



**Farmers' Market and Senior Farmers'  
Market Nutrition Programs**  
**Farmers' Market Application for Authorization**

June 1 – November 30, 2023, and June 1 – November 30, 2024  
Authorization is complete when notified by Alaska WIC Office

**Program Introduction:** The Alaska Farmers' Market Nutrition Programs introduce WIC participants and eligible seniors to produce grown in Alaska. Through these programs, participants are issued benefits that they can exchange for Alaska produced honey and Alaska-grown fruits, vegetables, and herbs at local farmers' markets and farm stands. The program helps Alaska's economy by bringing new customers to Alaskan farmers who sell their products directly to consumers. The USDA and the State of Alaska fund this program.

**Farmers' Market Information:**

Market Name \_\_\_\_\_ Manager's Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Market Organization: \_\_\_\_\_ Cooperative \_\_\_\_\_ Corporation \_\_\_\_\_ (other, please specify)

**Sales Information:** List Dates and Hours of Market Operation

Dates	Days of the Week	Operating Hours
<i>Example: 6/1/2023-8/31/2023</i>	<i>Tues- Sat</i>	<i>10am-3pm</i>
_____	_____	_____
_____	_____	_____

**List of farmers expected to attend your market:** (Individual farmers must submit applications to the Alaska WIC Program and, if approved as an FMNP/SFMNP vendor, sign a vendor agreement.) **Attach additional pages if needed.**

Name of Farm	Owner Name(s)	Phone Number (if known)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

- (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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider

Applicant Printed Name: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Application Submission:** Please submit a complete application packet including your application and a signed S/FMNP Market Agreement to the address listed above by May 15 of the current year. Completed application packets received after May 15<sup>th</sup> of the current year will be denied. If you have questions, please call (907) 465-3100 or email [hss.dpa.jnu.wic@alaska.gov](mailto:hss.dpa.jnu.wic@alaska.gov).