# U.S.V.I DEPARTMENT OF AGRICULTURE

## SENIORS FARMERS MARKET NUTRITION PROGRAM (SFMNP)

# APPLICATION

**FOR SENIORS**

**The USVI SENIORS FARMERS MARKET NUTRITION PROGRAM (SFMNP) PURPOSE:**

***(1) Provide resources in the form of fresh, nutritious, unprepared, locally grown fruits, vegetables, honey, and herbs from farmers' markets, roadside stands, and community supported agriculture (CSA) programs to low-income seniors.***

***(2) Increase the domestic consumption of agricultural commodities by expanding or aiding in the expansion of domestic farmers'; and***

***(3) Develop or aid in the development of new and additional farmers.***

**To be considered an eligible participant for SFMNP, the applicant(s) are required to:**

- Complete eligibility
- Enroll into SFMNP by filling out application form
- Participate in SFMNP in-service training
- Adhere to rules and policies of SFMNP
- Have ID

**The SFMNP brings authorized farmers and Department of Agriculture together to offer healthy and locally grown produce to low-income Senior participants.**

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## I. Application General Information

Applicant Name: _____

Mailing Address (P.O. Box): _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

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**Signatures:**

I acknowledge that I understand and accept all terms of this Agreement. I further acknowledge that I have received and read the current Participants SFMNP Handbook and agree to comply with the principles and procedures and all current and future amendments.

Particiant's Signature _____ Date: _____

**Assurance of Civil Rights Compliance**

The Participant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C.2000d et seq.). Title IX of the Education Amendments of 1972 (20 U.S.C 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C 794), Age Discrimination Act of 1975 (42 U.S.C.610 et seq.); all provisions required by the implementing regulations of the Department of Agriculture: Department of Justice Enforcement Guidelines: and State Agency directives and guidelines to the effect that no person shall on the ground of race, color, national origin, age, sex, or handicap be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the Farmer receives Federal financial assistance from the State Agency; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

By providing this assurance, the Participant agrees to compile data, maintain records and submit reports as required to permit effective enforcement of the nondiscrimination laws, and to permit State Agency personnel during normal working hours to review such records, books and accounts as needed t ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the State Agency shall have the right to seek judicial enforcement of this assurance.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or reimbursable expenditures, grant or donation of Federal property and interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of

the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the Participant , its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the State Agency. The person or persons whose signatures appear below are authorized to sign this assurance.

_____ _____

VIDA Signature Date:

**FOR OFFICIAL USE ONLY:**

Initial Review Comment: _____

Unique ID # : _____

Outcome: _____

# Senior Farmers Market Income Eligibility Guidelines 2026

| Number of family members | Annual Income |
|---|---|
| 1 | $ 29,526 |
| 2 | $ 40,034 |
| 3 | $ 50,542 |
| 4 | $ 61,050 |
| 5 | $ 71,558 |
| 6 | $ 82,066 |
| 7 | $ 92,574 |
| 8 | $ 103,082 |
| Each additional member add: | $ 10,508 |

**PLEASE CIRCLE ONE: YES / NO**

**1)** ARE YOU 60 YEARS OF AGE OR OLDER? **YES / NO**

**2)** DO YOU EARN LESS THAN THE INCOME STATED ABOVE? **YES / NO**

**3)** ARE YOU A RESIDENT OF US VIRGIN ISLANDS? **YES / NO**

**4)** HAVE YOU ALREADY RECEIVED SFMNP BENEFITS THIS YEAR? **YES / NO**

**If you answered "yes" to questions #1-3, you are considered eligible to receive Senior Farmers Market Nutrition Program benefits (Produce Box) for the 2026 season.**

**If you have received a produce box already this year, you are not eligible to receive additional SFMNP benefit this year to ensure as many eligible USVI residents as possible benefit from this program.**

**Applicant Signature: _____ Date:_____**

**VIDA Representative Signature: _____ Date:_____**

# Senior Farmers Market Income Eligibility Guidelines 2026

**In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.**

**Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.**

**To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 6329992. Submit your completed form or letter to USDA by:**

**(1) mail: U.S. Department of Agriculture**
**Office of the Assistant Secretary for Civil Rights**
**1400 Independence Avenue, SW**
**Washington, D.C. 20250-9410;**

**(2) fax: (202) 690-7442; or**

**(3) email: program.intake@usda.gov.**

**This institution is an equal opportunity provider.**