

Senior Farmers' Market and WIC Farmers' Market Nutrition Programs



**Fiscal Year (FY) 2017
Consolidated State Plan
Guidance
[Amendment for FY 2017]**



**Senior Farmers' Market Nutrition Program (SFMNP) and
WIC Farmers' Market Nutrition Program (FMNP)
Fiscal Year (FY) 2017 Consolidated State Plan Guidance**

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FY 2017



General Information

Senior Farmers' Market and WIC Farmers' Market Nutrition Programs

**Senior Farmers' Market Nutrition Program (SFMNP) and
WIC Farmers' Market Nutrition Program (FMNP)
Fiscal Year (FY) 2017
Consolidated State Plan Guidance**

Due Date: November 15, 2016

GENERAL INFORMATION

Senior Farmers' Market Nutrition Program (SFMNP):

The U.S. Department of Agriculture (USDA) created the Senior Farmers' Market Nutrition Program (SFMNP) in 2000 as a pilot program awarding grants to State agencies (including Indian tribal governments) on a competitive basis. These grants were used to provide low-income seniors with coupons they could exchange for eligible foods at farmers' markets, roadside stands, and community supported agriculture programs (CSA). Eligible foods were defined as fresh, nutritious, unprepared, locally grown fruits, vegetables, and herbs. SFMNP continued as a competitive grant program for several years following the initial authorization. The Farm Security and Rural Investment Act of 2002 (the 2002 Farm Bill), Public Law 107-171, authorized the SFMNP for FY 2003 through FY 2007 and gave USDA the authority to develop regulations for the SFMNP. Section 4231 of the Food, Conservation, and Energy Act of 2008 amended Section 4402(b)(1) of the Farm Security and Rural Investment Act of 2002 (7 U.S.C. 3007) to add honey as an eligible food for purchase with SFMNP benefits. This provision of the law was effective October 1, 2008. The SFMNP Final Rule (71 FR 74618), published December 12, 2006, established SFMNP as a formula grant program, thereby terminating the competitive grant process, and requires each State agency to submit an annual SFMNP State Plan of Operations to the USDA Food and Nutrition Service (FNS). The Agricultural Act of 2014 (the 2014 Farm Bill) P.L. 113-79 provided for \$20.6 million in funding for each fiscal year through 2018.

WIC Farmers' Market Nutrition Program (FMNP):

The WIC Farmers' Market Nutrition Program (FMNP) was established in July 1992 by Public Law 102-314. During the 2015 market season, the FMNP served 1.7 million Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) recipients. The mission of the FMNP is to provide fresh, unprepared, locally grown fruits, vegetables, and herbs directly to WIC participants, and to expand the awareness and use of local farmers' markets.

Consolidated State Plan Option:

The SFMNP regulations acknowledge that several State agencies administer both the SFMNP and the FMNP, often jointly, to serve seniors, women, infants, and children. Such State agencies are given the option to submit a single, consolidated State Plan of Operations that addresses both Programs, rather than submitting separate State Plans for each Program. The Consolidated State Plan must address completely all of the provisions that are unique to each Program in addition to those areas in which functions or tasks are combined for the SFMNP and the FMNP. Consolidated SFMNP/FMNP State Plans are due to FNS no later than November

15 of each year. State agencies that elect to use the Consolidated State Plan option must provide separate budgets and expansion requests for each Program.

Each State agency applying for/or participating in the SFMNP and/or FMNP must submit for approval to the appropriate FNS Regional Office a State Plan for the current year as a prerequisite to receiving Federal funds. A State Plan defines and describes the manner in which a State agency intends to implement, operate and administer the SFMNP and/or FMNP; under the regulations governing both Programs. The definition of “State” includes the District of Columbia, and United States Territories as well as geographic States. The State Plan must be signed by the designated State official responsible for ensuring the SFMNP/FMNP is operated in accordance with the Programs’ laws and regulations. This Guidance sets forth the minimum areas that must be addressed in the State Plan.

STATE PLAN REVIEW AND APPROVAL PROCESS

FNS Regional Office staff will review SFMNP/FMNP State Plans and notify State agencies of any problems or areas in need of clarification. FNS will provide notification of approval or denial of the SFMNP/FMNP State Plan within 30 days of receipt of the Plan. State agencies should contact their respective FNS Regional Offices for technical assistance; a list of FNS Regional Offices can be found on pages 11-12.

Approval of a Consolidated State Plan does not constitute a funding commitment for either the SFMNP or the FMNP. State SFMNP agency base grants will be announced as soon as possible after State plans have been submitted, reviewed, and approved. Current FMNP State agency base grants will be announced after State plans have been submitted, reviewed, and approved but no later than 45 days after Fiscal Year (FY) 2017 funding for the FMNP is appropriated. Final State agency grants will be announced as soon as possible after all SFMNP/FMNP State agencies’ FY 2016 grants are completely and accurately closed out.

If any of the sections or procedures of the State Plan change during the fiscal year, a **State Plan Amendment** and any accompanying appendices must be submitted to the FNS Regional Office for approval prior to implementing such changes.

FORMAT

Where possible, FNS has simplified this descriptive process to allow for yes/no answers, when appropriate, and so that numbers can be inserted in the proper spaces. However, some of the mandatory provisions can only be adequately addressed through narrative description. In these cases, such narratives should be as succinct as possible, but should provide sufficient detail to meet the requirements of the SFMNP and FMNP State Plan. In some instances, the State agency may include a form in support of one or more of the stipulated provisions, (e.g., program participation records, in lieu of a more involved narrative describing that process). While use of this format is not mandatory, it is recommended to minimize the administrative burden on State agencies. **Please identify any attachments or continuation pages according to the corresponding headings using the Appendices lettering system located on pages 71 of the State Plan Guidance.**

It is highly recommended that State agencies submit State Plans electronically to FNS Regional Offices.

UPDATED STATE PLAN INFORMATION

The Updated State Plan section of the State Plan Guidance may be used by current State agencies to update their existing approved State Plans (**FMNP only**). State agencies requesting Federal funds for the SFMNP or the FMNP for the first time cannot use the Updated State Plan section.

State agencies submitting an initial Consolidated State Plan for the SFMNP and FMNP must provide a complete and comprehensive document. After the initial approval, the State agency may opt in subsequent years to submit only substantive changes (revisions, additions, and/or deletions) to its Program design and operation using the Updated State Plan section of this Guidance.

State plans that were approved for the previous year contingent upon the completion of specific elements to be included in the next year's Plan will not be approved for a second consecutive year until such contingencies have been satisfactorily addressed in full.

A new budget for the current year's operation and new certifications must be submitted to FNS each year, regardless of whether the SFMNP's or the FMNP's basic operations are expected to change in any way.

It is recommended that participating State agencies submit comprehensive new Plans at least once every three years. However, the FNS Regional Office may request a complete copy of the Plan from the State agency more frequently or at any time on an ad hoc basis.

Please note that the following items **must** be completed by current State agencies in addition to any updated information pages:

- a. FY 2017 FMNP Estimated Federal Budget Summaries;
- b. Expansion Request(s) for those State agencies requesting expansion funds for either or both Programs;
- c. Other procedural changes or amendments to the plan that have occurred since the previous State Plan submission, such as:
 - change in the benefit level
 - new months of program operation
 - the numbers and addresses of new farmers' markets, roadside stands and local agencies/clinics
 - a new map showing the locations of the new farmers' markets, roadside stands and local agencies/clinics

UNIVERSAL IDENTIFIER

The Estimated Federal Budget page contains a field for the State agency to enter its Universal Identifier. The Office of Management and Budget (OMB) requires entities applying for Federal grants to provide federal government agencies with a Universal Identifier. This requirement is set forth in an OMB Policy Directive, Use of a Universal Identifier by Grant Applicants, which was published in the Federal Register on June 27, 2003, at 68 FR 38402. The initial and annual FMNP/SFMNP State Plan submissions are considered to be applications for a federal grant, and thus State agencies must comply with this requirement. Currently, the Universal Identifier system in use is the Data Universal Numbering System (DUNS) identification number. The Estimated Federal Budget page contains the field where the DUNS number must be provided. All State agencies must complete this form annually. Please complete the space for the Universal Identifier on the Federal-State Agreement (FNS-339), expiration of 2/28/2019 to show that this Agreement pertains to the State Plan. For guidance on obtaining a DUNS number, see http://www.fns.usda.gov/FM/Documents/DUNS_general.htm.

FEDERAL-STATE SUPPLEMENTAL NUTRITION PROGRAMS AGREEMENT (FNS-339)

In addition to the basic SFMNP and FMNP State Plan requirements, the Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 2/28/2019 must be signed and submitted annually to FNS before a State agency can receive Federal funds. The FNS-339 must be submitted to the FNS Regional Office by Aug 15 for annual approval, and a copy is routinely submitted along with the State Plan. The Federal-State Agreement contains the mandatory Department-wide provisions addressing drug-free workplace, Civil Rights provisions and lobbying restrictions, as well as the State agency's commitment to compliance with all pertinent legislative and regulatory Program requirements. A single Federal-State Agreement may be used for one or all programs (SFMNP, FMNP, and WIC). Be sure to check the appropriate boxes for each program under item 4 on the first page of the FNS-339.

CHARACTERISTICS OF PROGRAM SUB-GRANTS

This applies to all local agencies under contract with State agencies for activities such as:

- determining participant eligibility for FMNP/SFMNP,
- distributing and accounting for FMNP/SFMNP coupons or checks,
- instructing participants on the proper use of the coupons or checks,
- providing participants with nutrition education and other program information

This does not apply to a local office of the State agency which operates like a local agency, since such local offices are integral parts of the State agency and therefore share the State agency's exemption under 7 CFR §3017.215(h). The debarment/suspension certifications provided by local agencies with respect to another program, such as the certifications of local agencies of the Commodity Supplemental Food Program (CSFP) or Area Agencies on Aging, are sufficient for SFMNP if these certifications cover the same period as the SFMNP grant.

Likewise, the debarment/suspension certifications for local agencies with regard to the WIC Program are sufficient for the FMNP if these certifications cover the period of the FMNP sub-grants. Further, a State agency – local agency contract for another program may also be used by the State agency if this contract covers the same period as the SFMNP or FMNP grant and contains the language noted in #3 of the subsequent section, Certification Regarding Debarment, Suspension, and Other Responsibility Matters – Primary Covered Transactions. The administering State agency may need to contact another State agency to obtain the local agency debarment certifications or contracts, such as a SFMNP State agency which is a State Department of Agriculture contacting the State agency on Aging to obtain the certifications or contracts of the Area Agencies on Aging, or a FMNP State agency which is a State Department of Agriculture contacting the WIC State agency to obtain copies of the local agency certifications or contracts for all WIC local agencies involved with the FMNP.

If the S/FMNP State agency has entered into an agreement with another State agency to obtain that agency’s services for SFMNP/FMNP-related functions, the second State agency would be a sub-grantee of the S/FMNP State agency. For example, the State Department of Agriculture would need to satisfy itself that the State Agency on Aging that has formally agreed to identify and certify eligible seniors for the SFMNP is neither suspended nor debarred via one of the methods outlined above. However, under such circumstances, the State Department of Agriculture would not need to obtain such satisfaction regarding the Area Agencies on Aging because it does not have a direct relationship with them. Also, under such circumstances, if the State Agency on Aging has submitted a debarment certification for another program, then a copy of that debarment certification could be provided to the State Department of Agriculture, since the debarment certification concerns the State Agency on Aging generally instead of a specific grant agreement.

S/FMNP State agencies are not required to submit copies of the local agency certifications or contracts to the FNS Regional Office as part of the annual State Plan submission. However, State agencies must be able to make these certifications or contracts available for review during management evaluations and audits. Alternatively, the State agency may keep a record showing that it had consulted the System for Award Management (SAM), and present this record upon request during a management evaluation or audit.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS – PRIMARY COVERED TRANSACTIONS

The Federal Government uses the nonprocurement, debarment and suspension system to exclude organizations from Federal grants or contracts based on violations of a wide variety of statutes, executive orders, and regulations. As explained below, assurances must be obtained to ensure that Federal grants or contracts are not provided to debarred or suspended parties, with certain exceptions. The USDA debarment/suspension regulations are codified at 7 CFR 3017.

The State agency is not required to provide assurance that it is neither suspended nor debarred as a condition of receiving its SFMNP or FMNP grants. Departmental regulations at 7 CFR section 3017.215(h) exempt mandatory programs, such as the FMNP and SFMNP, from this requirement at the 'primary covered transaction' level (i.e. between the Federal awarding agency

and the State agency). Also, this requirement does not apply to farmers or farmers' markets. However, this exemption does not apply to the "lower tier covered transaction" level (i.e., sub-grants to local agencies). The State agency is required to obtain assurance that each SFMNP and FMNP local agency is neither debarred nor suspended. The State agency has three choices on how to obtain this assurance:

1. The State agency may check the SAM to determine whether a local agency has been debarred or suspended; the EPLS may be accessed on the Internet at www.sam.gov; or,
2. The State agency may obtain a certification from the local agency, in a format established by the State agency, providing assurance that the local agency has not been debarred or suspended; or,
3. The State agency may stipulate in the local agency contract that the local agency is providing assurance that it has not been debarred or suspended, and will promptly notify the State agency if it is debarred or suspended in the future.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Certification Regarding Drug-Free Workplace Requirements has been abolished. However, the State agency is still required to have procedures in place for implementing a drug-free workplace, per 7 CFR 3021, which must be described in the narrative section of the State Plan. These procedures may be the same as those which are used for other programs such as WIC. Furthermore, this requirement does not apply to farmers or farmers' markets.

CERTIFICATION REGARDING LOBBYING AND DISCLOSURE FORM TO REPORT LOBBYING

The Certification Regarding Lobbying and Disclosure Form is required for the State agency, and for local agencies with a sub-grant exceeding \$100,000 from the State agency. Under 7 CFR 3018, the only exemption is for grants or sub-grants of \$100,000 or less. This amount includes both food funds and administrative funds, at both the State and local levels. The State agency's certification should be appended to the Federal-State Agreement and the local agency should provide its certification to the State agency. If the State agency is using the same Federal-State Agreement for both SFMNP and FMNP, then only one lobbying certification is needed for both programs. Otherwise, a separate lobbying certification must be submitted for each program, since the lobbying certification pertains to a specific grant agreement instead of the State agency generally.

The local agency's certification should be provided to the State agency; like the local agency debarment certifications, the State agency needs to keep the local agency lobbying certifications on file. Also, as with the Federal-State Agreement, if the State agency/local agency contract covers both SFMNP and FMNP, then only one local agency lobbying certification is needed for both programs; otherwise, a separate lobbying certification must be submitted for each program.

As explained in the form's instructions, lobbying with federal funds is prohibited. Lobbying

with funds from other sources is permitted. However, if lobbying with non-federal funds has occurred, then the Disclosure Form to Report Lobbying (Standard Form LLL) must be submitted as follows:

- State agencies need to submit an SF-LLL on their lobbying to the FNS Regional Office;
- Local agencies need to submit an SF-LLL on their lobbying to the State agency, who will forward the form to the FNS Regional Office.

State agencies need only submit one SF-LLL if the Federal-State Agreement covers both SFMNP and FMNP, and local agencies need only submit one SF-LLL if the State agency – local agency contract covers both programs; otherwise, a separate SF-LLL form must be submitted for each program.

ANNUAL FINANCIAL AND PROGRAM DATA REPORT FORMS

SFMNP:

In addition to the State Plan, FNS requires SFMNP State agencies to submit an Annual Financial and Program Data Report, the FNS-683A, to FNS through the Food Programs Reporting System (FPRS) by **January 30** of each year.

FMNP:

In addition to the State Plan, FNS requires FMNP State agencies to submit the following reports:

FMNP Annual Financial Report and Program Report, FNS-683B (combines previously used FNS-683 and FNS-203) – provides information regarding FMNP expenditures; regarding the number of FMNP recipients, farmers, and markets; due to FNS through the Food Program Reporting System (FPRS) no later than **January 30** of each year.

Both SFMNP and FMNP:

- a. Section 17(m)(8) of the Child Nutrition Act and § 249.4(18) of the SFMNP regulations specify that State Agencies are to submit information relating to the change in consumption of fresh fruits and vegetables by recipients and the effects of the program on farmers' markets to FNS, if the information is available. State agencies are encouraged to conduct surveys of recipients and farmers' markets to collect this information. At a minimum, the survey shall assess the change in the consumption of fresh fruits and vegetables by recipients, and the effects of the SFMNP and FMNP on farmers' markets. An analysis of completed recipient and/or farmers' market survey forms must be submitted to FNS annually and no later than January 30 of each year.
- b. At any time during the fiscal year when changes in any of the sections or procedures of the State Plan occur, a State Plan Amendment and any accompanying appendices must be submitted to the FNS Regional Office for approval prior to implementation of the change(s).

TECHNICAL ASSISTANCE

FNS Regional Offices

Questions about the development, structure, and/or submission of the State Plan should be directed to the Supplemental Food Programs Office of the appropriate FNS Regional Office:

Regions	Address	States/ITO's
Northeast	Mark Johnson, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Northeast Regional Office 10 Causeway Street Boston, MA 02222-1066 (617) 565-6440	Connecticut Maine Massachusetts New Hampshire New York Rhode Island Vermont
Mid-Atlantic	Jaime Van Lieu, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Mid-Atlantic Regional Office Mercer Corporate Park 300 Corporate Blvd. Robbinsville, NJ 08691-1598 (609) 259-5100	District of Columbia Delaware Maryland New Jersey Pennsylvania Puerto Rico Virginia Virgin Islands West Virginia
Southeast	Sandra Benton-Davis, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Southeast Regional Office 61 Forsyth Street, SW Room 8T36 Atlanta, GA 30303-3427 (404) 562-7100	Alabama Florida Georgia Kentucky Mississippi Mississippi Band of Choctaw Indians North Carolina South Carolina Tennessee
Midwest	Bruce Hillman, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Midwest Regional Office 77 West Jackson Blvd. 20 th Floor Chicago, IL 60604-3507 (312) 886-6625	Illinois Indiana Michigan Grand Traverse Band of Ottawa and Chippewa Indians Minnesota Ohio Wisconsin
Southwest	Darrell Allen, Branch Chief	Arkansas

	<p>Supplemental Nutrition Programs USDA, Food and Nutrition Service Southwest Regional Office 1100 Commerce Street, Rm 522 Dallas, TX 75242 (214) 290-9910</p>	<p>Louisiana New Mexico Five Sandoval Indian Pueblos Pueblo of San Felipe Oklahoma Chickasaw Nation of Oklahoma Choctaw Nation of Oklahoma Osage Nation of Oklahoma Texas</p>
Mountain Plains	<p>Sandy Clark, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Mountain Plains Regional Office 1244 Speer Blvd., Ste. 903 Denver, CO 80204 (303) 844-0331</p>	<p>Colorado Iowa Missouri Montana Nebraska North Dakota South Dakota Utah Wyoming</p>
Western	<p>Zita Viernes, Branch Chief Supplemental Nutrition Programs USDA, Food and Nutrition Service Western Regional Office 90 Seventh Street, Ste. #10-100 San Francisco, CA 94108 (415) 705-1313</p>	<p>Alaska Arizona California Guam Hawaii Idaho Nevada Oregon Washington American Samoa Commonwealth of the Northern Marianas Islands</p>

Senior Farmers' Market and WIC Farmers' Market Nutrition Program



**FY 2017 Updated State Plan
Information for
State of Hawaii, Department of Labor and
Industrial Relations Office of Community**

Services (HAWAII OCS)

SENIOR FARMERS' MARKET NUTRITION PROGRAM WIC FARMERS' MARKET NUTRITION PROGRAM Updated Consolidated State Plan Information Fiscal Year 2017

At a minimum, each State agency must provide the following information to their respective FNS Regional Office annually. Even if all other items have remained unchanged, State agencies must complete this section of the Guidance, including the **budget pages**. Any State agency interested in receiving expansion funds, should such funds become available during FY 2017, must also complete the **Request for Expansion Funds pages**.

State Agency: HAWAII

OCS

A. FY 2016 Participants Served:

Number of SFMNP participants (those issued SFMNP checks, coupons, EBT cards, bulk purchased food boxes or bags and/or CSA benefits) served with Federal and State funds in FY 2016 (previously participating fiscal year):: SFMNP: <u>5852</u>	Number of FMNP recipients (those issued FMNP coupons, checks, EBT cards) served with Federal and State funds in FY 2016 (previously participating fiscal year): FMNP: <u>N/A</u>
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B. Please provide estimates for FY 2017:

1. Estimated number of SFMNP participants to be served with SFMNP Federal and State agency funds in FY 2017:

(Excluding Expansion)

(Including Expansion)

8911

9519

2. Estimated number of FMNP recipients to be served with FMNP Federal and State agency funds in FY 2017:

(Excluding Expansion)		(Including Expansion, If Any)
<u>N/A</u>	Pregnant women	<u>N/A</u>
<u>N/A</u>	Breastfeeding women	<u>N/A</u>
<u>N/A</u>	Postpartum women	<u>N/A</u>

<u>N/A</u>	Infants (over 4 months of age)	<u>N/A</u>
<u>N/A</u>	Children (if sub-categories of children, e.g., ages 1-2 years old and 3-4 years old are defined by the State agency, please indicate accordingly)	<u>N/A</u>
<u>N/A</u>	Other designation (e.g., only Priority I pregnant or breastfeeding women; specify): <u>N/A</u>	<u>N/A</u>
<u>N/A</u>	Total <u>N/A</u>	<u>N/A</u>

3. Check (X) the type of SFMNP/FMNP recipients to whom benefits will be issued:

SFMNP <input checked="" type="checkbox"/> Individuals <input type="checkbox"/> Households	FMNP <input type="checkbox"/> Individuals <input type="checkbox"/> Households
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4. Benefit Level

a. The Federal benefit amount that each **SFMNP** participant will receive in FY 2017 is \$50.00.

Is this a change from last year? Yes No

Section 249.8 (b) of the Federal SFMNP regulations states that the Federal SFMNP benefit level received by each participant, whether a household or individual, may not be less than \$20 per year or more than \$50 per year, except for certain State agencies that were grandfathered into the SFMNP using a different benefit level.)

b. The lowest Federal benefit amount that any **FMNP** recipient will receive in FY 2017 is \$N/A and the highest is \$N/A. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. N/A

Is this a change from last year? Yes No

(Please note: Federal FMNP regulations at Section 248.8(b) state that the value of the Federal FMNP benefits received by each recipient, or by each family within a household in those States which elect to issue benefits on a household basis under §248.6(c) may not be less than \$10 per year or more than \$30 per year.)

5. Do you plan to use non-Federal funds to provide SFMNP/FMNP benefits to other participants?

SFMNP Yes No **FMNP** Yes No

If you answered **YES** for **SFMNP**, please describe how such participants will be identified and certified and the benefit amount that will be provided. For **FMNP**, please describe this caseload; include the name(s) of the program(s) and the sources of non-Federal funds:

N/A

6. If fruits, vegetables, and/or fresh herbs have been **added** to/or **deleted from** the State agency's list of eligible foods for FY 2017, list (or attach a list) of those items. Please note that honey is eligible only for the SFMNP.

No changes have been made. Appendix G. – List of Produce

7. Proposed months of Program operation: June through September
8. Proposed months of coupon issuance: June through September
9. Proposed months of benefit usage by participants: June through September
10. Are tokens used at authorized farmers' markets? Yes No

If Yes, please describe how they are used in the market. N/A

11. Are all participants provided with a receipt? Yes No

If No, please describe the procedure in more detail.

Participants do not receive a receipt, however local agencies are required to keep a record of all issued SFMNP coupons and Hawaii OCS will keep a log of the number of CSA boxes distributed for three years.

12. Are any markets authorized to accept Cash Value Vouchers/Benefits (CVV/CVB's)?

Yes No

If Yes: Statewide or Selected Areas Please attach a list.

13. Are any farmers authorized to accept Cash Value Vouchers/Benefits (CVV/CVB's)?

Yes No

14. Indicate the total number of local agencies serving FMNP/SFMNP participants, and the

number of each type of farmers, farmers' markets, and/or roadside stands authorized. Also indicate review activity below:

New Fiscal Year: <u>2017</u>	FMNP	SFMNP
Total # Local Agencies Participating	<u>N/A</u>	<u>2</u>
# of local agencies to be reviewed (Remember that all local agencies must be reviewed at least once every two years.)	<u>N/A</u>	<u>1</u>
Total # Farmers Markets Authorized	<u>N/A</u>	<u>16</u>
# to be reviewed (min 10%)	<u>N/A</u>	<u>2</u>
Total # Farmers authorized	<u>N/A</u>	<u>42</u>
# to be reviewed (min 10%)	<u>N/A</u>	<u>8</u>
Total # Roadside stands authorized	<u>N/A</u>	<u>N/A</u>
# to be reviewed (min 10%)	<u>N/A</u>	<u>N/A</u>
Total # of CSAs	<u>N/A</u>	<u>2</u>
# to be reviewed (min 10%)	<u>N/A</u>	<u>1</u>

Previous Fiscal Year: <u>2016</u>	FMNP	SFMNP
Total # Local Agencies Participating	<u>N/A</u>	<u>2</u>
# of local agencies reviewed	<u>N/A</u>	<u>1</u>
Total # Farmers Markets Authorized	<u>N/A</u>	<u>N/A</u>
# of markets reviewed	<u>N/A</u>	<u>N/A</u>
Total # Farmers authorized	<u>N/A</u>	<u>44</u>
# of farmers reviewed	<u>N/A</u>	<u>1</u>
Total # Roadside stands authorized	<u>N/A</u>	<u>N/A</u>
# Roadside stands reviewed	<u>N/A</u>	<u>N/A</u>
Total # of CSAs	<u>N/A</u>	<u>1</u>
# of CSAs reviewed	<u>N/A</u>	<u>1</u>

15. a. Briefly summarize key findings and corrective actions taken as the result of local agency reviews in FY 2016.

Hawaii OCS reviewed one local agency for FY 2016 and found that they do not state the nondiscrimination statement on their application form. Hawaii OCS will ensure that the agency updates their application form to include the most recent nondiscrimination statement.

b. Briefly summarize key findings and corrective actions taken as a result of farmer/market/roadside stand/CSA reviews in FY 2016.

Hawaii OCS reviewed the local agency that administers SFMNP using the CSA model for FY 2016 and found that they do not state the nondiscrimination statement on their

application form. Hawaii OCS will ensure that the agency updates their application form to include the most recent nondiscrimination statement.

Hawaii OCS reviewed one farmer participating in SFMNP using the CSA model and did not have any findings or corrective actions. For the CSA program, there are currently 8 farmers participating. Hawaii OCS had scheduled a monitoring with another farmer participating in the CSA program but was unable to conduct the monitoring due to a scheduling miscommunication. Hawaii OCS did not schedule monitoring with any farmers participating in the coupon model.

C. In light of recent changes in technology for both the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), it is important that State agencies clearly identify how S/FMNP benefits are provided to participants. Since the inception of the Programs, S/FMNP benefits have most often been provided using either coupons or checks. In the event that a State agency is using a different delivery method such as electronic benefits transfer (EBT), it is expected that where applicable, the State agency address how that method applies to SFMNP and FMNP.

1. Are any markets currently providing benefits using EBT? Yes No

If yes, for which programs? WIC SNAP FMNP SFMNP

2. Do you anticipate providing SFMNP or FMNP benefits using EBT? Yes No

If yes, when? N/A In all markets or in selected areas? N/A

3. Number of participants in FY 2016 (if applicable):
5943

4. Estimated number of participants in FY 2017:
8911

5. Proposed months of Program operation:
June through September

6. Proposed months of coupon/check/EBT card issuance (Not later than 9/30):
June through September

7. Proposed months of benefit usage by participants:
June through September

8. Proposed months of benefit redemption (submission for payment) by farmers, markets roadside stands, and/or CSAs:
June through October

Funding Information: N/A

1. Under the FMNP, is the State agency applying to use not more than 2 percent of the total Program funds for market development and/or technical assistance in FY 2017?

No Yes (If yes, provide the justification for requesting market development or technical assistance funds, meeting the criteria set forth in § 248.14(h) of the Federal FMNP regulations). Include a detailed description of how the State agency plans to promote the development of farmers’ markets. _____

FMNP Matching Funds: N/A

1. Describe the source(s) and amounts the State agency intends to use to meet the minimum **30 percent State/ITO match requirement** for the FMNP, which will be \$N/A for your State/ITO in FY 2017 based on the Federal Funds Request and State/ITO Matching Funds worksheets. **(Note that the 30 percent minimum match requirement applies only to the total administrative cost of the program, although the State agency may meet this match requirement with State/ITO local, or private funds provided for food as well as administrative costs):**

Type	Source	Amount
State/ITO and local funds	N/A	\$N/A
Private funds	N/A	N/A
In-kind Contributions	N/A	N/A
Similar Programs	N/A	N/A
Program Income	N/A	N/A
		Total FMNP Match Amount: \$N/A

State/ITO and local funds. If available, attach documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.

N/A

Private Funds. Include a detailed description of all cash donations or letters of commitment from the organizations or individuals planning to make such donations.

N/A

In-kind Contributions. If any portion of the State agency's minimum 30 percent matching requirement will be met through in-kind contributions, describe the in-kind contribution, its value, and how the value was determined, including any supporting documentation.

N/A

Similar Programs. Federal funds provided for SFMNP or any other FNS program (e.g., Specialty Crop or Farmers' Market Promotion Program grants awarded by USDA's Agricultural Marketing Service) **cannot** be used as a match source. Include the title of the program, the source of funding and a brief description of how the program operates.

N/A

Program Income. Describe type and source. (More specific information can be found in WIC Policy Memorandum #2005-3) N/A

Reminder to Current S/FMNP State agencies:

In addition to the Updated State Plan section just completed, the following documents must also be provided to FNS before the S/FMNP State Plan can be approved for FY 2017:

- a. FY 2017 Estimated Federal Budget Summary;
- b. Expansion Request for those State agencies requesting expansion funds;
- c. Using the Appendices lettering/numbering system shown below, a description of any other procedural changes or amendments to the State Plan that have occurred since the previous State Plan submission and approval by FNS, such as a change in the benefit level, new months of program operation, the numbers and addresses of new farmers' markets, roadside stands, and/or local agencies, and a new map showing the location of these new outlets or facilities; and
- d. Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 2/28/2019.

Include all of your Appendices here. Please identify clearly any pages according to the lettering system used in this format.

Required Appendices

- A. Federal-State Supplemental Nutrition Programs Agreement (FNS-339)
- B. Job Descriptions
- C. Copies of signed agreements between the State Agency and another State Agency (delineating the functions to be performed)
- D. Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, roadside stands
- E. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)
- F. Instructions to participants, including rights and responsibilities
- G. List of fruits, vegetables and/or fresh herbs that are eligible in the program
- H. Samples of reporting forms for record keeping (if available)
- I. Copy of the log or other forms used to record and report coupon issuance and inventory
- J. Facsimile of the FMNP coupon, check or EBT card
- K. Map outlining service areas and proximity of farmers' markets, roadside stands from the prior year's operation to WIC clinics and/ local agencies
- L. List of criteria used to authorize farmers' markets
- M. List of criteria used to authorize farmers
- N. List of criteria used to authorize roadside stands
- O. List of criteria used to authorize farmers for bulk purchase programs.
- P. Copy of prototype agreements for farmers, markets, CSAs and bulk purchases (if applicable)
- Q. Training materials for farmers, markets, roadside stands and CSAs (if applicable)
- R. State agency's monitoring tool(s) to review farmers, farmers' markets, roadside stands, and CSA programs (if applicable)
- S. Sample State-wide application/certification form
- T. Sample notification of ineligibility

As applicable (Any forms/materials used in the S/FMNP that are different from what is used in the WIC Program)

- 1. State agency training tools for local agencies
- 2. Sample proxy form
- 3. Examples of nutrition education materials
- 4. Copy of form to request an appeal/fair hearing and procedures
- 5. Form to collect and record racial/ethnic data
- 6. Copy of other agency's nutrition education plans for SFMNP/FMNP participants

FY 2017



**SFMNP and FMNP
Consolidated
State Plan of Operations**

**SENIOR FARMERS' MARKET NUTRITION PROGRAM
WIC FARMERS' MARKET NUTRITION PROGRAM
Consolidated State Plan of Operations
Fiscal Year 2017**

Please clearly identify any attachments/addenda according to the lettering/numbering system used in this format.

State Agency: HAWAII OCS

I. Goals

- A. Describe the State agency's plans to achieve each of the purposes of the SFMNP (§249.1) and the FMNP (§248.1), as follows:

SFMNP:

1. to provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey and herbs from farmers' markets, roadside stands, and CSA programs to low-income seniors;

Hawaii OCS partners with two local agencies, Hawaii Foodbank Inc. (HFB), in the City and County of Honolulu, and Hawaii County Economic Opportunity Council (HCEOC), in the County of Hawaii, to provide fresh, nutritious, locally grown fruits, vegetables, unprocessed honey and cut herbs from farmers' markets to eligible low-income seniors using SFMNP coupons. Hawaii OCS will partner with CSA programs in County of Maui and County of Kauai to extend services statewide this year..

2. to increase the domestic consumption of agricultural commodities by expanding or aiding in the expansion of domestic farmers' markets, roadside stands, and CSA programs; and

HFB recruits and authorizes local farmers participating with the City and County of Honolulu People's Open Market and Independent Farmers' Markets to accept SFMNP coupons. HCEOC will be coordinating with the Hawaii Farm Bureau, farmers' markets, and local farmers who previously participated in the SFMNP on the island of Hawaii to accept SFMNP coupons. Hawaii OCS will be adding CSA programs on the County of Maui and County of Kauai this year.

3. to develop or aid in the development of new and additional farmers' markets, roadside stands, and CSA programs.

HFB and HCEOC continue to expand their local farmer partnerships to meet the demands of produce for SFMNP. This increases the variety of food in the program while supporting local businesses. Hawaii OCS will be undertaking expansion to the County of Maui and County of Kauai.

FMNP: N/A

1. to provide resources in the form of fresh, nutritious, unprepared foods (fruits, vegetables, and herbs) from farmers' markets to women, infants, and children who are nutritionally at risk and who are participating in the WIC Program or are on the waiting list for the WIC Program; and
2. to expand the awareness, use of, and sales at farmers' markets.

N/A

- B. Describe how the State agency plans to target the Program(s) to areas with high concentrations of eligible persons with the greatest access to farmers' markets. Be sure to include any special features, such as the use of volunteers and community resources or specialized management information systems, which the State agency plans to implement to enhance operation and administration of the SFMNP (§249.4(9)(i)) and the FMNP (§248.4(9)(i)).

Hawaii OCS will work with local agencies in the City and County of Honolulu and County of Hawaii for the coupon program model

As of 2015, Oahu has the highest concentration of eligible seniors statewide based on a resident population of 998,714, where 216,583 people were 60 years of age and up. The farmers' markets where HFB authorizes local farmers to operate the SFMNP are within walking distance of major affordable senior housing projects and are accessible by public transportation. HFB holds years of experience in implementing SFMNP, which has allowed them to execute SFMNP coupon issuance/redemption efficiently and effectively. HFB is well established in the community, garnering numerous long-term community partners that help with outreach, the distribution of SFMNP coupons, and providing services from volunteers. HFB has maintained well-established relationship with local farmers who participate with SFMNP annually.

Hawaii Island has the highest percentage of seniors with 51,799 people who are 60 years of age and up, out of a county population of 196,428. Between years 2010-2014, Hawaii Island had the highest percentage of seniors living below poverty levels in the state at 9.9%. Currently, Hawaii Island has approximately 33 farmers' markets. HCEOC will coordinate with disabled veteran groups, American Indian Organizations and with the American Association of Retired Persons (AARP) for outreach purposes.

- C. For a State agency submitting an initial application for funding (i.e., a State agency that did not operate the SFMNP or the FMNP in FY 2016), please summarize any prior experience with similar farmers' market projects or programs. The summary should describe:

1. the number and category (seniors, women, infants, children) of participants served;
2. the scope of the program (e.g., limited to a city, county, or was it a statewide or

- ITO-wide program?); and
3. the source(s) of funding for the program.

Please include any data that was collected concerning the benefits or impact of the program(s).

N/A. Hawaii participated in SFMNP in FY 2016.

II. General Administration

A. In light of recent changes in technology for both the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), it is important that State agencies clearly identify how SFMNP and FMNP benefits are provided to participants. Since the inception of the Programs, SFMNP and FMNP benefits have most often been provided using either coupons or checks. In the event that a State agency is using a different delivery method such as electronic benefits transfer (EBT), it is expected that where applicable, the State agency address how that method applies to SFMNP and FMNP.

1. Are any markets currently providing benefits using EBT? Yes No
If yes, for which programs? WIC SNAP FMNP SFMNP
2. Do you anticipate providing SFMNP/FMNP benefits using EBT? Yes No
If yes, when? _____ In all markets or in selected areas? _____
3. Number of participants in FY 2016 (if applicable):
SFMNP: 5852 FMNP: N/A
4. Estimated number of participants in FY 2017:
SFMNP: 8911 FMNP: N/A
5. Proposed months of Program operation:
SFMNP: June through September
FMNP: N/A through N/A
6. Proposed months of coupon/check/EBT card issuance (No later than 9/30):
SFMNP: June through September
FMNP: N/A through N/A
7. Proposed months of benefit usage by participants:
SFMNP: June through September
FMNP: N/A through N/A
8. Proposed months of benefit redemption (submission for payment) by farmers, markets roadside stands, and/or CSAs:
SFMNP: June through October
FMNP: N/A through N/A
9. Are any farmers authorized to accept Cash Value Vouchers/Benefits (CVV/CVB's)?
Yes No
If yes, for which programs? WIC SNAP FMNP SFMNP
10. In FY 2016 did any markets offer incentives? Yes No

If yes, for which programs? WIC SNAP FMNP SFMNP

B. Staffing

1. List all SFMNP/FMNP staff positions below, including both full and part-time positions. Attach job descriptions for each position. An organizational flow chart identifying levels of responsibility can be provided with this list. Section 249.4(a)(4) of the Federal SFMNP regulations and §248.4(a)(3) of the Federal FMNP regulations require a detailed budget in the State Plan, including a description of the Federal and non-Federal funds that will be used to operate the program. Although use of non-Federal funds is not required under the SFMNP, describing the use of any such funds is helpful for the State agency and FNS to understand the administrative capabilities of the State agency; the use of non-Federal funds will not result in the reduction of the Federal grant.

Paid through Federal SFMNP Administrative funds

<u>Position</u>	Percentage of Funds Allocated to:
	<u>Full Time</u>
HAWAII OCS Program Specialist	26.4%
HAWAII OCS Accountant	5.3%
Local Partner Agency: HFB Dir. Of Agency Affiliations	5.60%
Local Partner Agency: HFB Agency Affiliation Assistant	1.86%
Local Partner Agency: HFB Dir. Of Finance	2.43%
Local Partner Agency: HFB Accountant/HR Admin	2.21%
Local Partner Agency Subcontractor: Heart-Light	12.72%
Local Partner Agency: HCEOC Office Clerk	16.4%
Local Partner Agency: Farm Manager	TBD

Paid through Non-Federal SFMNP funds/sources (specify)

**Percentage of Funds
Allocated to:**

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
N/A	<u>N/A</u>	<u>N/A</u>

Paid through Federal FMNP Administrative funds

**Percentage of Funds
Allocated to:**

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Paid through State/ITO FMNP funds/sources (specify)

**Percentage of Funds
Allocated to:**

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Paid through other funding source(s) (specify source and program)

**Percentage of Funds
Allocated to:**

<u>Position</u>	<u>Full Time</u>	<u>Part Time</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

2. Will any other State or local government agency(ies), non-profit or for-profit organizations, or the Cooperative Extension Service provide services for the State agency under the FMNP and/or SFMNP?

Yes No If yes, list the State or local government agency(ies) and/or other organizations, and include which program they will provide services for.

HFB – SFMNP
HCEOC - SFMNP

Include a copy of the signed agreement(s) between the State agency and other agencies and/or the non-profit or for-profit organizations delineating the services to be performed. (§248.4(a)(1) & (§249.4(a)(1)).

Appendix C contains copies of signed contract agreements between Hawaii OCS and local partner agencies.

3. Indicate in the space provided the **State agency** that will be responsible for performing (or overseeing the local agency or other entity/organization that will perform) each function listed below (e.g., State Department of Agriculture, State Department of Health, State Agency on Aging, etc.):

Hawaii OCS Lead State agency

Hawaii OCS Certify participants for the SFMNP

Hawaii OCS Collect racial/ethnic participation information for the SFMNP

N/A Certify WIC recipients for the FMNP

Hawaii OCS Authorize and train local agencies/clinics

Hawaii OCS Issue checks/coupons/EBT cards to participants

Hawaii OCS Issue checks/coupons/EBT cards to local agencies/clinics

Hawaii OCS Negotiate contracts with CSA/bulk purchase farmers

Hawaii OCS Provide nutrition education to program participants

Hawaii OCS Reconcile checks/coupons/EBT benefits

Hawaii OCS Conduct reviews of local agencies/clinics

Hawaii OCS Authorize farmers/farmers' markets/roadside stands/CSA programs

Hawaii OCS Train farmers/farmers' markets/roadside stands/CSA programs

Hawaii OCS Monitor farmers/farmers' markets/roadside stands/bulk purchase/CSA programs

N/A Manage Cash Value Vouchers/Benefits (CVV/CVB's) issued to FMNP participants

If the State agency and the partnering State agency(ies) are different, include as an

- a. How much is the incentive? _____
- b. How does the market determine who receives the incentive? _____
- c. How is the incentive funded? _____

10. Are any markets planning to offer incentives? Yes No
If yes, please attach a list. _____

- a. How much is the incentive? _____
- b. How does the market determine who receives the incentive? _____
- c. How is the incentive funded? _____

III. Funding

A. Describe in detail the State agency's financial management system that will provide for accurate, current, and complete disclosure of the financial status of the SFMNP/FMNP. At a minimum, include the following elements:

1. procedures to ensure prompt and accurate payment of allowable and allocable costs, and to ensure that costs claimed are in accordance with A-87 (Cost Principles Applicable to Grants and Contacts with State and Local Governments) and FNS guidelines and instructions (see §249.11(d) of SFMNP regulations on allowable and allocable costs and §[248.12](#) of FMNP regulations and [FMNP Policy Memorandum 2002-1](#));
 2. procedures for obligating funds, including disbursing funds from the Letter of Credit;
 3. description(s) of how farmers are paid;
 4. claims procedures for overpayments to farmers, farmers' markets, roadside stands, bulk purchases, CSAs, and participants; and
 5. description of the time-reporting system used to distribute employee salaries and related costs, and procedures and forms for conducting time studies.
-
1. All payments are handled by OCS's Fiscal Staff in conjunction with the Department of Labor Administrative Services Office (ASO) and the Department of Accounting and General Services. In order to ensure prompt and accurate allocable costs, all costs claimed are in accordance with OMB Circular A-87. The SFMNP Program Specialist will participate in the collection, compilation, classification and evaluation of fiscal data; prepare trial balances; prepare adjusting and closing entries, verify and analyze financial data; prepare financial statements and reports; make adjustments to journal vouchers; verify correct applications of accounting principles and mathematical accuracy; and recommend changes of forms, procedures and policies governing the accounting functions to implement changes as directed.
 2. Funds are obligated to HFB and HCEOC by submission of internal form 300 Cash Request payment form, internal form 310 Expenditure Report and corresponding invoice documentation. Once Hawaii OCS receives the form, confirms all costs are allowable and within the contracted budget, original hard copies are sent to the fiscal staff to process the payment issued to HFB and/or HCEOC.
 3. Farmers will be paid through HFB or HCEOC. Once HFB or HCEOC accountants receive invoices for payment from each individual farmer, payment is rendered. HFB and HCEOC accountants follow similar procedures as Hawaii OCS fiscal staff and program specialists to ensure the accuracy of payments to farmers.
 4. If the farmer is overpaid, the farmer will be notified or will notify HFB or HCEOC of the error. TFB or HFB will assess the overpayment and make adjustments on cash requests to Hawaii OCS in the next payment.
 5. Employee salaries are allocated to SFMNP based on a time reporting system. Hawaii

OCS employees turn in a federal timesheet via Computerized Accounting System (CAS). For personnel expenses, HFB and HCEOC shall, in addition of supporting documentation, provide a timesheet of total number of hours worked on each day for each employee working on the SFMNP. The CSA programs shall provide supporting documentation of the number of CSA boxes that were received by SFMNP participants.

- B.** Describe the funding source(s) and amounts the State agency intends to use to meet the minimum 30 percent State/ITO match requirement for the FMNP, which will be \$ N/A for your State/ITO in FY 2017, based on the Federal Funds Request and the State/ITO Matching Funds Estimation Worksheet on pages 40-42, per §248.14(a)(i-ii). (Please note that the 30 percent minimum match requirement only applies to the total FMNP administrative cost, although the State agency may meet this match requirement with State/ ITO funds provided for food in addition to administrative costs.)

Type	Source	Amount
State/ITO and local funds	N/A	\$N/A
Private funds	N/A	N/A
In-kind Contributions	N/A	N/A
Similar Programs	N/A	N/A
Program Income	N/A	N/A
Total:		\$ N/A

State/ITO and local funds: If available, please attach documentation, such as a copy of appropriation legislation, budget page containing this line item, etc.

Private funds: Please describe in detail or attach documentation of all cash donations or letters of commitment from organizations/individuals planning to make such donations.

N/A

In-kind contributions: If any portion of the State agency’s minimum 30 percent matching requirement will be met through in-kind contributions, please describe the in-kind contribution and its monetary value, and include any supporting documentation.

N/A

Similar programs: Include the title of the program, the source of funding, and a brief description of how the program operates. **Federal funds provided for SFMNP or any other FNS program cannot be used as a match source.**

N/A

Program income: Describe type(s) and amount(s). (More specific information can be found in WIC Policy Memorandum #2005-3)

N/A

Is the State agency seeking approval to use up to 2 percent of its total FMNP funds for market development or technical assistance to farmers' markets in FY 2017?

NOTE: These funds are only available to develop or assist farmers' markets in socially or economically disadvantaged areas or remote rural areas, where individuals eligible for participation in the FMNP have limited access to locally grown fruits and vegetables (§248.14(h)).

Yes No

If yes, describe in detail the justification for the market development and/or technical assistance funds, including documentation to support the qualifications of the areas to be targeted and specific plans to achieve the stated goals. _____

C. Describe in detail the State agency's record keeping systems for the SFMNP (§249.23) and the FMNP (§248.23), addressing the following areas:

1. financial operations
2. coupon/check/EBT card issuance and redemption
3. CSA/bulk purchase contracts and payments
4. SFMNP/FMNP participation reporting
5. tracking staff time and other administrative expenses to ensure that federal SFMNP/FMNP funds are only used for costs which are allowable and allocable for the SFMNP/FMNP. _____

1. For record keeping and reference of financial operations, the SFMNP program specialist will maintain folders for HFB and HCEOC, which consists of copies of the internal form 300 Cash Request payment form, internal form 310 Expenditure Report, corresponding invoice documentation and the corresponding check issued to pay the cash request. Original hard copies are submitted to fiscal staff.

2. Hawaii OCS will print \$50.00 worth of coupon booklets for HFB and HCEOC. Coupon books will be printed in numerical sequence and a log will be kept to identify coupons issued to a participant. This allows, if necessary, for all coupons to be traced back to the certified participant. Farmers are instructed not to accept coupons outside of valid dates, unless otherwise instructed by the local-agency or Hawaii OCS. As of June 1, 2017 Hawaii OCS will accept mail-in applications, certify eligible SFMNP participants and mail-out the coupon booklets with instructions to participants. SFMNP coupon redemption procedures require farmers to submit a claim form to their respective local agency (HFB or HCEOC) for reimbursement, indicating the farmer/grower name, farmer redemption code and a count of the endorsed coupons. Hawaii OCS will require HFB and HCEOC to record the number of coupons redeemed onto their monthly program progress report, submitted to Hawaii OCS and filed into the corresponding fiscal year HFB or HCEOC SFMNP folder.
3. The CSA program purchase contracts and payments will be maintained in folders for the counties of Maui and Kauai. The folders will consist of copies of the internal form 300 Cash Request payment form, internal form 310 Expenditure Report, corresponding invoice documentation and the corresponding check issued to pay the cash request. Original hard copies are submitted to fiscal staff.
4. Participation is reported to Hawaii OCS through the submission of monthly Program Reports from HFB & HCEOC, which are printed and filed in their corresponding SFMNP folder.
5. Hawaii OCS employees are required to track the number of hours spent working on SFMNP on their timesheet log via CAS. For personnel expenses, HFB and HCEOC shall, in addition to supporting documentation, provide a timesheet of total number of hours worked on each day for each nonexempt employee working on the SFMNP.

NOTE: A description of the State's financial management system is required earlier in Section III A. If some of the same information has already been provided under that section, it is not necessary to duplicate that information. It may either be provided here or cross-referenced to the relevant section.

If forms have been developed to facilitate any of these functions, an example of each form, along with a brief explanation should be attached to this document.

Appendix H contains copies of fiscal cash request forms 300 and 310

D. FMNP Federal Funds Allocation Process and the State/ITO Match N/A

As required under §248.14(a)(i), there is a matching requirement of administrative funds equal to or not less than 30 percent. Detailed below are the FMNP Federal Funds Allocation Process and how the State/ITO match is calculated.

1. Total Federal funds requested (prior year's total Federal grant x 17% (or 19%, if

applicable) = Federal administrative funds.

2. Federal administrative funds ÷ 70% = Estimated total administrative grant.
3. Estimated total administrative cost x 30% = State/ITO match amount.

(A State agency may provide more in State funds to administer the Program than is required. However, the FNS allocation is based on the minimum amount that a State agency must match, not the total amount of funds/resources a State agency provides.)

6. Total Federal funds requested (prior year's total Federal grant) + State/ITO match amount = Estimated total Program cost.

E. Federal Funds Request and Budget Worksheets

Section 249.4(a)(4) of the Federal SFMNP regulations and Section 248.4(a)(4) of the Federal FMNP regulations require that the State Plan include a detailed budget, including a description of the Federal and non-Federal funds that will be used to operate each program, and assurance that no more than 50% of the Federal SFMNP Food grant will be used for CSA programs, except as stipulated at 7 CFR 249.10(a)(5). The types of worksheets used to calculate your Federal funds are described below.

SFMNP FY 2017 Budget Summary:

I. FY 2017 SFMNP ESTMATED FEDERAL BUDGET SUMMARY

This worksheet summarizes the Federal food and administrative funds. **All State agencies must complete this worksheet.**

II. FY 2017 SFMNP ADMINISTRATIVE BUDGET ESTIMATE

This worksheet summarizes administrative activities and related funding. **All State agencies must complete this worksheet.**

III. FY 2017 ESTIMATED SFMNP FEDERAL CASELOAD CALCULATION

This worksheet summarizes participant caseload in relation to funding. **All State agencies must complete this worksheet.**

IV. FY 2017 ESTIMATED SFMNP NON-FEDERAL BUDGET SOURCE OF NON-FEDERAL FUNDS

This worksheet summarizes non-federal funding used to support the SFMNP. **All State agencies must complete this worksheet.**

State Agency: Office of Community Services Universal Identifier 949978845

I. FY 2017 SFMNP ESTIMATED FEDERAL BUDGET SUMMARY

1. Total Federal Funds Requested <i>(Prior Year's Total Federal Grant or Less):</i>	\$ 445,519.00
2. Plus: Expansion Funds requested (if any): <i>(Include expansion funds in calculation of requested funds)</i>	\$ 83,333
3. Less: Federal Administrative Funds at 10% of total:	\$ 52,885.20
5. Federal Foods Funds (minimum 90% of total):	\$ 475,966.80

II. FY 2017 SFMNP ADMINISTRATIVE BUDGET ESTIMATE

Certification	Coupon Management	Market Management	Nutrition Education	Financial Management	Total @ 10%
\$ 9,519.34	\$9,519.34	\$ 14,279	\$5,288.52	\$14,279	\$ 52,885.20
18 %	18 %	27%	10%	27%	100 %

Certification: Eligibility determinations and outreach services.

Coupon Management: Pricing and reconciling/issuing checks, coupons and EBT cards to recipients, and instructing recipients on the purpose of the program and their proper use.

Market Management: Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers' markets/roadside stands.

Nutrition Education: Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

Financial Management: Preparing financial and recipient reports, issuing payments to farmers/farmers' markets and costs associated with FMNP audits.

III. FY 2017 ESTIMATED SFMNP FEDERAL CASELOAD CALCULATION

This worksheet determines the number of participants that can be supported with the Federal funds requested, and to ensure that no more than 50% of the SFMNP grant has been used for CSA programs; line 4 must not exceed one half of line 3 on this page. If benefits are not used for CSA programs, then only the first three steps below apply. Line 9, the Grand Total, includes non-CSA program caseload and CSA/bulk purchase program caseloads. Line 10 provides the percentage of the SFMNP food funds grant used only for CSA programs.

State Agency: Office of Community Services

1. Available Federal Food Funds for Check/Coupon/EBT Option (non-CSA/Bulk purchase)		\$349,000
2. (Divided by) Proposed Total non-CSA Check/Coupon/EBT Benefit Level (Minimum \$20, Maximum \$50) (Except for a current SA that has grandfathered in a lower benefit level)		50
3. Total Projected Check/Coupon/EBT Federal Caseload:		6,980
4. Available Food Funds Remaining for Participants using CSA and/or Bulk Purchase Programs		\$126,966.80
5. (Divided by) Proposed Total CSA Benefit Level (May be the same as for non-CSA participants, or higher, but must be a minimum \$20, maximum \$50, and must be the same for all CSA Participants, except per §249.8 (b)).		50
6. Total Projected CSA Federal Caseload		2,539
7. (Divided by) Total Projected Bulk Purchase Benefit Level		0.00
8. Total Projected Bulk Purchase Caseload		0
9. Grand Total Projected Federal Caseload		
(Line 3) = w/o CSA or Bulk Purchase	OR	6,980
(Line 3 + Line 6) = with CSA Option	OR	9,519
(Line 3 + Line 8) = with Bulk Purchase Option	OR	6,980
(Line 6) = CSA Only	OR	2,539
(Line 8) = Bulk Purchase Only	OR	0
(Line 3 + Line 6 + Line 8) = with all Options		9,519
10. Line 4, Worksheet II, divided by Line 3, Worksheet I		\$ 0.27
49(Federal Food Funds) multiplied by 100 (this total may not be more than 50%)		

IV. FY 2017 ESTIMATED SFMNP NON-FEDERAL BUDGET SOURCE OF NON-FEDERAL FUNDS

Please list the source and amount of non-Federal funds, if any, which the State agency plans to use for the SFMNP. Section 249.4(a) (4) of the Federal SFMNP regulations requires a detailed budget in the State Plan, including a description of the Federal and non-Federal funds that will be used to operate the program. This information supports whether the State agency will have sufficient resources to meet caseload and/or administrative goals beyond those supported by Federal funds.

Type	Source	Amount	Purpose
State and Local Funds	N/A	\$ N/A	N/A
Private Funds	N/A	\$ N/A	N/A
Other	N/A	\$ N/A	N/A
Total		\$ N/A	

FMNP: N/A

I. FY 2017 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

This Worksheet summarizes the Federal food and administrative funds. **All State agencies must complete this worksheet.**

II. ADMINISTRATIVE BUDGET ESTIMATE

This worksheet summarizes administrative activities and related funding. **All State agencies must complete this worksheet.**

III. FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

This worksheet estimates either the amount of Federal funds based on the State/ITO match amount available, or the State/ITO match amount and total program funds based on the amount of Federal food funds requested. **All State agencies must complete either Part A or Part B of this worksheet as applicable.**

IV. FEDERAL FOOD FUNDS REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants, and children) will receive the same benefit level. **All state agencies must complete either this worksheet or worksheet V, below.**

V. FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (women, infants and children) will receive a benefit level different from the other categories. **All state agencies must complete either this worksheet or worksheet IV, above.**

State Agency: N/A Universal Identifier N/A

I. FY 2017 FMNP ESTIMATED FEDERAL BUDGET SUMMARY

1. Total Federal Funds Requested <i>(Prior Year's Total Federal Grant or Less):</i>	\$ N/A	\$ N/A
2. Plus: Expansion Funds requested (if any): <i>(Include expansion funds in calculation of requested funds)</i>	N/A	N/A
3. Less: Federal Administrative Funds at 17% of total:	N/A	
4. Less: Market Development/Technical Assistance Funds <i>(up to 2% of total):</i>		N/A
5. Federal Foods Funds:		
a. 83% <i>(total without market Development funds request):</i>	\$ N/A	
OR		
b. 81% <i>(total with market development funds request):</i>		\$ N/A

II. FY 2017 FMNP ADMINISTRATIVE BUDGET ESTIMATE

Coupon Management	Market Management	Nutrition Education	Financial Management	Total @ 17%
\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
N/A %	N/A %	N/A %	N/A %	N/A %

Coupon Management	Market Management	Nutrition Education	Financial Management	Total @ 19%
\$ N/A	\$ N/A	\$ N/A	\$ N/A	\$ N/A
N/A %	N/A %	N/A %	N/A %	N/A %

Coupon Management: Pricing and reconciling/issuing checks, coupons and EBT cards to recipients, and instructing recipients on the purpose of the program and their proper use.

Market Management: Authorizing, training, technical assistance, marketing, and monitoring of farmers/ farmers’ markets/roadside stands.

Nutrition Education: Instructing recipients on the nutritional benefits of fresh, nutritious, unprepared foods such as fruits and vegetables.

Financial Management: Preparing financial and recipient reports, issuing payments to farmers/farmers’ markets and costs associated with FMNP audits.

III. FY 2017 FMNP FEDERAL FUNDS REQUEST AND STATE/ITO MATCHING FUNDS ESTIMATION

Part A of this worksheet should be completed by a State agency that knows exactly the amount of State/ITO funds available to meet the matching requirement, and wants to estimate the level of Federal funds the State/ITO matching funds can support. Part B of this worksheet should be completed by a State agency that wishes to **estimate** its match amount and total Program funds based on the amount of Federal food funds requested.

A: To estimate the Federal food and administrative funds based on the matching amount:

17% rate:

1. Matching Funds: / **.30** = Total Administrative Funds

2. Total Administrative Funds: - Matching Funds
 = Federal Administrative Funds

3. Federal Administrative Funds: / **.17** = Total Federal Funds

A: To estimate the Federal food and administrative funds based on the matching amount:

19% rate:

1. Matching Funds: / **.30** = Total Administrative Funds

2. Total Administrative Funds: - Matching Funds
 = Federal Administrative Funds

3. Federal Administrative Funds: / **.19** = Total Federal Funds

B. To estimate the matching and administrative amounts based on the Federal food funds requested:

17% rate:

1. Prior year's food grant:	<input type="text" value="\$ N/A"/>	/.83 =	<input type="text" value="N/A"/>	Total Federal Funds Requested, Food and Administrative
2. Total Federal Funds Requested:	<input type="text" value="N/A"/>	x.17 =	<input type="text" value="N/A"/>	Federal Administrative Funds
3. Federal Administrative Funds:	<input type="text" value="N/A"/>	/.70 =	<input type="text" value="N/A"/>	Estimated Total Administrative Funds, Federal and State
4. Estimated Total Administrative Funds:	<input type="text" value="N/A"/>	-	Federal Administrative Funds:	<input type="text" value="N/A"/>
=	<input type="text" value="N/A"/>	State Agency's Match for New Fiscal Year.		
5. State/ITO Matching Funds:	<input type="text" value="N/A"/>	+	Total Federal Funds	<input type="text" value="\$ N/A"/>
<input type="text" value="N/A"/>	Estimated Total Program Funds			

B. To estimate the matching and administrative amounts based on the Federal food funds requested:

19% rate:

1. Prior year's food grant:	<input type="text" value="\$ N/A"/>	/.81 =	<input type="text" value="N/A"/>	Total Federal Funds Requested, Food and Administrative
2. Total Federal Funds Requested:	<input type="text" value="N/A"/>	x.19 =	<input type="text" value="N/A"/>	Federal Administrative Funds
3. Federal Administrative Funds:	<input type="text" value="N/A"/>	/.70 =	<input type="text" value="N/A"/>	Estimated Total Administrative Funds, Federal and State
4. Estimated Total Administrative Funds:	<input type="text" value="N/A"/>	-	Federal Administrative Funds:	<input type="text" value="N/A"/>

= State Agency's Match for New Fiscal Year.

5. State/ITO Matching Funds: + Total Federal Funds =
 Estimated Total Program Funds

IV. FY 2017 FMNP FEDERAL FOOD FUND REQUEST BASED ON A UNIFORM BENEFIT LEVEL

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when each category of recipient (i.e., women, infants, and children) will receive the same benefit level:

1. Total Federal Funds Requested (Prior Year's Total Federal Grant or Less):	<input type="text" value="\$ N/A"/>
2. Percent of Total Federal Funds Available for Food:	x .83 or x. 81
3. Available Food Funds:	<input type="text" value="N/A"/> <input type="text" value="N/A"/>
	Divided by Divided by
4. Proposed Federal Food Benefit Level Minimum \$10; Maximum \$30	<input type="text" value="N/A"/> <input type="text" value="N/A"/>
5. Total Projected Federal Caseload:	<input type="text" value="\$ N/A"/> <input type="text" value="\$ N/A"/>

V. FY 2017 FMNP FEDERAL FOOD FUNDS REQUEST BASED ON VARYING BENEFIT LEVELS

This worksheet estimates the number of recipients that can be supported with the Federal funds requested, when one or more of the recipient categories (woman, infants and children receives a benefit level different from the other categories:

1. Total Federal Funds Requested (Prior Year's Total Federal Grant or Less):	<input type="text" value="\$ N/A"/>
2. Percent of Total Federal Funds Available for Food:	x .83 or x. 81
3. Available Food Funds:	<input type="text" value="N/A"/> <input type="text" value="N/A"/>

IV. Certification

A. Targeting Benefits

SFMNP:

1. As required under §249.4(a)(9), describe the State agency's plans to target areas with a high concentration of eligible persons and access to farmers' markets, roadside stands and/or CSA programs within the broadest possible geographic area. For example, will the State/ITO concentrate on serving only a few areas where there are large numbers of potential participants who have access to farmers' markets, roadside stands and/or CSA programs, or will it provide State/ITO-wide coverage?

All four counties in the State of Hawaii have a need for the services of the SFMNP. Hawaii OCS intends to expand the SFMNP services statewide. Hawaii OCS will work with a CSA program to provide SFMNP services in the counties of Maui and Kauai.

As of 2015, Oahu has the highest concentration of eligible seniors statewide based on a resident population of 998,714, where 216,583 people were 60 years of age and up. The farmers' markets where SFMNP authorizes local farmers to operate are within walking distance of major affordable senior housing projects and are accessible by public transportation. HFB holds years of experience in implementing SFMNP, which has allowed them to execute SFMNP coupon issuance/redemption efficiently and effectively. HFB is well established in the community, garnering numerous long-term community partners that help with outreach, the distribution of SFMNP coupons, and providing services from volunteers. HFB has maintained well-established relationship with local farmers who participate with SFMNP annually.

Hawaii Island has the highest percentage of seniors with 51,799 people who are 60 years of age and up, out of a county population of 196,428. Between years 2010-2014, Hawaii Island had the highest percentage of seniors living below poverty levels in the state at 9.9%. Currently, Hawaii Island has approximately 33 farmers' markets. HCEOOC will coordinate with disabled veteran groups, American Indian Organizations and with the American Association of Retired Persons (AARP) for outreach purposes.

- a. Provide a detailed description of the service area(s), including the number (and location, if available) of participating markets/roadside stands/CSA/bulk purchase programs and local agencies (such as Area Agencies on Aging, Senior Centers or CSFP distribution sites).

HFB has 11 sites where SFMNP participants may redeem coupons. The service areas include 4 churches, 2 malls near economically disadvantaged communities, 2 service centers, 1 high school, 1 parking lot within an elderly services building, and

the Neal S. Blaisdell Exhibition Hall.

b. Estimated number of SFMNP participants per local agency:

<u>Local Provider:</u>	<u># of Participants:</u>
<u>HFB</u>	<u>4962</u>
<u>HCEOC</u>	<u>2018</u>

2. a. When all available program benefits have been allocated to eligible participants, will the local agency be required to maintain a waiting list of new applicants likely to be served?

Yes No

If yes, will the waiting list include the following:

Name of the applicant Date placed on waiting list Address Telephone number Household telephone number Participant telephone number

Other: _____

3. In States where the WIC Farmers' Market Nutrition Program (FMNP) also operates, are the SFMNP service areas the same as the FMNP service areas, or closely overlapping, so that the same farmers' markets and roadside stands may serve both SFMNP and FMNP recipients? If No, please explain.

Yes No N/A

FMNP: N/A

1. Describe the State agency's plans to target areas with a high concentration of eligible persons and access to farmers' markets within the broadest possible geographic area. For example, will the State/ITO concentrate on serving only a few areas where there are large numbers of WIC recipients who have access to farmers' markets, or will it provide State/ITO-wide coverage?

a. Provide a detailed description of the service area(s), including the number and addresses of participating markets, roadside stands, and WIC clinics.

N/A

b. Attach a map outlining the service area(s) and proximity of markets and roadside stands to WIC local agencies or clinics.

c. Estimated number of WIC recipients per local agency/clinic:
Clinic # of Recipients

N/A N/A

2. Intended FMNP recipients:

(Excluding Expansion) **(Including Expansion)**

N/A WIC recipients only N/A

N/A WIC applicants on waiting lists only N/A

N/A Both N/A

3. Will all WIC recipients in an FMNP service delivery area be issued FMNP coupons, checks or EBT cards or only certain categories/groups? **N/A**

- All eligible recipients
- Specific categories/groups (check all that apply):

(Excluding Expansion) **(Including Expansion)**

Pregnant women

Breastfeeding women

Postpartum women

Infants (over 4 months)

Children
 (If sub-categories of children, e.g., ages 1-2 years old and 3-4 years old, are defined by the State agency, please indicate accordingly.)

Other designation
 (e.g., only Priority I pregnant or breastfeeding women)

B. Application Process (SFMNP Only) (§249.6)

1. The State agency requires all local agencies to use a standardized application process for all persons applying for the SFMNP.

Yes No

2. The State agency shares N/A State wide or N/A at local agency option (check one), a common application or certification form with (check all that apply):

- No other benefit programs
 Commodity Supplemental Food Program (CSFP)
 Food Distribution Program on Indian Reservations (FDPIR)

- Supplemental Nutrition Assistance Program (SNAP)
 Aging Services
 Supplemental Security Income (SSI)
 Reduced price health care program(s)
 Other (specify) _____

3. §249.6(g) Does the State agency have processing standards in place to notify SFMNP applicants of eligibility, ineligibility, or placement on a waiting list within 15 days from the date of application?

Yes No

4. How does the State agency define “reasonable expectations that additional funds may become available” in order to determine whether to maintain a waiting list?

Hawaii OCS aims to help as many people as possible through services in the SFMNP. As applicable, Hawaii OCS will create and maintain waiting lists if the number of applicants exceed the caseload allocation within each county, regardless of reasonable expectation that additional funds may become available.

5. Each participant or authorized representative is informed on how to use farmers’ market coupons, EBT cards or his/her CSA SFMNP benefits, and on the availability of other services, as set forth in Section 249.6(d)(3) of the Federal SFMNP regulations.

Yes No

6. The State agency has procedures to ensure that participants are certified only for the current fiscal year’s period of SFMNP operation.

Yes No

If yes, please provide a brief description: _____

Hawaii OCS requires all eligible SFMNP applicants/participants to be certified annually. Hawaii OCS will maintain a log of certified SFMNP participants corresponding to the

current fiscal year.

To be considered qualified, the applicant shall self-declare and attest that the income, residency, and age requirement are met through the application form.

7. May a participant designate another person as an authorized representative/proxy to do the following if the participant is unable to (check all that apply):

apply for certification?

shop at farmers' markets and/or roadside stands?

pick up eligible foods from CSA program or bulk purchase distribution sites?

8. a. Does the State agency limit the number of proxies that one individual can have (e.g., one participant may designate three different proxies)? Yes No If yes, how many?

b. Does the State agency limit how many participants may use the same proxy? (e.g., one person is the proxy for 5 participants)?

Yes No If yes, how many? _____

9. If the State agency permits authorized representatives/proxies, are signed statements from the participant required for this purpose per Section 249.6(f) of the Federal SFMNP regulations?

Yes No

10. Attach a copy of the State agency's written procedures regarding the designation of authorized representatives/proxies for the SFMNP, if available.

N/A

11. Certification for SFMNP is performed at no cost to the applicant or authorized representative.

Yes No

12. Attach a copy of the FY 2017 Certification or Application form that will be used for the SFMNP (Appendix AA).

Appendix AA. - Sample Statewide Application/Certification Form

C. Categorical and Residency Eligibility (**SFMNP only**)

1. Will only individuals who meet the basic regulatory definition of “senior” (i.e., 60 or older) in an SFMNP service delivery area be provided SFMNP benefits, or will the State agency (per §249.6(a)(1)) also serve special categories of participants?

	(Excluding Expansion)	(Including Expansion)
Seniors \geq 60 years of age	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Special categories/groups: (check all that apply):		
Higher minimum age (e.g., 62, 65 – specify in space provided) _____	<input type="checkbox"/>	<input type="checkbox"/>
Native Americans (\geq 55 years old)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disabled* (*residing in predominantly-elderly housing where congregate nutrition services are provided)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lower income level (Specify in space provided) _____	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. For the residency requirement, the State agency uses:

- State/ITO residency
- Local agency service area residency

D. Income Eligibility (**SFMNP only**) (§249.6(a)(3))

1. For income eligibility, the State agency uses:

- maximum gross household income of 185% of annual poverty income guidelines
- maximum gross household income of _____% (less than 185%) of annual poverty income guidelines
- participation in Commodity Supplemental Food Program (CSFP)

- participation in Special Nutrition Assistance Program (SNAP) *
(* as long as SNAP income eligibility does not exceed 185% of poverty)
- participation in Food Distribution Programs on Indian Reservations (FDPIR)*
(* as long as FDPIR income eligibility does not exceed 185% of poverty)
- participation in Supplemental Security Income (SSI)
- participation in another means-tested program for which income eligibility is set at
or
below 185% of the poverty income guidelines

2. For the normal income eligibility screening process and determination of household size, is the household defined by the State agency as a group of related or nonrelated individuals who are living together as one economic unit?

Yes No

3. For documentation of income eligibility per §249.6(3), the State agency accepts (check all that apply):

- signed statement of applicant (if so, attach copy in Appendices section)
- notice of eligibility or its equivalent for participation in or certification for other programs
- pay stub or other statement of earnings
- W-2, tax return, or other tax forms
- other: _____ (Please describe)

4. The State agency requires State-wide, or at local agency option (check one), the verification of applicant income information.

No

Yes (check all sources required, as appropriate):

- employer
- public assistance offices
- State employment offices (wage match, unemployment)
- Social Security Administration
- school districts/offices
- collateral contacts
- other (specify): _____

E. Participant Rights and Responsibilities (SFMNP only)

1. If found ineligible, are applicants for SFMNP notified in writing of the reason(s) for

ineligibility and the right to a fair hearing.s

Yes No (Attach the standardized format for this, if any.)

Appendix T. – Client Ineligibility Form

2. Is each participant or authorized representative informed during the certification process of his/her rights and responsibilities as set forth in Section 249.6(d)(1)(2) of the Federal SFMNP regulations?

Yes No

3. Is this information provided in a language other than English where a significant number or proportion of the eligible population needs this information in a language other than English?

Yes No

F. Participant and Applicant Confidentiality

1. Does the State agency share information obtained from applicants and/or participants for FMNP/SFMNP with any other programs, agencies, law enforcement officials, or any other organizations or persons?

Yes No

(If “Yes,” explain below and attach documentation such as information-sharing agreements, statements of policies and procedures, legal citations, etc.)

2. Per §249.24 of the Federal SFMNP regulations and §248.25 of the Federal FMNP regulations, the State agency restricts the use or disclosure of information obtained from applicants/participants to:

a. Persons directly connected with the administration or enforcement of FMNP/SFMNP, including investigation and prosecution of FMNP/SFMNP violations by any public authority;

Yes No

b. Representatives of public organizations under written agreements for eligibility/outreach purposes regarding other programs, without third party access or disclosure;

Yes No

c. The Comptroller General of the United States, General Accounting Office (GAO).

Yes No

3. Does the State agency permit an applicant and/or participant access to the information which the applicant and/or participant has provided to the program?

Yes No

4. Does the State agency permit an applicant or participant, upon his/her unsolicited request, to sign a release or similar document allowing the information provided by the applicant and/or participant to be shared with other organizations or persons?

Yes No

5. Does the State agency prohibit local agencies from requiring the applicant or participant to sign a written consent or release form or similar document to share confidential information with another entity or organization during the SFMNP eligibility determination process, e.g., by completing and separating the certification screening process from the request for a release to be signed?

Yes No (if signing a release is a condition of eligibility, please explain)

G. Dual Participation

The State agency has policies and procedures in place to prevent and detect dual participation (in more than one service delivery area at the same time) by FMNP/SFMNP participants.

Yes (please describe) No (if no, please explain why not) _____

Hawaii OCS will use coupon booklets that are printed in numerical sequence and keep a log to correspond each set to a participant. The numerical sequences will be organized by county.

The CSA programs will require participants to sign in and show proof of identification of SFMNP CSA program benefits.

Dual participation is geographically controlled by the SFMNP being implemented on different islands in the State of Hawaii.

V. Coupon, Market, Roadside Stand, Bulk Purchase, and CSA Program Management

A. Issuing benefits to participants: §249.4(11)(i)

1. Describe the State agency's procedures for ensuring the secure transportation and storage of coupons/check, check stock or EBT cards. Include the method used to transport coupons/checks from the contractor who produces them to the State agency, and from the State agency to the local agencies. Include a description of how unissued SFMNP/FMNP coupons/checks/EBT cards are stored, or how secure handling of check stock and electronic check numbers is ensured, at the State agency, local agency, and/or local issuing sites. Also include any type of reporting form used to gather data.

Hawaii OCS will with a local printing company to print the coupon booklets. Until coupon issuance, the coupon booklets will be stored in a secure office space, accessible only by authorized personnel. At the end of the program year, Hawaii OCS will record any non-issued coupon booklets and destroy them.

2. Describe the coupon/check/EBT card issuance system for participants. Include any reporting forms used to gather data. This description should include automated as well as manual processes used for issuance of coupons/checks to SFMNP/FMNP participants.

During issuance, the coupon booklets will be individually mailed out to the certified participant. A log will be kept of the corresponding coupon booklet provided to the senior. .

3. If the State agency intends to use a bulk purchase option in the SFMNP, describe (1) how the State agency will identify the farmers from whom the eligible fruits and vegetables will be purchased, (2) the entity/ies (if different from the State agency) that will negotiate and contract for the purchase of the produce, (3) how the State agency will ensure that the value of the food provided to each participant falls within the regulatory minimum and maximum levels, (4) how the State agency will ensure that all SFMNP participants receive an amount of food that offers an equitable benefit, and distribute the fruits and vegetables to program participants.

Hawaii OCS currently does not operate a bulk purchase program.

4. For CSA programs, describe the system for ensuring that each SFMNP shareholder receives an equitable amount of eligible foods at each delivery, and that the total value of the eligible foods provided under the SFMNP falls within the minimum and maximum Federal SFMNP benefit levels. Also, describe the method for obtaining the participant's signature on a receipt form or log, attesting to the distribution of

eligible food to the recipient on a particular date (please attach a copy of this receipt form or log).

The CSA programs will be contracted to ensure that SFMNP participants do not exceed or are short of the benefit level of \$50.00. Hawaii OCS will work with the CSA programs to determine a schedule that would best benefit the SFMNP participants and the CSA program staff with the \$50.00 benefit.

Participants are required to sign in prior to entering distribution sites to certify their identity, eligibility and receipt of food.

5. Describe the State agency's system for instructing participants on the proper use of FMNP coupons/checks/EBT cards. If this function is performed by the local agency on behalf of the State agency, indicate who issues the coupons/checks/EBT cards; what materials are provided during issuance; and who explains the use of the coupons/checks/EBT cards and redemption procedures to the participant. For CSA programs, describe how participants will be instructed on the procedures for delivery and distribution of eligible foods through the /bulk purchase/CSA programs to the participants.

N/A

6. Describe the State agency's system for instructing participants on the proper use of SFMNP coupons/checks/EBT cards. If this function is performed by the local agency on behalf of the SFMNP State agency, indicate who issues the cards; what materials are provided during issuance; and who explains the use of the cards and redemption procedures to the participant.

Hawaii OCS will administer the instructions of proper use of SFMNP coupons to participants. Eligible participants will be provided with a SFMNP Handout, which includes information on the farmers' market schedule, redemption procedures, procedures to designate a proxy, a description of eligible foods, and an explanation of participant rights to complain about improper farmer or farmers' market practices with regards to SFMNP responsibilities.

7. Attach a copy of the log or other form used to record coupon/check issuance/EBT card to valid certified participants (Appendix I)

Appendix I Coupon Inventory Log

- B. Authorization of farmers and/or farmers' markets, Community Supported Agriculture (CSA) programs, and roadside stands.

The State agency is responsible for the fiscal management of and accountability for, SFMNP/FMNP-related activities for farmers and/or farmers' markets, roadside stands,

and (in the SFMNP) bulk purchase and CSA programs. Each State agency may decide whether to authorize farmers individually, farmers' markets, or both farmers and farmers' markets, as well as roadside stands and CSA programs. Only farmers and/or farmers' markets and roadside stands authorized by the State agency may redeem SFMNP (§249.10) /FMNP (§248.10) coupons/checks/EBT cards; only CSA programs authorized by the SFMNP State agency may distribute eligible food to participants.

1. Describe the State agency's general authorization procedures for farmers and/or farmers' markets, roadside stands, bulk purchase and CSA programs.

HFB and HCEO will bi-annually certify all farmers to meet the minimum requirement that 55% of their produce is locally grown and provided at fair market value, regardless of their previous participation. Individuals who exclusively sell produce grown by someone else, such as wholesale distributors, are not authorized to participate in the SFMNP.

HFB and HCEO will annually conduct face-to-face and on-going training for new and returning farmers throughout the program. Training topics include the program background, program goals, eligible produce, produce and farmer eligibility, coupon redemption procedures, civil rights compliance, and the reimbursement process. Upon completion of the training, the farmer signs a SFMNP Farmer's Agreement (Appendix P) and receives a packet that includes signage, a w9 form(HFB) and copies of the claim for reimbursement forms.

Hawaii OCS will annually conduct training for farmers who operate a CSA program in the SFMNP. Training topics include the program background, program goals, eligible produce, produce and farmer eligibility, civil rights compliance, and the reimbursement process. Upon completion of the training, the farmer signs a SFMNP Farmer's Agreement (Appendix P) and receives copies of the claim for reimbursement forms.

2. List or attach the criteria used to authorize farmers' markets. Examples of authorization criteria include: 1) permanent market location; 2) sufficient number of growers who participate in the market; 3) a wide selection of products; 4) authorized to redeem SFMNP/FMNP coupons; 5) community support from non-SFMNP or FMNP sales; 6) produce offered for sale is locally grown; or 7) accessibility to senior service areas or WIC local agencies/clinics (Appendix L).

Hawaii OCS or its local agency partners currently do not authorize farmer's markets. Local agency partners authorize farmers individually who accept coupons at local farmer's markets.

3. List or attach the criteria used to authorize farmers. Examples of authorization criteria include: 1) grows a minimum percentage of the produce to be sold (please specify); 2) owns land within the State/ITO where produce is grown; 3) certified by the

State Agriculture Department, ITO, Cooperative Extension Agent or by a Farmers' Market Association within the State/ITO; 4) authorized to redeem FMNP/SFMNP coupons; 5) offers locally-grown produce; or 6) accessible to senior service areas or WIC local agencies/clinics (Appendix M).

Appendix M. – List of Criteria Used to Authorize Farmers

4. List or attach the criteria used to authorize roadside stands (Appendix N).

N/A

5. List or attach the criteria used to authorize CSA programs (Appendix X).

Appendix X. – List of Criteria Used to Authorize CSA Programs

6. List or attach the criteria used to select farmers for bulk purchase programs (Appendix O).

N/A

6. FNS defines "eligible foods" to mean fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs. Does the State agency use a different or more restrictive definition for "eligible foods"? Yes No

Hawaii OCS includes unprocessed honey in our definition of "eligible foods."

List or attach a list of the fruits, vegetables, and/or fresh herbs that may be purchased using SFMNP (§249.2) /FMNP (§248.2) benefits.

Appendix G List of Produce

(NOTE: Honey is also an eligible food under the SFMNP, at the State agency's discretion. FMNP eligible foods do not include honey.)

Eligible foods may not be processed or prepared beyond their natural state except for usual harvesting and cleaning processes. Maple syrup, cider, nuts, seeds, dried plums (prunes), dried chilies or tomatoes, eggs, meat, cheese and seafood are examples of ineligible foods for purposes of both the SFMNP and the FMNP. State agencies may also describe eligible foods as "all fruits, vegetables, honey (SFMNP only) and herbs locally grown *except...*")

8. Per SFMNP (§249.2) /FMNP (§248.2), FNS defines "locally grown" to mean produce grown within State/ITO borders or areas in neighboring States/ITOs adjacent to its borders. How does the State agency define "locally grown produce" in order to

designate eligible foods?

- Within the State/ITO borders only
- Within the State/ITO borders and adjacent counties (e.g., one county into the next State)
- Within the county lines
- Other (please specify) _____

9. To what extent does the State agency permit or prohibit the participation of individuals who are selling produce grown by someone else, in addition to their own produce? Individuals who exclusively sell produce grown by someone else, such as wholesale distributors, cannot be authorized to participate in the SFMNP (§249.10 (a)(2)), or the FMNP (§248.10 (a)(2)).

Hawaii OCS will not consider a farmer qualified to participate in the SFMNP if the farmer exclusively sells product grown by someone else. A farmer that commits fraud or engages in other illegal activity may be prosecuted under applicable Federal, State and/or local laws. If a farmer is denied participation in the SFMNP, HFB will inform them in writing, including the process of appeal to be directed to OCS.

10. Describe how the State agency will ensure that there is no conflict of interest between the State or local agency and any participating farmer, farmers' market, roadside stand, or CSA program. (§249.10 (a)(10), §248.10 (a)(7))

Hawaii OCS ensures that there are no conflicts of interest by geographical control. The partnering local agencies have the same general target market, but because HFB is located on Oahu Island and HCEOC is based on Hawaii Island, it allows the SFMNP to increase their overall outreach without interrupting each other's program outreach target goals. HFB works through farmers' markets to authorize their farmers. HCEOC owns their own farm, but will not be allowed to contract with it. Hawaii OCS will be working with CSA programs in the counties of Maui and Kauai, which have no prior affiliation.

11. Indicate the number of farmers' markets, farmers, and/or roadside stands, and/or CSA programs that are expected to be authorized in FY 2017:

16 farmers' markets
42 farmers
N/A roadside stands
N/A bulk purchase programs
2 CSA programs

12. Does the State agency require that the Market Manager be bonded?

- Yes No

13. Are tokens used at authorized farmers' markets? Yes No If Yes, please describe how they are used in the market. _____
14. Are all participants provided with a receipt? Yes No If No, please describe the procedure in more detail. _____

Participants do not receive a receipt, however local agencies are required to keep a record of all issued SFMNP coupons and Hawaii OCS will keep a log of the number of distributed boxes for three years.

C. Farmers and/or Farmers' Market and/or Roadside Stand Agreements and/or CSA/
Bulk Purchase Agreements

NOTE: Some State agencies administer the FMNP/SFMNP by executing agreements with farmers' market associations that are responsible for managing farmers' markets. In such instances, the provisions and requirements outlined in this section related to farmers' markets must also be applied to such State agency/farmers' market association agreements.

Each State agency shall enter into a written agreement with all participating farmers and/or farmers' markets, roadside stands and/or CSA/ bulk purchase programs including sanctions for non-compliance with SFMNP requirements. **Include the SFMNP/FMNP State agency-Farmers'/Farmers' Market/ Roadside Stand/CSA/Bulk Purchase Agreements in the Appendix.**

This agreement as described in §249.10 for SFMNP and in §248.10 for FMNP must contain at a minimum the following specifications.

1. The farmer and/or farmers' market and roadside stand shall: (§249.10 (b)(1)(i-xii) (§248.10 (b)(1)(i-xii))
 - i. provide such information as the State agency shall require for its periodic reports to FNS;
 - ii. assure that SFMNP/FMNP coupons/checks/EBT benefits are redeemed only for eligible foods;
 - iii. provide eligible foods at the current price or less than the current price charged to other customers;
 - iv. accept SFMNP/FMNP coupons/checks within the dates of their validity and submit coupons/checks for payment within the allowable time period established by the State agency;
 - v. in accordance with a procedure established by the State agency, mark each transacted coupon/check with a farmer identifier. In those cases where the agreement is between the State agency and the farmer or roadside stand, each transacted SFMNP/FMNP coupon/check shall contain a farmer identifier and shall be batched for reimbursement

under that identifier. In those cases where the agreement is between the State agency/ITO and the farmers' markets, each transacted SFMNP/FMNP coupon/check shall contain a farmer identifier and be batched for reimbursement under a farmers' market identifier;

- vi. accept training on SFMNP/FMNP procedures and provide training to farmers and any employees with SFMNP/FMNP responsibilities on such procedures;
 - vii. agree to be monitored for compliance with SFMNP/FMNP requirements – including both overt and covert monitoring;
 - viii. be accountable for actions of farmers or employees in the provision of foods and related activities;
 - ix. pay the State agency for any coupons/checks/EBT benefits transacted in violation of this agreement;
 - x. offer SFMNP/FMNP recipients the same courtesies as other market customers;
 - xi. comply with the nondiscrimination provisions of USDA regulations;
 - xii. notify the State agency if any farmer or farmers' market, roadside stand or CSA ceases operation prior to the end of the authorization period. Provide the State agency with a regularly updated list of all farmers at the authorized market who accept SFMNP/FMNP coupons/checks/EBT benefits in exchange for their produce, and their effective dates of participation.
2. The farmer and/or farmer's market and roadside stand shall not:
§249.10 (b)(2)(i-iii), §248.10 (b)(2)(i-iii)
- i. collect sales tax on SFMNP/FMNP coupons/checks/EBT card purchases;
 - ii. seek restitution from SFMNP/FMNP recipients for coupons/checks/EBT benefits not paid by the State agency: and
 - iii. provide unauthorized food items, nonfood items, cash, or credit (including rain checks) in exchange for purchases that are in an amount less than the value of the SFMNP/FMNP coupon/check(s).
3. Neither the State agency nor the farmer and/or farmers' market, roadside stand or CSA have an obligation to renew the agreement. Either the State agency or the farmer and/or farmers' market or roadside stand may terminate the agreement for cause after providing advance written notification. The period of time within which such advance notification must be provided is to be stipulated by the State agency as part of the standard agreement.
4. The State agency may deny payment to the farmer and/or farmers' market or roadside stand for improperly redeemed SFMNP/FMNP coupons/checks/EBT cards or may establish a claim for payments already made on improperly redeemed

coupons/checks/EBT cards. The State agency may disqualify a market and/or a farmer or roadside stand for program abuse with a minimum of 15 days' advance written notification.

5. The State agency may disqualify a farmer and/or farmers' market, roadside stand or CSA for SFMNP/FMNP abuse.
6. A farmer and/or farmers' market or roadside stand that commits fraud or engages in other illegal activity is liable to prosecution under applicable Federal, State/ITO or local laws.
7. A farmer and/or a farmer's market, roadside stand or CSA may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the SFMNP/FMNP. If a State agency has agreements with farmers' markets, then a farmer shall appeal such actions to the farmers' market. Expiration of a contract or agreement shall not be subject to appeal through the SFMNP/FMNP State agency.
8. Agreements may not exceed 3 years. The farmers and/or farmers' market and/or roadside stand and/or CSA program agreements are valid for two (2) years
9. Describe other partnerships/arrangements that may have been negotiated by the SFMNP/FMNP State agency, such as with Cooperative Extension Service programs, or a State Agriculture Department, State Department of Aging, or ITO to authorize farmers/farmers markets/roadside stands/CSA programs.

Appendix P Copy of Prototype Agreement for Farmers

D. Annual training for farmers, farmers' market managers and/or farmers who operate a roadside stand or CSA program.

State agencies shall conduct annual training for farmers, farmers' market managers, and/or farmers who operate a CSA program in the SFMNP/FMNP. The State agency must conduct a face-to-face training for all farmers and farmers' market managers who have never previously participated in the SFMNP (§249.10(d)) /FMNP (§248.10(d)). Face-to-face training refers to an interactive format that includes opportunity for questions and answers, which may include video conferencing as well as actual face-to-face training sessions.

After a farmer/farmers' market manager's first year of SFMNP/FMNP operation, State agencies have discretion in determining the method used for annual training purposes. At a minimum, annual training shall include instruction emphasizing:

- Eligible food choices;
- Proper SFMNP/FMNP coupon/check/EBT card redemption procedures, including deadlines for submission of coupons/checks for payment, and/or

- receipt of payment for CSA programs' distribution of eligible foods;
- Equitable treatment of SFMNP/FMNP participants, including the availability of eligible foods to SFMNP/FMNP participants that are of the same quality and cost as those sold to other customers;
- Civil rights compliance and guidelines;
- Guidelines for storing SFMNP/FMNP coupons/checks safely; and
- Guidelines for cancelling SFMNP/FMNP coupons/checks, such as punching holes or rubber-stamping.

Describe the procedures the State agency has in place or plans to implement for the annual training required for authorized farmers and/or farmers' market managers. This description should also include the subsequent training methods made available to managers and farmers after the first year's face-to face training.

On behalf of Hawaii OCS, HFB and HCEOC will annually conduct face-to-face training for new and returning farmers. Training topics include the program background, program goals, eligible produce, produce and farmer eligibility, coupon redemption procedures, civil rights compliance and the reimbursement process. Upon completion of the training, the farmer signs a SFMNP Farmer's Agreement (Appendix P) and receives a packet that includes signage, a w9 form (HFB) and copies of the claim for reimbursement forms.

Hawaii OCS will annually conduct training for farmers who operate a CSA program in the SFMNP. Training topics include the program background, program goals, eligible produce, produce and farmer eligibility, civil rights compliance and the reimbursement process. Upon completion of the training, the farmer signs a SFMNP Farmer's Agreement (Appendix P) and receives copies of the claim for reimbursement forms.

E. Coupon/Check/EBT Benefit Accountability

The coupon/check reconciliation process as contained in §249.15 and in §248.15 is intended to assure accountability by enabling the State agency to reconstruct the "life history" of each coupon/check/EBT benefit, from the time it is issued through its final disposition. The State agency is responsible for reconciling validly redeemed coupons/checks, as well as lost, stolen, voided, expired, or SFMNP/FMNP coupons/checks/EBT transactions that do not match issuance records. The process for reconciling lost and/or stolen coupons/checks/EBT cards must ensure that farmers accepting such instruments in good faith, and through approved procedures, are not unfairly penalized.

1. Describe the State agency's system for identifying and reconciling SFMNP/FMNP coupons/checks or EBT transactions that were redeemed, voided, expired, or

reported lost or stolen. Validly redeemed SFMNP/FMNP coupons/checks or EBT transactions are those that are issued to a valid SFMNP/FMNP participant and redeemed by an authorized farmer, farmers' market, or roadside stand within valid dates. They must, at a minimum:

- have a valid participant identifier from the signature on the issuance log,
- have a unique and sequential serial number;
- be transacted within valid dates;
- be redeemed by an authorized farmers' market, an authorized farmer operating under the auspices of the authorized market, or operating a roadside stand.

Hawaii OCS will issue SFMNP coupons with verbiage on the front containing the program name, program valid dates, serial number, dollar value specifying "no change given," and a definition of eligible produce. The back includes a space for the farmer/grower to endorse their farmer/grower name and their redemption code number. The full version of the civil rights nondiscrimination statement is also printed on the coupon.

To reconcile coupons that were redeemed, the farmer must submit to the local agency for their respective geographic location (HFB or HCEOC) the endorsed coupon. To prevent acceptance of expired coupons, farmers will be trained on the valid coupon acceptance dates and the dates will also be specified in the farmer/grower agreement. To assess voided or reported stolen coupons, Hawaii OCS will use coupon tracking logs to check for errors or misuse.

2. Describe the State agency's system for ensuring that coupons/checks/EBT benefits are redeemed only by authorized farmers (including those operating roadside stands), and farmers' markets for eligible foods.

Hawaii OCS redemption procedures require the farmers to count, endorse the back of each coupon with their farm name or unique farmer redemption code, and submit vouchers for payment within the allowable time period established by Hawaii OCS. To ensure coupons are redeemed by authorized farmers, HFB and HCEOC will use their Farmer Agreement forms to validate.

3. Describe the State agency's system for identifying and disallowing coupons/checks or EBT transactions that are redeemed or submitted for payment outside valid dates or by unauthorized farmers or farmers' markets.

Hawaii OCS requires HFB and HCEOC to instruct all participating farmers the process of identifying valid coupons and to not accept any coupons that are expired, unless otherwise instructed by OCS. Coupons from farmers that are submitted for payment outside of the valid or assigned dates will not be processed.

If natural disasters or unforeseen events occur, leading to the disruption of the timeframe of the program, Hawaii OCS will work with HFB and HCEOC to re-assign new deadlines and ensure all farmers are aware of the date change.

4. Check/Coupon/EBT Benefit Timeframes

- Issuance to participants June 1- Sept. 30 (no later than September 30)
- Redemption by participants: September 30 (no later than November 30)
- Submission for payment by farmers/farmers' markets: October 31
- Payment by the State agency: December 31

All of the functions described above must be completed within a timeframe that allows the State agency to reconcile coupons/checks, liquidate obligations, and submit its financial and program data reports (i.e., the FNS-683A for SFMNP, FNS-683 & FNS-203 for FMNP) to FNS through FPRS **no later than January 31st of each year.**

Provide a copy of the coupon/check/EBT card to be used in the SFMNP/FMNP in the Appendices section.

Appendix J. SFMNP Coupon.

VI. Management Evaluations and Reviews

Indicate in the chart below the total number of local agencies serving SFMNP/FMNP recipients, the number of each type of farmers' markets, farmers, roadside stands, and/or CSAs authorized for this year, and the number of reviews of each type in the chart below.

- A. The State agency must ensure that authorized farmers/farmers' markets/roadside stands (on-site)/CSA's are reviewed. A minimum of 10% or at least one of each type of authorized outlet (farmer, farmers' market, roadside stand, CSA) (whichever is greater) must be monitored each year. For example, if there are five authorized farmers' markets in a participating State agency and 40 authorized farmers, the State agency must review a minimum of one farmers' market and four farmers. These four farmers may or may not be participating within the one farmers' market being monitored.

New Fiscal Year: 2017

<u>2</u>	Total # of Local Agencies
<u>1</u>	# of local agencies to be reviewed (all participating agencies reviewed by State agency staff at least once every two years)
<u>16</u>	Total # of Farmers Markets Authorized
<u>2</u>	# of markets to be reviewed (minimum of 10%)
<u>42</u>	Total # of Farmers authorized
<u>8</u>	# of farmers to be reviewed (minimum of 10%)
<u>N/A</u>	Total # of Roadside Stands authorized
<u>N/A</u>	# of Roadside Stands to be reviewed (minimum of 10%)
<u>2</u>	Total # of CSAs authorized
<u>1</u>	# of CSAs to be reviewed (minimum of 10%)

Previous Fiscal Year: 2016

<u>2</u>	Total # Local Agencies
<u>1</u>	# of local agencies reviewed
<u>N/A</u>	Total # Farmers Markets Authorized
<u>N/A</u>	# of markets reviewed
<u>44</u>	Total # Farmers authorized
<u>1</u>	# of farmers reviewed
<u>N/A</u>	Total # Roadside stands authorized
<u>1</u>	Total # of CSAs authorized
<u>1</u>	# of CSAs reviewed

- B. Describe the State agency's criteria for defining a high-risk farmer. Such criteria must include at a minimum:
 1. Proportionately high volume of coupons/checks redeemed or EBT transactions within a farmers' market and within a State/ITO;

2. Participant complaints;
3. New farmers, farmers' markets, and CSA programs in their first year of operation; and
4. In the case of CSA programs, a history of or ongoing inability to provide the full SFMNP benefit to each shareholder as contracted.

Hawaii OCS defines high-risk farmers as new farmers and CSA programs in their first year of operation; from proportionately high volume of coupons redeemed within a farmers' market and within a state; and in the case of CSA programs, a history of or ongoing inability to provide the full SFMNP benefit to each shareholder. A high-risk farmer is a subject of complaint by the food banks, volunteers, or participants.

C. Sanctions

Describe the State agency's policies and procedures for determining the type and level of sanctions to be applied against farmers, farmers' markets, roadside stands, and CSA programs that violate Federal and/or State agency SFMNP/FMNP requirements based upon the severity and nature of the SFMNP/FMNP violations.

Sanction types and levels are based upon the severity, nature and reoccurrence of the violation.

On behalf of OCS, HFB or HCEOC may deny payment to farmers for improperly redeemed SFMNP vouchers or may establish claims for payments already made on improperly redeemed vouchers. HFB or HCEOC may disqualify the farmer for program abuse with a minimum of 15 days notice.

Hawaii OCS may deny payment to CSA programs for improper billing information. Hawaii OCS may disqualify the CSA program for program abuse with a minimum of 15 days notice.

A farmer that commits fraud or engage in other illegal activities may be liable to a prosecution under applicable Federal, State and local laws.

- D. Describe the State agency's plans for reviewing SFMNP (§249.17(c)(1)(i)/FMNP (§248.17(c)(1)(ii)) practices at local agencies in FY 2017. All local agencies must be reviewed at least once every two years by State agency staff.

Attach a copy of the State agency's review instrument that will be used to review farmers, farmers' markets, roadside stands, bulk purchases and CSAs (Appendix R).

Hawaii OCS will conduct on-site monitoring at HFB and HCEOC, at least 8 certified farmers and 1 CSA program.

- E. Attach a list of all reviews and findings of farmers, markets, roadside stands and CSA

programs from the previous year (Appendix Z).

Appendix Z. – Review and Findings of Grower from previous year

VII. Nutrition Education Requirements

A. List or attach the locations or settings where nutrition education for SFMNP/FMNP is provided (e.g., local agencies, farmers' markets, community centers, facilities for the aging, schools, etc).

Nutrition Education handouts will be mailed to participants with coupons (when applicable), letter of eligibility, and instructions for coupon issuance or CSA programs.

1. Does the State agency coordinate with other agencies around issues related to nutrition education and promotion?

No

(If yes, check the applicable partnerships below):

Supplemental Nutrition Assistance Program (SNAP)

Team Nutrition

Area Agencies on Aging

Commodity Supplemental Food Program (CSFP)

Children and Adult Care Food Program (CACFP)

Temporary Assistance for Needy Families Program (TANF)

Food Distribution Program on Indian Reservations (FDPIR)

Other FNS programs (specify): _____

Expanded Food and Nutrition Education Program (EFNEP) and/or Cooperative Extension Service

Other USDA programs (AMS, FSA, etc)

Other government programs (e.g., 5 A Day, etc.)

Non-profit organizations (specify): _____

For-profit organizations (specify): _____

Industry (specify): _____

Professional organizations (specify): _____

Educational Institutions (specify): _____

Religious Institutions (specify): _____

Other (specify): _____

2. Describe how nutrition education for SFMNP/FMNP is coordinated with other nutrition education programs or services, such as WIC, SNAP, Extension Service, 5 A Day, or State/ITO initiatives.

On behalf of Hawaii OCS, through the CSFP, HFB distributes nutrition education handouts with their monthly CSFP boxes. HFB has been coordinating with the University of Hawaii at Manoa to develop nutrition education materials.

3. Describe the nutrition education materials developed by the State agency and how they are used. In addition, describe any new materials the State agency plans to

develop.

Hawaii OCS will work with HFB and HCEO to develop nutrition education handouts to be mailed to participants with coupons (when applicable), letter of eligibility, and instructions for coupon issuance or CSA programs.

- 4. Does the State agency plan to develop new participant educational materials containing the current Dietary Guidelines for Americans message?
 Yes No If yes, please describe the elements below.

Type of material	Target audience	Project completion date
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 5. If the State agency intends to collect survey information to assess the effects of the program on farmers’ markets and the change in consumption of fresh fruits and vegetables by SFMNP/FMNP participants, **attach copies of survey forms. N/A**

B. Describe in detail the State agency’s plans to provide nutrition education to SFMNP (§249.9)/FMNP(§248.9)) participants. If the administering State agency for the SFMNP/FMNP has entered into an agreement with another agency to provide nutrition education, attach a copy of that other agency’s nutrition education plans for SFMNP/FMNP participants (Appendix 7).

Hawaii OCS will work with HFB and HCEO to develop nutrition education handouts to be mailed to participants with coupons (when applicable), letter of eligibility, and instructions for coupon issuance or CSA programs.

Guidelines:

1. **Responsibility**

It is not mandatory that the S/FMNP State agency retain sole responsibility for providing nutrition education to Program recipients. Nor is it intended that the S/FMNP State agency duplicate the nutrition education that may be currently provided by the other agencies. The S/FMNP nutrition education requirement may be fulfilled directly by the farmer’s markets or another branch of the State Department of Agriculture or ITO, or under agreement with the local WIC agency, area colleges and universities, the Expanded Food and Nutrition Education Program (EFNEP), the Cooperative Extension Service, and/or any number of other entities having the capability to address the particular nutritional benefits of fruits and vegetables that can be obtained at farmers’ markets. Any costs associated with the provision of nutrition education by an entity other than the administering agency of the S/FMNP are allowable administrative expenses under S/FMNP

funding. This aspect of the program responds directly to the Congressional intent in establishing the S/FMNP as a way to increase recipients' awareness and use of farmers' markets.

2. Encourage Partnerships

FNS believes that the effectiveness of nutrition education can be greatly enhanced through collaboration with others interested in promoting health and nutrition in low-income populations. Therefore, FNS strongly encourages collaboration and coordination of efforts with State/ITO-wide public and private partners to enhance both the outreach and efficacy of the nutrition education efforts. FNS encourages such collaboration to facilitate development of long-term, coordinated nutrition education plans and sustainable infrastructures, foster an integrated approach to nutrition education across programs in the State or ITO, capitalize on promotional opportunities, coordinate and pool resources for material development, duplication, and dissemination, and ensure development of science-based messages that are consistent with the U.S. Dietary Guidelines for Americans, *My Plate*, and other Federal guidance.

3. Promote the Dietary Guidelines Messages

To create a base of messages that may be reinforced across FNS programs, FNS encourages State agencies to incorporate the messages contained in the latest edition of the Dietary Guidelines for Americans into their nutrition education plans. It is expected that nutrition education messages will logically be tailored to address the most urgent nutrition education needs of constituents. However, as opportunities arise, FNS strongly encourages State agencies to convey at a minimum four key messages through WIC and other FNS programs so that program recipients have repeated exposure to these messages. The messages, all designed to promote food and physical activity choices for a healthy lifestyle, are as follows:

Balancing Calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

Foods to Increase

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1%) milk.

Foods to Reduce

- Compare sodium in foods like soup, bread, and frozen meals — and choose the foods with lower numbers.
- Drink water instead of sugary drinks.

Increase physical activity and reduce time spent in sedentary behaviors

These messages - derived from the Dietary Guidelines - are being consistently and prominently promoted in all of the FNS programs to advance an integrated, behavior-based, comprehensive nutrition education approach across FNS programs. Using these four core messages, nutrition education program administrators across the many FNS programs can collaborate and work jointly around these common themes for their nutrition education interventions, for example to pool resources to develop materials jointly, conduct social marketing campaigns, and reinforce the educational messages.

VIII. Miscellaneous Requirements - Civil Rights Procedures; Hearing Procedures and Program Complaints; State Agency Drug-Free Workplace Certification and Procedures; Local Agency Debarment/Suspension Certification and Procedures; and, Local Agency Lobbying Certification and Procedures

A. Civil Rights

1. Describe per SFMNP (§249.7(b)/FMNP (§248.7(b)) the State agency's procedures for handling complaints of discrimination on the basis of race, color, national origin, age, sex or disability, including timeframes for submitting such complaints and for investigating them and responding to plaintiffs. The State agency's procedures for handling complaints of discrimination in the SFMNP/FMNP should be consistent with established and approved procedures for handling such complaints related to other assistance programs administered by the State agency. For example, if CSFP-related allegations of discrimination are to be forwarded to FNS Headquarters for investigation and resolution, then SFMNP/FMNP complaints should be handled in the same way. It is not necessary for the State agency to develop separate, duplicative procedures for the SFMNP/FMNP if such procedures already exist in a related Program administered by the State agency.

If HFB or HCEOC receives a complaint regarding discrimination based on sex or disability, the corresponding local agency staff will investigate the claim. Investigation shall include correspondence with the claimant and any or all other parties involved. The local agencies will provide in writing, a decision or course of action to be taken within a reasonable timeframe. The corresponding local agency will immediately notify Hawaii OCS of the complaint and the corrective action that will be taken.

Complaints alleging discrimination based on race, color, national origin, or age shall be referred to:

- (1) **mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;**
- (2) **fax: (202) 690-7442; or**

(3) email: program.intake@usda.gov.

For CSA programs, if Hawaii OCS receives a complaint regarding discrimination based on sex or disability, Hawaii OCS will investigate the claim. Investigation shall include correspondence with the claimant and any or all other parties involved. Hawaii OCS will provide in writing, a decision or course of action to be taken within a reasonable timeframe. Complaints shall be submitted to:

Executive Director, Office of Community Services
830 Punchbowl Street Room 420
Honolulu, HI 96813

Complaints alleging discrimination based on race, color, national origin, or age shall be referred to:

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

- 2. Does the State agency use the current non-discrimination statement below on all SFMNP and FMNP brochures and publications, excluding materials that provide only nutrition education information without mentioning the SFMNP/FMNP, and such items as caps, buttons, magnets, and pens, when the size or configuration make it impractical?

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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, 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:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

FMNP (§248.7(a)(1)) Yes No SFMNP (§249.7(a)(1)) Yes No

3. If the size of the material is too small to include the full statement, does the State agency include the following statement(s) in print in the same size as the text?

“This institution is an equal opportunity provider.”

FMNP (§248.7(a)(1)) Yes No SFMNP (§249.7(a)(1)) Yes No
If yes, what is the statement/s used?

“This institution is an equal opportunity provider.”

4. Does the State agency use the following statement in radio and television public service announcements?

“The FMNP (or SFMNP) is an equal opportunity provider.”

FMNP (§248.7(a)(1)) Yes No SFMNP(§249.7(a)(1)) Yes No

OCS has yet to issue a radio or television public service announcement.

B. Hearing Procedures and Program Complaints

1. The State agency must provide a fair hearing procedure whereby local agencies, participants, and farmers/farmers’ markets/roadside stands/CSA programs adversely affected by certain actions of the State agency may appeal those actions. A local agency may appeal an action of the State agency disqualifying it from participating in the SFMNP/FMNP. A participant may appeal disqualification of SFMNP/FMNP benefits. A farmer/farmer’s market or farmers’ association may appeal an action of the State agency denying its application to participate, imposing a sanction, or disqualifying it from participating in the SFMNP/FMNP. If a State agency has agreements with

farmers' markets, then a farmer may appeal such actions to the farmers' market or farmers' association. Expiration of a contract or agreement shall not be subject to appeal through the SFMNP/FMNP State agency. The State agency must also provide procedures for addressing complaints about program operations.

- a. Describe the State agency's procedures for offering, conducting, and rendering final decisions on fair hearings requested by local agencies, participants, and markets/farmers/roadside stands/CSA programs. The opportunity to request a fair hearing regarding certain adverse actions taken by the State agency must be provided to all farmers and/or farmers' markets/roadside stands/CSA programs and participants against whom such adverse action is taken.

The opportunity to request a fair hearing is provided to all farmers, CSA programs, and participants involving the adverse action. A request for a fair hearing must be received within 60 days from the date of mailed notice and mailed to:

Executive Director, Office of Community Services
830 Punchbowl Street Room 420
Honolulu, HI 96813

Final decisions on fair hearings will comply with the situation, applicable laws, rules, regulations, guidelines and procedures established by the City, State, and Federal governments.

- b. Describe the State agency's procedures for handling program complaints from participants, non-participants, markets, farmers, roadside stands, bulk purchase, and CSA programs.

If HFB or HCEOC receives a complaint regarding discrimination based on sex or disability, the corresponding local agency staff will investigate the claim. Investigation shall include correspondence with the claimant and any or all other parties involved. The local agencies will provide in writing, a decision or course of action to be taken within a reasonable timeframe. The corresponding local agency will immediately notify Hawaii OCS of the complaint and the corrective action that will be taken.

Complaints alleging discrimination based on race, color, national origin, or age shall be referred to:

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

For CSA programs, if Hawaii OCS receives a complaint regarding discrimination based on sex or disability, Hawaii OCS will investigate the claim. Investigation shall include correspondence with the claimant and any or all other parties involved. Hawaii OCS will provide in writing, a decision or course of action to be taken within a reasonable timeframe. Complaints shall be submitted to:

Executive Director, Office of Community Services
830 Punchbowl Street Room 420
Honolulu, HI 96813

Complaints alleging discrimination based on race, color, national origin, or age shall be referred to:

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

2. Drug Free Workplace - Describe the State agency's plans to maintain a drug-free workplace and otherwise comply with 7 CFR 3021.

The Department of Health and Human Services Certification sheet is included in the contract. This binds HFB and HCEO to aid in the maintenance of a drug-free workplace.

3. Local Agency Debarment/Suspension – Per 7 CFR 3017.300, Does the State agency have on file either 1) a current local agency certification in a format established by the State agency; or, 2) a local agency contract including assurance on debarment / suspension, which may be satisfied by the local agency debarment/suspension certification provided for another program if it covers the same period as the SFMNP/FMNP local agency contract; or, 3) a record showing that the SFMNP/FMNP State agency had checked the Excluded Parties List System (EPLS) for each local agency?

Yes No

4. SF-LLL on File - Does the State agency have on file the current SF-LLL, Disclosure Form to Report Lobbying, if lobbying occurs with non-federal funds, for each SFMNP local agency with a sub-grant exceeding \$100,000, if any? (This may be satisfied with local agency lobbying disclosures provided for CSFP or Aging services only if the State agency – local agency contract covers both CSFP and Aging Services or in the case of WIC only if the State agency – local agency contract covers both WIC and FMNP)

Yes No

5. SF-LLL Transmission – Has the State agency provided a copy of any such disclosures to

the FNS Regional Office?

Yes No

6. Have there been any fair hearings in the previous year? Yes No
If yes, how many? Indicate for which program. _____

7. Have there been participant complaints in the previous year? Yes No
If yes, how many? Indicate for which program. _____

C. Nondiscrimination

State agencies are required to comply with all applicable and pertinent laws and regulations regarding the assurance of nondiscrimination on the basis of race, color, national origin, age, sex, or disability (§249.7, §248.7). Describe the State agencies system or procedures for:

1. Racial/ethnic participation data collection (SFMNP only):

- a. If the State agency is relying on racial/ethnic data that has already been collected through the participant's participation in another program by which s/he is deemed automatically income eligible to participate in the SFMNP (e.g., SNAP, CSFP, SSI, etc.), identify the program as well as the agency that administers that program, if different from the SFMNP State agency: N/A
- b. If the State agency will be collecting the racial/ethnic data from SFMNP participants, a copy of the form that will be used to collect and record such data should be attached.

Appendix S.- Statewide Application Form contains a section request data of race/ethnicity.

- c. Describe the State agency's procedure(s) for providing the racial/ethnic data collected on all SFMNP participants in the event that such data is requested by FNS.

Hawaii OCS will compile the racial/ethnic data from the application forms from all SFMNP participants in the event of FNS request.

2. Does the State agency provide annual reviews of local agencies/clinics to assure nondiscrimination against any of the protected classes listed above (SFMNP only).

Yes No

3. Per Section 249.7 of the Federal SFMNP regulations, the State agency ensures that no person will be denied benefits, or otherwise discriminated against on the grounds of

race, color, national origin, age, sex, or disability.

Yes No

4.. Per §249.7 of the Federal SFMNP regulations, how does the State agency:

a. Notify the public, participants, and potential participants of the nondiscrimination Policy?

Non-discrimination posters are posted in a visible place for all clients to see.

b. Notify participants and potential participants of complaint procedures regarding alleged unlawful discrimination? (See Section VIII below regarding the complaint

process.)

The following statement below is on all SFMNP brochures and publications:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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, 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:

**(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;**

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider

c. Review and monitor program activities to ensure compliance with nondiscrimination policies and procedures?

When reviewing and monitoring program activities, to be in compliance with the nondiscrimination policies and procedures, Hawaii OCS ensures that the updated non-discrimination posters are posted in a visible place for all clients to view and that the USDA non-discrimination statement is included on all printed materials (such as applications, pamphlets, forms or any other materials distributed to the public). All eligible persons have an equal opportunity to participate in the SFMNP program regardless of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. Hawaii OCS ensures that civil rights complaints are being handled in accordance with the procedures outlined in the Food Distribution Agreement with the State.

SSS

Appendices

Include all of your appendices here. Please identify clearly any pages according to the lettering system used in this format.

Required

- A. Federal-State Supplemental Nutrition Programs Agreement (FNS-339), expiration of 2/28/2019
- B. Job Descriptions
- C. Copies of signed agreements between the State Agency and another State Agency (delineating the functions to be performed)
- D. Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, roadside stands, or CSA programs, or for conducting bulk purchases, if applicable
- E. Supporting documentation for State, private, in-kind, or similar program funding (if applicable)
- F. Instructions to participants, including rights and responsibilities
- G. List of fruits, vegetables and/or fresh herbs that are eligible in the program
- H. Samples of reporting forms for record keeping (if available)
- I. Copy of the log or other forms used to record and report coupon issuance and inventory
- J. Facsimile of the FMNP/SFMNP coupon or check or EBT card
- K. Map outlining service areas and proximity of farmers' markets, roadside stands, and/or CSA programs from the prior year's operation to SFMNP local agencies
- L. List of criteria used to authorize farmers' markets
- M. List of criteria used to authorize farmers
- N. List of criteria used to authorize roadside stands
- O. List of criteria used to authorize farmers for bulk purchase programs.
- P. Copy of prototype agreements for farmers, markets, CSAs and bulk purchases (if applicable)
- Q. Training materials for farmers, markets, roadside stands and CSAs (if applicable)
- R. State agency's monitoring tool(s) to review farmers, farmers' markets, roadside stands, and CSA programs (if applicable)
- S. Sample State-wide application form
- T. Sample notification of ineligibility
- U. State agency's monitoring tool to review local agencies/clinics
- V. Copy of SFMNP affidavit to affirm income eligibility
- W. List of criteria for certifying SFMNP participants
- X. List of criteria used to authorize CSA programs (if applicable)
- Y. List of SFMNP certification/issuance sites
- Z. List of reviews and findings of farmers, markets, roadside stands, and CSA programs from the previous year
- AA. Certification or application form that will be used for the SFMNP

As applicable (SFMNP or any forms/materials used in the FMNP that are different from what is used in the WIC Program)

1. State agency training tools for local agencies
2. Sample proxy form
3. Examples of nutrition education materials
4. Copy of form to request an appeal/fair hearing and procedures
6. Form to collect and record racial/ethnic data
7. Copy of other agency's nutrition education plans for SFMNP/FMNP participants

Please list any other attachments or appendices: _____

FY 2017



**Request for Expansion
Funds
SFMNP & FMNP
Consolidated State Plan**

**Senior Farmers' Market Nutrition Program
Request for Expansion
Fiscal Year 2017**

This section should be completed only if a State agency operated a Federally-funded SFMNP in fiscal year (FY) 2016. If a State agency is requesting an increase in Federal funds above its base grant, the expansion request should be consistent with expanding benefits to more participants or by enhancing current benefits, or a combination of both, and increasing the consumption of agricultural commodities by expanding, developing, or aiding in the development and expansion of farmers' markets, roadside stands, and community supported agriculture (CSA) programs. Generally, to be eligible for expansion funds, a State agency must **1) have utilized at least 80 percent of its prior year food grant, and 2) provide documentation supporting the expansion request.** A State agency that did not spend at least 80 percent of its prior year food grant may still be eligible for expansion funds if, in the judgment of FNS, a good cause existed for the lower expenditure rate (§249.14 (e)(1-2).

Contingent upon the availability of funds and the justifications provided to FNS, expansion requests will be granted as early in the fiscal year as possible.

1. Base Grant amount for FY 2017 (this is your final FY **2016** grant amount):
\$494,519.
2. Amount of expansion funds requested for FY 2017 (additional Federal funds above the amount in item number 1): \$83,333.
3. Estimated amount and percent of Federal SFMNP food funds spent by the State agency during FY 2016: \$445,067.10 and the percentage: 90%.
4. Briefly describe the reason(s) for requesting funds to expand the SFMNP, including any supporting documentation. Attach additional sheets as needed.

Hawaii OCS currently provides only two of Hawaii's eight islands with SFMNP services. With an expansion of funds, Hawaii OCS will be able to provide services to two other major islands: Maui and Kauai. As of 2015, Maui and Kauai both had populations that included more than 20% 60+ years old and 5.1% and 8.6%, respectively, were in poverty. Thus, Hawaii OCS would like to serve 700 seniors on Kauai (1% of the population) and 800 on Maui (0.5% of the population).

With the expansion, we intend to use the coupon system of \$50 per eligible senior.

Kauai	\$50	700 seniors	= \$35,000
Maui	\$50	800 seniors	= \$40,000
			= \$75,000
		Admin Funds at 10%	= \$ 8,333
		Total Requested Expansion Funds	= \$83,333

5. Number of additional participants above the previous year's level the State agency hopes to serve with the expansion funds: 1500

6. Number of additional farmers' market sites, roadside stands, CSA programs, and local agencies (e.g., Area Agencies on Aging or CSFP) the State agency anticipates authorizing:

_____ New farmers' market sites.

_____ New roadside stand locations.

2 New CSA programs.

2 New local agencies.

_____ New bulk purchase programs

7. If the State agency intends to increase the benefit level with expansion funds, what will be the benefit level after expansion? **N/A**

For participants at markets and roadside stands _____

For participants in CSA programs _____

For participants in bulk purchase programs _____

8. Describe the State agency's administrative capacity to manage the requested increase in SFMNP caseload effectively.

Hawaii OCS currently services other islands and will be able to work with the local agencies to ensure that the SFMNP will be able to reach out to as many eligible seniors by implementing similar strategies as TEFAP.

**WIC Farmers' Market Nutrition Program
Request for Expansion
Fiscal Year 2017**

This section should be completed only if a State agency operated a Federally-funded WIC Farmers' Market Nutrition Program in fiscal year (FY) **2016**. If a State agency is requesting an increase in Federal funds above its base Federal grant, the expansion request should be consistent with expanding benefits to more recipients, or by enhancing current benefits, or a combination of both, and expanding the awareness and use of farmers' markets. **Expansion funds are subject to the 30 percent administrative funding match requirement.** Generally, to be eligible for expansion funds, a State agency must **1) have utilized at least 80 percent of its prior year food grant, and 2) provide documentation supporting the expansion request.** A State agency that did not spend at least 80 percent of its prior year food grant may still be eligible for expansion funds if, in the judgment of FNS, a good cause existed for the lower expenditure rate (§248.14 (e)(1-2) .

Contingent upon the availability of funds and the justifications provided to FNS, expansion requests will be granted as early in the fiscal year as possible.

1. Base grant amount for FY 2017 (this is your final FY **2016** grant amount):
\$_____
2. Amount of expansion funds requested for FY 2017 (additional Federal funds above the amount in item number 1: \$_____
3. Using the Worksheet provided on pages 39-42, the total amount of the State agency's match required for the base grant amount and expansion funds is: \$_____.

Describe the source(s) and amounts for the match funds to support the expansion request.

4. Estimated amount and percentage of Federal FMNP food funds spent by the State agency during FY 2016: \$_____ and _____%.
5. Briefly describe the reason(s) for requesting funds to expand the FMNP, including any supporting documentation. Attach additional sheets as needed.

6. Number of additional recipients above the previous year's level that the State agency hopes to serve (by category) with the expansion funds:

_____ pregnant women

- _____ breastfeeding women
- _____ postpartum women
- _____ infants (over 4 months of age)
- _____ children
- _____ Total

7. Number of additional farmers' markets, roadside stands, and/or local agency/clinic sites the State agency anticipates authorizing:

- _____ New farmers' market sites (Please attach a list of all new addresses.)
- _____ New farmers (Please attach a list of all new addresses.)
- _____ New roadside stand locations (Please attach a list of all new locations.)
- _____ New local agencies/clinics (Please attach a list of all new addresses.)

Please attach a list and map showing all of the new and continuing farmers' markets, roadside stands, and WIC clinics.

8. If the State agency intends to increase the benefit level with expansion funds, the new benefit level after expansion will be \$_____

9. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. _____

10. Describe the State agency's administrative capacity to manage effectively the requested increase in FMNP caseload.
