**Double Up Indiana**

**Vendor Agreement**

Market name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor business name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This agreement authorizes the vendor above to accept Double Up at the specified market from SNAP participants in exchange for eligible products.

**By signing this agreement, the vendor agrees to:**

1. Display a sign, provided by the farmers market, indicating the vendor accepts Double Up.
2. Exchange Double Up incentives ONLY for eligible products, which include fruits and vegetables, mushrooms, herbs, and edible plant-starts.
3. Not give change for purchases made with Double Up incentives.
4. Provide eligible products at, or less than, the current price charged to other customers.
5. Not allow the return of product purchased with Double Up in exchange for cash or non-food items.
6. Not provide cash or credit in exchange for Double Up incentives.
7. Accept Double Up incentives from customers during the market’s entire season.
8. Turn in all redeemed Double Up incentives (tokens, vouchers) to the farmers market for reimbursement in accordance with market and program guidelines.

**The market agrees to:**

1. Collect from the vendor all redeemed Double Up incentives (tokens, vouchers) and account for and pay the vendor for any incentives received that vendor.
2. Provide a sign for the vendor to display indicating the vendor accepts Double Up incentives.
3. Monitor sales to ensure program guidelines are followed.
4. Submit signed agreement to the St. Joseph Community Health Foundation upon request.

A vendor and/or his/her employee(s) who violate the provisions above may be disqualified from the Double Up Indiana program and not be allowed to participate in future programs. The market will only reimburse a vendor for Double Up incentives accepted in accordance with market and program guidelines.

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

Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Name-printed Signature Date*