



WIC VENDOR AUTHORIZATION APPLICATION

Complete all sections of the application. Incomplete applications will not be processed. The owner or manager must complete this form and are responsible for the submitted information. Completion of this application does NOT constitute approval to redeem WIC vouchers at your store.



If you have any questions, please call the Vendor Management Unit at (304) 558-1115.
Website: <http://ons.wvdhhr.org> Email: dhrwicvu@wv.gov

Return Completed Application to:

**WVDHHR WIC PROGRAM
VENDOR MANAGEMENT UNIT
350 CAPITOL STREET
ROOM 519
CHARLESTON, WV 25301**

WEST VIRGINIA WIC PROGRAM
Supplemental Food Program for Women, Infants and Children
Vendor Authorization Application

PLEASE PRINT OR TYPE

A. Store Location Information		
1. Store Name (DBA)		
2. Mailing Address		
3. City	State	Zip
4. Street Address (If Different) (No P.O. boxes)		
5. City	State	Zip
6. County	7. Telephone ()	8. Fax ()
9. Contact person e-mail address:		
10. Does your store have internet access? Yes _____ No _____		
11. Manager Name (s)		
12. Directions to store from Charleston (Please provide specifics-attach extra sheet if necessary):		
B. Tax Information		
1. How is the business registered with the WV State Tax Department? (Circle One)		
Corporation	Partnership	Sole Proprietorship
2. Name of the business as registered with the WV Tax Department:		
3. Is the store up to date with payments to Workers' Compensation and the Bureau for Unemployment Compensation Programs? Y_____ N_____ If no, attach copy of repayment agreement.		
C. Licensing (Licenses must be posted during site evaluation)		
1. West Virginia Tax Number (Business Registration): _____ Expiration Date _____		
2. Food Stamp Authorization Number: _____ Issuance Date _____		
3. Sanitation Permit Number (Health Permit): _____ Expiration Date _____		
D. Store Operations		
1. Total number of cash registers located in store: _____ Do the registers have scanners? : Y_____ N_____		
Do the scanners identify WIC Foods: Y_____ N_____		
2. Is a pharmacy located in the store? Y__N___ 3. Square footage of store: _____		
4. Hours of Operation: Monday _____ Tuesday _____ Wednesday _____ Thursday _____		
Friday _____ Saturday _____ Sunday _____		
5. Gross Food Stamp Sales Last Year \$		
7. Gross Food Sales Last Year (Amount listed for previous year's tax) \$		
8. Gross WIC Sales Last Year \$		
9. Is it expected that more than 50% of your annual revenue from the sale of food items will be derived from the redemption of WIC vouchers? Y N		

E. Wholesalers/Suppliers - List Primary Supplier First, then Other Suppliers, then Dairy and Bread; attach additional page(s) if necessary.

Business Name and Contact Person	Address, City, State	Telephone
1.Primary		()
2.Primary		()
3.Secondary		()
4.Secondary		()
5.Dairy		()
6.Formula		()
7.WIC Bread		()

F. Ownership Information

1. List All Current Owners. If Corporate, List Headquarters.

Name	Full Address	Phone
		()
		()
		()

(Attach Additional Sheets if Necessary)

2. When did the store open for business under the above ownership at this location? / /

G. 1. HISTORY - List any current owner(s) that has ever been fined or disqualified by WIC or the Food Stamp Program or who are currently undergoing an appeal process involving potential disqualification and or fines by either WIC or Food Stamps)

Name (or if none, write "none")	Store Name	Type of Action and Date

2. During the past six years, has any current owner, officer, or manager at your store been convicted of or had a civil judgment for any of the following activities: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice? (circle one) Y N If yes, please specify the name of the owner, officer, or manager and the activities involved.

Name	Title	Type of Action and Date

H. EMPLOYEE AUTHORIZATION - List who, in the store, (By Name and Title) is authorized by the owners to sign documents, agreements, and otherwise act in an official capacity with the WIC Program.

1.	4.
2.	5.
3.	6.

I. VENDOR AUTHORIZATION IN OTHER STATES – If your store is authorized by another state (other than WV) to participate as a WIC vendor, please complete this section.

The state (other than WV) from which you accept WIC drafts/vouchers/coupons.

1. Gross SNAP (Food Stamp) sales in last year for that state	\$
2. Gross food sales in last year (amount listed for previous year's tax) for that state	\$
3. Gross WIC sales in last year for that state	\$

PLEASE READ BEFORE SIGNING

The owner(s) and management of _____ understand that:
(Enter Store Name)

1. **Completion of this application form does NOT constitute approval to accept WV WIC vouchers.**
2. **Store personnel must attend training as mandated by the State WIC Agency and federal regulations.**
3. **Only those foods that are designated as WV WIC Approved Foods may be sold to WV WIC participants, in no more than the quantity and variety specified on each voucher, and that prices charged for these foods may not exceed the price charged to other customers.**
4. **The store must maintain WV WIC approved foods in the quantities and varieties as specified on the Minimum Stock Grid. Also, that the stock which is in the store on the date of the store site evaluation will be the only stock which is counted towards the minimum stock requirements to obtain vendor authorization.**
5. **The prices charged by the store for WV WIC purchases must be at or below the designated ceiling price for that food package, that the prices that appear on WV WIC items on the date of the site evaluation will be those prices which are used to determine store prices, and that temporary sale prices may not be used for this pricing determination.**
6. **Authorized WV WIC personnel must be given access to all areas of the store, and to WIC related food receipts and records.**
7. **New applicant vendors who expect to derive more than 50 percent of their annual revenue from the sale of food items for WIC food vouchers will not be authorized as a WIC vendor.**
8. **WIC approved infant formula must be purchased from a manufacturer, wholesaler, distributor or retailer on the approved list provided by the WV WIC Program to ensure product integrity. The vendor must notify the State WIC Program within 30 days if the primary source of their WIC Approved formula has changed from what was reported at the time of application. The vendor must maintain inventory records for WIC approved formula purchases for two years and make the records available to the WV WIC Program within 30 days of the request.**

Certification and signature of owner (or person having the authority to apply on behalf of the store).

1. **I have authority to enter into agreements, sign official documents, and otherwise act in an official capacity for this store.**
2. **I understand that I (or another authorized employee as listed) agree to attend a training session regarding WIC Regulations, both State and Federal, (should the store qualify for WV WIC authorization) and to subsequently train store employees on these WIC Regulations.**
3. **I accept responsibility on behalf of this store for WIC regulation violations committed by the store's owners, officers, managers, employees, agents, representatives, including new employees, part-time employees, and unpaid employees, and understand that any sanctionable action committed by any of these individuals will be assessed against the store.**
4. **I understand that the WV WIC Program may not authorize a vendor applicant that is currently disqualified from the Supplemental Assistance Nutrition Program or that has been assessed a civil money penalty for hardship and the disqualification period that would otherwise had been imposed has not expired. I understand that disqualification from the Supplemental Assistance Nutrition Program will result in disqualification, and termination of vendor agreement, from the WV WIC Program and that this disqualification is not subject to administrative or judicial review under the WV WIC Program. Further, I understand that disqualification from the WV WIC Program may result in disqualification from the Supplemental Nutrition Assistance Program and that this disqualification is not subject to administrative or judicial review under the Supplemental Nutrition Assistance Program.**
5. **I understand that as provided in WV Code §21A-2-6(18) the WV WIC Program may not enter into a vendor agreement if the vendor is in default with the State's Worker's Compensation and/or the Unemployment Compensation benefits. By signing this application, I, the undersigned confirm that this business entity is in compliance with the laws governing the above stated programs.**

6. I understand that the WV WIC Program will immediately terminate the vendor agreement if it determines that the vendor has provided false information in connection with its application for authorization.
7. I certify that the information submitted on this application is true and complete to the best of my knowledge.
8. I understand that my store's name will be posted in a county listing of authorized WIC vendors on the WIC Program's website (ons.wvdhhr.org), unless I provide a written request to the WIC Program stating that I do not wish for my store to be included in the list.

Signed	Date
Print Name	Title

To file a complaint alleging discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410 or call, toll free, (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal Relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice users). USDA is an equal opportunity provider and employer.



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph.D.
Cabinet Secretary

WV WIC PROGRAM

VENDOR PRICE LIST (VPL) INSTRUCTIONS

This form is required of all authorized and applicant grocery vendors and is the official record of your shelf prices. Check your shelves while filling out this form. **Only** list the items that you have on your shelf on the date that this form is completed. For all categories of food, list the **HIGHEST** shelf price of the item that is WV WIC approved. When completing the price sections for milk, including Lactose Reduced and Lactose Free Milk, list the **LOWEST** price of milk in the fat/content flavor group. For categories of food which specify brand names, list the shelf price of that brand **ONLY**.

1. Complete the list using the current WV WIC Approved Cashier Guide (Food List) to ensure the prices you are reporting are on WV WIC approved foods **ONLY**.
2. Report the actual shelf price of the food on the date you are completing the form, not a wholesaler's book price or Suggested Retail Price.
3. In food categories that are not brand specific, (ex. eggs, beans, 16 oz. cheese, juice) report the most expensive price of the WV WIC Approved item on your shelves.
4. For milk prices, report the price of the least expensive brand, in each fat content category of milk, you carry (Including Lactose Reduced and Lactose Free milk).
5. When completing the vendor price list for cereals, include the volume of the package (in ounces in sizes of 12 ounce or larger only) you stock along with the current shelf price. If the sizes on your shelves differ from the size indicated on the form, write in the size you stock.
6. Sign and date the form. Return the completed form to:

Office of Nutrition Services
WV WIC Program
350 Capitol St., Room 519
Charleston, WV 25301-3717
Attn: Vendor Unit

OFFICE OF NUTRITION SERVICES
Bureau for Public Health
350 Capitol Street, Room 519
Charleston, WV 25301-3717
Phone: (304) 558-0030 FAX: (304) 558-1541

West Virginia WIC Vendor Price List (VPL) Effective 04/11/2011 Appendix M

CHEESE					
		Highest Price		16 oz	Highest Price
American Cheese	16 oz (1lb) packages only		Monterey Jack	16 oz (1lb) packages only	
	Block	\$		Block	
	Shredded	\$		Shredded	
	Slices	\$		Slices	
Cheddar	16 oz (1lb) packages only		Mozzarella	16 oz (1lb) packages only	
	Block	\$		Block	
	Shredded	\$		Shredded	\$
	Slices	\$		Slices	\$
Colby	16 oz (1lb) packages only		EGGS-Large White only		
	Block	\$			Highest Price
	Shredded	\$		Dozen	
	Slices	\$		Large only	\$
MILK					
	Size	Lowest Price		Size	Lowest Price
Fat Free/Skim/Ultra Skim-White			Low Fat/1%-White		
	1 qt	\$		1 qt	\$
	1/2 gal	\$		1/2 gal	\$
	1 gal	\$		1 gal	\$
Reduced Fat/2%-White			Whole-White		
	1 qt	\$		1 qt	\$
	1/2 gal	\$		1/2 gal	\$
	1 gal	\$		1 gal	\$
2%, 1%, or Skim-Chocolate			Whole-Chocolate		
	1 qt	\$		1 qt	\$
	1/2 gal	\$		1/2 gal	\$
	1 gal	\$		1 gal	\$
Lactose Reduced/Free Milk					
	Size	Lowest Price		Size	Lowest Price
Fat Free/Skim/Ultra Skim			Low Fat/1%		
	1 qt	\$		1 qt	\$
	1/2 gal	\$		1/2 gal	\$
	96 oz	\$		96 oz	\$
Reduced Fat/2%			Whole		
	1 qt	\$		1 qt	\$
	1/2 gal	\$		1/2 gal	\$
	96 oz	\$		96 oz	\$
Powdered/Dry Milk			Soy Milk 8th Continent Original Only		
	8 quart box (25.6 oz)	Highest Price			
		\$		1/2 gal	\$

Store Name:
Store Address:
WV WIC Vendor Number:

Cereals are BRAND SPECIFIC-No store Brands allowed					
CEREALS 12 oz or more cold cereal 11 oz or more for hot cereal					
If cereal size is incorrect AND more than 12 oz, please write in correct size					
Brand	ounces		Brand	ounces	
General Mills			Little Crow Foods		
Cheerios	14 oz	\$	Coco Wheats	14 oz	\$
regular only	18 oz	\$		28 oz	\$
Cheerios	12.8 oz	\$	Post		
multigrain	16.2 oz	\$	Banana Nut Crunch	15.5 oz	\$
Chex			Bran Flakes	16 oz	\$
	<u>Corn</u>	14 oz	\$	Grape Nuts	16 oz
	<u>Rice</u>	12.8 oz	\$		24 oz
	<u>Wheat</u>	14 oz	\$		32 oz
Kix	12 oz	\$	Honey Bunches of Oats		
	18 oz	\$			
Total	16 oz	\$	<u>Almonds</u>	14.5 oz	\$
Wheaties	15.6 oz	\$		18 oz	\$
Kellogg's			<u>Cinnamon Clusters</u>	14.5 oz	\$
All-Bran				18 oz	\$
Wheat Flakes	17.3 oz	\$	<u>Honey Roasted</u>	14.5 oz	\$
Corn Flakes	12 oz	\$		18 oz	\$
	18 oz	\$	Quaker		
	24 oz	\$	King Vitaman	12 oz	\$
Crispix	12 oz	\$	Life	15 oz	\$
	17.9 oz	\$		21 oz	\$
	18 oz	\$	Oatmeal Squares		
Frosted			<u>Brown Sugar</u>	16 oz	\$
Mini Wheats				24 oz	\$
	<u>Big Bite</u>	16 oz	\$	<u>Cinnamon</u>	16 oz
<i>No Little Bites</i>		20.4 oz	\$		24 oz
	<u>Bite Size</u>	18 oz	\$	Instant Oatmeal	
		24 oz	\$	individual packets	11.80 oz
Rice Krispies			B&G		
	12 oz	\$	Cream of Wheat		
	18 oz	\$	Whole Grain Only		
			18 oz	\$	
Rice Krispies Gluten Free	12 oz	\$			
Special K	12 oz	\$			
	18 oz	\$			

DO NOT ENTER SALE PRICES

JUICE					
Some Juices are BRAND SPECIFIC-refer to Cashiers Guide if unsure					
Refrigerated Carton	Highest Price		Shelf Stable Bottle	Highest Price	
	Grapefruit	64 oz		\$	Apple
Orange	64 oz	\$	Grape	64 oz	\$
			Grapefruit	64 oz	\$
Frozen			Orange	64 oz	\$
	Apple	12 oz	Campbells		
	Grape	12 oz	Tomato	64 oz	\$
	Grapefruit	12 oz	V-8 Vegetable	64 oz	\$
	Orange	12 oz			
	Pineapple	12 oz			
WHOLE GRAIN BREAD 10 OUNCE LOAF ONLY					
Brand	Style	UPC	Price		
Food Lion	100% Whole Wheat	035826074645	\$		
Kroger	Healthy Life 100% Whole Wheat Whole Grain	024126008931	\$		
Natures Own	100% Whole Grain Sugar Free	072250017671	\$		
Nickles	100% Whole Wheat	078821300081	\$		
Pepperidge Farms	Swirl 100% Whole Wheat				
	Cinnamon with Raisins	014100085430	\$		
	Stone Ground 100% Whole Wheat	014100071013	\$		
	Very Thin 100% Whole Wheat	014100071327	\$		
Roman Meal	Sungrain 100% Whole Wheat	041511352165	\$		
Sara Lee	Classic 100% Whole Wheat	072945611030	\$		
Schmidt's	Old Tyme 100% Whole Wheat	071010120040	\$		
Weight Watchers	Whole Wheat	18379100001	\$		
	Multi Grain	18379100008	\$		
CANNED FISH					
Tuna	Highest Price		Salmon	Highest Price	
Chunk light	5 oz	\$	Pink	5 oz	\$
CANNED BEANS		Highest Price	DRIED BEANS/PEAS	Highest Price	
(black, great northern, kidney, navy, and pinto)	15-16 oz can	\$		16 OZ	\$
PEANUT BUTTER	18 oz	\$			

INFANT FORMULA				
Brand	TYPE	SIZE	PRICE	UPC
SIMILAC SOY ISOMIL	Concentrate	13 oz	\$	7007456976
SIMILAC SOY ISOMIL	Ready to Feed	32 oz	\$	7007455968
SIMILAC SOY ISOMIL	Powder	12.9 oz/12.4 oz	\$	7007455964
SIMILAC ADVANCE EARLY SHIELD/COMPLETE NUTRITION	Concentrate	13 oz	\$	7007456974
SIMILAC ADVANCE EARLY SHIELD/COMPLETE NUTRITION	Ready to Feed	32 oz	\$	7007455962
SIMILAC ADVANCE EARLY SHIELD/COMPLETE NUTRITION	Powder	12.9 oz/12.4 oz	\$	7007455958
SIMILAC SENSITIVE/FUSSINESS & GAS	Concentrate	13 oz	\$	7007457536
SIMILAC SENSITIVE/FUSSINESS & GAS	Ready to Feed	32oz	\$	7007457534
SIMILAC SENSITIVE/FUSSINESS & GAS	Powder	12.9 oz/12.6 oz	\$	7007457541
SIMILAC SENSITIVE RS/FOR SPIT UP	Ready to Feed	32 oz	\$	7007456731
SIMILAC SENSITIVE RS/FOR SPIT UP	Powder	12.9 oz/12.3 oz	\$	7007450960
Enfacare LIPIL	Powder	12.8 oz	\$	300870019448
Nutramigen LIPIL	Concentrate	13 oz	\$	300870498014
Nutramigen LIPIL	Ready to Feed	32 oz	\$	300870499011
Nutramigen LIPIL	Powder	16 oz	\$	300870338013
Nutramigen LIPIL with Enflora	Powder	12.6 oz	\$	300871239418
Similac Alimentum Advance/Expert Care	Ready to Feed	32 oz	\$	70074575131
Similac Alimentum Advance/Expert Care	Powder	16 oz	\$	70074576640
Similac Neosure Advance/Expert Care	Ready to Feed	32 oz	\$	70074574561
Similac Neosure Advance/Expert Care	Powder	12.8 oz/13.1 oz	\$	70074574318
Ensure	Ready to Feed	8 oz bottle	\$	70074xxxxxx
Ensure	Ready to Feed	8oz bottles-6 pk	\$	70074xxxxxx
Pediasure	Ready to Feed	8oz bottles-6 pk	\$	70074xxxxxx

INFANT CEREAL GERBER 8 OUNCE BOX ONLY				
<u>Barley</u>	8 oz	\$		1500000701
<u>Mixed Grain</u>	8 oz	\$		1500000702
<u>Oatmeal</u>	8 oz	\$		1500000703
<u>Rice</u>	8 oz	\$		1500000704
<u>Whole Wheat</u>	8 oz	\$		1500000705
INFANT FOODS				
Gerber	Type	Size		Highest Price
	Fruits	4 oz		\$
	Vegetables	4oz		\$
	Meats	2.50 oz		\$
Beech-Nut	Type	Size		Highest Price
	Fruits	4 oz		\$
	Vegetables	4oz		\$
	Meats	2.50 oz		\$
Nature's Goodness	Type	Size		Highest Price
	Fruits	4 oz		\$
	Vegetables	4oz		\$
	Meats	2.50 oz		\$
Other (Please Specify Brand)	Type	Size		Highest Price
	Fruits	4 oz		\$
	Vegetables	4oz		\$
	Meats	2.50 oz		\$

Vendor Signature:	(When Vendor completes the VPL)
WIC Monitor Signature:	(On date of site visit)
Vendor Signature:	(Sign on date of WIC site visit)