

2019

OhioHealth Farmers' Market Program Vendor Agreement

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

- Complete and submit a signed W-9 form, required for OhioHealth to issue payment directly to the vendor.
- Register to serve as a participating vendor by completing a vendor agreement that outlines the responsibilities of the vendor.
- Read through and adhere to the standards outlined in the Farmers' Market Voucher Program Guidelines 2019.
- Ensure that the foods purchased by the 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 2019 season.
- Ensure all vouchers are signed by the participant before accepting the vouchers as payment for eligible products.
- Encourage participants 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/farmer will be paid the entire value of each \$3 voucher.
- Print vendor name, address, phone number, Tax ID number and OhioHealth approved vendor number on the back of each voucher. Vouchers without this information will be ineligible for payment.
- The last date to submit vouchers to OhioHealth for reimbursement is November 8, 2019. Vouchers returned after this date will be ineligible for payment.



Vendor Information:

Business Name: _____

Contact Person: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ Zip: _____

Tax ID #: _____

OhioHealth Approved Vendor #: _____ (to be completed by OhioHealth)

Please mark all products you will be selling:

<input type="checkbox"/> Herbs	<input type="checkbox"/> meat	<input type="checkbox"/> honey
<input type="checkbox"/> fruit	<input type="checkbox"/> eggs	<input type="checkbox"/> syrup/jams
<input type="checkbox"/> vegetables	<input type="checkbox"/> dairy	<input type="checkbox"/> spices
<input type="checkbox"/> edible plants/seeds	<input type="checkbox"/> salsa	<input type="checkbox"/> oils

I acknowledge that a copy of OhioHealth's Farmers' Market Voucher Program Guidelines, W-9, New Supplier Request Form, ACH Payment Enrollment Form, and Vendor Agreement have been provided to me. I understand and agree to follow OhioHealth's Farmers' Market Voucher Program Guidelines.

Signature: _____ Date: _____

OhioHealth Cancer Care - Delaware Farmers' Market Voucher

Program supported by OhioHealth Home in Ohio grant funding

This voucher entitles _____ to up to **\$3** worth of goods from participating vendors at the Delaware Farmers' Market. No change will be given, please select enough eligible products to cover the entire value of the \$3 voucher. **Voucher can be used to purchase: Herbs, fruit, vegetables, edible plants/ seeds, eggs, dairy, meats, honey, syrup, jam, salsa, spices and oils.**

Customer signature upon redemption _____

Date redeemed _____



MAIN STREET
DELAWARE

Voucher valid May—October 2019



OhioHealth Cancer Care - Delaware Farmers' Market Voucher

Market is open - Wednesdays: 3pm-6pm & Saturdays: 9am-12pm

Voucher valid May—October 2019

Vendor Information:

Vendor name _____

Address _____

Phone # _____

Tax ID # _____ Vendor # _____

Voucher may be redeemed by turning in to an OhioHealth representative at the market, or by

email: Melissa.Latham@OhioHealth.com

or mail to: Attn: Melissa Latham

OhioHealth Cancer Center & Infusion
801 OhioHealth Blvd, Suite 180
Delaware, Ohio 43015



MAIN STREET
DELAWARE

