PREVIOUS SESSION(S)

Background to the WIC Program
Vendor Selection Criteria
Vendor Application Process
Minimum stock requirements
Approved Product List
Key schedule dates
Application Guidance
Review of Required Documents

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Overview

- Authorization Timeline
- Vendor Application Assistance
Authorization
Timeline

Dates provided are tentative based on known information
## Key Authorization Activities

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<th>Activity</th>
<th>Date</th>
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<tr>
<td>Vendor Technology Survey</td>
<td>July 2019</td>
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<td>December 2019</td>
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<tr>
<td>Vendor Advisory Meetings</td>
<td>Monthly</td>
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<tr>
<td>Application Open</td>
<td>October 16, 2019</td>
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<td>Last Date to Submit Application</td>
<td><strong>September 30, 2020</strong></td>
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<td>Vendor Application Moratorium</td>
<td>October 1, 2020- January 31, 2022</td>
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<td>Vendor Monitoring</td>
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<td>Vendor Trainings</td>
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<tr>
<td>Vendor Agreements Begin</td>
<td>First agreements will begin October, 2020</td>
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<td>L2 Certification (if any)</td>
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<td>L3 Certifications</td>
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Vendor Application Assistance

Now we will walk through some common errors that have been occurring with submitted vendor applications.
Business Information

• All applications are “New applications” at this time
• Enter the full name of your business.
• If you are one store owned by a corporation, the authorized representative for the corporation must fill out the application.
• Select only one legal structure based on your designation with the Secretary of State.
• For corporations, you may add store managers in the additional store attachment
Contact Information

• Enter the contact information for the legal owners.

• If more than 1 owner exists, you must enter the % ownership, and complete contact information for ALL owners.
Training Information

• Enter the name of the individual responsible for providing WIC training to cashiers and other staff.

• This representative will be contacted directly to schedule vendor training for the authorization process.

• This can be the same as the owner, if needed.
Business model type

- Select only one store model
- Be sure to read the descriptions for all of the business models before making a selection
• Be sure to enter your annual food sales, food sales from SNAP, and food sales from other sources.

• Square footage includes food area only and does not include areas where food is not sold or storage areas.

• Number of cash registers does not include self checkout or other departmental checkouts.

• **Please note that SNAP is the same thing as Food Stamps and EBT**

• Read each question carefully before marking yes or no.
Hours of operation

• Select the location is open 24 hours a day 7 days a week OR complete the chart

• If a location is open 24 hours a day 7 days a week, you do not have to complete the chart
## Wholesalers/Suppliers

- For retail locations, enter the name and address for your infant formula, grocery, and milk wholesalers or suppliers.

- For pharmacy locations, enter the name and address for your infant formula and pharmacy wholesalers or supplier.

### Name and address of infant formula wholesaler or supplier:
- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone:** ( )
- **Fax:** ( )

### Name and address of primary grocery wholesaler:
- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone:** ( )
- **Fax:** ( )

### Name and address of milk wholesaler:
- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone:** ( )
- **Fax:** ( )

### Name and address of pharmacy wholesaler (if pharmacy applicant):
- **Name:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Phone:** ( )
- **Fax:** ( )

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*This institution is an equal opportunity provider*
Food Sales transactions

• The first option is for a cash register and separate POS system. This normally means SNAP purchases and other purchases must be paid for separately.

• The second option is a cash register with built-in EBT capabilities. In this system, SNAP and other purchases are paid for with the same device.
Attachments

Based on store type...

• Store brand declaration form
• Additional Store Attachment (if vendor has multiple stores)
• Form W9
• Copy of Business License
• Copy of Food Sanitation License
• Copy of Supplemental Nutrition Assistance Program (SNAP) Permit
• Copy of Lease, Deed, or Bill of sale
• Vendor price survey (for each store)
Vendor Technology Surveys
Vendor Technology Survey

- Used to track information about the retailer’s point of sale system, electronic cash register service provider, and third party processor.
- All vendors applying for the Program must complete and return this survey.
Vendor Shelf Tags

Each WIC authorized vendor is required to identify WIC approved foods.
Potential Shelf Tag Designs

**OPTION 1**
Customizable option for the store to print

**OPTION 2**
General option for MSDH WIC to print
Vendor Questions?
Where to get more information?

• Visit our website at https://msdh.ms.gov/
• Email us at vmu@msdh.ms.gov
Next session

February 20, 2020 12pm CT

TOPICS
• Vendor Technical Assistance

NOTE: Vendor advisory sessions will be held every third Thursday at 12pm unless otherwise specified.
THANK YOU

MSDH WIC Program