



**Seniors Farmers' Market Nutrition Program
and
WIC Farmers' Market Nutrition Program
FY 2022
Updated State Plan Information for
Arizona Department of Economic Security
(ADES)**

The Food and Nutrition Service (FNS) is collecting this information in order to provide fresh, nutritious, unprepared, locally grown fruits and vegetables through farmers' markets and roadside stands to WIC participants and low-income seniors, and to expand awareness and use of, and sales at, farmers' markets and roadside stands through the WIC Farmers' Market Nutrition Program (FMNP) and Senior Farmers' Market Nutrition Program (SFMNP). This is a mandatory collection and FNS will use the information to ensure the efficient management of the FMNP and SFMNP. The collection does not request personally identifiable information under the Privacy Act of 1974. Responses will be kept private to the extent provided by law and FNS regulations. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0584-0447 and 0584-0541. The time required to complete this information collection is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy

**SENIORS FARMERS' MARKET NUTRITION PROGRAM
WIC FARMERS' MARKET NUTRITION PROGRAM
Updated Consolidated State Plan Information
Fiscal Year 2022**

Unless submitting a comprehensive State Plan, each State agency must provide, at a minimum, the following information, including budget pages, to their respective FNS Regional Office, annually. Any State agency interested in receiving expansion funds, should such funds become available during FY 2022, must also complete the **Request for Expansion Funds pages**.

State Agency: Arizona Department of Economic Security (ADES)

A. FY 2021 Participants Served:

Number of SFMNP participants (those issued SFMNP coupons/food instruments, bulk purchase food boxes or bags and/or CSA benefits) served with federal and State funds in FY 2021 (previously participating fiscal year):	Number of FMNP recipients (those issued coupons/food instruments) served with federal and State funds in FY 2021 (previously participating fiscal year):
SFMNP: <u>3206</u>	FMNP: <u>702</u>

B. Please provide estimates for FY 2022:

1. Estimated number of SFMNP participants to be served with SFMNP federal and State agency funds in FY 2022:

(Excluding Expansion)

(Including Expansion)

2800

Not Applicable

2. Estimated number of FMNP recipients to be served with FMNP federal and State agency funds in FY 2022:

(Excluding Expansion)		(Including Expansion, If Any)
<u>500</u>	Pregnant women	_____
<u>500</u>	Breastfeeding women	_____
<u>500</u>	Postpartum women	_____
<u>0</u>	Infants (over 4 months of age)	_____

<u>3500</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)	_____
_____	Other designation (e.g., only Priority I pregnant or breastfeeding women; specify): _____	_____
<u>5000</u>	Total <u>5000</u>	<u>Not Applicable</u>

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

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

a. The Federal benefit amount that each **SFMNP** participant will receive in FY 2022 is \$50.

Is this a change from last year? Yes No

§ 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 2022 is \$30 and the highest is \$30. If the State agency uses varying benefit amounts, please list all of the new benefit levels, indicating the recipient categories affected. _____

Is this a change from last year? Yes No

(Please note: Federal FMNP regulations at § 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:

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 2022, list (or attach a list) of those items. Please note that honey is eligible only for the SFMNP.

No additions or deletions from eligible foods. Eligible foods include locally grown, fresh fruits and vegetables.

7. Proposed months of Program operation (i.e., months of benefit usage by participants): February through November

8. Proposed months of coupon/food instrument issuance: February through September

9. Are tokens used at authorized farmers' markets? Yes No

If Yes, please describe how they are used in the market. Tokens are a common form of currency at many of the farmers markets across Arizona. Tokens are issued at the farmers market information booth by program type and include credit/debit tokens, SNAP tokens, and Double Up tokens. Tokens are not used for FMNP/SFMNP.

10. Are all participants provided with a receipt through the CSA program?

Yes No N/A

If No, please describe the procedure in more detail. Seniors are provided locally grown fruit and veggie boxes consisting of eligible foods at senior centers, food banks/food pantries/mobile food pantries, and/or at low income senior housing sites. Eligibility is determined by participation in CSFP or an adjunct income eligible program or via a signed self-declaration form. CSA share distribution varies and is pre-determined by region based on seasonality and capacity of the participating farmer. CSA box pickup is documented by the senior-serving site with tracking of the numbers of seniors served as contractually agreed upon with the local farmer.

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

Yes No

If Yes: Statewide or Selected Areas Please list.

Not applicable

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

Yes No

13. Do any farmers allow participants to order eligible foods by phone or online for pick-up and payment at the market? (Please note: This question has been added to Section II. General Administration of the complete Consolidated State Plan Guidance.)

Yes No

If yes, please list the farmers or markets or provide a map detailing which offer online ordering and cite appendix reference.

14. Describe the State agency's coupon replacement policy or include the statement that FMNP/SFMNP coupons will not be replaced. (Please note: This question has been added to Section V. Food Instrument, Farmers' Market, Roadside Stand, Bulk Purchase, and CSA Program Management of the complete Consolidated State Plan Guidance.)

[The Arizona Farmers Market Nutrition Program is not responsible for stolen or misplaced coupons. Stolen or misplaced coupons will not be replaced.](#)

15. Do you provide nutrition education resources online? Please provide links or attach examples. (Please note: Section VII. Nutrition Education Requirements has been edited so that any nutrition education resources that are provided online should be identified.)

[Yes, nutrition education resources are made available online here: https://www.pinnacleprevention.org/azfmp.html.](#)

[The program also utilizes nutrition education materials through the Arizona SNAP-Ed program, also known as AZ Health Zone, available online here: https://www.azhealthzone.org/eat-healthy.](#)

16. For SFMNP only: Provide a detailed explanation or attach the State's policy explaining when and how participant signatures are obtained to designate a proxy and/or to verify income eligibility (e.g. at time of application, at another time during the season; provided written, text, email, other electronic format, etc). (Please note: Questions in Section IV. Certification have been edited to capture this information.)

[Income eligibility and signatures are verified and obtained through adjunct participation in](#)

CSFP at enrollment or via signed self-declaration forms at the time of application.

17. Indicate the total number of local agencies serving SFMNP/FMNP 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>2022</u>	FMNP	SFMNP
Total # Local Agencies Participating	<u>1</u>	<u>1</u>
# of local agencies to be reviewed (This is the # of local agencies <i>not</i> the # of participating clinics, unless designated as local agencies.)	<u>1</u>	<u>1</u>
Total # Farmers Markets Authorized	<u>22</u>	<u>22</u>
# to be reviewed (min 10%)	<u>4</u>	<u>4</u>
Total # Farmers authorized	<u>100</u>	<u>100</u>
# to be reviewed (min 10%)	<u>10</u>	<u>10</u>
Total # Roadside stands authorized	<u>1</u>	<u>1</u>
# to be reviewed (min 10%)	<u>1</u>	<u>1</u>
Total # of CSAs		<u>4</u>
# to be reviewed (min 10%)		<u>4</u>

Previous Fiscal Year: <u>2021</u>	FMNP	SFMNP
Total # Local Agencies Participating	<u>1</u>	<u>1</u>
# of local agencies reviewed (This is the # of local agencies <i>not</i> the # of participating clinics, unless designated as local agencies.)	<u>1</u>	<u>1</u>
Total # Farmers Markets Authorized	<u>18</u>	<u>18</u>
# of markets reviewed	<u>4</u>	<u>4</u>
Total # Farmers authorized	<u>100</u>	<u>100</u>
# of farmers reviewed	<u>18</u>	<u>18</u>
Total # Roadside stands authorized	<u>1</u>	<u>1</u>
# Roadside stands reviewed	<u>1</u>	<u>1</u>
Total # of CSAs		<u>5</u>
# of CSAs reviewed		<u>5</u>

18. a. Briefly summarize key findings and corrective actions taken as the result of local agency reviews in FY 2021.

No key findings or corrective actions identified in FY2021.

b. Briefly summarize key findings and corrective actions taken as a result of

farmer/market/roadside stand/CSA reviews in FY 2021.

No key findings or corrections actions identified in FY2021.

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 SFMNP/FMNP benefits are provided to participants. Since the inception of the Programs, SFMNP/FMNP benefits have most often been provided using food instruments. 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? _____ In all markets or in selected areas? _____

Funding Information:

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 2022?

Yes No

(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:

1. Per § 248.14(a), 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 \$25,000 for your State/ITO in FY 2022 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		\$
Private funds	Pinnacle Prevention General Funds	\$10,000
In-kind Contributions	Pinnacle Prevention In-Kind Personnel Support	\$10,000
Similar Programs	FMNP Match Community Food Bank of Southern Arizona	\$5,000
Program Income		
		Total FMNP Match Amount: \$25,000

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

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

[See Pinnacle Prevention letter of commitment.](#)

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.

[See Pinnacle Prevention letter of commitment describing in-kind personnel contribution.](#)

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.

[AZFMNP Match program through Community Food Bank of Southern Arizona provides a \\$1 for \\$1 benefit match for WIC and Senior FMNP participants participating at authorized sites in the Community Food Bank of Southern Arizona service region.](#)

Program Income. Describe type and source. (More specific information can be found in

[WIC Policy Memorandum #2005-3, Price Adjustments, Collections, Fines, and Program Income\)](#)

Reminder to Current SFMNP/FMNP State agencies:

In addition to the Updated State Plan section just completed, the following documents must also be provided to FNS before the SMNP/FMNP State Plan can be approved for FY 2022:

- a. FY 2022 Estimated Federal Budget Summary (Please see Section III – Funding. If using the excel worksheet provided to assist with calculations, please attach a copy of the worksheet to this section or cite appendix reference _____.);
- 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 4/30/2022.

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

Required Appendices

Please indicate the fiscal year of the last approved appendix	Please indicate if a change (Y) or if no change (N) has occurred since the last
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applicable
approved
appendix

- | | | | |
|----|-------------------------------------|--------------------------|---|
| A. | <input type="checkbox"/> | <input type="checkbox"/> | Federal-State Supplemental Nutrition Programs Agreement (FNS-339) |
| B. | <input type="checkbox"/> | <input type="checkbox"/> | Job Descriptions |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Copies of signed agreements between the State agency and another State agency (delineating the functions to be performed) |
| D. | <input type="checkbox"/> | <input type="checkbox"/> | Copies of cooperative agreements with other entities for authorizing and/or training farmers, farmers' markets, roadside stands |
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Supporting documentation for State, private, in-kind, or similar program funding (if applicable) |
| F. | <input type="checkbox"/> | <input type="checkbox"/> | Instructions to participants, including rights and responsibilities |
| G. | <input type="checkbox"/> | <input type="checkbox"/> | List of fruits, vegetables and/or fresh herbs that are eligible in the program |
| H. | <input type="checkbox"/> | <input type="checkbox"/> | Samples of reporting forms for record keeping (if available) |
| I. | <input type="checkbox"/> | <input type="checkbox"/> | Copy of the log or other forms used to record and report food instrument issuance and inventory |
| J. | <input type="checkbox"/> | <input type="checkbox"/> | Copy of the FMNP food instrument (coupon, check, electronic benefits transfer (EBT) card, etc.) |
| K. | <input type="checkbox"/> | <input type="checkbox"/> | Map outlining service areas and proximity of farmers' markets, roadside stands from the prior year's operation to WIC clinics and/ local agencies |
| L. | <input type="checkbox"/> | <input type="checkbox"/> | List of criteria used to authorize farmers' markets |
| M. | <input type="checkbox"/> | <input type="checkbox"/> | List of criteria used to authorize farmers |
| N. | <input type="checkbox"/> | <input type="checkbox"/> | List of criteria used to authorize roadside stands |
| O. | <input type="checkbox"/> | <input type="checkbox"/> | List of criteria used to authorize farmers for bulk purchase programs. |

P.	_____	<u>N</u>	Copy of prototype agreements for farmers, markets, CSAs and bulk purchases (if applicable)
Q.	_____	<u>N</u>	Training materials for farmers, markets, roadside stands and CSAs (if applicable)
R.	_____	<u>N</u>	State agency's monitoring tool(s) to review farmers, farmers' markets, roadside stands, and CSA programs (if applicable)
S.	_____	<u>N</u>	Sample State-wide application/certification form for interested farmers, farmers' markets, roadside stands
T.	_____	<u>N</u>	Sample notification of ineligibility
U.	_____	<u>N</u>	State agency's monitoring tool to review local agencies/clinics
V.	_____	<u>N</u>	Copy of SFMNP affidavit to affirm income eligibility
W.	_____	<u>N</u>	List of criteria for certifying SFMNP participants
X.	_____	<u>N</u>	List of criteria used to authorize CSA programs (if applicable)
Y.	_____	<u>N</u>	List of SFMNP certification/issuance sites

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

Please indicate the fiscal year of the last approved appendix	Please indicate if a change (Y) or if no change (N) has occurred since the last applicable approved appendix
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1.	_____	<u>N</u>	State agency training tools for local agencies
2.	_____	<u>N</u>	Sample proxy form
3.	_____	<u>N</u>	Examples of nutrition education materials

4. _____ N Copy of form to request an appeal/fair hearing and procedures
5. _____ N Form to collect and record racial/ethnic data
6. _____ N Copy of other agency's nutrition education plans for SFMNP/FMNP participants

Please list any other attachments or appendices: Not applicable