

MDHHS-5942-V, WIC FULL-LINE VENDOR APPLICATION

Michigan Department of Health and Human Services

(Revised 1-22)

SECTION 1 – WOMEN, INFANTS, AND CHILDREN (WIC) OFFICE USE ONLY

North_____ Central_____ SE_____ Reviewed by_____

OAP_____ Unfilled Opening_____

Client Acc_____ Lim Exception_____ Recommended by_____

COO_____ COI_____ COL_____

SECTION 2 – APPLICATION

ALL questions **MUST** be answered.

Incomplete applications may be returned to you.

1. Owning Entity's name as it appears on page 2 (e.g., Sam's Store, Inc.)

2. Store Name as it appears on the store sign and/or building

3. Do you use any other names to advertise your store? If yes, list them.

4. Retail Store Street Address

City_____ County_____ Zip Code_____

5. Mailing Address (if different from #4 above)

Street Address_____ City_____ Zip Code_____

SECTION 3 – CONTACT INFORMATION – ALL FIELDS REQUIRED

6a. Contact Name_____ Title_____

6b. Owner Phone Number_____

6c. Store Phone Number_____

6d. Store Fax Number_____

6e. Store email address_____

7. Is the store a currently authorized WIC Vendor?

☐ Yes ☐ No

If yes, list your WIC Vendor Number

WIC # _____ - _____

8. Are you applying as a (NOTE: there is a separate application for stand-alone Pharmacies)

☐ Grocer – MUST meet minimum inventory requirements on page 6 to be considered for authorization.

☐ Grocer with Pharmacy – MUST meet minimum inventory requirements on page 6 to be considered for authorization.

9. MDARD Retail Food Establishment (Note: Attach a copy of the License)

10. Pharmacy License Number (Note: Attach a copy of the License)	Expiration Date
<hr/>	
11. You must participate in SNAP (Food Stamps) to be eligible for SNAP Authorization Number WIC authorization as a Grocer. If you do not know your SNAP number, call the SNAP Retailer Service Center at 877-823-4369.	<hr/>
12. Federal Tax Identification Number	-
(If your tax ID number has changed, contact the WIC office immediately at 517-335-8937.)	

SECTION 4 – PROOF OF OWNERSHIP

13. **MUST** attach proof of ownership or your application may be returned to you. If you have either a Liquor License (SDD) or Beer & Wine License (SDM), you must submit a copy as proof of ownership. If you do not have either an SDD or SDM License, see the list of acceptable proof of ownership documents following each ownership type.

IMPORTANT - The information shown on your proof of ownership documents **MUST** include the names you provided in numbers 1 and 2, **AND** must match the ownership information you enter below.

SECTION 5 – TYPE OF OWNERSHIP – COMPLETE ONLY ONE SECTION (Do Not Fill In More Than One Section.)

14. For general information about the requirements for business ownership entities in Michigan visit:
http://www.michigan.gov/lara/0,4601,7-154-61343_35413---,00.html or
http://www.michigan.gov/business/0,4539,7-255-49232_49433-187194--,00.html
If you have questions about your type of ownership, consult with your attorney or business advisor.

14A. CORPORATION (corp., co., inc., or ltd) – Complete this section **ONLY** if your store is incorporated. If your store is owned by a Corporation you **MUST** enclose: a copy of an **SDD** or **SDM License**, OR a copy of the **Articles of Incorporation** AND an **Assumed Name Certificate**.

Corporation Name			
Corporation Address	City	State	Zip Code
Corporation President's Name	Corporation Vice-President's Name	Corporate Secretary's Name	

14B. LIMITED LIABILITY COMPANY (L.L.C. OR L.C.) – Only complete this section if your store is owned by a Limited Liability Co. If your store is owned by a Limited Liability Company you **MUST** enclose: a copy of an **SDD** or **SDM License**, OR a copy of the **Articles of Organization** AND an **Assumed Name Certificate**.

Limited Liability Company Name			
First Member/Partner's Name	Second Member/Partner's Name		
Business Address	City	State	Zip Code

14C. SOLE PROPRIETORSHIP – Only complete this section if your store is owned by 1 person and is NOT incorporated. (A corporation with a single stockholder is NOT a sole proprietorship.)

If your store is owned by a Sole Proprietor you **MUST** enclose: a copy of an **SDD or SDM License**, OR a **Assumed Name Certificate**.

Owner's Name	Telephone Number
Address	City State Zip Code

14D. PARTNERSHIP – Only complete this section if your store is owned by 2 or more individuals that are partners and have a Partnership Agreement. (A corporation with two or more stockholders is NOT a partnership.) If your store is owned by a Partnership you **MUST** enclose: a copy of an **SDD or SDM License** OR a **Partnership Agreement** AND an **Assumed Name Certificate**.

Partner's Name	Partner's Name	Partner's Name
Business Address	City	State Zip Code

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION MAY BE RETURNED.

15. (a) Number of square feet of retail space open to customers _____
(b) Number of cash registers/checkout lanes normally in use: _____
(Provide an exact number. Do not give range. Do not include lottery machines.)

16. Regular Store Hours
Weekdays _____ to _____ Saturdays _____ to _____ Sundays _____ to _____

17. (a) Annual Gross Sales \$ _____ 12-month period of: _____ to _____
(b) Annual Gross Food Sales \$ _____ 12-month period of: _____ to _____

☐ Check if estimate. Estimate for 17(a) and 17(b) are acceptable only if you have been open less than ones year.

18. Do you expect more than 50% of your annual sales will come from WIC sales? ☐ Yes ☐ No

FOR QUESTIONS 19-24, USE ADDITIONAL PAGES IF NECESSARY

19. During the last six years, have any of the owners, officers, or managers been convicted of or had a civil judgment entered against them for: fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice?

☐ Yes ☐ No If yes, provide details: _____

20. Has the current applicant or its officers, managers, or employees involved in operation of this location ever been disqualified from SNAP (Food Stamps) or the WIC Program?

☐ Yes ☐ No If yes, provide details: _____

21. Has this location or applicant ever been assessed a Civil Money Penalty (CMP) by SNAP (Food Stamps) for hardship?

☐ Yes ☐ No If yes, provide details: _____

22. Has the applicant or its officers, managers or employees involved in the operation of this location ever been withdrawn or denied authorization by SNAP (Food Stamps)?

☐ Yes ☐ No If yes, provide details: _____

23. Do any employees of the local agency or the state department administering the WIC Program have an ownership or financial interest in the operation or management of this location?

☐ Yes ☐ No If yes, provide details: _____

24. During the last six years, have any of the owners, officers, or managers been affiliated with another WIC authorized store and/or applied for WIC authorization at another location?

☐ Yes ☐ No If yes, provide the requested information below. Additional pages may be attached.

Store Name	Store Address	Person's Name	Person's Title	Approx. Dates of Association

Chain Vendors must attach a separate page which contains the information requested in questions 1-12 and 15-18 for each outlet. This separate page may be provided in spreadsheet form.

SINGLE LINE OF TEXT TABLE – SOURCE OF INFANT FORMULA

25. WIC Vendors must only purchase infant formula from wholesalers, distributors, and retailers licensed by the Michigan Department of Agriculture & Rural Development (MDARD) or the Department of Licensing and Regulatory Affairs (LARA), or from infant formula manufacturers registered with the Food and Drug Administration (FDA), per USDA approved WIC Vendor Contract Section IV, #5. If you do not currently have a contract with the Department, you may review a copy at www.michigan.gov/WIC under “WIC Vendors/Grocers.” Provide a list of the retailers, wholesalers, and/or manufacturers from whom you purchase infant formula. To assure compliance with the United States Department of Agriculture requirement, you may be asked to submit a copy of the MDARD license of your source of infant formula.

Additional MDARD license information is available at www.michigan.gov/MDARD.

Name of Retailer/Wholesaler/Manufacturer	Address	Formula Manufacturers Sourced from Distributer (e.g. Nestle, Mead Johnson, Abbott, Nutricia)	Have You Verified This Source is Licensed by MDARD or FDA?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6 – WIC FOOD GUIDE

26. Do you currently have in stock the required quantities for all food categories listed below?

☐ Yes ☐ No

This question MUST be answered. Your answer must be based on the inventory currently in your store, not what you agree to carry if approved.

A WIC Vendor MUST have, at a minimum, the following food items in stock at all times. See the WIC Food Guide to determine the specific WIC-approved brands, types and sizes.

CATEGORY	TYPE OR BRAND	QUANTITY
Fruits	Any combination of approved fresh, frozen or canned fruits. Varieties within the same family count as one variety. Lemons and limes count as one variety.	\$20 Retail Value OR 15 lbs. 4 Varieties – 2 must be fresh
Vegetables	Any combination of approved fresh, frozen or canned vegetables. White potatoes, cilantro and parsley are approved, but DO NOT count towards minimum stock.	\$20 Retail Value OR 15 lbs. 4 Varieties – 2 must be fresh
Whole Grains	Approved whole grain options include bread, tortillas, brown rice, pasta, and oats.	8 Units, at least 4 units of bread (1 unit = 16 oz package)
Peanut Butter	Any brand (smooth, creamy, crunchy, extra crunchy) 16-18 oz jar only. No specialty brands.	4 Jars
Beans, Lentils and Peas	Any brand in 16 oz bags and/or 15-16 oz cans/jars. 4 cans = 1 bag of dry beans, lentils or peas.	4 Units (1 unit = 16 oz bag or 4 cans)
Fish	Any brand in 2.5-30 oz packages of chunk light tuna, mackerel, sardines, or pink salmon.	12 Units (1 unit = package/can any size)
Cereals	At least 6 varieties in approved sizes. At least 3 of the 6 brands must be whole grain.	12 Units (1 unit = box/bag of any size)
64 oz Juices	At least 2 flavors in 64 oz	10 units, at least 2 flavors
48 or 11.5/12 oz Juice	At least 2 flavors in 48 oz bottles and/or 11.5/12 oz cans juice concentrate.	5 units, at least 2 flavors
Infant Fruits and Vegetables	4 oz glass jar, 4 oz 2-pack plastic tubs AND/OR 2 oz 2- pack plastic tubs. Any variety single fruit or vegetable Any variety mixed fruits and/or vegetables	72 Units (1 unit = 4 oz) At least one variety of fruit(s) AND one variety of vegetable(s)
Infant Cereals	At least 2 varieties infant cereal without added fruit and/or formula or DHA/ARA.	6 Units, 2 Varieties (1 unit = 8 oz)
Formula	12.4 oz can powder Similac ADVANCE and/or 12.6 oz can powder Similac TOTAL COMFORT.	12 Units
Whole Milk	Any brand of whole milk in full gallons.	4 Units (1 unit = 1 full gallon)
Low Fat and/or Fat Free Milk	Any brand of low fat (1%, ½%), and/or fat free (skim) milk in full gallons.	4 Units (1 unit = 1 full gallon)
Yogurt	Any brand of approved yogurt in 32 oz tubs, 4 oz 4-packs, 4 oz 8-packs, 2 oz 8-packs, and/or 2 oz 16-packs	4 Units (1 unit = 32 oz)
Cheese	Any brand of pre-packaged cheese in the types listed in the Food Guide.	5 Units (1 unit = 16 oz)

If your application indicates that you do not meet minimum stock requirements, it may be denied.

SECTION 7 – MICHIGAN WIC EBT INFORMATION

27. The Michigan WIC Program processes WIC transactions and reimburses its Vendors through the use of the Michigan WIC EBT Card. This process is done by electronic benefits transfer (EBT). Please provide the information requested below. The information you give **MUST** be accurate.

Check next to the picture below that best describes the way that your store currently does or plans on conducting WIC transactions. Please circle ONE image only.

☐ A cash register and a separate POS device



If you choose this image, skip to the bottom of this page and continue to the next page.

☐ A cash register with built in EBT capabilities (integrated)



If you choose this image, fill out the information below (25a and 25b), then continue to the next page.

27a. Where did or will your WIC integrated software come from? (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> BMC | <input type="checkbox"/> IT Retail | <input type="checkbox"/> STCR |
| <input type="checkbox"/> Cypress Solutions | <input type="checkbox"/> NCR/RDT | <input type="checkbox"/> Upfront Software |
| <input type="checkbox"/> ECRS | <input type="checkbox"/> North Country | <input type="checkbox"/> TotilPay |
| <input type="checkbox"/> FTS | <input type="checkbox"/> RDS St. Louis | <input type="checkbox"/> Walmart |
| <input type="checkbox"/> Great Lakes Data | <input type="checkbox"/> Retalix | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IBM SurePOS Ace | <input type="checkbox"/> Spartan Stores | |

27b. Who processes or will process your WIC reimbursements? (Check One)

- | | | | |
|---------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Vantiv | <input type="checkbox"/> World Pay | <input type="checkbox"/> First Data | <input type="checkbox"/> Other _____ |
|---------------------------------|------------------------------------|-------------------------------------|--------------------------------------|

Optional Explanation: _____

SECTION 8 – WIC VENDOR SELECTION CRITERIA

The information you provide will be verified during a pre-authorization site visit and future monitoring visits. If you do not comply, it may result in corresponding adverse action.

WIC Vendor Selection Criteria (Policy 2.02)

In order to be eligible for consideration, an applicant must meet the following requirements:

All Vendors (Grocer; Grocer with Pharmacy; Pharmacy):

1. Compliance with competitive prices and price limitations as determined by the Department. (See Policy 2.03 Vendor Peer Groups.)
2. Lack of any conflict of interest between the Vendor and the local agency or the Department as defined by applicable State laws, regulations and policies.
3. Business integrity as determined by the Department. Unless denying authorization of a Vendor applicant would result in inadequate participant access, the Department will not authorize a Vendor applicant if during the past six years the Vendor applicant or any of the Vendor applicant's current owners, officers, or managers have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity. Activities indicating a lack of business integrity include, but are not limited to, fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.
4. Compliance history with WIC program policies, rules and regulations, as applicable, and compliance with any prior contract with the Department. In the case of stores owned jointly or by corporations, the Department may evaluate past performance of one or more of the same partners, shareholders, directors or officers at other locations.
5. Lack of negative history indicating the store was sold by its previous owner in an attempt to circumvent a WIC sanction. The Department will consider such factors as to whether the store was sold to a relative by blood or marriage of the previous owner(s) or sold to an individual or organization for less than its fair market value. The Department may also consider other factors in making its determination.
6. A Vendor's total WIC sales for any annual period that do not exceed 50% of the Vendor's total annual food sales.
7. Vendors must only purchase infant formula from wholesalers, distributors, and retailers licensed by the Michigan Department of Agriculture and Rural Development (MDARD), or the Department of Licensing and Regulatory Affairs (LARA), or from infant formula manufacturers registered with the Food and Drug Administration.

Full-line Vendors (Grocer; Grocer with Pharmacy)

1. Availability of mandatory minimum stock of WIC-approved foods. (See Exhibit 2.02A WIC Vendor Minimum Stock Requirements.)
2. Variety of available WIC-approved foods and accessibility of a store to WIC participants.

3. Documented authorization in the Supplemental Nutrition Assistance Program (SNAP). A WIC Vendor must be in good standing with the USDA Food and Nutrition Service.
4. Valid license issued by the Michigan Department of Agriculture & Rural Development (MDARD).
5. Minimum required volume of WIC transactions. A Vendor that transacts less than \$1,200 in WIC EBT transactions per fiscal quarter will be considered a low volume Vendor and may indicate lack of demand for that particular store. Vendors will receive a warning the first quarter they are found out compliance with this requirement. If not in compliance with the requirement following a six (6) month evaluation [that is 3 months after receiving the initial warning], the Vendor will be terminated and disqualified. New Vendors will be evaluated after the first full fiscal quarter of authorization.

Pharmacy Vendors (Grocer with Pharmacy; Stand-alone Pharmacy)

1. Availability of mandatory minimum stock for specified formulas. (See Exhibit 2.02A WIC Vendor Minimum Stock Requirements.)
2. Valid Pharmacy License and good standing with the Department of Licensing and Regulatory Affairs (LARA).

28. Do you meet each of the above WIC Vendor Selection Criteria for your store type as selected in Question 8? (Check One)

☐ Yes ☐ No

29. PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

False statements will be referred to USDA, Michigan Liquor Control, Lottery, Treasury, and Attorney General Offices and other appropriate Federal and State Agencies.

If this application is incomplete or not submitted by the due date, it will not be considered. The due date is indicated in the notice that accompanied this application, if applicable.

I understand that this application is only a request for a WIC Vendor Contract and does not constitute a contract or application for a license. I also understand that this application does not guarantee selection nor authorization to participate in the WIC Program, and that information listed herein will be verified by the Michigan Department of Health and Human Services during an on-site visit or by other means. The Department may also request purchase records, invoices or receipts to substantiate price or inventory information contained in this application. If the WIC Program is unable to verify that the information contained in this application is correct and accurate, or if it is found to be false, the applicant may be refused consideration.

In the event that this application is approved, and a contract is executed, I understand that I will be bound by all rules, regulations and requirements of the WIC Program, USDA-FNS, in addition to the terms and conditions of the WIC Vendor Contract.

I certify that the information contained in this application is true and correct to the best of my knowledge and belief. I understand that any false statements may be grounds for denial of this or any future applications or may result in the termination or termination and disqualification of the WIC Vendor Contract. To the extent there are any material changes in the information that I have provided in this application, I will immediately advise the WIC Program of these changes in writing. I further certify that I am authorized to sign the application on behalf of the owner(s) of the store.

Print Your Name

Print Your Title

Signature

Date

SEND COMPLETED APPLICATION TO:

Email: MDHHS-WICVendor@michigan.gov
Fax: 517-335-9514

Mail: Michigan Dept. of Health and Human Services
Elliott-Larsen Building – 6th Floor
WIC Vendor Relations Unit
320 South Walnut Street
Lansing, MI 48913

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