

# Alabama WIC New Vendor Application Packet



**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF FAMILY HEALTH SERVICES  
DIVISION OF WIC**



Scott Harris, M.D., M.P.H.  
STATE HEALTH OFFICER

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Dear Prospective WIC Vendor:

Thank you for your interest in becoming an Alabama WIC Vendor.

Prior to completing the application packet, thoroughly review the Criteria for Participation and the Minimum Inventory Requirements for becoming an authorized Alabama WIC Vendor. It is important to note that if you become an authorized Alabama WIC Vendor these requirements must be maintained at all times to continue as an Alabama WIC Vendor.

The following application packet must be completed in its entirety or it will not be processed. This includes completing the New Applicant Price Survey. Completion of this application does not imply or guarantee authorization to participate in the Alabama WIC program.

As part of the application process, a WIC Representative will monitor your store to verify that the information provided on the application is correct, verify that the store meets the Criteria for Participation, and currently meets the Minimum Inventory Requirements. If discrepancies are identified, you do not meet any of the Criteria for Participation, or you do not meet the Minimum Inventory Requirements at the time of the visit, the application will be denied. You will be notified in writing if your application is denied and there will be a waiting period for reapplication.

**If you are authorized to participate in the Alabama WIC program and you accept or process eWIC transactions prior to agreement delivery and completion of vendor training, you will be required to repay the Department.**

If you have any questions concerning the application process, contact this office at (334) 206-5673.

Sincerely,

The Alabama WIC Division  
Vendor Management Branch



## VENDOR CRITERIA FOR PARTICIPATION in the ALABAMA WIC PROGRAM

The following criteria for participation must be met to become an authorized Alabama WIC Vendor. Vendor applicants and authorized vendors shall comply with the criteria for participation at all times.

1. **Square Footage of Retail Space** – The store must have a minimum of 3,000 square feet of continuous retail space exclusively devoted to food sales. Square footage areas that are not continuous retail food sales areas open to the public and are used for other purposes that are irrelevant to the purpose of the Alabama WIC Program will not be considered as part of the minimum square footage requirement. Retail space does not include office space, storage areas, or restrooms.
2. **Retail Grocery Requirements** – The store must be a business whose primary purpose is to be a retail grocer. Retail grocery does not include the following: gas stations, specialty stores, liquor stores, home delivery groceries, bait shops, etc. All vendors must have a recognized grocery department in a stationary location that is a separate and distinct area. The store, on any given day of operation, shall offer for sale and normally display a variety of different types of staple foods in addition to the Alabama WIC Program approved foods. The store must be open for business to customers at least eight hours per day and six days per week.
3. **Food Sales** – At least 60 percent of a vendor's total sales must be in staple foods with the exception of vendors whose square footage exceeds 10,000 square feet. This requirement allows a WIC participant to purchase a variety of foods for home preparation and consumption and as recommended by the United States Department of Agriculture (USDA) MyPlate dietary guidance.

Staple food groups include meat, poultry, fish, breads, cereal, vegetables, fruit, and dairy products. A portion of the vendor's total staple foods must include perishable foods that are either frozen staple food items; or fresh, un-refrigerated or refrigerated staple food items that will spoil or suffer significant deterioration in quality within two to three weeks.

Staple foods **do not** include accessory foods such as coffee, tea, cocoa, soda, non-carbonated drinks such as sports drinks, punches, and flavored waters, candy, chips, condiments, spices, hot foods, or foods ready to go or made to take out, like prepared sandwiches or salads.

4. **Health Department Food Permit** – The store must have a current Health Department Food Permit issued by the Alabama Department of Public Health or a state inspection certificate, as approved by the Alabama WIC Program.
5. **Minimum Stock of WIC Approved Foods** – The store must have and maintain the minimum required stock of WIC approved foods. (See Minimum Inventory Requirements Sheet) Items outside the manufacturer's expiration date will not be counted as part of the minimum required stock. Vendors cannot use another store's brand items as part of the minimum stock requirements.

6. **Competitive Prices** – The store's prices for WIC approved foods must be competitive with other stores of similar size in the state. These prices shall not exceed the maximum price as set by the Department.
7. **SNAP Authorization** – The store shall be an authorized USDA Supplemental Nutrition Assistance Program (SNAP) retailer.
8. **Disqualification from SNAP or WIC** – The owner, co-owner, corporate official, or manager must not currently be disqualified from SNAP or the WIC Program in any state and/or may not currently be paying a SNAP civil money penalty unless due to inadequate participant access.
9. **Business Integrity** – Unless it is necessary to ensure adequate participant access, the Alabama WIC Program will not authorize a vendor applicant if during the last six years, the vendor applicant or any of the vendor applicant's current owners, officers, or managers have been convicted of or have had a civil judgment for entered against them for any activity indicating a lack of business integrity: Activities indicating a lack of business integrity include, but not limited to, 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.
10. **50 Percent Criterion** – Annual food sales revenue from the sale of food items derived from WIC transactions and/or the redemption of WIC food instruments must be less than 50 percent.

If after authorization sales data indicates more than 50 percent of the store's food sales revenue is from the sale of food items derived from WIC transactions and/or the redemption of WIC food instruments, the vendor contract will be immediately terminated, and the vendor disqualified from participating in the Alabama WIC Program.

11. **Infant Formula Supplier** – The vendor shall purchase formula solely from entities approved by the Department. The Department maintains a list of approved entities and it is available on the Department's website.

The Department does not allow vendors to purchase contract infant formula from other WIC Program vendors.

12. **Electronic Benefits Transfer (EBT) Capability** - The WIC vendor demonstrates their cash register system or payment device can accurately and securely obtain WIC food balances associated with an EBT card, maintain the necessary files such as the Approved Product List (APL), and claim file and successfully complete WIC EBT purchases. EBT in the WIC Program is known as eWIC.

**ALABAMA WIC PROGRAM  
MINIMUM INVENTORY REQUIREMENTS  
EFFECTIVE OCTOBER 1, 2024 – SEPTEMBER 30, 2025**

**Note:** Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
<b>INFANT FORMULA</b> <b>Enfamil Infant</b> <b>(Milk Based)</b>	12.5 oz. Powder	18 Cans	12 Cans
<b>Enfamil Gentlease</b>	12.4 oz. Powder	12 Cans	6 Cans
<b>Enfamil AR</b>	12.9 oz. Powder	6 Cans	6 Cans
<b>Enfamil ProSobee</b> <b>(Soy Based)</b>	12.9 oz. Powder	6 Cans	Must supply upon request.
<b>DRY INFANT CEREAL</b>	8 oz. or 16 oz. Container; Gerber or Beech-Nut Barley, Rice, Whole Wheat, Oatmeal, or Multigrain Not allowed: Organic, DHA, Fruit or other additives, or sensitive.	10 Containers (2 varieties, 4 must be rice)	8 Containers (2 varieties, 4 must be rice)
<b>INFANT FRUITS &amp; VEGETABLES</b>	Any 1 <sup>st</sup> and 2 <sup>nd</sup> stage fruits and vegetables, these sizes and brands: Beech-Nut 4 oz. jar: Nothing Artificial Added and Naturals. <b>OR</b> Gerber 2 oz. 2-packs, 4 oz. 2-Packs, and 4 oz. jars of Naturals. See Alabama WIC Approved Foods Brochure for information on items not allowed.	64 – (4oz. Jars) <b>OR</b> 32 – (8 oz. Packages)	32 – (4 oz. Jars) <b>OR</b> 16 – (8 oz. Packages)
<b>MILK, Whole</b> <b>Least Expensive Brand</b>	Lactose Free / Lactose Reduced Calcium Enriched Not allowed: buttermilk, flavored, acidophilus treated, condensed, or organic.	4 Gallons	2 Gallons
<b>MILK, Fat Free or 1% Low Fat</b> <b>Least Expensive Brand</b>	Lactose Free / Lactose Reduced Calcium Enriched Not allowed: buttermilk, flavored, acidophilus treated, condensed, or organic.	12 Gallons	8 Gallons
<b>YOGURT, Low Fat or Non- Fat or Greek</b>	16 oz. (1 lb.) or 32 oz. (2 lb.) Yogurt. See the Alabama WIC Approved Foods Brochure for the approved products and flavors.	192 oz. (6 – 32 oz. tubs or equivalent). May be any combination of approved products and flavors.	Must supply upon request.
<b>EGGS</b>	Any size white eggs (small, medium, large, extra large, and jumbo) in 6 count, 12 count or 18 count cartons. Not allowed: brown, hard boiled, organic, specialty eggs such as cage free grain fed hen, Eggland's Best, omega 3, or low cholesterol.	6 Dozen	4 Dozen

**\*See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

Rev. September 2025

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MINIMUM INVENTORY REQUIREMENTS  
EFFECTIVE OCTOBER 1, 2024 – SEPTEMBER 30, 2025**

Note: Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
<b>CHEESE</b> <b>Least Expensive Brand</b>	8 oz. or 16 oz. Package. Domestic only. Block, sliced, string, or shredded of the following varieties: Cheddar, Colby, Monterey Jack, Mozzarella, Muenster, Processed American, Provolone, and Swiss. Any combination of the approved types.  (Not allowed: cheese food, spread, product, imitation, cubes, sticks, crumbles, cheese from deli, peppers or other added ingredients).	6 – (16 oz. Packages) <b>OR</b> 12 – (8 oz. Packages)  (Must stock 2 of the 6 varieties)	4 – (16 oz. Packages) <b>OR</b> 8 – (8 oz. Packages)  (Must stock 2 of the 6 varieties)
<b>CEREAL</b>  <b>8.9 to 36 oz. Boxes or Bags only.</b>  <b>**Whole Grain Cereals</b>	<b>General Mills</b> Cheerios**, Multi-Grain Cheerios**, Rice Chex, Corn Chex, Berry Berry Kix, Honey Kix**, Kix** <b>Kashi</b> Honey Toasted** and warm Cinnamon**. <b>Kellogg's</b> Corn Flakes, Frosted Mini Wheats Original **, Blueberry**, Strawberry**, Frosted Mini Wheats Little Bites Chocolate**, Original**, Rice Krispies, Special K Original <b>Post</b> Honey Bunches of Oats with Almonds, Honey Bunches of Oats, Honey Roasted, Honey Bunches of Oats with Vanilla Bunches **, Great Grains Banana Nut Crunch**, Great Grains Crunchy Pecan** <b>Malt-O-Meal</b> Strawberry Cream Mini Spooners** <b>Quaker</b> Instant Oatmeal (Original) **, Instant Grits (Original)	18 Boxes (Must stock 6 different varieties <b>and</b> 3 of the varieties must be whole grain)	9 Boxes (Must stock 3 different varieties <b>and</b> 1 of the varieties must be whole grain)
<b>BROWN RICE</b>	14 – 16 oz. Bag or Box. Any brand regular, instant, or boil-in-bag. Not allowed: seasoned, white, frozen, gourmet blends, or organic.	6 – (14 – 16 oz.)	4 – (14 – 16 oz.)
<b>48 oz. or 96 oz. JUICE</b> All brands must be 100% juice and contain no added sweetener. Must have 72 mg (80%) Vitamin C per 8 fl. or 120% Vitamin C (when mg not listed on the label).	Juicy Juice – all flavors (Not allowed: Teasers and Organic); Any brand in 48 oz. or 96 oz. shelf stable containers in the following flavors (Apple, Cranberry, Grape, Grapefruit, Orange, Pineapple, White Grape).  See the Alabama WIC Approved Foods Brochure for the approved products and flavors.	8 Containers	6 Containers
<b>64 oz. or 128 oz. JUICE</b> All brands must be 100% juice and contain no added sweetener. Must have 72 mg (80%) Vitamin C per 8 fl. or 120% Vitamin C (when mg not listed on the label).  <b>64 oz. or 128 oz. Refrigerated Container</b>	Juicy Juice – all flavors (Not allowed: Teasers and Organic), Northland Cranberry Juice, Welch's, and Ocean Spray. Any brand in 64 oz. or 128 oz. shelf stable containers in the following flavors (Apple, Cranberry, Grape, Grapefruit, Orange, Pineapple, White Grape).  See the Alabama WIC Approved Foods Brochure for the approved products and flavors.  100% orange juice only. May contain calcium.	10 Containers	8 Containers

**\*See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

**ALABAMA WIC PROGRAM  
MINIMUM INVENTORY REQUIREMENTS  
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**Note:** Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
<b>PEANUT BUTTER</b>	16 – 18 oz. Container. Any brand. May be chunky, creamy, crunchy, or low sodium.  Not allowed: whipped, spreads, omega 3, reduced fat, organic, combinations with jelly, honey, etc.	8 Containers	6 Containers
<b>WHOLE WHEAT AND WHOLE GRAIN BREADS</b>	16 oz. Package. Nature's Own 100% Whole Grain Sugar Free, Nature's Own 100% Whole Wheat w/ Honey, Sara Lee 100% Whole Wheat, Lewis 100% Whole Wheat, Bunny 100% Whole Wheat, Kroger 100% Whole wheat, Wonder 100% Whole Wheat, Arnold's Hamburger Buns 100% Whole Wheat, and Arnold's Hotdog Buns 100% Whole Wheat.	12 – (16 oz. Packages)	6 – (16 oz. Packages)
<b>FRESH AND FROZEN FRUITS AND VEGETABLES</b>	See Alabama WIC Approved Foods Brochure for information on approved fresh and frozen fruits and vegetables.	Must stock a total of \$48 retail value; including 4 varieties of fresh or frozen fruits and 4 varieties of fresh or frozen vegetables.	Must stock a total of \$36 retail value; including 3 varieties of fresh or frozen fruits and 3 varieties of fresh or frozen vegetables.

The items listed below are not part of the required minimum stock; however, as an Alabama authorized WIC vendor, if a customer requests an item below, you are required to supply the item(s) upon request.

FOOD ITEM	DETAILS	
<b>INFANT MEAT</b>	2.5 oz. Container; Gerber or Beech-Nut plain meat with broth or gravy. Not allowed: meat sticks, DHA, or organic.	<b>SUPPLY UPON REQUEST</b>
<b>SPECIAL MILK</b>	Chocolate Milk, lactose free (half gallons or 96 oz.), low fat or fat-free (1% or skim), half or whole gallons. Whole Milk, 1 quart. Evaporated (Canned Milk), 12 oz. Can. Carnation and Pet brands only. Dry Milk (Powdered), 9.6 oz. or 25.6 oz. container. Ultra High Temperature, 32 oz. Not allowed: buttermilk, flavored, acidophilus treated, condensed, organic, chocolate drink, flavored milk other than chocolate, and 2% milk.	<b>SUPPLY UPON REQUEST</b>

**\*See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

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**Note:** Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

The items listed below <u>are not</u> part of the required minimum stock; however, as an Alabama authorized WIC vendor, if a customer requests an item below, you are required to supply the item(s) upon request.		
FOOD ITEM	DETAILS	
YOGURT, Whole Milk	32 oz. (2 lb.) Whole Milk Yogurt. Dannon Plain or Vanilla or Stoneyfield Organic all Flavors.	SUPPLY UPON REQUEST
DRY PEAS OR BEANS	16 oz. Bag. Any brand. Not allowed: added flavorings or organic.	SUPPLY UPON REQUEST
CANNED PEAS OR BEANS	15 -16 oz. Canned peas/beans. Must be a mature legume. (Ex. Blackeye Peas, Black, Pinto, Garbanzo, Red, Navy, White, Lima, Butter, and Kidney Beans). Any brand. Not allowed: vegetables, organic, added fats, meats, seasonings, oils, sauces, organic, or creamed style.	SUPPLY UPON REQUEST
11.5 oz. - 12 oz. FROZEN JUICE	Dole Pineapple; Seneca Apple; Old Orchard – All flavors with green lids allowed. Orange Juice 12 oz. (may contain calcium). Any Brand.	SUPPLY UPON REQUEST
CANNED FISH	<b>Any size, can or foil pouch, up to a total of 30 oz.</b>  <b>TUNA</b> Any brand light tuna, chunk style packed in water.  <b>SALMON</b> Any brand pink salmon.  Not allowed: Packed in oil. White, albacore or yellow fin tuna. Sockeye or red salmon. Fresh or frozen fish. Lunch packs, kits or tuna salad.	SUPPLY UPON REQUEST
100 % WHOLE WHEAT OR WHOLE GRAIN PASTA	16 oz. Package. 100% whole wheat/grain pasta, any shape, any brand. Not allowed: Organic, added seasonings, sugars, fats, oils, salt, egg noodles, gluten free, veggie, or brown rice pasta.	SUPPLY UPON REQUEST
WHOLE GRAIN TORTILLA (WHEAT AND CORN)	16 oz. Package. See Alabama WIC Approved Foods Brochure for approved brands.	SUPPLY UPON REQUEST

**\*See Alabama WIC Approved Foods Brochure for Additional Details and Pictures**

Rev. September 2025



Attention:

If you have recently purchased an existing store or taken over ownership of an existing store, PLEASE contact the AL WIC Office after you submit your application.

Ask us if the store you are purchasing is currently on the WIC program. We need to be aware anytime a store on the program closes or sells so that we can terminate the current WIC Vendor number to reduce any risks of invalid transactions.

You may contact us at 334-206-5673 or email us at [wicvendortraining@adph.state.al.us](mailto:wicvendortraining@adph.state.al.us)



## ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW VENDOR APPLICATION

**Note:** Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

<b>Return Completed Applications to:</b>  Alabama Department of Public Health Bureau of Family Health Services WIC Division, Suite 1300 The RSA Tower P. O. Box 303017 Montgomery, AL 36130-3017	<b>FOR WIC USE ONLY</b> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;">Date</th><th style="text-align: center;">Initial</th></tr></thead><tbody><tr><td><b>Reviewed</b></td><td></td><td></td></tr><tr><td><b>Store Inspection</b></td><td></td><td></td></tr><tr><td><b>Store Type</b></td><td></td><td></td></tr><tr><td><b>% of Staple Foods</b></td><td></td><td></td></tr><tr><td><b>Hardship (circle)</b></td><td colspan="2" style="text-align: center;"><b>YES / NO</b></td></tr></tbody></table>		Date	Initial	<b>Reviewed</b>			<b>Store Inspection</b>			<b>Store Type</b>			<b>% of Staple Foods</b>			<b>Hardship (circle)</b>	<b>YES / NO</b>	
	Date	Initial																	
<b>Reviewed</b>																			
<b>Store Inspection</b>																			
<b>Store Type</b>																			
<b>% of Staple Foods</b>																			
<b>Hardship (circle)</b>	<b>YES / NO</b>																		

**Note:** A vendor application must be completed for each store owned, including each entity of a chain operation. Only **complete** applications will be processed.

**STORE INFORMATION**

1. **Store Name:** \_\_\_\_\_ **Cost Plus Store:** Yes ☐ No ☐

2. **Physical Location of Store:**

City: _____	State: _____	Zip: _____	County: _____
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3. **Mailing Address (if different from physical location):**

City: _____	State: _____	Zip: _____
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4. **Store Phone Number:** (    )    -    **Store Fax Number:** (    )    -

**Email Address:** \_\_\_\_\_

**LICENSING INFORMATION**

5. Federal Tax Identification Number: \_\_\_\_\_

6. SNAP Authorization Number: \_\_\_\_\_

7. Alabama Department of Public Health Food Permit Number: \_\_\_\_\_

**Note:** Submit a copy of Food Permit with the application.

**OWNERSHIP INFORMATION**

8. Select the legal structure of this business from the selections below:  
The name of the corporation or LLC must be included, or the Application will not be Processed.

- ☐ Corporation Name: \_\_\_\_\_
- ☐ Individual (Sole Proprietorship): \_\_\_\_\_
- ☐ Limited Liability Company (LLC) Name: \_\_\_\_\_
- ☐ Partnership: \_\_\_\_\_



# ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW VENDOR APPLICATION

**Note:** Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

9. List the name(s) of the owner(s), partners, or corporate officer(s) of the store named in this Alabama WIC Vendor application along with percentage of ownership ( <b>Percentage of ownership must equal 100%</b> ): (Attach Additional Sheets if Necessary)			
Name:		Title:	
Address:		Email:	
City:	State:	Zip:	Phone: (Work)_____ (Cell)_____
Percentage of Ownership:_____			
Name:		Title:	
Address:		Email:	
City:	State:	Zip:	Phone: (Work)_____ (Cell)_____
Percentage of Ownership: _____		Total Percentage of Ownership: _____	
10. List other stores in which the owner(s) have ownership or interest. Notate if the stores are currently authorized to accept WIC food instruments in any state. (Attach Additional Sheets if Necessary)			
Store Name:		Location (including state):	WIC Authorized (Y/N)
Store Name:		Location (including state):	WIC Authorized (Y/N)
Store Name:		Location (including state):	WIC Authorized (Y/N)
<b>BUSINESS INTEGRITY</b>			
11. If new store, provide date of opening for continuous business: _____ If new ownership, provide the effective date of store transfer as recorded on the Bill of Sale: _____ Former Owner: _____ Former Store Name: _____ <b>NOTE:</b> The store must be open for regular business hours <u><b>before</b></u> becoming an authorized Alabama WIC vendor.			
12. Are any of the current owners related by blood or marriage to the previous owners? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: _____			
13. Has any current owner or officer been disqualified or assessed civil money penalties from SNAP in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the dates and state: From _____ To _____ State: _____			
14. Has any current owner or officer been disqualified from any WIC program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide the dates and state: From _____ To _____ State: _____			



## ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW VENDOR APPLICATION

**Note:** Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

15. During the last six years, have you (the applicant) or any of your current owners, officers, agents, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity? Yes ☐ No ☐ (If yes, name and title): \_\_\_\_\_

If yes, provide the dates and state: From \_\_\_\_\_ To \_\_\_\_\_ State: \_\_\_\_\_

16. List the name of the person with primary on-site responsibility for daily operations:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

17. Provide primary contact person's name, number, and email address for WIC issues, if different than above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### STORE OPERATIONS

18. Square Feet of Retail Space: \_\_\_\_\_

19. Number of manned cash registers: \_\_\_\_\_ Number of self-checkout registers: \_\_\_\_\_

Total of cash registers: \_\_\_\_\_

20. Do the registers have scanners? Yes ☐ No ☐

21. If YES, do the scanners identify WIC foods? Yes ☐ No ☐

22. Is your Point of Sale (POS) system programmed to accept all forms of payment including eWIC, SNAP, debit, credit, and cash? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, answer questions 23 and 24. If **no**, move to question 25.

**Note: If you answered "No" on question number 22, go to question number 25.**

23. What is the name of the POS provider (The company that maintains your system)? \_\_\_\_\_

Name of person who is your Point of Contact for your POS provider: \_\_\_\_\_

Phone number for your POS provider (including area code): \_\_\_\_\_

24. Is your POS system eWIC certified in Alabama? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Provide source of internet connection (dial-up, DSL, cable, fiber, satellite, high speed): \_\_\_\_\_

Do you have a three-prong power outlet and analog telephone line or digit/cable internet service with a jack within 5 feet of where the register/current POS terminal is installed? Yes \_\_\_\_\_ No \_\_\_\_\_



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26. Days and hours of store operation:

DAY	FROM	TO	CHECK (✓) IF OPEN 24 HOURS
Monday	A.M.	P.M.	
Tuesday	A.M.	P.M.	
Wednesday	A.M.	P.M.	
Thursday	A.M.	P.M.	
Friday	A.M.	P.M.	
Saturday	A.M.	P.M.	
Sunday	A.M.	P.M.	

27. Provide **Name and Address** of **Primary** Source of Formula.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

28. Provide **Name and Address** of **Primary** Food Wholesaler(s) or Distributor(s) Where WIC Foods Are Purchased.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### SALES INFORMATION

29. **Gross Total Sales Figures**

CHECK APPROPRIATE BOX – GIVE YEARLY (NOT MONTHLY) AMOUNT: If giving estimated sales, multiply the monthly amount by 12. **Please make sure your food sales and non-food sales equal your gross sales.**

☐ Estimated - New stores without a full year of actual sales.

☐ Actual - **Indicate tax year for the amount provided:** \_\_\_\_\_

Food Sales \$ \_\_\_\_\_ + Non-Food Sales \$ \_\_\_\_\_ = Gross Sales \$ \_\_\_\_\_

**Note: If store has less than 10,000 square feet of retail space, you must complete this question. If store has more than 10,000 square feet of retail space, go to question number 31.**

30. **Staple Food Sales**

Staple foods **do not include** any prepared foods or accessory foods such as candy, condiments, spices, tea, coffee or carbonated and non-carbonated drinks. Staple foods **include, but are not limited to**, the following: Eggs, dairy products, bread, cereal, fresh fruits and vegetables, rice, pasta, fish, meat, and poultry.

CHECK APPROPRIATE BOX – GIVE YEARLY (NOT MONTHLY) AMOUNT: If giving estimated sales, multiply the monthly amount by 12.

☐ Estimated - New stores without full year of actual sales.

☐ Actual - **Indicate tax year for the amount provided:** \_\_\_\_\_

Staple Food Sales \$ \_\_\_\_\_



## ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW VENDOR APPLICATION

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31. 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 food instruments? Yes ☐ No ☐

**NOTE:** The Alabama WIC Program does not approve stores that anticipate more than 50% of annual revenue from the sale of food items derived from the redemption of eWIC food instruments. If the answer to question 31 is no, and it is determined after store approval that sales data indicates more than 50% of the store's revenue is derived from the redemption of eWIC food instruments, **the vendor contract will be terminated.**

32. Do you currently own a WIC authorized store where the WIC sales are above 50 percent of the total annual food sales? Yes ☐ No ☐

33. What is the estimated percent of annual food sales for the following types of payment?  
**Percentages must equal 100% (all numbers must be whole numbers; no decimals.)**

WIC \_\_\_\_\_%

SNAP (Food Stamps) \_\_\_\_\_%

Cash \_\_\_\_\_%

Credit/Debit Cards \_\_\_\_\_%

34. Is WIC authorization required in order for your store to open for business?

Yes ☐ No ☐

35. Do you have inventory invoices available for food items purchased and currently stocked in your store?

Yes ☐ No ☐

36. How many months of inventory invoices are available (0-72 months)? \_\_\_\_\_ Months not Years

37. Does the store currently have the minimum stock requirement of WIC approved foods? (See Minimum Stock Requirement Sheet included with this application.)

Yes ☐ No ☐

### Certification and Acknowledgement

- This application is NOT a vendor agreement. Authorization will not be determined until all completed application materials have been received and evaluated by the Alabama WIC Program.
- Completion of this application does not imply or guarantee authorization to participate in the WIC Program or to process eWIC transactions.
- The Department will require reimbursement for any eWIC transactions processed by the Vendor prior to authorization, completion of required vendor training, and a valid vendor contract.
- The store must meet and maintain Alabama WIC approved foods in the quantities and varieties as specified in the "Minimum Stock Requirements" enclosed in the application packet at pre-authorization and throughout the Alabama WIC Vendor Contract period.
- Authorized WIC representatives will conduct a pre-authorization site visit and must be provided access to all areas of the store to verify information provided on the application and verify stocking requirements.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW VENDOR APPLICATION

**Note:** Due to the national shortage of infant formula, the minimum stock criteria for infant formula will be verified by invoices, during pre-authorization.

- Make available, upon request, all records pertinent to this application, including but is not limited to, records regarding sales, invoices and/or inventory as well as copies of income and sales tax related forms.
- Upon review of the information presented in the application and a preauthorization site visit, any applicant expected to derive more than 50 percent of their annual revenue from the sale of food items derived from WIC transactions will not be authorized to participate as an Alabama WIC Vendor.
- The Alabama WIC program may not authorize a vendor applicant that is currently disqualified from the SNAP program.
- Provide WIC approved supplemental food items at prices that are competitive with other stores of similar size in the State. These prices shall not exceed the maximum price as set by the Department.
- Upon authorization, a vendor representative will be required to attend a training session regarding WIC policies and procedures. The individual attending the training session will be required to subsequently train all store employees on WIC policies and procedures.

### ANTI-DISCRIMINATION CLAUSE

Vendor will comply with Titles VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1975, Title II and Title III of the Americans with Disabilities Act (ADA) of 2022 as amended by the ADA Amendment Act of 2008, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, color, national origin, age, sex, or disability, as defined in the above laws and regulations. Sub-Recipient shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with Section 504 of the Rehabilitation Act of 1973 or the Americans With Disabilities Act of 2022.

By signing below, I certify that all statements in this application are true and correct and understand that false information provided to the WIC Program in connection with this application for authorization will result in denial of this application. I acknowledge understanding of all the information on this page and hereby attest that I am either the **Owner** or a **Corporate Officer**, and as such have the authority to contract on behalf of the vendor identified in this application.

### SIGNATURE SECTION:

Name: (Print) \_\_\_\_\_ Title: (Print) \_\_\_\_\_

Only the **Owner** or a **Corporate Officer** can sign the application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

This institution is an equal opportunity provider.



## ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW APPLICANT PRICE SURVEY

### STORE INFORMATION

Store Name:	Cost Plus Store: Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Location of Store:	If yes, add 10 % to your cost.
City/State/Zip:	
Area Code and Phone Number:	

**SUBMIT YOUR HIGHEST REGULAR SHELF PRICE FOR THE FOLLOWING WIC APPROVED FOODS**

**Do NOT Provide Sale Prices.**

**Do NOT include ORGANIC food items as they are NOT WIC approved.**

**I. In this section, a price is required for each item.**

#### **Bread/Brown Rice (See Alabama WIC Approved Foods Brochure for additional details and pictures.)**

Whole Wheat/Whole Grain Bread (16 oz. Package)	16 oz. pkg	\$ _____
Brown Rice ( <u>regular</u> , 16 oz. bag) Any brand		
Note: <b>No</b> seasoned, white, frozen, gourmet blends or organic.	16 oz. bag	\$ _____
Brown Rice ( <b>Instant or Boil-in-Bag</b> , 14 oz. box) Any brand		
Note: <b>No</b> seasoned, white, frozen, gourmet blends or organic.	14 oz. box	\$ _____

#### **Cheese (See Alabama WIC Approved Foods Brochure for additional details and pictures.)**

Cheese (8 oz. or 16 oz.) Block, sliced, string, or shredded.		
Note: <b>WIC Approved Only</b> (Processed American, Cheddar, Colby, Monterey Jack, Mozzarella, Muenster, Provolone, or Swiss). Any combination of the approved types allowed, i.e. Colby/Monterey Jack, Cheddar/Colby.	8 oz.	\$ _____
	16 oz.	\$ _____

#### **Eggs**

Eggs, any size <u>White</u> ONLY - Small, medium, large, extra large, and jumbo.	6 count	\$ _____
	12 count	\$ _____
Note: Do <b>NOT</b> include prices for specialty eggs or organic.	Highest Price 18 count	\$ _____

#### **Infant Cereal**

Infant Cereal (8 oz. or 16 oz.) Beech-Nut or Gerber	8 oz.	\$ _____
Note: Do <b>NOT</b> include prices for DHA, organic, products with fruit or other additives.	16 oz.	\$ _____

#### **Infant Formula**

Enfamil Infant (12.5 oz. Powder)	\$ _____
Enfamil Gentlease (12.4 oz. Powder)	\$ _____
Enfamil AR (12.9 oz. Powder)	\$ _____
<b>**Note: The formula below Type 4 stores are <u>NOT</u> required to stock this formula.</b>	
Enfamil ProSobee (12.9 oz. Powder)	\$ _____



## WIC NEW APPLICANT PRICE SURVEY

<b>Infant Fruits / Vegetables (Single or mixed variety ingredient in these sizes and brands.)</b>		
Beech-Nut Nothing Artificial Added Infant Fruits/Vegetables	2nd Stage, 4 oz. jar	\$ _____
Beech-Nut Naturals Infant Fruits/Vegetables	1st Stage, 4 oz. jar	\$ _____
Note: Do NOT include prices for Organics.	2nd Stage, 4 oz. jar	\$ _____
Gerber Infant Fruits/Vegetables	1st Stage, 2-Pack of 2 oz., Net 4 oz.	\$ _____
Note: Do NOT include prices for Organics.	2nd Stage, 2-Pack of 4 oz., Net 8 oz.	\$ _____
Gerber Naturals Infant Fruits/Vegetables	1st Stage, 4 oz. jar	\$ _____
Note: Do NOT include prices for Organics.	2nd Stage, 4 oz. jar	\$ _____
<b>Juice (See Alabama WIC Approved Foods Brochure for additional details and pictures.)</b>		
WIC Juice Shelf stable containers and Refrigerated Orange juices	48 oz.	\$ _____
	64 oz.	\$ _____
	96 oz.	\$ _____
	128 oz.	\$ _____
Note: Do <b>NOT</b> include prices for drink ades, gourmet, specialty, or organic juices.		
<b>Legumes (See Alabama WIC Approved Foods Brochure for additional details and pictures.)</b>		
Dried Beans or Peas (16 oz. Bag) Any brand.		\$ _____
Note: Do <b>NOT</b> include prices for products with added flavorings.		
Canned Beans or Peas (15-16 oz.) Must be a legume, not vegetable. Any brand.		\$ _____
Note: Do <b>NOT</b> include prices for products with added seasonings, fats, meats, and oils. No organic.		
Peanut Butter (16-18 oz.)		\$ _____
Note: Do <b>NOT</b> include prices for whipped, spreads, reduced fat, omega-3, organic or combination products with jelly, honey, etc.		
<b>Milk</b>		
Milk (Whole)	Gallon	\$ _____
Milk (1% or Fat Free)	Gallon	\$ _____
Milk (Whole)	1/2 Gallon	\$ _____
Milk (1% or Fat Free)	1/2 Gallon	\$ _____
<b>Yogurt (See Alabama WIC Approved Foods Brochure for additional details and pictures.)</b>		
Yogurt (Low fat or non fat)	Gogurt 8 count (16 oz.)	\$ _____
	Gogurt 16 count (32 oz.)	\$ _____
	Dannon or Yoplait (32 oz.) tub	\$ _____
	Yoplait 8 count - 4oz. (32 oz.)	\$ _____
	Low fat or Greek yogurt 8 count - 2 oz. tubes (16 oz.)	\$ _____
	Greek (32 oz.) tub	\$ _____
	Dannon Activia 4 count - 4 oz. (16 oz.)	\$ _____

**Please ensure you have entered a price for all items above before going to the next section.**

## WIC NEW APPLICANT PRICE SURVEY

**II. In this section, submit prices ONLY if you stock the brand and size specified.**

### **Tortillas / Pasta (See Alabama WIC Approved Foods Brochure for additional details and pictures.)**

<b>Corn Tortillas</b> (16 oz. Package)	\$ _____
<b>Whole Wheat Tortillas</b> (16 oz. Package)	\$ _____
<b>Pasta, Whole Wheat or Whole Grain</b> (16 oz. Package) Any brand and any shape.	\$ _____

### **Fish**

<b>Pink Salmon</b> Any brand Pink Salmon. <u>Note: No red or sockeye.</u>	2 - 3 oz. pouches	\$ _____
	5 oz. can	\$ _____
	6 oz. can	\$ _____
	7.5 oz. can	\$ _____
	14.75 oz. can	\$ _____
<b>Tuna</b> Any brand Light Tuna, Chunk Style, Packed in Water.	2 - 3 oz. pouches	\$ _____
	5 oz. can	\$ _____
	12 oz. can	\$ _____
Note: No packed in oil. No white, albacore or yellow tuna.		

### **Infant Meats Beech-Nut or Gerber**

<b>Infant Meat</b> (2.5 oz. Container) Note: Plain meat with broth or gravy.	<u>No meat sticks</u>	\$ _____
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### **Juice**

<b>Juice, Frozen</b> (11.5 oz. or 12 oz. Can)	\$ _____
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### **Milk**

<b>Milk, Dry</b> (Powdered) 9.6 oz. or 25.6 oz. container.	9.6 oz.	\$ _____
	25.6 oz.	\$ _____
<b>Milk, Evaporated <u>Carnation or Pet</u> brands <u>Only</u>.</b>	12 oz. can	\$ _____
<b>Lactose Free <u>Whole</u> Milk</b>	1/2 Gallon	\$ _____
	96 oz.	\$ _____
<b>Lactose Free or Lactose Reduced <u>1% or Fat Free</u> Milk</b>	1/2 Gallon	\$ _____
	96 oz.	\$ _____
<b>Lactose Free or Lactose Reduced <u>Chocolate</u> 1% or Fat Free Milk</b>	1/2 Gallon	\$ _____
	96 oz.	\$ _____
<b>Milk, <u>Chocolate</u></b> (1% or Fat Free) Any brand.	Gallon	\$ _____
<b>Milk, <u>Chocolate</u></b> (1% or Fat Free) Any brand.	1/2 Gallon	\$ _____
<b>Milk, Soy</b> ( <u>No</u> light, fat free, complete, chocolate or twin packs.)		
<b>8th Continent</b> Original or Vanilla <b>Only</b> (1/2 Gallon Refrigerated Carton)	1/2 Gallon	\$ _____
<b>Silk <u>Original</u></b> Only (1/2 Gallon Refrigerated Carton)	1/2 Gallon	\$ _____
<b>Milk, <u>Whole</u> Milk.</b> Any brand.	Quart	\$ _____
<b>Yogurt, <u>Whole</u> Milk <u>Dannon</u></b> Plain and Vanilla only.	32 oz. tub	\$ _____
<b>Yogurt, <u>Whole</u> Milk <u>Stoneyfield Organic</u></b> All Flavors Greek not allowed.	32 oz. tub	\$ _____

## WIC NEW APPLICANT PRICE SURVEY

**III. In this section, ONLY submit prices for the brand and size of cereal that you stock.**

**If you do NOT stock a specified brand and size of cereal, please put N/A in the space provided.**

Cereal	UPC	Size	Price
<b>General Mills Cheerios Plain</b>	016000275263	8.9 oz.	\$ _____
	016000487727	12 oz.	\$ _____
	016000170032	18 oz.	\$ _____
<b>General Mills Cheerios Multi-Grain</b>	016000275157	9 oz.	\$ _____
	016000487697	12 oz.	\$ _____
	016000168756	18 oz.	\$ _____
<b>General Mills Corn Chex</b>	016000487963	12 oz.	\$ _____
	016000171084	18 oz.	\$ _____
<b>General Mills Rice Chex</b>	016000487949	12 oz.	\$ _____
	016000171022	18 oz.	\$ _____
<b>General Mills Berry Berry Kix</b>	016000169661	18 oz.	\$ _____
<b>General Mills Honey Kix</b>	016000169623	18 oz.	\$ _____
<b>General Mills Kix</b>	016000275676	12 oz.	\$ _____
	016000171046	18 oz.	\$ _____
<b>Kashi Organic Honey Toasted</b>	018627114994	10.6 oz	\$ _____
<b>Kashi Organic Warm Cinnamon</b>	018627115014	10.6 oz	\$ _____
<b>Kellogg's Corn Flakes</b>	038000269752	9.6 oz	\$ _____
	038000001109	12 oz.	\$ _____
	038000001208	18 oz.	\$ _____
	038000231452	24 oz.	\$ _____
<b>Kellogg's Frosted Mini Wheat, Original</b>	041192102394	16 oz.	\$ _____
	038000318344	24 oz.	\$ _____
<b>Kellogg's Frosted Mini Wheat, Blueberry</b>	041192101991	13.3 oz.	\$ _____
	041192102943	20 oz.	\$ _____
<b>Kellogg's Frosted Mini Wheat, Strawberry</b>	041192102011	13.3 oz.	\$ _____
	041192102950	20 oz.	\$ _____
<b>Kellogg's Frosted Mini Wheat, Little Bites Original</b>	041192102035	14.8 oz.	\$ _____
	041192102608	20.2 oz.	\$ _____
<b>Kellogg's Frosted Mini Wheat, Little Bites Chocolate</b>	038000199530	15.9 oz.	\$ _____
	038000202094	23 oz.	\$ _____

### WIC NEW APPLICANT PRICE SURVEY

**III. Continued from page 4, ONLY submit prices for the brand and size of cereal that you stock.  
Put N/A in the space provided if you do NOT stock a specified brand and size.**

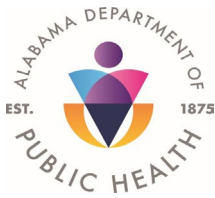
Cereal	UPC	Size	Price
<b>Kellogg's Rice Krispies</b>	038000199929	9 oz	\$ _____
	038000199943	12 oz	\$ _____
	038000200038	18 oz	\$ _____
	038000231537	24 oz	\$ _____
<b>Kellogg's Special K</b>	038000269851	9.6 oz	\$ _____
	041192103674	12 oz.	\$ _____
	038000016219	18 oz.	\$ _____
<b>Malt-O-Meal Strawberry Cream Mini Spooners</b>	042400062370	36 oz. Bag	\$ _____
<b>Post Great Grains Banana Nut Crunch</b>	884912116505	15.5 oz.	\$ _____
	884912320445	18 oz.	\$ _____
<b>Post Great Grains Crunchy Pecan</b>	884912126016	16 oz	\$ _____
	884912320490	19 oz.	\$ _____
<b>Post Honey Bunches of Oats with Crispy Almonds</b>	884912359162	12 oz.	\$ _____
	884912014276	18 oz.	\$ _____
	884912006813	23 oz.	\$ _____
<b>Post Honey Bunches of Oats Crunchy Honey Roasted</b>	884912359155	12 oz.	\$ _____
	884912014269	18 oz.	\$ _____
	884912006806	23 oz.	\$ _____
<b>Post Honey Bunches of Oats Whole Grain Vanilla Bunches</b>	884912377142	12 oz.	\$ _____
	884912406750	18 oz.	\$ _____
<b>Quaker Instant Grits Original</b>	030000568545	9.8 oz	\$ _____
	030000319291	21.7 oz.	\$ _____
	030000041307	36 oz.	\$ _____
<b>Quaker Instant Oatmeal, Original</b>	030000567319	9.8 oz	\$ _____
	030000315071	23.7 oz.	\$ _____

## WIC NEW APPLICANT PRICE SURVEY

**IV. Submit prices ONLY if you stock the infant special formula brand and size specified. Please put N/A in the space provided if you do NOT stock the infant special formula brand and size.  
Note: Submit the price PER CONTAINER (where indicated) for each formula that you stock.**

**If the formula comes in a 6-pack, divide the total price of the formula by 6 to get the price per bottle.**

Formula Brand/Size/Type	Cost	
<b>Exempt Infant Formula</b>		
Enfamil NeuroPro Enfacare (13.6 oz. Powder)	\$ _____	
Nutramigen (13 oz. Concentrate)	\$ _____	
Nutramigen (32 oz./1 qt. Ready-to-Use)	\$ _____	
Nutramigen with Enflora LGG (12.6 oz. Powder)	\$ _____	
Nutramigen with Enflora LGG <u>TODDLER</u> (12.6 oz. Powder)	\$ _____	
Pregestimil (16 oz. Powder)	\$ _____	
Similac Alimentum (12.1 oz. Powder)	\$ _____	
Similac Alimentum (32oz./1qt. Ready-to-Feed)	\$ _____	
Similac NeoSure (13.1 oz. Powder)	\$ _____	
Similac NeoSure (32 oz./1 qt. Ready-to-Feed)	\$ _____	
<b>Infant Formula</b>		
Enfamil NeuroPro <u>Gentlease</u> (32 oz./1 qt. Ready-to-Use)	\$ _____	
Enfamil NeuroPro <u>Gentlease</u> (8 oz. Ready-to-Use) 6 - Pack	\$ _____	Price Per Bottle
Enfamil Infant (13 oz. Concentrate)	\$ _____	
Enfamil NeuroPro Infant (32 oz./1qt. Ready-to-Use)	\$ _____	
Enfamil ProSobee (13 oz. Concentrate)	\$ _____	
Enfamil ProSobee (32 oz./1qt. Ready-to-Use)	\$ _____	
Enfamil Reguline (12.4 oz. Powder)	\$ _____	
<b>WIC Eligible Nutritionals</b>		
Boost (8 oz. Ready-to-Feed) 6-Pack	\$ _____	Price Per Bottle
Boost Glucose Control (8 oz. Ready-to-Feed) 6 - Pack	\$ _____	Price Per Bottle
Boost High Protein (8 oz. Ready-to-Feed) 6 - Pack	\$ _____	Price Per Bottle
Boost Plus (8 oz. Ready-to-Feed) 6 - Pack	\$ _____	Price Per Bottle
Ensure (8 oz. Ready-to-Feed) 6 - Pack	\$ _____	Price Per Bottle
Ensure Plus (8 oz. Ready-to-Feed) 6 - Pack	\$ _____	Price Per Bottle
Glucerna (8 oz. Ready-to-Feed) 6 - Pack	\$ _____	Price Per Bottle
Pediasure (8 oz. Ready-to-Feed) 6 - Pack	\$ _____	Price Per Bottle



## WIC NEW APPLICANT PRICE SURVEY

I certify that the prices listed on this WIC Vendor Price Survey are true and correct.

I agree to IMMEDIATELY notify the WIC State Office in writing should I increase the price of any WIC food item (excluding eggs) by more than ten cents. Price increases must be submitted using the Alabama WIC Program Price Increase Form available via our website at <http://www.alabamapublichealth.gov/WIC>. Please include your WIC Vendor Number in the written communication. Price increases may be mailed to the State WIC Office, faxed to (334) 206-2914, or emailed to [Debbie.Free@adph.state.al.us](mailto:Debbie.Free@adph.state.al.us). Price increases will not be accepted when reported during a telephone call.

THE SIGNATURE OF THE STORE MANAGER OR AN AUTHORIZED REPRESENTATIVE IS REQUIRED.

\_\_\_\_\_  
TYPE OR PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

( ) \_\_\_\_\_  
TELEPHONE NUMBER

RETURN ORIGINAL COMPLETED PRICE SURVEY TO THE FOLLOWING ADDRESS:

Alabama Department of Public Health  
Bureau of Family Health Services  
Division of WIC  
P. O. Box 303017  
Montgomery, AL 36130-3017

NOTE: IF YOU ARE SENDING VIA UPS OR FEDEX, SEND TO THE ADDRESS BELOW:

Alabama Department of Public Health  
Bureau of Family Health Services  
Division of WIC  
201 Monroe Street, Suite 1300  
Montgomery, AL 36104

**FAXES WILL NOT BE ACCEPTED.**

## STATE WIC OFFICE CONTACT INFORMATION

State WIC Office Vendor Management staff are available to assist vendors when questions or problems arise.

### Contact Information:

**State WIC Office:**

Telephone: 334-206-5673  
Fax: 334-206-2914  
1-888-WIC-HOPE  
(1-888-942-4673)

**Mailing Address:**

Alabama Department of Public Health  
Bureau of Family Health Services – WIC Division  
The RSA Tower – Suite 1300  
P.O. Box 303017  
Montgomery, AL 36130-3017

**Website:** <http://www.alabamapublichealth.gov/WIC>

### USDA NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.