S/FMNP Market, Farmer, and Roadside Stand Review

Section I. Review Information	
Contracting Entity (CE)/CE ID:	**Date of Review:**
Program(s) Reviewed: ☐ Farmers' Market Nutrition Program (FMNP) ☐ Senior Farmers' Market Nutrition Program (SFMNP)	
Name of Reviewer:	**Title:**
Name of Market or Roadside Stand Reviewed:	**Type of Site** *(Redemption only, Voucher Issuance & Redemption, etc.):*
Name(s) of Farmer(s) Reviewed (include Farmers' Market Association):	

Section II. Market Review & Voucher Redemption		Yes	No	N/A
2.1	Was a farmers' market/roadside stand observed for the S/FMNP?	☐	☐	☐
2.2	Is the "And Justice For All" Poster prominently displayed?	☐	☐	☐
2.3	Does each farmer have a vendor poster displayed showing they are authorized to redeem S/FMNP vouchers to include their vendor ID number? If no, list the farmers that did not have the poster displayed and/or their vendor ID number:	☐	☐	☐
2.4	Are individual farmers displaying prices for S/FMNP eligible Foods during market hours? If no, list the farmers not displaying prices for S/FMNP eligible foods:	☐	☐	☐
2.5	Are vouchers kept secure during issuance and/or redemption? Describe:	☐	☐	☐
2.6	Were vouchers redeemed by participants valid? If no, please describe:	☐	☐	☐

		Yes	No	N/A
2.7	Are farmers selling eligible foods to participants? List items sold:	☐	☐	☐
2.8	Were participants required to pay cash when the farmer should have accepted the S/FMNP voucher? If yes, describe:	☐	☐	☐
2.9	If the participant selected produce less than the voucher amount, was the participant given additional produce to meet the value of the voucher?	☐	☐	☐
2.10	Were any ineligible foods/items purchased with vouchers? List ineligible items:	☐	☐	☐
2.12	Were participants charged more to use vouchers than non-voucher paying customers? If yes, describe:	☐	☐	☐
2.13	Are the farmers submitting redeemed vouchers to the market manager/FMA monthly? Describe process:	☐	☐	☐
2.14	Is the market manager/FMA submitting the Voucher Redemption List and redeemed vouchers to the CE monthly? Describe the process:	☐	☐	☐
2.15	Do all farmers have a signed S/FMNP FMA and Farmer Agreement on file? If not, please list the farmers:	☐	☐	☐
2.16	Have all farmers, staff, and volunteers been trained in Civil Rights? Dates of training:	☐	☐	☐
2.17	Have all farmers received their annual and/or new S/FMNP Training? If no, list the farmers name:	☐	☐	☐
2.18	Are training records available?	☐	☐	☐
2.19	What additional training has been provided? (List topics with dates of training)			

Section III. Interviews
Provide a record/brief summary of interviews with recipients, market managers and/or farmers that took place during this review.

Section IV. Findings and Corrective Action		
Were any areas of noncompliance identified during this review? If Yes, list the findings and corrective action.	**Yes**	**No**

_____   _____

Signature of Reviewer   Date

_____   _____

Signature of Market Manager   Date