

Alabama WIC 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

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 contract 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, 2019 – SEPTEMBER 30, 2021**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
INFANT FORMULA Enfamil Infant (Milk Based)	12.5 oz. Powder	20 Cans	20 Cans
Enfamil ProSobee (Soy Based)	12.9 oz. Powder	20 Cans	Must supply upon request.
DRY INFANT CEREAL	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)
INFANT FRUITS & VEGETABLES	Any 2 nd stage single or mixed variety ingredient these sizes and brands: 4 oz. jar: Beech-Nut Classics (Naturals Not Allowed) OR 4 oz 2-Pack (Net 8 oz. Package): Gerber See Alabama WIC Approved Foods Brochure for information on items not allowed.	64 – 4oz. Jars OR 32 – 8 oz. Packages	32 – 4 oz. Jars OR 16 – 8 oz. Packages
MILK, Whole Least Expensive Brand	Lactose Free Lactose Reduced Calcium Enriched Not allowed: buttermilk, flavored, acidophilus treated, condensed, or organic.	4 Gallons	2 Gallons
MILK, Fat free, 1% Low Fat Least Expensive Brand	Lactose Free Lactose Reduced Calcium Enriched Not allowed: buttermilk, flavored, acidophilus treated, condensed, or organic.	12 Gallons	8 Gallons
Yogurt, Low Fat or Non-Fat	32 oz. (2lb.) Yogurt. Dannon or Yoplait brands only. 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.

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

Rev. October 2019

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2019 – SEPTEMBER 30, 2021**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
EGGS	1 Dozen Carton. Large White - Only. Not allowed: brown, hard boiled, organic, specialty eggs such as cage free, grain fed hen, Egghland's Best, omega 3, or low cholesterol.	6 Dozen (cartons of 12)	4 Dozen (cartons of 12)
CHEESE Least Expensive Brand	16 oz. Package. Domestic only. Block, sliced, string, or shredded of the following varieties: Processed American, Cheddar, Colby, Monterey Jack, Colby/Monterey Jack, Mozzarella or Swiss. (Not allowed: cheese food, spread, product, imitation, cubes, sticks, crumbles, cheese from deli, mixes (other than Colby/Monterey Jack), peppers or other added ingredients).	6 -16 oz. Packages (Must stock 2 of the 6 varieties)	4 -16 oz. Packages (Must stock 2 of the 6 varieties)
CEREAL 11 to 36 oz. Boxes or Bags only. **Whole Grain Cereals	General Mills Cheerios**, Multi-Grain Cheerios**, Corn Chex, Berry Berry Kix**, Honey Kix**, Kix** Kellogg's Corn Flakes, Frosted Mini Wheats Original **, Rice Krispies, Special K Original Post Honey Bunches of Oats with Crispy Almonds, Honey Bunches of Oats Crunchy Honey Roasted, Honey Bunches of Oats Whole Grain Vanilla Bunches **, Great Grains Banana Nut Crunch** Malt-O-Meal Strawberry Cream Mini Spooners** Quaker Instant Oatmeal (Original) **, Instant Grits (Original)	18 Boxes (Must stock 6 different varieties and 3 of the varieties must be whole grain)	9 Boxes (Must stock 3 different varieties and 1 of the varieties must be whole grain)
BROWN RICE	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.
48 oz. JUICE All brands must be 100% juice and contain no added sweetener.	Juicy Juice – all flavors (Not allowed: Teasers and Organic); Lucky Leaf Apple; Northland Cranberry; Seneca Apple Juice, Welch's Original Grape Juice. Any 48 oz. brand orange (may contain calcium) or grapefruit.	8 Containers	6 Containers
64 oz. JUICE All brands must be 100% juice and contain no added sweetener. 64 oz. Refrigerated Container	Juicy Juice – all flavors (Not allowed: Teasers and Organic), Libby's Pineapple Juice; Lucky Leaf Apple; Northland Cranberry Juice – all flavors; Seneca Apple; Welch's Original Grape, Red Grape, and White Grape; Mott's Apple Juice (Not allowed: Mott's for Tots). Any 64 oz. brand orange juice (may contain calcium). 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
EFFECTIVE OCTOBER 1, 2019 – SEPTEMBER 30, 2021**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
PEANUT BUTTER	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
WHOLE WHEAT AND WHOLE GRAIN BREADS	16 oz. Package. Nature's Own 100% Whole Grain Sugar Free, Nature's Own 100% Whole Wheat w/ Honey, Roman Meal SUNGRAIN 100% Whole Wheat, Sara Lee 100% Whole Wheat, Bimbo 100% Whole Wheat, Wonder 100% Whole Wheat, Arnold's Hamburger Buns 100% Whole Wheat, Arnold's Hotdog Buns 100% Whole Wheat.	12 -16 oz. Packages	6 -16 oz. Packages
FRESH FRUITS AND VEGETABLES	See Alabama WIC Approved Foods Brochure for information on approved fresh fruits and vegetables.	Must stock a total of \$48 retail value; including 4 varieties of fresh fruits and 4 varieties of fresh vegetables.	Must stock a total of \$36 retail value; including 3 varieties of fresh fruits and 3 varieties of fresh 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		
INFANT MEAT	2.5 oz. Container; Gerber or Beech-Nut plain meat with broth or gravy. Not allowed: meat sticks, DHA, or organic.	SUPPLY UPON REQUEST	
SPECIAL MILK	Evaporated (Canned Milk), 12 oz. Can. Carnation and Pet brands only. Dry Milk (Powdered), 9.6 oz. Container Ultra High Temperature, 32 oz. Not allowed: buttermilk, flavored, acidophilus treated, condensed, or organic.	SUPPLY UPON REQUEST	

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

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2019 – SEPTEMBER 30, 2021**

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	
YOGURT, Whole Milk	32 oz. (2 lb.) Whole Milk Yogurt. Dannon only. Plain, Vanilla, or Strawberry.	SUPPLY UPON REQUEST
DRIED PEAS OR BEANS	16 oz. Bag. Any brand. Not allowed: added flavorings or organic.	SUPPLY UPON REQUEST
11.5 or 12 oz. FROZEN JUICE	Dole Pineapple; Seneca Apple; Welch's Grape and White Grape, Old Orchard – All flavors with green lids allowed. Orange Juice 12 oz. (may contain calcium). Any Brand.	SUPPLY UPON REQUEST
6 oz. JUICE Cans, Ready-to-Use	Orange and grapefruit juice only.	SUPPLY UPON REQUEST
CANNED FISH	<p>Can size may be 5 oz., 6 oz., 7.5 oz., 12 oz., or 14.75 oz.</p> <p>TUNA Any brand light tuna, chunk style packed in water.</p> <p>SALMON Any brand pink salmon.</p> <p>Not allowed: White, albacore or yellow fin tuna. Sockeye or red salmon. Tuna or salmon flavored varieties such as smoked, grilled etc., low sodium, single serving, lunch packs/pouches, or ready to serve.</p>	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. October 2019



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

Return Completed Applications to: 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	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; border-bottom: 1px solid black;">FOR WIC USE ONLY</th> </tr> <tr> <td style="width: 70%;"></td> <td style="text-align: center; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Reviewed</td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Store Inspection</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Store Type</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">% of Staple Foods</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Hardship (circle)</td> <td style="border-bottom: 1px solid black; text-align: center;">YES/ NO</td> </tr> </table>	FOR WIC USE ONLY			Date	Reviewed		Store Inspection		Store Type		% of Staple Foods		Hardship (circle)	YES/ NO
FOR WIC USE ONLY															
	Date														
Reviewed															
Store Inspection															
Store Type															
% of Staple Foods															
Hardship (circle)	YES/ NO														

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

STORE INFORMATION

1. **Store Name:** _____

2. **Physical Location of Store:**

City: _____	State: _____	Zip: _____	County: _____
-------------	--------------	------------	---------------

3. **Mailing Address (if different from physical location):**

City: _____	State: _____	Zip: _____
-------------	--------------	------------

4. **Store Area Code and Phone Number:** _____

LICENSING INFORMATION

5. Federal Tax Identification Number: _____

6. SNAP Authorization Number: _____

7. Alabama Department of Public Health Food Permit Number: _____

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 VENDOR APPLICATION

<p>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 (Percentage of Ownership Must Total 100%): (Attach Additional Sheets if Necessary)</p>				
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 _____		
<p>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)</p>				
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)
BUSINESS INTEGRITY				
<p>11. If new store, provide date of opening for continuous business: _____</p> <p>If new ownership, provide the effective date of store transfer: _____</p> <p>Former Owner: _____ Former Store Name: _____</p> <p>NOTE: The store must be open regular business hours before becoming an authorized Alabama WIC vendor.</p>				
<p>12. Are any of the current owners related by blood or marriage to the previous owners? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify: _____</p>				
<p>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 _____</p> <p>State: _____</p>				
<p>14. Has any current owner or officer been disqualified from any WIC program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, provide the dates and state: From _____ To _____ State: _____</p>				



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

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. Name of primary contact person for WIC issues, if different than above:

STORE OPERATIONS

18. Square Feet of Retail Space:

19. Number 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, please move to question number 25.

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

Point of Contact for your POS provider _____

Phone number for your POS provider (including area code) _____

24. Has your POS system been eWIC certified in Alabama? Yes _____ No _____

25. What type of internet service do you have at your store?

Dial-up _____ High-Speed Internet Connection _____ None _____

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 _____



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

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.

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

SALES INFORMATION

29. **Gross Total Sales Figures**

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

Estimated (Only for new stores that do not have a full year of actual sales figures)

Actual _____ **Indicate Tax Year Provided**

Food \$ _____ + Non-Food Items \$ _____ = \$ _____ Gross

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 un-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 times 12.

Estimated (Only for new stores that do not have a full year of actual sales figures)

Actual
Staple Food Sales \$ _____



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

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 to be from the sale of food items derived from the redemption of WIC food instruments. If the answer to question #26 is no and the store is approved but sales data indicates more than 50% of the store's revenue is from the sale of food items derived from the redemption of WIC 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?
MUST TOTAL 100%.

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)? _____

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



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

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 on 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.
- Make available, upon request all records pertinent to this application. This includes 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.

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) _____

Signature: _____ Date: _____

Contact Phone Number: _____

USDA is an equal opportunity provider and employer.



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW APPLICANT PRICE SURVEY

STORE INFORMATION
Store Name:
Physical Location of Store:
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 <u>required</u> for each item.	
Bread/Whole Grain	
Whole Wheat/Whole Grain Bread (16 oz. Package)	\$ _____
Brown Rice (regular , 14-16 oz. bag or box) Any brand Note: No seasoned, white, frozen, gourmet blends or organic.	\$ _____
Brown Rice (Instant or Boil-in-Bag , 14-16 oz. Bag or Box) Any Brand Note: No seasoned, white, frozen, gourmet blends or organic.	\$ _____
Cheese (See Alabama WIC Approved Foods Brochure for additional details.)	
Cheese (8 oz. or 16 oz.) Block, sliced, string, or shredded. Note: WIC Approved Only (Processed American, Cheddar, Colby, Monterey Jack, Mozzarella, Muenster, Provolone, or Swiss). Any combination of the approved types allowed, i.e. Colby/Monterey Jack, Mozzarella/Cheddar.	8 oz. \$ _____
	16 oz. \$ _____
Eggs	
Eggs (Dozen Large White ONLY) Note: Do NOT include prices for specialty eggs or organic.	\$ _____
Infant Cereal	
Infant Cereal (8 oz. or 16 oz.) Beech-Nut or Gerber Note: Do NOT include prices for DHA, organic, products with fruit or other additives.	8 oz. \$ _____
	16 oz. \$ _____
Infant Formula	
Enfamil Infant (12.5 oz. Powder)	\$ _____

WIC NEW APPLICANT PRICE SURVEY

I. Infant Formula Continued from page 1

Enfamil ProSobee (12.9 oz. Powder)	
Note: Type 4 stores are NOT required to stock this formula.	\$ _____
Infant Fruits/Vegetables (Single or mixed variety ingredient in these sizes and brands.)	
Beech-Nut Nothing Artificial Added Infant Fruits/Vegetables (2nd Stage, 4 oz. jar)	
Note: Do NOT include prices for <u>Naturals</u> or <u>Organics</u> .	\$ _____
Gerber Infant Fruits/Vegetables (2nd Stage, 2-Pack of 4 oz., Net 8 oz.)	\$ _____
Juice (See Alabama WIC Approved Foods Brochure for additional details and pictures.)	
WIC Juice (48 oz.) Shelf stable containers	
Note: Do NOT include prices for drink ades, gourmet, specialty, or organic juices.	\$ _____
WIC Juice (64 oz.) Shelf stable containers	
Note: Do NOT include prices for drink ades, gourmet, specialty, or organic juices.	\$ _____
Legumes (See Alabama WIC Approved Foods Brochure for additional details and pictures.)	
Dried Beans or Peas (16 oz. Bag) Any Brand.	
Note: Do NOT include prices for products with added flavorings.	\$ _____
Canned Beans or Peas (15-16 oz.) Must be a legume, not vegetable. Any Brand.	
Note: Do NOT include prices for products with added seasonings, fats, meats, and oils. No organic.	\$ _____
Peanut Butter (16-18 oz.)	
Note: Do NOT include prices for whipped, spreads, reduced fat, omega-3, organic or combination products with jelly, honey, etc.	\$ _____
Milk	
Milk (Whole, One Gallon)	\$ _____
Milk (1% or Fat Free, One Gallon)	\$ _____
Milk (Whole, 1/2 Gallon)	\$ _____
Milk (1% or Fat Free, 1/2 Gallon)	\$ _____
Yogurt (See Alabama WIC Approved Foods Brochure for additional details and pictures.)	
Yogurt WIC APPROVED ONLY 16 oz. (1 lb.) or 32 oz. (2 lbs.)	Gogurt 8 count 16 oz. \$ _____
(Low fat or non fat)	32 oz. \$ _____
Dannon Activia Yogurt WIC APPROVED ONLY	
(4 oz. 4-pack)	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 <u>ONLY</u> if you stock the brand and size specified. Please put N/A in the space provided if you do <u>NOT</u> stock the brand and size specified.	
Bread/Whole Grain	
Corn Tortillas (16 oz. Package)	\$ _____
Whole Wheat Tortillas (16 oz. Package)	\$ _____
Pasta, Whole Wheat or Whole Grain (16 oz. Package) Any brand and any shape.	\$ _____
Fish	
Salmon Any Brand Pink Salmon. Note: <u>NO</u> red or sockeye. 5 oz. can	\$ _____
Salmon Any Brand Pink Salmon. Note: <u>NO</u> red or sockeye. 6 oz. can	\$ _____
Salmon Any Brand Pink Salmon. Note: <u>NO</u> red or sockeye. 7.5 oz. can	\$ _____
Salmon Any Brand Pink Salmon. Note: <u>NO</u> red or sockeye. 14.75 oz. can	\$ _____
Tuna Any Brand Light Tuna, Chunk Style, Packed in Water. Note: <u>No</u> smoked, other flavorings, diet or solid white. 5 oz. can	\$ _____
Tuna Any Brand Light Tuna, Chunk Style, Packed in Water. Note: <u>No</u> smoked, other flavorings, diet or solid white. 12 oz. can	\$ _____
Infant Meats	
Infant Meat (2.5 oz. Container) Beech-Nut or Gerber Note: Plain meat with broth or gravy. <u>No</u> meat sticks.	\$ _____
Juice	
Juice, Frozen (11.5 oz. or 12 oz. Can)	\$ _____
Milk	
	9.6 oz. \$ _____
Milk, Dry (Powdered) 9.6 oz. or 25.6 oz. Box or Bag	25.6 oz. \$ _____
Milk, Evaporated (12 oz. Can) Carnation or Pet brands <u>Only</u> .	\$ _____
Milk, Whole <u>Lactose Free</u> (1/2 Gallon)	\$ _____
Milk, 1% or Fat Free <u>Lactose Free</u> or <u>Lactose Reduced</u> (1/2 Gallon)	\$ _____
Milk, <u>Chocolate</u> , 1% or Fat Free <u>Lactose Free</u> or <u>Lactose Reduced</u> (1/2 Gallon)	\$ _____

WIC NEW APPLICANT PRICE SURVEY

II. Continued from page 3

Milk, Chocolate (1% or Fat Free, One Gallon) Any brand.	\$ _____
Milk, Chocolate (1% or Fat Free, 1/2 Gallon) Any brand.	\$ _____
Milk, Soy (<u>No</u> light, fat free, complete, chocolate or twin packs.) 8th Continent Original or Vanilla Only (1/2 Gallon Refrigerated Carton)	\$ _____
Silk Original Only (1/2 Gallon Refrigerated Carton)	\$ _____
Milk, Whole Milk , (One Quart)	\$ _____
Dannon Whole Milk Yogurt, 32 oz. (2lbs.) Dannon Only . Plain and Vanilla only.	\$ _____

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
	016000487727	12 oz.	\$ _____
General Mills Cheerios Plain	016000275287	18 oz.	\$ _____
	016000487697	12 oz.	\$ _____
General Mills Cheerios Multi-Grain	016000487710	18 oz.	\$ _____
	016000487963	12 oz.	\$ _____
General Mills Corn Chex	016000487970	18 oz.	\$ _____
General Mills Berry Berry Kix	016000139756	18 oz.	\$ _____
General Mills Honey Kix	016000139732	18 oz.	\$ _____
	016000275676	12 oz.	\$ _____
General Mills Kix	016000625709	18 oz.	\$ _____
	038000001109	12 oz.	\$ _____
Kellogg's Corn Flakes	038000001208	18 oz.	\$ _____
	038000231452	24 oz.	\$ _____
	038000318290	18 oz.	\$ _____
Kellogg's Frosted Mini Wheat, Original	038000318344	24 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
Kellogg's Rice Krispies	038000199943	12 oz	\$ _____
	038000200038	18 oz	\$ _____
	038000231537	24 oz	\$ _____
Kellogg's Special K	038000016110	12 oz.	\$ _____
	038000016219	18 oz.	\$ _____
Malt-O-Meal Strawberry Cream Mini Spooners	042400062370	36 oz. Bag	\$ _____
Post Great Grains Banana Nut Crunch	884912116505	15.5 oz.	\$ _____
	884912320445	18 oz.	\$ _____
Post Great Grains Crunchy Pecan	884912126016	16 oz.	\$ _____
	884912320490	19 oz.	\$ _____
Post Honey Bunches of Oats with Crispy Almonds	884912014252	14.5 oz.	\$ _____
	884912014276	18 oz.	\$ _____
	884912006813	23 oz.	\$ _____
Post Honey Bunches of Oats Crunchy Honey Roasted	884912014245	14.5 oz.	\$ _____
	884912014269	18 oz.	\$ _____
	884912006806	23 oz.	\$ _____
Post Honey Bunches of Oats Whole Grain Vanilla Bunches	884912017864	18 oz.	\$ _____
Quaker Instant Grits Original	030000047606	12 oz.	\$ _____
	030000040508	18 oz.	\$ _____
	030000041307	36 oz.	\$ _____
Quaker Instant Oatmeal, Original	030000012109	11.8 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 specified.

Note: Submit the price PER CONTAINER (where indicated) for each formula that you stock.

FOR EXAMPLE: 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
Exempt Infant Formula	
Enfamil NeuroPro Enfacare (12.8 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 TODDLER (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)	\$ _____

WIC NEW APPLICANT PRICE SURVEY

Formula Brand/Size/Type	Cost
Infant Formula	
Enfamil AR (12.9 oz. Powder)	\$ _____
Enfamil Infant (13 oz. Concentrate)	\$ _____
Enfamil Infant (32 oz. Ready-to-Use) <u>No Premium or NeuroPro Infant</u>	\$ _____
Enfamil Gentlease (12.4 oz. Powder)	\$ _____
Enfamil Gentlease NeuroPro (32 oz. Ready-to-Use)	\$ _____
Enfamil Gentlease NeuroPro (8 oz. Ready-to-Use) 6 - Pack	\$ _____ Price Per Bottle
Enfamil ProSobee (13 oz. Concentrate)	\$ _____
Enfamil ProSobee (32 oz. Ready-to-Use)	\$ _____
WIC Eligible Nutritionals	
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 Kid Essentials 1.0 (8.25 oz. Ready-to-Feed) 4 - 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
Pediasure with Fiber (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 before the next price survey. 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. 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 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.