**Wisconsin EBT at Farmers’ Market Evaluation Project – Market Manager Survey**

UW-Extension and Wisconsin Department of Health Services have partnered to create statewide evaluation tools to evaluate electronic benefits transfer (EBT) at farmers’ market programs. Primary points of contact for this effort are: Amber Canto (UW-Extension) and Kelli Stader (DHS).

Evaluation of EBT programs across the state will be accomplished by surveys to the following audiences: consumers/users of EBT programs, farmers’ market vendors, and farmers’ market managers.

The guiding evaluation questions for the customer survey are:

* What is the perceived vendor impact of accepting EBT at the farmers’ market?
* What forms of payment are farmers’ markets accepting?
* If EBT is not accepted at a farmers’ market, why not?
* What models exist to operating EBT programs in the state?
* What barriers or challenges exist to operating EBT programs? What resources/supports have been used to overcome these barriers?
* What is the economic impact of EBT programs at farmers’ markets?
* What is the extent of use of incentive programs at farmers’ markets? What models exist and what resources have been utilized to support them?

The use of these tools is being promoted through UW-Extension and local Departments of Public Health, but is available to all farmers’ markets and community partners in Wisconsin. Suggested protocol for implementing the questionnaires follows.

**Please help us develop a statewide story for use of EBT programs at farmers’ markets. We would appreciate you informing** **Amber Canto** **and** **Kelli Stader** **of your intent to use this tool so that we can be sure to take your efforts into consideration.**

**Survey Audience**

Managers of farmers’ markets

**Survey Administration**

Surveys will be sent electronically through the Wisconsin Farmers’ Market Association to all markets with an email address. In addition, a link to the survey will be made available to on the Wisconsin Farmers’ Market Association website and mailed out to markets upon request.

**Survey Timeframe**

The survey should be completed annually following the market season: between November 15 and December 15 for summer markets and May 15 - June 15 for winter markets.

|  |  |
| --- | --- |
| **Market Season** | **Collection Dates** |
| Summer | November 15 - December 15 |
| Winter | May 15 - June 15 |

**Requests for Survey Data**

Survey data for specific markets may be requested from the state. Individual market codes will be used to identify survey responses pertaining to your market(s) of interest.

**Farmers’ Market Manager Survey**

1. **What forms of payment are accepted at your farmers’ market? (Choose all that apply.)**

 a) Cash

 b) Debit or credit

 c) EBT

 d) WIC Farmers Market Nutrition Program vouchers

 e) Senior Farmers Market Nutrition Program vouchers

 f) Incentive program tokens/vouchers

 g) Other form of payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **If you did NOT select "EBT" in question 1, please indicate why you do not accept EBT**

**at this farmers' market. (Choose all that apply.)**

 a) Wireless EBT is too expensive

 b) Not enough staff to operate EBT terminal and/or distribute EBT tokens

 c) Not enough EBT customers in this neighborhood

 d) Vendors at this farmers' market do not wish to accept EBT

 e) Other reason(s), please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🡪 Thank you for your time. Your surv**

1. **Please select the option that best describes how your farmers' market facilitates EBT**

**transactions.**

 a) Through a central, hard-wired point-of-sale device and token or scrip system

 b) Through a central, wireless point-of-sale device and token or scrip system

 c) Through an off-site, hard-wired point-of-sale device and token or scrip system

 d) Through a central, iDevice (like an iPod Touch) and MobileMarket+ App and token or scrip system

 e) Each farmer/vendor is equipped with his/her own wireless point-of-sale device

 f) Each farmer/vendor is equipped with an iDevice (like an iPod Touch) and the MobileMarket+ App

 g) Paper vouchers

1. **Briefly describe how the EBT program support costs (staff, time, materials, processing fees, etc.) are funded.**
2. **Do you feel your funding to support EBT is sustainable long-term?**

 Yes

 No

 I don’t know

1. **Approximately how many hours per week are needed to administer the EBT program**

**at your market (including prep time, accounting, marketing, market booth operation, etc.)?**

* Does this include time dedicated to operating an incentive program?

 Yes

 No

1. **How would you rate your overall experience with the EBT program at your farmers’**

**market?**

 Very Positive

 Positive

 Negative

 Very Negative

1. **Please indicate your level of agreement with the following statements (Strongly agree to**

**strongly disagree)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
| The [*EBT*] program was a success at my market |  |  |  |  |  |
| The [*EBT*] program benefits the market financially |  |  |  |  |  |
| The [*EBT*] program is valuable to customers |  |  |  |  |  |
| The [*EBT*] program is valuable to the community |  |  |  |  |  |
| The [*EBT*] program brings new customers to the market |  |  |  |  |  |

1. **Please estimate the dollar amount of each of the following benefit types you accepted in**

**2014.**

|  |  |
| --- | --- |
| **Payment method** | **Estimated dollar amount of benefit accepted** |
| EBT |  |
| Debit or credit |  |
| Incentive program |  |

1. **What resources were most helpful to you in order to accept EBT at your market (e.g.,**

**training, technical assistance, funding, web resources, volunteers)? Please be specific.**

1. **What were the biggest barriers to initiating an EBT program at your market?**
2. **How did you overcome these barriers?**
3. **In what ways did the EBT program impact your market this past season?**

***Please only answer the following questions if your market has an incentive program. Incentive programs are used to encourage specific actions or behaviors by a specific group of people. Examples of incentive programs include providing $2 for additional fresh produce purchases for every $5 of FoodShare redeemed or a dollar for dollar match for FoodShare redemptions.***

1. **How would you rate your overall experience with the incentive program at your**

**farmers’ market?**

 Very Positive

 Positive

 Negative

 Very Negative

1. **What types of federal assistance benefits are matched as part of your incentive**

**program? (Choose all that apply.)**

 a) EBT

 b) WIC Farmers Market Nutrition Program vouchers

 c) Senior Farmers Market Nutrition Program vouchers

 d) Other form of payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How is your incentive program funded? Please provide the name of the funding organization or agency in each category. (Choose all that apply.)**

|  |  |
| --- | --- |
| **Funding source** | **Agency/Organization Name(s)** |
| a) Health system |  |
| b) Local foundation |  |
| c) Local government (city/municipality/county) |  |
| d) Fundraising |  |
| e) Local business |  |
| f) Community organization |  |
| g) Grant |  |
| h) Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. **What market products are eligible for your incentive program? (Choose all that apply.)**

 a) Fruits and vegetables

 b) Meat/Eggs

 c) Bread products/Bakery

 d) Dairy

 e) Processed foods (jams/pickles)

 f) Food-producing plants

 g) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe how your incentive program is administered (e.g., $2 match for every $5 FoodShare benefits spent, dollar for dollar match, fruit and vegetable prescription**

**program).**

1. **What resources were most helpful to you in order to provide incentives at your market?**
2. **In what ways did the incentive program impact your market this past season?**
3. **General comments**