



Prescription for Health

2020 Vendor Agreement

SIGNED CONTRACT MUST BE ON FILE PRIOR TO REIMBURSEMENT

This agreement by and between (Market Name) St. Louis Farmers Market

and (Vendor Business Name) _____

whose address is _____ city _____

state _____ zip _____ phone _____ email _____

is effective during the 2020 season at the Market (above). This agreement authorizes the Vendor (above) to accept Live Well Gratiot Prescription for Health coupons at the specified market from authorized participants in exchange for fresh fruits and vegetables, in accordance with market and program guidelines.

SECTION I. BY SIGNING THIS AGREEMENT, THE VENDOR AGREES TO:

1. Display a sign, provided by the farmers market, indicating the Vendor accepts Prescription for Health Coupons.
2. Provide only fresh fruit and vegetables, food producing plants, herb plants, and cut herbs in exchange for Prescription for Health Coupons
3. Not give change for purchases made with Prescription for Health Coupons.
4. Provide fruits and vegetables at the current price or less than the current price charged to other customers.
5. Not allow the return of product purchased with Prescription for Health in exchange for cash or non-food items.
6. Be monitored by the farmers market and/or Live Well Gratiot for program compliance.
7. Not provide cash or credit in exchange for Prescription for Health Coupons.
8. Not accept Prescription for Health Coupons for non-food items.
Not accept expired Prescription for Health Coupons (expiration date is on the coupon).
9. Turn in all redeemed coupons and a completed Vendor Sales Slip to the farmers market for reimbursement in accordance with market and program guidelines.

SECTION II. THE MARKET AGREES TO:

1. Collect redeemed Prescription for Health Coupons from the vendor and to account for and pay the vendor for any coupons received. Vendor reimbursement payments will be made on a monthly basis by the Gratiot Area Chamber of Commerce.
2. Provide a sign for the Vendor to display indicating the Vendor accepts Prescription for Health Coupons.
3. Monitor sales to ensure program guidelines are followed.
4. Submit signed vendor agreement to Live Well Gratiot upon request.

SECTION IV. SANCTIONS

A Vendor and/or his/her employee(s) who violate the provisions above may be disqualified from the program and not allowed to participate in future programs. The Market will only reimburse a Vendor for Prescription for Health Coupons accepted in accordance with market and program guidelines.

SECTION V. CERTIFICATION

The Vendor, through signature below, accepts all terms of this agreement. This agreement becomes valid only upon signature.

Vendor: _____ _____ _____
 Name (type or print) *Signature* *Date*

Market Manager: Linda Bader _____ _____ _____
 Name (type or print) *Signature* *Date*

NOTE: This market participates in many incentive programs that use tokens and coupons. **DO NOT ACCEPT** any tokens or coupons from a customer unless you have a signed agreement with this market to accept them. **Unauthorized tokens or coupons will not be reimbursed by the St. Louis Farmers Market.**