

# MDHHS-5969, VENDOR ADVISORY COUNCIL APPLICATION

Michigan Department of Health and Human Services

WIC Division

(New 9-21)

## OVERVIEW

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The Vendor Advisory Council for the Michigan Department of Health and Human Services-WIC Division serves an essential role to address 1) food access and social determinants of health needs amongst WIC participants; and 2) remove barriers for WIC Vendors to serve healthy and affordable food that is culturally sensitive to dietary needs of WIC participants in underserved communities. The council helps to inform the direction of WIC vendor policies and program integrity in partnership with the State Steering Committee, while serving as a liaison to improve community relations and inclusive participation between WIC vendors and WIC participants.

Council members serve staggered, two-year terms. The Vendor Advisory Council meets twice a year, and all council members participate voluntarily, and assume responsibility for their travel and accommodation expenses (if applicable).

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## REVIEW BYLAWS

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Before applying for Vendor Advisory Council membership, please review the Vendor Advisory Council bylaws available online at:

[https://www.michigan.gov/documents/mdhhs/Vendor\\_Advisory\\_Committee\\_Bylaws\\_734133\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Vendor_Advisory_Committee_Bylaws_734133_7.pdf)

The bylaws outline the purpose and govern the operation of the Vendor Advisory Council. In applying for Vendor Advisory Council membership, you are agreeing to abide by the terms of the bylaws if you are selected as a council member or alternate.

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## APPLICATION DEADLINE

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The application deadline is Monday, November 1st. Please respond to the following questions below and submit your completed application form to [MDHHS-WICVendor@michigan.gov](mailto:MDHHS-WICVendor@michigan.gov) or via fax at 517-335-9514.

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## SECTION 1 - INFORMATION

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First Name	Last Name	
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Race/Ethnicity	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> European	
<input type="checkbox"/> North African	
<input type="checkbox"/> Middle Eastern	

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How long have you been a WIC Vendor?	Vendor Number	Position/Job Title
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Store Address	City
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State	Zip Code	Phone Number	Email
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## SECTION 2 - QUESTIONS

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1. Are you available to participate in two Vendor Advisory Committee meetings a year, each lasting around 2 hours?

Yes       No

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2. What key challenges would you like the Vendor Advisory Council to address to support your business needs?

Marketing Strategies

Cultural/Language Barriers

Training on Program Requirements and Policy

Improving support from State Agency

Other \_\_\_\_\_

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3. Do you currently live in the community that you serve?

Yes       No

If yes, how long have you lived in the community ('provide time ranges, i.e., 5 years, 10 years, etc.)?

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4. What is the primary race/ethnicity of WIC participants that your store serves?

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Prefer Not to Answer
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White	
<input type="checkbox"/> European	
<input type="checkbox"/> North African	
<input type="checkbox"/> Middle Eastern	

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5. Have you attended previous WIC vendor regional forums or working group meetings?

Yes       No

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6. Why are you interested in serving on the Vendor Advisory Council?

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Signature

Date

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.