

### Additional Information

8. Would you like to be contacted by NYC Health Department staff about other Health Department opportunities such as programs, resources, grants, jobs, etc.?

☐ Yes  
☐ No

### Health Bucks Distribution Requirements

Please review the requirements for distributing Health Bucks below. By filling out, signing and submitting this application form, your organization agrees to these requirements.

- Designate one person from your organization or program to be responsible for Health Bucks for the entire season. Ensure that person is trained to monitor and track Health Bucks distribution.
- Keep your Health Bucks out of sight in a locked drawer or cabinet. Keep Health Bucks safe and treat them like cash.
- Complete the Health Bucks distribution log every time you distribute Health Bucks. If you distribute Health Bucks more than one time on a particular day, record each event on a separate line.
- Submit the Health Bucks distribution log on the last day of each month you distribute Health Bucks. Please note your organization cannot receive more Health Bucks until logs are submitted accounting for all Health Bucks distributed. Email Health Bucks distribution logs to [farmersmarket@health.nyc.gov](mailto:farmersmarket@health.nyc.gov) with "Monthly Distribution Log" in the subject line or fax them to 347-396-4766, attn: Health Bucks Team.
- Return all undistributed Health Bucks to the Health Bucks Team by January 15, 2022. Email [farmersmarket@health.nyc.gov](mailto:farmersmarket@health.nyc.gov) to coordinate return. The sooner unused Health Bucks are received, the sooner redemption rates can be calculated.

### Agreement and Signature

This agreement is intended to ensure the integrity of the Health Bucks program. The NYC Health Department reserves the right to revoke an organization's participation in the Health Bucks program if it finds that it failed to comply with the program requirements. Such a finding may result in the forfeiture of any undistributed Health Bucks and bar the organization from future participation.

Please note that under the NYS Freedom of Information Law (FOIL), government agency records are presumed to be subject to disclosure to the public. If a member of the public submits written inquiries regarding this application, we will contact your organization.

|   |      |  |
|---|------|--|
| Name                                      |      |  |
| Title                                     |      |  |
| Organization                              |      |  |
| Program Name<br>(If different from above) |      |  |
| Signature                                 | Date |  |

