**Double Up Oklahoma – Farmers Market Application Guide**

Throughout this guide, all explanatory text is green and in a gray box. If you experience any issues or have any questions with any part of this survey, please email [Samuel.Kirzner@hungerfreeok.org](mailto:Samuel.Kirzner@hungerfreeok.org), or call (918) 703 0047.

The question numbers in this guide may or may not correspond to the question numbers in your survey. This happens because some sections don’t apply to all Markets. The section numbers will remain constant, so you just need to ensure that the section number you are referring to in this guide matches the section number you are filling out in your survey.

**Section 1: Contact Information**

* 1. What Farmers Market are you applying on behalf of?

Type response here.

* 2. Please provide contact information for the primary contact for this program below:

*This person will be the primary point of contact for program-related information and communications.*

The primary contact will be the one receiving program-related updates, and will be the first person Hunger Free Oklahoma will contact with any questions regarding the Farmers Market.

Type response here.

**Name**

Type your response here

**Company**

Type response here.

**Address**

Type your response here

**Address 2**

Type response here.

**City/Town**

Type your response here

**ZIP/Postal Code**

Type response here.

**Email Address**

Type your response here

**Phone Number**

* 3. What is the primary contact's preferred method of communication from Hunger Free Oklahoma?

What will be the best way for Hunger Free Oklahoma to reach the primary contact?

Choose an item.

4. Please enter the following information for the 2020 Farmers Market season:

If your Market does not have a dedicated phone number or email address, we will refer to the Market Manager’s Phone Number and Email Address unless you indicate otherwise.

This should be the same as the name given in Question 1.

|  |  |
| --- | --- |
| Farmers Market Name | Type your response here |
|  |  |
| Market Phone Number | Type your response here |
|  |  |
| Market Email Address | Type your response here |
|  |  |
| Market Website | Type your response here |
|  |  |
| Market Manager's Name | Type your response here |
|  |  |
| Market Manager’s Phone Number | Type your response here |
|  |  |
| Market Manager's Email Address | Type your response here |

* 5. Please enter the following address information for the Market in 2020:

This question refers to the physical location in which your Market is held. If the Market is held indoors, please give the address of the building. If your Market is held in an outdoor space without an address, please enter “Outdoor”, and then state the approximate location, with cross-streets. Example: “Outdoor, on 1st Street between Smith Ave and Jones Ave.”

Physical Address of the Market Location

Type your response here

City of Market

Type your response here

Location

Zip code of Market

Type your response here

Location

County of Market

Type your response here

Location

* 6. Please enter the Market's season start date.

When is the first day your Market will be open in 2020? If you do not know the exact date, please enter your best estimate.

Date

MM/DD/YYYY

* 7. Please enter the Market's season end date.

When is the last day your Market will be open in 2020? If you do not know the exact date, please enter your best estimate.

Date

MM/DD/YYYY

8. Please enter the days and times of operation for the Market.

Please follow this format: Day of week, 0:00 AM to 0:00 PM. Only enter 1 day and time per text box.

You only need to enter the days your Market is open. You do **not** need to enter your hours for every day of the week. Example: If your Market is only open on Saturdays from 8 to 4, enter the following text: “Saturday, 8:00 AM to 4:00 PM” in the first box and leave the rest empty.

Type your response here



Type your response here



Type your response here



Type your response here



Type your response here



Type your response here



Type your response here

* 9. Which food assistance programs will the Market participate in this season (2020)? (Select all that apply).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  | SNAP | | |  |
|  |  |  |  |  |  |
|  |  | Senior Farmers Market Nutrition Program | | | |
|  |  |  |  |  |  |
|  |  | WIC Farmers Market | | |  |
|  |  |  |  |  |  |
|  |  | None | | |  |
|  |  |  |  |  |  |
|  |  | Other (please specify) | | |  |
|  |  |  |  |  |  |
|  |  | Type your response here | | | |
|  |  |

* 10. What is your USDA FNS Permit Number for SNAP Authorization?

You might know this as your SNAP Permit Number.

*This is a seven-digit number (usually starting with 0) which your Market was assigned by the USDA Food and Nutrition Service (FNS) when you became authorized to accept SNAP benefits.*

Type your response here

**Section 2: Fiscal Organization Information**

Organizations responsible for Market operations can have a different fiduciary organization for the purposes of Double Up administration.

**Section 2 Examples**

Example 1:

The City of ABC runs the ABC Farmers Market. The City of ABC is responsible for both day-to-day Market management including running SNAP at the Market, and all ﬁnancial management including vendor reimbursement for SNAP sales. In this case, The City of ABC would be both the Operating Organization and the Fiduciary Organization for DUFB.

Example 2:

A vendor association runs the JKL Farmers Market. The local Downtown Development Authority is authorized to accept SNAP and reimburses vendors for SNAP sales. A volunteer Market Master runs the SNAP machine at the Market. For the purposes of Double Up, the vendor association is the Operating Organization, and the local DDA is the Fiduciary Organization.

Example 3:

A vendor board runs the XYZ Farmers Market and is responsible for day-to-day operations and overall management of the Market. A local nonproﬁt is authorized to accept SNAP, runs the SNAP machine at the Market and reimburses vendors. For the purposes of Double Up, the local nonproﬁt is the Operating Organization and the Fiduciary Organization. In this case, the local nonproﬁt should apply to participate in Double Up and provide written support from the Market’s vendor board.

11. What organization would be fiscally responsible for implementing the Double Up Oklahoma program?

The fiscal organization will be the entity sending invoices to Hunger Free Oklahoma for reimbursement of all Double Up Oklahoma (DUO) sales at their Market. The fiscal organization would also be responsible for reimbursing all DUO sales by the vendors at their Markets.

*This entity would receive funds from Hunger Free Oklahoma and would disburse those funds to vendors to reimburse them for their Double Up sales.*

Type your response here

* 12. In what year did this organization become fiscally responsible for the Market?

Type your response here

* 13. Please provide the following contact information for the fiscally responsible organization:

*This is where all contracts, payments, and requests for financial documentation will be sent.*

|  |  |
| --- | --- |
| Name | Type your response here |
|  |  |
| Company | Type your response here |
|  |  |
| Address | Type your response here |
|  |  |
| Address 2 | Type your response here |
|  |  |
| City/Town | Type your response here |
|  |  |
| ZIP/Postal Code | Type your response here |
|  |  |
| Email Address | Type your response here |
|  |  |
| Phone Number | Type your response here |

**\***14. What is the tax status of the fiscally responsible organization?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **⃝** | 501(c)3 nonprofit organization | **⃝** | 501(c)6 business leagues or Chamber of Commerce | | | | |
| **⃝** | Oklahoma not-for-profit | **⃝** | Limited Liability Corporation (LLC) | | | | |
| **⃝** | Municipality: city / township / municipal governmental department | **⃝** | Corporation | | | | |
| **⃝** | Federally recognized Indian tribe | **⃝** | An independent Market not organized as any of  the above | | | | |
| **⃝** | Public University | **⃝** | An individual who managers the Market's finances  as a sole proprietor | | | | |
| **⃝** | Other (please specify) | | |  |  |  |  | |
|  | Type your response here | | |  |  |  |  | |
|  |  | | |  |  |  |  | |

\*15. What is the EIN for the fiscally responsible organization?

Type your response here

*The Employer Identification Number, also known as the Federal Employer Identification Number or the Federal Tax Identification Number, is a unique nine-digit number assigned by the Internal Revenue Service to business entities operating in the United States for the purposes of identification.* [*For more information click here.*](https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers)

* [16. Please upload a signed letter of support to participate in this program. Download a reference template here.](http://www.hungerfreeok.org/doubleupok)

The document must be signed by an authorized signer from the fiscal agency (e.g. Executive Director, CEO, or Board Chair).

No file chosen



Choose File

* 17. Please upload a completed W-9 for the fiscal agency. [Download a blank W-9 here.](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

This document is required to remit payments to the fiscal organization.

No file chosen



Choose File

18. For 501(c)3 nonprofits only. Please upload proof of nonprofit status (such as an IRS tax exempt letter) here.

No file chosen



Choose File

This document is only required for Farmers Markets that are 501(c)3 nonprofits.

* 19. Is a separate organization from the fiscal organization responsible for the day-to-day operations of the Farmers Market?

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

**Section 3: Farmers Market Operations Organizational Information**

**Please fill out this section if the organization in charge of day-to-day activities of the Market, including SNAP and other programs, is different from the fiscal organization.**

**If the statement above does not apply to you, then you may need to change your answer to the**

**previous question. Please use the "Prev" button on the end of this section to return to the previous page. Do NOT use your browser's back button, as this may cause you to lose previous responses.**

You should only have arrived at this page if you selected “Yes” for question 19. If the organization in charge of day-to-day activities at your Market is the same as the fiscal organization, please return to the previous page using the “Prev” button, and change your answer to question 19.

* 1. What is the name of the organization?

Type your response here

* 1. In what year did this organization first begin managing the Farmers Market?

Type your response here

* 1. Please provide the following contact information for the organization in charge of day-to-day Market operations:

Type your response here

**Name**

Type your response here

**Company**

Type your response here

**Address**

**Address 2**

Type your response here

Type your response here

**City/Town**

Type your response here

**State/Province**

Type your response here

**ZIP/Postal Code**

Type your response here

**Email Address**

Type your response here

**Phone Number**

**Section 4: Farmers Market Indicators**

**See Section 4 of the application guide for additional information on completing this section. Please complete this section to the best of your ability. Enter 0 where no answer can be given.**

**In the annual data fields, please enter only number characters. No periods, commas, hyphens, letters, or special characters are valid in these fields.**

\* 23. **Average weekly** customer attendance for the following years:

Type your response here

2017

Type your response here

2018

Type your response here

2019

24. If your Market estimates customer attendance, please briefly explain the process used.

Type your response here

\*25. **Typical number** of vendors per market day:

*About how many vendors participate in the Market on a normal day?*

Type your response here

2017

Type your response here

2018

Type your response here

2019

26. **Average number** of vendors per Market day:

**The average should be the total number of all vendors you had at every Market day that year, divided by the number of market days. If the number of vendors changed at all from week to week, the ‘Average’ should be different than the ‘Typical’ number entered above.**

Type your response here

2017

Type your response here

2018

Type your response here

2019

**If you would like assistance obtaining your SNAP sales records from previous years, please contact Jade Owen at ONIE:** [**Jade.Owen@ouhsc.edu**](mailto:Jade.Owen@ouhsc.edu)**; (405) 271 1545**

**In the following 4 questions about SNAP, please enter “0” for years before your Market began accepting SNAP.**

* 27. **Total SNAP sales** (rounded to the nearest dollar):

Type your response here

2017

Type your response here

2018

Type your response here

2019

* 28. **Average number** of SNAP customers per market day:

**If your Market only operated SNAP during part of the year, please average the number customers across the number of Market days SNAP was accepted.**

Type your response here

2017

Type your response here

2018

Type your response here

2019

* 29. **Total number** of SNAP customers per year:

Type your response here

2017

Type your response here

2018

Type your response here

2019

* 30. **Total number** of SNAP transactions per year:

Type your response here

2017

Type your response here

2018

Type your response here

2019

* 31. Please describe the Market's efforts to increase SNAP participation/SNAP sales in the Market since beginning to accept SNAP.

Type your response here

* 32. Does you Farmers Market allow vendors to sell fruits or vegetables not grown in Oklahoma?

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

**Section 5: Oklahoma Grown**

**In order to encourage local sourcing and support local farmers, Double Up Oklahoma requires that 51% or more of produce sourced (or brought in by vendors) at participating Markets must be grown within Oklahoma. Double Up Oklahoma participants may purchase any locally -grown produce. For this program local is defined as produce grown within Oklahoma or a neighboring state.**

**If your Market exclusively allows products grown in Oklahoma and no products from anywhere else are permitted, then you may need to change your answer to the previous question. Please use the "Prev" button on the end of this section to return to the previous page. Do NOT use your browser's back button, as this may cause you to lose previous responses.**

**See Section 5 of the Application Guide for additional information on this section.**

**You should only have arrived at this section if your Farmers Market allows vendors to sell fruits and vegetables not grown in Oklahoma. If this is not the case, then please use the “Prev” button at the bottom of your page to return to the previous section and change your answer to the final question.**

* 33. Please describe the policies and/or practices in place at the Market to verify the point-of-origin for produce, especially produce from outside of Oklahoma.

Type your response here

* 34. Do you require vendors to label produce by state of origin?

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

35. If you do not require vendors to label produce by state of origin, please describe the practices in place to show consumers where produce is sourced from.

Type your response here

* 36. In 2019, what percent of produce sold at the Farmers Market was grown in Oklahoma?

Please move the slider or type in your response in the box on the right.

**00**

0

50

100



**Section 6: SNAP Operations**

See Section 6 of the Application Guide for additional information on this section.

* 37. In what month and year did your Farmers Market first accept SNAP?

Type your response here

\* 38. Does the same organization that manages the Market also operate the SNAP program? If not, please explain the relationship between the organizations involved in Market management and SNAP operations.

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |
| If no, please explain the relationship between the two organizations.  Type your response here | |

39. Please provide the contact information for the lead person/point of contact for SNAP at your Farmers Market if different than the primary contact for the Farmers Market that was entered at the beginning of this application.

**Name**

Type your response here

Type your response here

Type your response here

Type your response here

Type your response here

Type your response here

Type your response here

Type your response here

Type your response here

**Company**

**Address**

**Address 2**

**City/Town**

**State/Province**

**ZIP/Postal Code**

**Email Address**

**Phone Number**

\*40. Are the individuals involved with accepting SNAP paid or volunteer?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **⃝** | Paid | **⃝** | Mostly volunteers with fewer paid staff | | | |
| **⃝** | Volunteer | **⃝** | About equal paid and volunteer staff | | | |
| **⃝** | Mostly paid staff with fewer volunteers |  |  |  |  |  |

\*41. Describe the type(s) of paid staff and volunteer support your Market has.

*Include individuals who provide supportive tasks such as bookkeeping or outreach and if they are paid for their services or volunteers.*

Type your response here

* 42. Does the Market utilize any training or best practices about working with people in poverty?

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

If yes, please provide a brief description.

Type your response here

43. If no above, would the Market be interested in additional training/resources about working with people in poverty?

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

**Section 7: Point-of-Sale Device for SNAP/EBT**

**See Section 7 of the Application Guide for additional information on this section.**

* 44. Does your Market have a working point-of-sale device that accepts SNAP/EBT?

 Yes

 No

* 45. What kind of "SNAP currency" do you use to represent SNAP dollars?

Type your response here

* 46. Where do SNAP participants go to redeem their SNAP for tokens/currency at the Market?

Type your response here

\*47. How do SNAP participants know where to go to redeem their SNAP tokens/currency?

Type your response here

* 48. What is the position or title of the staff or volunteer who operates the point-of-sale device at your Market?

Type your response here

* 49. How are device operators trained?

Type your response here

* 50. Please describe the process for redeeming SNAP benefits at your Market?

Type your response here

* 51. Do you have a written vendor agreement that outlines the rules of the SNAP program at your Market and how vendors can participate in accepting the benefits?

*Having a written vendor agreement with each vendor accepting SNAP at your* M*arket is a best practice that Hunger Free Oklahoma recommends you adopt. If you would like examples of vendor agreements to assist you in creating agreements for your own* M*arket, please request samples from [Samuel.Kirzner@hungerfreeok.org].*

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

**Section 8: Record Keeping**

**See Section 8 of the Application Guide for more information about this section.**

* 52. How often do you collect SNAP currency from vendors?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **⃝** | Every day | **⃝** | A few times a month | |
| **⃝** | A few times a week | **⃝** | Once a month | |
| **⃝** | About once a week | **⃝** | Less than once a month | |
| **⃝** | Other (please specify) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |

\*53. How do you document the value of SNAP currency turned in to your Market by each vendor?

Type your response here

* 54. How often does the Market reimburse its vendors for SNAP sales?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **⃝** | Every day | **⃝** | A few times a month | |
| **⃝** | A few times a week | **⃝** | Once a month | |
| **⃝** | About once a week | **⃝** | Less than once a month | |
| **⃝** | Other (please specify) |  |  |  |
|  |  |  |  |  |
|  |  |  |  |

* 55. By what mechanism do you provide reimbursement funds to vendors (e.g. cash, check, or direct deposit)?

Type your response here

* 56. How do you document and ensure vendors are reimbursed for their SNAP sales?

Type your response here

1. If you have encountered any challenges with accepting SNAP at your Farmers Market, please describe them below.

**Challenges accepting SNAP could include technical difficulties, web connection issues, record-keeping or frequent questions with uknown answers from SNAP customers.**

Type your response here

**Section 9: Innovation**

**Please answer the question in this section to the best of your ability. If selected for the program, Hunger Free Oklahoma will help you with execution and, where applicable, resources to complete the strategies below.**

See Section 9 of the Application Guide for additional information on this section.

1. Please describe how you plan to increase participation of SNAP beneficiaries at your Market.

* What methods or strategies would you use?
* What additional resources would your Market need to make these methods more successful?
* Which community organizations would you try to partner with to increase SNAP beneficiary participation at your Market, and how would they help?

*Your response should be between 100 and 500 words.*

Type your response here

Section 10: Application Submission

* 59. In order to participate in the program, at least one authorized representative (Market Manager and/or DUO Manager) must attend a full day training session. Please check "yes" below to indicate that you accept that any award will be contingent upon attending a training.

*Hunger Free Oklahoma can provide stipends for volunteers and Markets without budget to cover mileage and hotel costs for necessary overnight stays.*

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

Training will be mandatory for participating Markets. If you cannot attend a

pre-scheduled training, we may be able to schedule one for you.

However, participation is contingent on training attendance.

* 60. Please indicate which of the following potential training dates and locations would work best for you.

(check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Friday March 27, 2020 - Oklahoma City, Oklahoma | |
|  |  | |  | |
|  |  | | Thursday April 2, 2020 - Tulsa, Oklahoma | |
|  |  | |  | |
|  |  | | Sunday April 5, 2020 - Oklahoma City, Oklahoma | |
|  |  | |  | |
|  |  | | Another date or location would be preferable. | |

61. I want my Market included in Hunger Free Oklahoma's application for future expansion funds if my Market is not selected for this 2020 pilot.

*If the federal proposal is accepted and we receive expansions funds, your Market will be eligible to participate in the first expansion of Double Up Oklahoma. We will utilize the information provided in this application in the federal proposal.*

|  |  |
| --- | --- |
| **⃝** | Yes |
| **⃝** | No |

Even if your Market is not accepted for this current pilot, we plan to include all eligible, applying Markets in Hunger Free Oklahoma’s federal application for expansion funds.