

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
WIC PRODUCE CONNECTION/WIC CVB
2024 WIC AUTHORIZED GROWER APPLICATION**

Completion of this application does not authorize you to accept WIC PRODUCE CONNECTION/WIC CVB benefits; upon approval you will be contacted to begin the contractual process.

Instructions: Thoroughly read, review, and complete this application. Incomplete applications will be returned.

WIC PRODUCE CONNECTION/WIC CVB AUTHORIZED GROWER INFORMATION:

Complete all WIC PRODUCE CONNECTION/WIC CVB GROWER information.

WIC Grower Name: _____
Last First Middle Initial

Primary Phone Number: _____ Primary E-Mail: _____

BUSINESS INFORMATION:

Please ensure all information is accurate.

The business/owner associated with this market is a *(pick one)*:

Sole Proprietorship Partnership Corporation 501C3 Non Profit

Note: If you're a **Partnership** or **Corporation**, please attach names and addresses of **all** partners/officers.

Legal Business /Owner Name: _____

Street: _____

City: _____ State: _____ ZIP Code: _____

Last 4 digits (ONLY) of the FEIN/Social Security number: _ _ _ _

Check if applicable:

I am an owner, employee, or other authorized member of this business and have been approved to use the Federal ID/Social Security number listed for purposes of the WIC Produce Connection/ WIC CVB Programs.

CORRESPONDENCE INFORMATION:

Is there an email address correspondence should be sent to in addition to the one listed above? If so, please indicate below.

LOCATION INFORMATION:

Complete ALL information under item #1 below for the selling location you participate at or attend. If you go to more than one location or have multiple locations where you sell, please continue with item #2 again, providing all requested information. Additional spaces are provided if needed. Note: If more room is needed, please attach another page.

1. Name and Address of the Selling Location: _____

Street: _____

City: _____

County: _____ State: _____ ZIP Code: _____

This specific location is (check box that applies):

- My Roadside Stand
- Market I travel to and sell

Indicate each month this specific location is open for business:

- May June July August September October November Year Round

Days/Hours of Operation for this specific location:

Sunday hours _____	Thursday hours _____
Monday hours _____	Friday hours _____
Tuesday hours _____	Saturday hours _____
Wednesday hours _____	

2. Name and Address of **SECOND** selling location: _____

Street: _____

City: _____

County: _____ State: _____ ZIP Code: _____

This specific location is (check box that applies):

- My Roadside Stand
- Market I travel to and sell

Indicate each month this specific location is open for business:

- May June July August September October November Year Round

Days/Hours of Operation for this specific location:

Sunday hours _____	Thursday hours _____
Monday hours _____	Friday hours _____
Tuesday hours _____	Saturday hours _____
Wednesday hours _____	

LOCATION INFORMATION (continued):

3. Name and Address of **THIRD** selling location: _____

Street: _____

City: _____

County: _____ State: _____ ZIP Code: _____

This specific market is (*check box that applies*):

My Roadside Stand

Market I travel to and sell

Indicate each month this specific location is open for business:

May June July August September October November Year Round

Days/Hours of Operation for this specific location:

Sunday hours _____

Thursday hours _____

Monday hours _____

Friday hours _____

Tuesday hours _____

Saturday hours _____

Wednesday hours _____

4. Name and Address of **FOURTH** selling location: _____

Street: _____

City: _____

County: _____ State: _____ ZIP Code: _____

This specific market is (*check box that applies*):

My Roadside Stand

Market I travel to and sell

Indicate each month this specific location is open for business:

May June July August September October November Year Round

Days/Hours of Operation for this specific location:

Sunday hours _____

Thursday hours _____

Monday hours _____

Friday hours _____

Tuesday hours _____

Saturday hours _____

Wednesday hours _____

QUESTIONS:

1. Do you carry locally grown, eligible fresh, nutritious, unprepared fruits and vegetables?
 Yes No
2. Are you a grower of some of the eligible fruits and/or vegetables you sell?

NOTE: A grower is defined as an individual or group that has a plot of land or garden, that is wholly or partially dedicated for growing produce.

Yes No

Provide a list of items you grow: _____

3. Have you ever been disqualified by the U.S.D.A. or by the WIC Produce Connection/WIC CVB programs from participating or any other U.S.D.A. program?
 Yes No

I certify the above information is true and correct to the best of my knowledge and belief.

PRINT - Name and Title of the applicant for WIC Produce Connection/WIC CVB Authorized Grower

Signature of the applicant for WIC Produce Connection/WIC CVB Authorized Grower Date

***Optional: How did you hear about WIC Produce Connection/WIC CVB?* _____

PLEASE MAIL COMPLETED APPLICATION TO:

**Michigan Department of Health and Human Services
Elliott-Larsen Building – 5th Floor-WIC
Attn: WIC Produce Connection/WIC CVB
320 S. Walnut Street
Lansing, MI 48913
Fax number: 517-335-9206**

OR EMAIL APPLICATION TO: MDHHS-ProduceConnection@michigan.gov

The WIC Produce Connection/WIC CVB Authorized Grower and anyone who works for them 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 1963 (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 disability be excluded from participation in, be denied the benefits of or otherwise be subjected to discrimination under any

program or activity for which the Authorized Grower receives Federal financial assistance from the State Agency; and hereby gives assurance that it will immediately take measures to effectuate this agreement.

This institution is an equal opportunity provider.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

