

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, MS 14-46, Sacramento, California 95814



**California Electronic Benefit Transfer (EBT) Project  
Farmers' Market Scrip Participation Agreement**

I, the authorized merchant, understand the State of California has received approval from the USDA Food and Nutrition Service (FNS) to use scrip as a method to redeem Food Stamp Program benefits at authorized farmers' markets, and that this approval is contingent upon several participation requirements outlined in the attached *California EBT Farmers' Market Scrip Guidelines*. I understand that continuation of the use of scrip is contingent upon ongoing approval from FNS and the California Department of Social Services (CDSS).

I am a USDA FNS authorized merchant. I agree to participate in the EBT project to permit EBT customers to purchase scrip at my farmers' market(s), which can then be used to purchase FNS eligible food items from the vendors during regular market hours. I am responsible for ensuring that the vendors are selling only FNS food stamp eligible items to EBT customers when scrip is redeemed. I agree to abide by the *California EBT Farmers' Market Scrip Guidelines*.

I understand that the POS terminal I will receive is the property of the State of California, is for use only to sell EBT scrip at the farmers' market, and may not be transferred, assigned or subleased. **I understand that the State of California will pay for equipment and transaction costs, so long as the equipment is used only for Food Stamp EBT transactions in addition to meeting all participating requirements.** I understand that if the terminal is damaged due to accident or misuse, and is not operable, I must contact the designated customer service center to have the equipment repaired or replaced. I agree to return the terminal to the State of California if FNS or the California Department of Social Services rescinds approval for the continuation of the use of scrip or if I am no longer an USDA FNS authorized merchant/association. I agree to hold the State of California harmless for any problems or claims arising from the use of the POS device or scrip.

In participating in this project, I agree to:

- Comply with federal and state laws, policies and procedures.
- Receive training and instructions in the proper use of the terminal.
- Make sure that the terminal is staffed by authorized farmers' market staff, available for transactions, and supplied with adequate receipt paper on every market day.
- Ensure the terminal is fully charged before bringing it to the market if I am using a wireless terminal.
- Prominently post "We Accept EBT" signage or the Quest Mark at the market during operating hours.
- Notify the designated customer service center immediately if there are any problems with the POS terminal.
- Participate in any program evaluation activities requested by FNS or CDSS.

\_\_\_\_\_  
Signature of Farmers' Market Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Farmers' Market

\_\_\_\_\_  
FNS Authorization Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City/State/Zip