

Farmers' Market Review

Section 1 Review Preparation

Identifying Information			
Contracting Entity (CE) Name	CE ID		
Name and Address of Market			
Market Manager/Owner	Contact Phone Number		
Contact Address	Contact E-mail Address		
Review Information			
1.1	Program being reviewed:	<input type="checkbox"/> Senior Farmers' Market Nutrition Program (SFMNP)	
		<input type="checkbox"/> Farmers' Market Nutrition Program (FMNP)	
1.2	Date of review:		
1.3	Name and Title of Reviewer:		
1.4	What are the market manager's/owner's responsibilities regarding the Program?		
1.5	Was the information correct on the farmers' profiles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6	Was the information correct on the farmers' market agreement with the CE?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.7	Were the required posters on display?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section 2 Review Topics

Vouchers		Yes	No
2.1	Are vouchers kept secure?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Were vouchers presented by participants valid?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Were vouchers signed by participants at the time of redemption?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Were participants required to pay additional cash when the vendor should have accepted the voucher?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Were the vendors providing eligible products to participants?	<input type="checkbox"/>	<input type="checkbox"/>
2.6	If the participant selected produce less than the voucher amount, was the participant given additional produce to meet the value of the voucher?	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Were any ineligible foods purchased with vouchers?	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Were participants charged more to use vouchers than other customers?	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Are the farmers submitting redeemed vouchers to the market monthly?	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Is the market submitting vouchers to the CE monthly?	<input type="checkbox"/>	<input type="checkbox"/>
Training		Yes	No
2.11	Have all farmers been trained in Civil Rights?	<input type="checkbox"/>	<input type="checkbox"/>
2.12	Have all farmers been trained in voucher redemption?	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Are training records available?	<input type="checkbox"/>	<input type="checkbox"/>
2.14	What additional training has been provided? (List topics with dates of training)		

Section 3 Conclusion

Interviews											
3.1	List the names of people interviewed for the review and provide a brief summary of the interviews:										
	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>A.</td> <td></td> </tr> <tr> <td>B.</td> <td></td> </tr> <tr> <td>C.</td> <td></td> </tr> <tr> <td colspan="2">Summary:</td> </tr> </tbody> </table>	Name	Title	A.		B.		C.		Summary:	
Name	Title										
A.											
B.											
C.											
Summary:											
Review Conclusion		Yes	No								
3.2	Were there any non-compliance issues or other problems discovered during the review? If yes, list below.	<input type="checkbox"/>	<input type="checkbox"/>								

Signature of Reviewer

Date

Signature of Market Manager/Owner

Date