

Farmers' Market Wireless EBT (Electronic Benefits Transfer) Program

Participation Agreement for Farmers and Vendors

Background

When food stamp benefits were converted from paper coupons to electronic debit cards, farmers and other businesses that sold directly to customers at farmers' markets became unable to accept food stamps. Although the point of sales (POS) units that process electronic FoodShare (Wisconsin's version of food stamps) benefits are available at no charge for eligible businesses, these free units require an electrical outlet and a phone line to operate. These requirements are not practical for most farmers' markets. Because wireless POS units and managing this program has costs for the farmers' market, a research study is being conducted to evaluate the value of adding additional customers to the market by accepting electronic benefits. This research study, which is being conducted by the University of Wisconsin Cooperative Extension in Waukesha County, will assess the economic and nutritional value of adding EBT capability to ten Wisconsin farmers' markets in areas with high numbers of FoodShare participants. This research study is being funded by a United State Department of Agriculture Farmers' Market Promotion Program grant.

Participation

I am a farmers' market vendor who markets FoodShare/EBT eligible products at this farmers' market that will be issued a single wireless EBT "market terminal" and wish to participate in the project and accept EBT tokens. I understand that to participate, I must complete and sign this agreement. I understand that the market will provide issuance and redemption services for farmers' market EBT tokens and will reimburse me fully for the value of the tokens I accept bearing the market's name and presented to the program manager for redemption. I understand that I will be provided with a "We gladly Accept EBT Tokens" signage to ensure that customers know that I am a participating vendor.

I understand that the market has agreed to participate in the University of Wisconsin Cooperative Extension research study assessing the economic and nutritional value of incorporating EBT into farmers' markets. I understand that by the markets participation in this study will allow FoodShare EBT customers to use a portion of their EBT benefits to purchase eligible products at the market, to increase awareness and use at the market, and to increase vendor sales and income. I understand that there may be uncertainties involved in this program, including the volume of EBT token sales that may result, and the possibility that wireless service could be temporarily interrupted (requiring suspension of EBT token sales). I agree to hold the participating farmers' market and the University of Wisconsin Cooperative Extension Waukesha County harmless for any problems/claims arising from this project.

As a Participant in the project, I agree to:

- Complete and sign this Participation Agreement and submit it to the farmers' market manager or EBT program manager.
- Prominently post at all times at my market stand the "We Accept EBT Tokens" signage provided by the market.
- Explain to interested customers how they can obtain "Farmers' Market EBT Tokens" at the manager's booth/table.

- Accept ONLY Farmers' Market EBT Tokens issued by, and bearing the name of this farmers' market and during the hours of operation for this market.
- Accept Farmers' Market EBT Tokens ONLY in exchange for FoodShare/EBT Program eligible foods and plants under the USDA Food and Nutrition Service Department rules.
- Not return cash/change in EBT token transactions. If a sale is for less than \$1.00 or a multiple, the difference will be made up with additional products of the customers own choice or with cash.
- Count the EBT tokens accepted from customers and deposit with the market or EBT program manager, on the basis set forth by the market.
- Treat each customer with respect and dignity.
- Notify the farmers' market manager or EBT program manager and the University of Wisconsin Cooperative Extension Waukesha County of any problems with the program.
- Complete the annual project farmer/vendor survey form regarding this program.

Please check the appropriate description or both if apply:

I am a grower/producer _____

I am a non-farmer/producer _____

I sell the following products at the farmers' market: (please check)

___ fruits

___ meats

___ honey

___ cider/juices

___ vegetables

___ poultry

___ baked good

___ vegetable plants

___ herbs

___ cheese

___ maple products

___ potted herbs

___ canned

___ other dairy

___ eggs

___ other

Farmers/Vendor Signature

Date

Print Name

Business Name

Address

City, State, Zip

Phone

Email

Application accepted by:

Signature of Farmers' Market Manager/EBT Program Manager

Date