AGREES TO:

3. Provide the provider with SFMNP checks for distribution to SFMNP participants.
4. Provide an instructional Toolkit and materials to distribute to every participant.
5. Compile and provide check redemption rates.

THE _____ (Provider) AGREES TO:

Follow the federal SFMNP regulations and procedures described in the 2015 SFMNP Toolkit:

6. Identify and certify SFMNP participant eligibility.
7. Control the receipt and security of SFMNP checks.
8. Distribute SFMNP check booklets to eligible participants.
9. Advise participants of their rights and responsibilities under the SFMNP.
10. Provide participants nutrition education material on the use of fresh fruits and vegetables.
11. Ensure staff administering the SFMNP receives training on policies and procedures.
12. Return all unused check booklets to the AAA.
13. Report to the AAA the total number of check booklets distributed by November 15, 2015.

***The Provider understands the AAA will not provide funds to administer the SFMNP in 2015,
and certifies that it is neither suspended nor debarred from receiving Federal funds.***

Signature: Area Agency on Aging	Title	Printed Name	Date
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Signature: Authorizing Provider	Title	Printed Name	Date
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PLEASE EMAIL FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) DAYS OF RECEIPT



2015 Proxy Form

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:

1. I certify that I am at least 60 years of age or older.
2. I certify that my annual income does not exceed 185% of poverty level.
3. I certify that I have not already received a 2015 SFMNP check booklet.

This Proxy Form designates:

_____, as my authorized SFMNP representative.
(Print proxy name)

Participant Signature _____ Date _____

The participant has received check booklet number _____.

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider.

2015 Formulario de Poder

Los participantes están autorizados a nombrar a una persona a que actúe como su representante autorizado o "Apoderado" para firmar y recibir el libro de cupones de la SFMNP y de hacer las compras en los Mercados de Agricultores que estén Certificados.

Requisitos de elegibilidad del participante:

1. Certifico que tengo por lo menos 60 años de edad.
2. Certifico que mi ingreso anual no excede el 185% del nivel de pobreza.
3. Certifico que aun todavía no he recibido los cupones del 2015 del SFMNP.

Este Formulario de Poder nombra a:

_____, como mi representante autorizado.
(imprima el nombre del apoderado)

Firma del participante _____ Fecha _____

El participante ha recibido el número de cheque libro _____.

Sólo para uso local de la AAA:

PSA _____ Signature _____ Date _____

De acuerdo con la ley Federal y la política del Departamento de Agricultura de EE.UU. (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al (800) 795-3272 (voz) o (202) 720-6382 (TTY). USDA es un proveedor de igualdad de oportunidades.

2015 Participant Rights & Responsibilities

2015 RIGHTS AND RESPONSIBILITIES:

- 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 check purchases are limited to fresh fruits, vegetables, honey and edible herbs which must be purchased at Certified Farmers' Market sites by November 30, 2015.
- When purchases are less than \$2.00, farmers may add fresh fruits, vegetables or edible herbs to bring the sale up to the value of the check. Monetary change for sales less than \$2.00 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.

ACKNOWLEDGEMENT:

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.

This acknowledgement is in connection with the receipt of SFMNP checks.

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider.

2015 Derechos de Participante y Obligaciones

2015 DERECHOS Y OBLIGACIONES:

- Los Estándares para elegibilidad y participación en el Programa Nutritivo Para Ancianos de Mercado Granjeros (SFMNP) son el mismo para cada uno, sin tener en cuenta raza, origen en color, nacional, edad, discapacidad, o sexo.
- Cada uno tiene el derecho a una audiencia justa y puede apelar el desmentido de ventajas basadas en la elegibilidad. El individuo no puede apelar cuando la razón del desmentido es porque no hay bastantes fondos para cada candidato que participe o los folletos SFMNP no están disponibles.
- Para archivar quejas de discriminación de Derechos Civiles, peticiones de elegibilidad o cualquier otra queja sobre el programa, por favor póngase en contacto con su Area Agency on Aging.
- SFMNP compras de cupón son limitados a frutas frescas, verduras y hierbas frescas. Deben ser compradas en los sitios de Mercado del Agricultor Certificado hacia el 30 de Noviembre de 2015.
- Cuando las compras son menos de \$2.00 dólares, los agricultores pueden añadir frutas frescas, verduras, miel, y hierbas frescas hasta el valor del cupón. El cambio monetario para ventas menos de \$2.00 dólares no es permitido.
- Cupones no pueden ser cambiados por dinero efectivo y sólo pueden ser transferido a un poder designado.
- Agricultores pueden aceptar dinero efectivo o estampillas para alimentos para cubrir compras sobre el valor de los cupones.
- Agricultores no pueden aceptar cupones que son rompidos, cambiados o que no tengan números de serie.
- Folletos de cupón perdidos o robados no pueden ser sustituido, pero deberían ser reportado al Farmers' Market Supervisor.
- Agricultores no pueden discriminar a participantes SFMNP en el precio, la calidad de productos, o servicio.
- Alguien cometiendo el fraude o el abuso en relación al SFMNP es obligado al procesamiento conforme a leyes federales, estatales y locales aplicables.

RECONOCIMIENTO:

He sido aconsejado y entiendo mis derechos y obligaciones bajo el Programa de Nutricion para Personas Mayores en Mercados de Granja (SFMNP). Yo certifico que la información proporcionada para determinar mi elegibilidad es es correcto, segun mi leal saber y entender.

Esta confirmacion es en relacion al recibo de cupones de SFMNP.

De acuerdo con la ley Federal y la política del Departamento de Agricultura de EE.UU. (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad o discapacidad. Para presentar una queja por discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al (800) 795-3272 (voz) o (202) 720-6382 (TTY) . USDA es un proveedor de igualdad de oportunidades.

2015 Ineligible Participation

Applicant Name: _____,

Ineligible to receive SFMNP checks 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 a 2015 SFMNP check booklet.
- ☐ Other (please specify) _____

Comments:

All applicants have the right to a request an appeal/fair hearing. Such request may be presented orally or in writing by contacting your local Area Agency on Aging (AAA) within 45 days of being deemed ineligible.

AAA SFMNP staff handling ineligibility: (PSA: _____)

Name: _____ Title: _____

Signature: _____ Date: _____

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider.



2015 Receipt of Check Booklets

RECEIPT LOG:

(Have a Witness present during the counting of check booklets)

The Area Agency on Aging (AAA) PSA _____ has received a total of _____ check booklets.

SEQUENCE:

The first check booklet sequence number is _____.

The last check booklet number is _____.

REDEMPTION VALUE:

The total redemption value of all the check booklets is \$_____.

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

SIGNATURES:

Additional AAA SFMNP STAFF:

AAA SFMNP Coordinator Signature

1. Contact Name

Printed Name

Email Address

AAA Witness Signature

2. Contact Name

Date

Email Address

CDFA SFMNP Coordinator Signature: _____

AAA Contact Information:

(Please give the primary AAA SFMNP contact information)

Street Address:

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

PLEASE EMAIL FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) DAYS OF RECEIPT

2015 Check Booklet Return

AAAs should follow the steps below when returning unissued check booklets:

- Have a Witness present to sign off on the destroyed check booklets.
- Document the unissued booklet(s) check booklet number.
- Destroy or mail unissued check booklets to CDFA.

AAA Coordinator: _____ PSA #: _____

Number of check booklets issued: _____.

Number of check booklets **NOT issued:** _____.

- The first check booklet sequence number is _____.
- The last check booklet number is _____.

Comments:

Certify:

All 2015 SFMNP check booklets not issued, were recorded then destroyed.

AAA Coordinator Signature: _____ Date: _____

AAA Witness Signature: _____ Date: _____

PLEASE EMAIL FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) DAYS OF RECEIPT

2015 Check Control Log

PSA No. _____

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

2015 Check Issuance Log

PSA No:	Site Location:	Provider:
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I SELF CERTIFY:

1. I am at least 60 years of age or older.
2. My annual income does not exceed 185% of poverty level.
3. I have not already received a 2015 SFMNP check booklet and have been advised of my rights and responsibilities under the SFMNP.

[illegible]

2015 Race Category Chart

Participants, please choose one or more Racial Category.

If you selected Hispanic/Latino for your Ethnic Category, you still need to select the letter that best describes your Racial Category.

Race Categories	
A	American Indian or Alaskan Native – Person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
B	Asian – Persons 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.
C	African American – 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.”
D	Native Hawaiian or Other Pacific Islander – Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
E	Caucasian – Persons having origins in any of the original peoples of Europe, Middle East, or North Africa.

2015 Lost/ Stolen Check Booklet(s) Form

AAAs should follow the steps below when reporting lost or stolen checks:

- Complete the Lost or Stolen Check Booklet Form.
- Document the check(s) or booklet on the Check Control Log and send a copy to CDFA.
- Document check(s) or booklet on the original Check Issuance Form and send a copy to CDFA.

REPORT FORM:

AAA (PSA _____) Completing the Report: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

AAA Staff Reporting: _____ Phone Number: _____

MISSING CHECK(S)/ BOOKLET INFORMATION:

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

Beginning Check Number: _____ Ending Check Number: _____

Date discovered missing: _____

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

PLEASE EMAIL FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) DAYS OF RECEIPT



2015 Complaint Form

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

☐ Participant ☐ Farmer ☐ Market Manager ☐ Anonymous

Date: _____ Name: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Complaint: *(Please be specific)*

Eyewitness Accounts: *(Please list names and phone numbers of each witness)*

Describe Resolution:

AAA SFMNP staff handling complaint: (PSA: _____)

Name: _____ Phone Number: _____

PLEASE EMAIL FORM TO grants@cdfa.ca.gov WITHIN FIFTEEN (15) DAYS OF RECEIPT

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2015 Nutrition Education Materials

Nutrition Education flyers are provided to the AAAs when check booklets are issued and are available in English, Spanish, Chinese and Russian.

Please contact CDFA at grants@cdfa.ca.gov if additional languages are needed.

