



FARMERS' MARKET GUIDE TO THE FNS APPLICATION

The first step towards accepting SNAP EBT
at your farmers' market



About this Guide

Founded in 1969, the Ecology Center is a nonprofit organization located in Berkeley, California that focuses on improving the health and the environmental impacts of urban residents. Our mission is to inspire and build a sustainable, healthy, and just future for the East Bay, California, and beyond.

In 2003, when paper food stamps moved to an Electronic Benefit Transfer (EBT) system, the Ecology Center worked with federal and state agencies to devise and pilot the “central point of sale and scrip” model, which is now used across the state. Since that time, the Ecology Center has been identifying the barriers to EBT-adoption at California farmers’ markets, and helping overcome them. By providing one-on-one training, technical assistance, tools, templates, materials, and advocacy, we have assisted hundreds of markets in becoming CalFresh EBT accessible.

This guide was created by the Ecology Center as a tool to assist farmers’ markets in completing the Food & Nutrition Services (FNS) application, which is the first step required of any retailer that wishes to accept SNAP/CalFresh EBT as payment. For additional information on how to implement an EBT program at a farmers’ market, including tools, templates, and other resources, please visit our Simple Guide to EBT at ecologycenter.org/eft.

Please feel free to contact us if you have any questions:

Ecology Center Farmers’ Market EBT Program

(510) 925 - 4001

ebt@ecologycenter.org

ecologycenter.org/eft

Last updated: May 2019

Before You Begin

This guide will take you step by step through the online FNS application to become authorized to accept EBT at your farmers' market. In order to get a sense of the process, we suggest you read through the whole guide first before you actually start the application.

Overview of the Application Steps:

1. Collect necessary information about your farmers' market (listed on next page).
2. Create an eAuthentication account through USDA.
3. Fill out the online FNS application.
4. Submit supporting documentation to FNS.



Information and Documents Checklist

- › Date the market opened under the current ownership.
- › Market's official name (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.), mailing address, and address where the market is conducted (if different from the mailing address).
- › Responsible Official(s):
 - » FNS requires the farmers' market to appoint at least one Responsible Official, who is the person who accepts responsibility, on behalf of the market, for ensuring the market will adhere to applicable laws and FNS regulations, policies, and other guidance; and who will be held accountable in the event the market does not do so. Responsible officials may be an owner, board member, market manager, or person operating in a similar position of authority.
 - » Consider selecting a Responsible Official who will remain affiliated with the market in the future.
 - » The Responsible Official(s) must submit their (and their spouse's) name, home address, social security number, and date of birth. For information on the use of this information, please see the copy of the Privacy Act Statement from FNS located on the last page of this guide.
 - › If your farmers' market is a 501(c)(3) nonprofit or government-owned, your Responsible Official(s) does not need to submit their social security number.
 - » The Responsible Official(s) must also submit a color copy of their photo ID.
- › Actual sales data from your market's most recent IRS business tax return, if it has been open under current ownership longer than one year. If not, an estimate of the market's annual sales.
 - » Note: In order to qualify to accept EBT, more than 50% of the total dollar amount of all sales must come from the sales of staple foods (fruits, vegetables, nuts, grains, meats, etc.).
- › The market's operating schedule (i.e., months of the year it is open, days of the week it is open, and hours of day it is open).
- › Business licenses held by the market, if any.
- › EIN number.
- › 501(c)(3) letter, if your market is a tax-exempt nonprofit.

Once you have the necessary information and documents, you are ready to start the application.

Create an Account

Use this link to get to the account creation page:

<https://identitymanager.eems.usda.gov/registration/selfRegistrationForm.aspx?level=1>

- › Create an eAuthentication Level 1 access account through USDA.
- › Note: It can take up to 30 minutes to get the account activated.
- › Once it is activated, you can log-in and begin your application (move on to the next page).

Register for Your Account - Level 1

Form Approved OMB No. 0503-0014

Step 1 of 4 - Level 1 Access Account Registration

USDA customers should complete the information below to create a USDA eAuthentication account. Please read the eAuthentication [Privacy Act Statement](#) and [Public Burden Statement](#) for more information on how your personal information will be protected.

All required fields are **red** and marked by an asterisk (i.e. *). Enter your first and last name exactly as it appears on your Government issued photo ID (e.g. state driver's license).

Note: The characters < > ^ : | are not allowed on this form (the character : is allowed for password only).

User Information

Required Field*

First Name*

Middle Initial

Last Name*

Suffix

Contact Information

Email*

Confirm Email*

Login Information

User ID*

Password*

Confirm Password*

Security Questions

Please select and answer four distinct questions from the selections below. This information will be used to assist you in using our eAuthentication Self Service options and various other services.

The Security Questions and Answers that you provide may be the ONLY method available to validate your identity if your USDA accounts become inaccessible. Please select Questions and Answers that are easily memorable to you and hard for anyone else to guess. Each question may only be used once. For additional assistance, click the [?](#) above.

1*

2*

3*

4*

Start the Application

Use this link to get to the online application page:
<https://www.fns.usda.gov/snap/retailer/application-status>

- › Use the username and password for the eAuthentication account you created to sign into the Online Store Application website.
- › Click on **Start a New Application**.
- › Select **Farmers' Market Application**.
- › Review the **Before you begin** notes and make sure you have all of the information needed.
- › Review the **Acknowledgement Agreement** and click "Accept."
- › Enter your name.
- › For **Title**, select "Owner," even though you are not necessarily the owner of the market.

PLEASE NOTE

You can save your application and return to it later, but it needs to be finished within 30 days of starting or it will get **deleted**. You will still be able to login to your account after 30 days.

Online Store Application (OSA) for SNAP*

For new applications, select from the following options:

Start New Application →

Continue Saved Application →

Select an application type to get started



Any firm (except for a Farmers' Market) should complete this application.



Farmers' markets are defined as "multi-stall markets at which farmer-producers sell food products they produced (fruits, vegetables, meat, dairy, grains, etc.) directly to the general public, at a central or fixed location."

Basic Information

- › Enter the date the market opened under your ownership in MMDDYYYY format.
 - » For example, if the market has existed since September 8, 2005, but you took ownership on February 9, 2012, enter 02092012.
 - » If your market has not yet opened, you may enter a date up to 30 days in the future.
- › **Market number:** Can be left blank because it is only relevant to chain retail stores.
- › **Supporting Organization:** Select “No Sponsor.”
- › Enter the physical market address (enter a street address, rather than an intersection or description), the mailing address, phone number, and email address.

When did or when will the market open for business under the current ownership?

04012009

What is the official name of the market? (the name you use on legal documents, such as leases, contracts, incorporation documents, etc.)

Berkeley Farmers' Market

If different from your official market name, what name is your market doing business as? What is this?

Market Number: What is this?

Supporting Organization: What is this?

No Sponsor

What is the address where the market is conducted? (i.e., where the market takes place)

Street Number:

3350

Is the market's mailing address the same as the address where the market is conducted?

Yes No

Additional Address Line:

Street Number:

123

Street Name:

Adeline St

City:

Berkeley

Additional Address Line:

City:

Berkeley

State:

CA

Zip Code:

94703

Country

United States of America

Market Telephone Number: What is this?

510 - 925 - 4001

Alternate Telephone Number: What is this?

Email Address: What is this?

jane@ecologycenter.org

Confirm Email Address:

jane@ecologycenter.org

Accountability Information

Based on the Ownership Type you select, you will be prompted to provide slightly different information regarding your organization, the market owners/officers, partners, and/or Responsible Official(s). You must submit information regarding spouses of Responsible Officials, officers, partners, etc.

- › **Social Security Number:** Only certain Ownership Types must provide the Social Security Number for each of their Responsible Officials (LLC, Partnership, Privately-Held Corporation, and Sole Proprietorship).
 - » If your market is a 501(c)(3) nonprofit or government-owned, you do not have to enter the social security number of the Responsible Official(s).
- › Answer the 6 yes or no questions about crimes and violations.

Note: At least one “Responsible Official,” such as an owner, market manager, city employee or a nonprofit board officer, is needed. The Responsible Official should be able to legally act on behalf of the organization/market, agrees to sign the application and take responsibility for any violations of regulations. Consider selecting a Responsible Official who will remain affiliated with the market in the future.

If your market is part of a larger organization with more people working directly with the market, you have the option of adding additional Responsible Officials. This is helpful because you will not need to re-apply for or lose EBT authorization if someone leaves your organization.

Enter personal information for each Responsible Official, director or board member of record. Enter the name exactly as it appears on social security card.

Person 1

First Name: <input type="text" value="Jane"/>	Middle Name: <input type="text"/>	Last Name: <input type="text" value="Doe"/>
Street Number: <input type="text" value="123"/>	Street Name: <input type="text" value="Adeline St"/>	
Additional Address Line: <input type="text"/>		
City: <input type="text" value="Berkeley"/>	State: <input type="text" value="CA"/>	Zip Code: <input type="text" value="94703"/> - <input type="text"/>
Country <input type="text" value="United States of America"/>		
Social Security Number: <input type="text" value="033"/> - <input type="text" value="12"/> - <input type="text" value="3469"/>		Date of Birth: <input type="text" value="08261975"/>
Title: <input type="text" value="Director"/>	Email Address: <input type="text" value="jane@ecologycenter.org"/>	

To add another Responsible Official, officer, owner, partner, member, director, board member or spouse, click the "Add Person" button

Add Person

Sales & Inventory Information

In order to qualify to accept EBT, more than 50% of the total dollar amount of all sales must come from the sales of staple foods (fruits, vegetables, nuts, grains, meats, etc.).

- › Answer the questions about wholesale and restaurant licensing.
- › Total Retail Sales: Select “Actual” or “Estimated” sales and indicate the tax year corresponding to your sales figures.
 - » If your market reported the amount of sales it made in the last tax year to the IRS, you must enter actual sales.
 - » If your market did not report sales to the IRS for the last tax year, enter your best good-faith estimate of the sales you expect to take place at your market in the next full tax year.
 - » If you cannot estimate or do not know the total sales, list total sales as \$1 so the application can be processed.

Total Retail Sales:

Round to nearest dollar. Do not enter a cents or dollar sign. Enter a positive number less than 999,999,999,999.
Example: 250,000

\$	20,000	.00
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Tax year:

2018

Enter the total retail sales percentage for each sales category for products you sell at this market location (e.g., if 25% of total retail sales comes from accessory foods, enter 25% where indicated). If you do not sell items in a category, enter “0” (e.g., if the market does not sell nonfood items, enter 0). If you do not have the actual total retail sales percentage(s) for one or more of the sales categories below, provide your best good faith estimate.

Round to the nearest whole percentage, do not enter a percent sign. Enter a number between 0 and 100.

Sales Category	% Total
Staple Foods (Examples: rice, milk, beef, apples, etc.)	75 %
Accessory Foods (Examples: chips, candy, snack foods, soft drinks, condiments, etc.)	10 %
Hot Foods (Examples: hot coffee, hot soup, hot pizza, etc.)	10 %
Cold Foods Prepared on Site (Only include items intended for immediate consumption or carry out. Examples: sandwiches, fresh salads, salad bars, etc.)	5 %
Nonfood Items (Examples: household supplies, tobacco products, gasoline, alcohol, pet foods, lottery, etc.)	0 %
Total Sales Percentage (total must equal 100%)	100%

Inventory Information Continued

Enter your best good-faith estimate of the foods typically available your market:

- › Answer questions regarding staple food varieties that you have currently and on a continuous basis in your market. Select the number of varieties for each staple food category if less than 10. Select "10+" if the number of varieties for each staple food category is equal to or greater than 10.
- › Answer questions regarding stocking units of staple food varieties that you have currently and on a continuous basis in your market.
- › Answer questions regarding perishable foods that you have currently and on a continuous basis in your market.

Answer the following questions regarding staple food varieties that you have currently and on a continuous basis in your market. Select the number of varieties for each staple food category if less than 10. Select "10+" if the number of varieties for each staple food category is equal to or greater than 10.

Indicate the number of varieties in the Breads and/or Cereals staple food category (Examples: rice, pasta, flour, pita, tortilla, etc.):

3

Indicate the number of varieties in the Dairy products staple food category (Examples: soymilk, butter, yogurt, infant formula, etc.):

3

Indicate the number of varieties in the Meat, Poultry, and/or Fish staple food category (Examples: beef, pork, eggs, tuna, etc.):

5

Indicate the number of varieties in the Vegetables and/or Fruits staple food category (Examples: apple, tomato, peach, carrot, etc.):

10+

Answer the following questions regarding stocking units of staple food varieties that you have currently and on a continuous basis in your market.

Do you have at least three stocking units of each variety in the Breads and/or Cereals category (Examples: 3 bags of rice, 3 boxes of pasta, etc.)?

Yes No

Do you have at least three stocking units of each variety in the Dairy products category (Examples: 3 cartons of soymilk, 3 cans of infant formula, etc.)?

Yes No

Do you have at least three stocking units of each variety in the Meat, Poultry, and/or Fish category (Examples: 3 cans of tuna, 3 cartons of eggs, etc.)?

Yes No

Do you have at least three stocking units of each variety in the Vegetables and/or Fruits category (Examples: 3 apples, 3 cans of peaches, etc.)?

Yes No

Answer the following questions regarding perishable foods that you have currently and on a continuous basis in your market.

Do you have at least one variety of perishable foods in the Breads and/or Cereals category (Examples: bread, pita, etc.)?

Yes No

Do you have at least one variety of perishable foods in the Dairy products category (Examples: refrigerated cow's milk, refrigerated butter, etc.)?

Yes No

Do you have at least one variety of perishable foods in the Meat, Poultry, and/or Fish category (Examples: fresh eggs, frozen chicken, etc.)?

Yes No

Do you have at least one variety of perishable foods in the Vegetables and/or Fruits category (Examples: fresh apples, frozen broccoli, etc.)?

Yes No

Supplemental Information

- › Enter the information about your market's season and hours.
- › Enter the name and address of the bank that the market will use for SNAP deposits.
- › (Optional) If known, enter the name, phone number, and mailing address of the company that is providing the EBT point-of-sale device for your market.
 - » If you plan to use the free POS device provided by the California Department of Social Services, you can enter that information as shown above.
- › (Optional) Enter the market's website and any additional comments.

Provide the name and address of the financial institution (bank) that you will be using for SNAP payment deposits.

Financial Institution Name

Farmers' Market Bank

Street Number:

123

Street Name:

Bank St

Additional Address Line:

City:

Berkeley

State:

CA

Zip Code:

94703

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Country

United States of America

If known, provide the name, phone number, and mailing address of the Electronic Benefits Transfer (EBT) equipment provider for your market.

Equipment Provider Name

California Department of Social Services

Equipment Provider Telephone Number:

916

-

654

-

1396

Do you know the address for your Electronic Benefits Transfer (EBT) equipment provider?

Yes No

If you have a market website, provide the website address.

ecologycenter.org

Review and Submit

- › Review your application by clicking “View/Print Application (PDF).”
 - » If you find any errors in your application, exit out of the PDF and use the navigation menu on the left-hand side of your internet browser to move from page to page to make corrections.
 - » After making corrections, you can click through the application, and **print a corrected copy of the application for your records**. The printed application is for your records only, and should not be submitted to FNS.
- › If you are happy with your application, click “Accept” and then click “Submit Application.”

WARNING

You cannot make changes or corrections to your application once you click “Submit Application.”

⚠ WARNING: You **cannot** make changes or corrections to your application once you click **Submit Application** below.

1. **Review your application for accuracy.** Click the “View/Print Application” below to review your application. Acrobat Reader is required to view PDF. If you need to make any changes or correct any mistakes, use the navigation menu on the left hand side of the screen to move from page to page.

[View / Print Application \(PDF\)](#)

2. **CLICK THE BUTTON ABOVE PRIOR TO SUBMISSION TO PRINT YOUR APPLICATION FOR YOUR RECORDS.**

3. **Submit Your Application:** Once you're ready to submit your application, use the **Submit Application** button below. You will be allowed to submit the application *only* after you accept the penalty warning statement.

PENALTY WARNING STATEMENT - The Food and Nutrition Service can deny or withdraw your approval to accept Supplemental Nutrition Assistance Program benefits if you provide false information or try to hide information we ask you to give us. In addition, if false information is provided or information is hidden from the Food and Nutrition Service, the owners of the firm may be liable for a \$10,000 fine or imprisoned for as long as five years, or both (7 U.S.C. 2024(f) and 18 U.S.C. 1001).

I have read, understand and agree with the conditions of participation outlined in the Privacy Act, Use and Disclosure, Penalty Warning and Certification Statements, and agree to comply with all statutory and regulatory requirements associated with participation in the Supplemental Nutrition Assistance Program.

Accept Reject

[Submit Application](#)

Application Confirmation

After you submit your application, you will see a page:

- › Confirming that your application was submitted,
- › Providing you with your **FNS number**,
 - » **Please record this number in a safe place, so you can refer back to it when needed.**
- › Describing additional documents (see next page) that you must submit to FNS to complete your application, and
- › Giving options on submitting these additional documents electronically, or mailing them to:

USDA, Food and Nutrition Service
PO BOX 7228
Falls Church, VA 22040

If you are mailing your documents:

- » Please print a Document Cover Sheet (by selecting “Print Cover Sheet” at the bottom of the page). The Document Cover Sheet includes basic information about the market, and is necessary so FNS can match your documents with your online application.
 - » You **MUST** use the United States Postal Service (USPS). UPS, Federal Express, and other courier services will **NOT** deliver to a P.O. Box. Follow instructions on Cover Sheet for how to prepare and send your documents.
- › **Certification and Signature Statement (Required):**
- » Click on Print Required Certification and Signature Statement. You must print, sign, and mail FNS a copy of the Statement. An original signature is not required (i.e., copies are acceptable, provided they are legible). You should keep a copy for your records. The Statement must be signed by a Responsible Official.

Note: If the market is owned by a Nonprofit Organization or is Government Owned you must provide a letter – on appropriate letterhead – confirming that the person signing the Certification and Signature Statement is the Responsible Official for that organization/entity, and has authority to sign on its behalf.

You're not quite done yet! Please make sure you submit the necessary supporting documentation listed on the next page.

Supporting Documents

Your application will NOT be considered complete until FNS receives these documents:

Photo Identification (ID) (Required):

Submit a color copy of Photo Identification (ID) for the Responsible Official.

Exception: Photo Identification (ID) is not required if the market is Government Owned.

Social Security Card (Required, as applicable):

Submit a color copy of the Social Security Card for the Responsible Official.

Exceptions: A Social Security Card is not required if the market is owned by a government agency, nonprofit organization, or publicly-owned corporation.

Business License (Required Only if Available):

If your farmers market has a business license that was issued to the current owner(s) AND for the market's current location, you may provide a copy. However, if your market does not have such a license, it is not necessary to obtain one.

IRS 501(c)(3) Determination Letter (Required Only for Nonprofit Organizations):

Submit a copy of the Determination Letter sent by the IRS when your organization's status as a 501(c)(3) entity was established.

Government Ownership Letter (Required Only for Government Owned Markets):

You must submit a letter – on appropriate letterhead – proving the government entity owns or sponsors the market.

It usually takes about 30-45 days for your application to be processed. Contact FNS if you haven't heard back in that time.

Once your market is approved, you are authorized to accept EBT for the next 5 years. After 5 years, FNS will send you a re-authorization letter.

PLEASE NOTE

The market is NOT approved to accept SNAP benefits until FNS makes a determination regarding its eligibility. In order to help determine the market's eligibility, an FNS employee or representative may visit the market. FNS will process a complete application and notify you of a decision in writing. If you have questions, call: (877) 823 - 4369.



This guide was created by the Ecology Center Farmers' Market EBT Program.

If you have any questions please contact us at:

(510) 925 - 4001

ebt@ecologycenter.org

ecologycenter.org/ebt

Last updated: May 2019

FNS Privacy Act Statement

PRIVACY ACT STATEMENT - Authority: Section 9 of the Food and Nutrition Act of 2008, as amended, (7 U.S.C. 2018); section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)); and section 6109(f) of the Internal Revenue Code of 1986 (26 U.S.C. 6109(f)), authorizes collection of the information on this application.

- Information is collected primarily for use by the Food and Nutrition Service in the administration of the Supplemental Nutrition Assistance Program;
- Additional disclosure of this information may be made to other Food and Nutrition Service programs and to other Federal, State or local agencies and investigative authorities when the Supplemental Nutrition Assistance Program becomes aware of a violation or possible violation of the Food and Nutrition Act of 2008, as explained in the next section called "Use and Disclosure";
- Section 278.1(b) of the Supplemental Nutrition Assistance Program regulations provides for the collection of each owner's Social Security Number (SSN), Employee Identification Number (EIN) and tax information;
- The use and disclosure of SSNs and EINs obtained by applicants is covered in the Social Security Act and the Internal Revenue Code. In accordance with the Social Security Act and the Internal Revenue Code, applicant social security numbers and employer identification numbers may be disclosed only to other Federal agencies authorized to have access to social security numbers and employer identification numbers and maintain these numbers in their files, and only when the Secretary of Agriculture determines that disclosure would assist in verifying and matching such information against information maintained by such other agency [42 U.S.C. 405(c)(2)(C)(iii); 26 U.S.C. 6109(f)];
- Furnishing the information on this form, including your SSN and EIN, is voluntary but failure to do so will result in denial of this application;
- The Food and Nutrition Service may provide you with an additional statement reflecting any additional uses of the information furnished on this form.

USE AND DISCLOSURE - Routine Uses: We may use the information you give us in the following ways:

- We may disclose information to the Department of Justice (DOJ), a court or other tribunal, or another party before such tribunal when the USDA is involved in a lawsuit or has an interest in litigation and it has been determined that the use of such information is relevant and necessary and the disclosure is compatible with the purpose for which the information was collected;
- In the event that the information in our system indicates a violation of the Food and Nutrition Act or any other Federal or State law whether civil or criminal or regulatory in nature, and whether arising by general statute, or by regulation, rule, or order issued pursuant thereto, we may disclose the information you give us to the appropriate agency, whether Federal or State, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation or order issued pursuant thereto;
- We may use your information, including SSNs and EINs, to collect and report on delinquent debt and may disclose the information to other Federal and State agencies, as well as private collection agencies, for purposes of claims collection actions including, but not limited to, the Treasury Department for administrative or tax offset and referral to the Department of Justice for litigation. (**Note:** SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to verify the information reported by applicants and participating firms, and to assist in the administration and enforcement of the Food and Nutrition Act, as well as other Federal and State laws. (Note: SSNs and EINs will only be disclosed to Federal agencies authorized to possess such information);
- We may disclose information to other Federal and State agencies to respond to specific requests from such Federal and State agencies for the purpose of administering the Food and Nutrition Act as well as other Federal and State laws;
- We may disclose information to other Federal and State agencies for the purpose of conducting computer matching programs;
- We may disclose information (excluding EINs and SSNs) to private entities having contractual agreements with us for designing, developing, and operating our systems, and for verification and computer matching purposes;
- We may disclose information to the Internal Revenue Service for the purpose of reporting delinquent retailer and wholesaler monetary penalties of \$600 or more for violations committed under the SNAP. We will report each delinquent debt to the Internal Revenue Service on Form 1099-C (Cancellation of Debt). We will report these debts to the Internal Revenue Service under the authority of the Income Tax Regulations (26 CFR Parts 1 and 602) under section 6050P of the Internal Revenue Code (26 U.S.C. 6050P);
- We may disclose information to State agencies that administer the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), authorized under Section 17 of the Child Nutrition Act of 1966 (CNA) (42 U.S.C. 1786), for purposes of administering that Act and the regulations issued under that Act;
- Disclosures pursuant to 5 U.S.C. 552(a)(b)(12). We may disclose information to "consumer reporting agencies" as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f)) or the Debt Collection Act of 1982 (31 U.S.C. 3711(d)(4));
- We may disclose information to the public when a retailer has been disqualified or otherwise sanctioned for violations of the Program after the time for administrative and judicial appeals has expired. This information is limited to the name and address of the store, the owner(s) name(s) and information about the sanction itself. The purpose of such disclosure is to assist in the administration and enforcement of the Food and Nutrition Act and Supplemental Nutrition Assistance Program regulations.