

2024 Senior Farmers Market Voucher Program Vendor Agreement



As a participating vendor of SourcePoint's Senior Farmers Market Voucher Program, I agree to:

- Read through and adhere to the standards outlined in the Farmers Market Voucher Program Guidelines 2024.
- Register to serve as a participating vendor by submitting a vendor agreement and a signed W-9 form required for reimbursement and tax purposes.
- Wait to receive a SourcePoint-issued 2024 seasonal vendor number before accepting any vouchers.
- Ensure that the foods purchased by program participants are on the eligible foods list (included in the program guidelines). Vendors found to be accepting vouchers for ineligible products may forfeit their ability to redeem vouchers for the 2024 season.
- Ensure all vouchers are signed by the participant and/or proxy before accepting the vouchers as payment for eligible products.
- Encourage participants, or their proxy, to select enough eligible products to equal increments of \$3. No change can be given to the participant if they do not spend the entire value of the voucher. The vendor will be paid the entire value of each \$3 voucher.
- Print vendor name and 2024 assigned vendor number on the back of each voucher. **VOUCHERS UNSIGNED AND/OR WITHOUT A VENDOR NUMBER WILL BE RETURNED UNPAID.**
- Submit a minimum of 20 vouchers at a time. Bundle vouchers in rubber banded sets of 20 to submit for payment. If you acquire fewer than 20 vouchers throughout the season, please hold them until the end of the season to submit all at once.
- Include vendor number, name, total number of vouchers included, and date of submission with each batch of vouchers being redeemed.
- Arrange for drop off of vouchers in person or mail them to SourcePoint. SourcePoint is not responsible for delays in the mailing system or vouchers lost in the mail. It is strongly recommended that vendors obtain tracking information for any mailed vouchers.
- Submit vouchers to SourcePoint for reimbursement no later than November 8, 2024. **VOUCHERS RETURNED AFTER THIS DATE WILL NOT BE ELIGIBLE FOR REIMBURSEMENT.**

(Complete other side)

Vendor Information:

Vendor Business Name: _____

Vendor Contact Person: _____

Phone Number: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Markets in which you will be participating (check all that apply):

_____ Main St. Delaware

_____ Powell

_____ Sunbury

_____ Ostrander

_____ Kilbourne

_____ Ashley

_____ Roadside Stand/Market (Name): _____

Check all products you will sell:

_____ Vegetables

_____ Fruits

_____ Herbs

_____ Produce or herb bearing plants

_____ Honey

I acknowledge that a copy of SourcePoint's Senior Farmers Market Voucher Program Guidelines, W-9, and Vendor Agreement have been provided to me. I understand and agree to follow SourcePoint's Senior Farmers Market Voucher Program Guidelines.

Signature: _____ Date: _____

****Please note that each vendor is assigned a new vendor number each year. For repeat vendors, PLEASE DO NOT PUT YOUR VENDOR NUMBER FROM LAST YEAR ON THIS YEAR'S VOUCHERS. You will be notified of your 2024 vendor number upon receipt and approval of your vendor agreement and W-9.****

For office use only:

ASSIGNED VENDOR # _____ ISSUED BY SOURCEPOINT NUTRITION STAFF (MUST APPEAR ON BACK OF VOUCHER WITH SIGNATURE FOR PAYMENT)