



# Orientation for Retail Vendor Applicants 2025-2026



# Orientation to NC WIC Program

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What is WIC?

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What is the role of vendors?

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How to become a WIC vendor

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Guidance for completing required forms

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# What is WIC?

- The Special Supplemental Nutrition Program for **W**omen, **I**nfants and **C**hildren
- Federally funded by the United States Department of Agriculture (USDA)
- State-administered by the NC Department of Health and Human Services
- WIC clinical services provided by contracted public health agencies
- NC WIC-authorized vendors are contracted with The NC Department of Health and Human Services and Local WIC Agencies



# WIC Works!

- In NC, every WIC dollar spent on a pregnant woman saves multiple dollars in newborn health care costs
- Children on WIC have better diets, particularly for vitamin C, thiamin, protein, niacin and vitamin B<sub>6</sub>





# How Stores Become Authorized WIC Vendors

- Vendors work primarily with the Local WIC Agency
  - Orientation and training
  - Completing required forms in DocuSign
  - Technical assistance
  - Monitoring
- Local WIC Agency submits required vendor forms to the State WIC Agency
- Vendor is authorized by State WIC Agency



# Types of Vendors

- Vendors under **Corporate Agreement**

- 20 or more WIC-authorized stores

- Food Lion\*

- Harris Teeter\*

- Ingles\*

- Lowe's\*

- CVS

- Wal-Mart\*

- Target

- Publix\*

- Walgreens

\* Pharmacies within the corporate store that is also WIC approved

- Vendors not under Corporate Agreement



# Vendor Applicant's Responsibility

- Attend training by Local WIC Agency
- Meet all selection criteria
- Complete required forms accurately and completely using DocuSign
- Understand and follow all Federal and State regulations and rules
- Train all staff handling eWIC transactions



# Local WIC Agency's Responsibility

- Inform Vendor Applicant there is a deposit and monthly lease fee required for a stand-beside device
- Provide orientation and training to store owner, manager or designee
- Respond to questions about required forms and application process
- Review required forms for completeness
- In a timely manner:
  - Perform Pre-authorization Monitoring
  - Email required forms to State WIC Agency Vendor Consultant
  - Ensure Vendor is set up to accept eWIC prior to final authorization
    - State Agency staff will complete L3 certification testing once equipment has been received by vendor or FIS has determined the vendor's cash register system meets the eWIC requirements



# Local WIC Agency's Responsibility continued

Local Agency staff will also:

- Inform Vendor of Vendor ID number
- Provide a supply of NC WIC Transaction Guides and
- Address any questions from vendor



# Selection Criteria

- Established by U.S. Department of Agriculture and NC WIC Program
  - ✓ 20 items
- Vendor Manual pages 7-8



# Supplemental Nutrition Assistance Program (SNAP)

- Must be authorized as SNAP vendor
- Cannot become WIC authorized vendor if currently disqualified from SNAP or paying a civil money penalty for which the disqualification period would still be running
- SNAP is also known as Food and Nutrition Services in NC



# Competitive Pricing and Price Limitations

- Peer group structure
  - ✓ Peer groups have not-to-exceed (NTEs) prices for each WIC supplemental food and contract formula



# Annual Vendor Training



Vendors, their store manager or other authorized store representative are required to attend annual vendor training



Failure to attend annual training by September 30<sup>th</sup> of each year will result in termination of the WIC Vendor Agreement

# NC Peer Group System

## VENDOR PEER GROUPS

#	STORE TYPE	LOCATION	DESCRIPTION
5	<b>Pharmacy</b>	Statewide	Free-standing pharmacy that sells a limited variety of foods
6	<b>Convenience Store</b>	Statewide	Retailer with a limited assortment of grocery items
7	<b>Mass Merchandiser and Commissary</b>	Statewide	Retailer that sells a wide variety of merchandise but also carries groceries and has store locations in most or all states  Grocery store operated by US Defense Commissary on a military base
8	<b>Independent Grocery</b>	Urban	Retailer that primarily sells groceries with fewer than 11 store locations
9	<b>Independent Grocery</b>	Non-urban	Retailer that primarily sells groceries with fewer than 11 store locations
10	<b>Regional Grocery Chain</b>	Urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states
11	<b>Regional Grocery Chain</b>	Non-urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states



# Determining Peer Groups

- Store type
- Geography



# Store Types

- **Pharmacy** – pharmacy retailer that sells limited variety of food
- **Mass Merchandiser** – retailer that sells a wide variety of merchandise, but also carries groceries and has outlets in most or all states
- **Commissary** – grocery store operated by US Defense Commissary within the confines of a military installation
- **Convenience Store** – retailer with limited assortment of grocery items



## Store Types continued

- **Independent Grocery** – a vendor that primarily sells groceries in fewer than eleven store locations
- **Regional Grocery Chain** – a vendor that primarily sells groceries in eleven or more store locations whose parent company operates in more than two states



# Geography

- Geography determined by using Rural Urban Commuting Area (RUCA) file and documentation from USDA Economic Research Service (ERS)
  - Classifies census tracts using measures of population density, urbanization, and daily commuting; and
  - Identifies urban, large rural, small rural, and isolated areas.



# Not-to-Exceed (NTE) Prices

- NTEs are set at 2 standard deviations above the average price for supplemental foods within a vendor peer group. NTEs are not set for exempt infant formula, WIC-eligible nutritionals or fruits and vegetables purchased with cash-value Benefits (CVBs)
  - ✓ Calculated for each WIC supplemental food
  - ✓ Based on redemption of all vendors in the peer group
  - ✓ Obtained from the eWIC system
  - ✓ Different NTEs for different sizes of the same food even if it is the same brand
- Foods and Contract Formula



# NTEs vs. Current Shelf Price

- Vendors **must** charge current shelf price
- Vendors **DO NOT** have to charge the NTE
- Charges for WIC transactions must be less than or equal to charges to regular customers
- Vendors **cannot** set their prices at the NTE and charge other customers less. This is a federal violation for which a vendor can be disqualified



# Minimum Redemption

- Vendor must redeem at least \$2,000 annually in WIC supplemental food sales
  - If not, the Vendor Agreement will be terminated
  - The store must wait 180 days to reapply



# Contract Infant Formulas

- NTEs are set for milk-based and soy-based formulas
- Milk-based powder:
- Soy-based powder:
- (Brands must be NC contract formula)

\*\* Minimum Inventory item



# WIC Approved Foods with No NTE

- NTEs do not apply to exempt infant formula or WIC-eligible nutritionals
- Open market system (shelf price)
- Exempt infant formula and WIC-eligible nutritionals can be found on the Vendor Connection webpage
- NTEs do not apply to fruits and vegetables purchasable with cash-value benefits (CVBs)



# Purchasing and Providing Infant Formula From State-Approved Sources

- WIC Reauthorization Act of 2004 requires vendors to purchase infant formula from a State-approved source
- Infant formula, exempt infant formula, and WIC-eligible nutritionals provided to WIC customers must be purchased directly from the State-approved sources
- Must keep invoices and receipts showing sources of formula
- Failure to do so will result in termination of the WIC Vendor Agreement



# WIC Price Lists

- **Price List Submission**

- Vendor applicants must submit price lists at initial authorization which have prices at or below the NTE for their assigned peer group
- Authorized vendors must submit a price list if requested by the State WIC Agency

# Applicant Prices Must Be At Or Below NTE

$$\boxed{\text{PRICE OF WIC FOODS}} > \text{NTE} = \boxed{\text{WILL NOT BE AUTHORIZED}}$$

Opportunity to resubmit within 30 days to become authorized



## Resubmitted Price List

- **Written denial**
- **Must wait 90 days to reapply**



# Questions





# Predominantly WIC Vendor (PWV)

- A predominantly WIC vendor, also known as a PWV, is a vendor that derives more than 50% of their food sales from WIC food benefits.
- PWVs cannot be authorized NC WIC vendors
  - If a vendor applicant is expected to be a PWV, the application will be denied
  - If a vendor becomes a PWV anytime during authorization, the Vendor Agreement will be terminated
  - Must wait 90 days to reapply
- Selection Criteria Listed in Vendor Agreement



# Predominantly WIC Vendor (PWV) continued

- State WIC Agencies are required to identify vendors that derive more than 50% of their annual food sales revenue from WIC food redemption
- The USDA classifies these vendors as Above 50% Vendors
- In North Carolina, these stores are called Predominantly WIC vendors (PWVs)
- State WIC Agency collects data to determine total SNAP-eligible food sales as part of the PWV identification process



# SNAP-eligible Food Sales Records

- Vendors must maintain a record of all SNAP-eligible food sales
- SNAP-eligible food sales are sales of those foods that can be purchased with SNAP (Food Stamp) benefits
- Vendors are required to provide the State WIC Agency, upon request, a statement of the total amount of revenue derived from SNAP-eligible food sales and written documentation to support the amount of sales claimed



# PWV Identification

- What is SNAP-eligible?
  - Any item that may be purchased with Supplemental Nutrition Assistance Program (SNAP) benefits
- Food Sales
  - The sale of all foods that could be purchased with SNAP benefits.
  - Food Sales Fact Sheet



# Appropriate Documentation

- Each year select vendors are asked to submit SNAP-eligible food sales as part of PWV determination
- Request sales records, financial statements, reports, tax documents or other verifiable documentation
- Keep a monthly copy in files



# Verifiable Documentation of SNAP-eligible Food Sales

- Ledger Totals
  - ✓ Daily, Weekly or Monthly cash register receipts totaled in a ledger (**DO NOT send actual cash register receipts**)
  - ✓ Some registers have the ability to separate out different types of items
  - ✓ It is highly recommended that Vendors maintain this type of system. Makes this annual process easier.
- Sales and Use Tax returns are not always sufficient for documenting complete SNAP-eligible food sales
  - ✓ These returns may be used along with ledger totals to verify a vendor's documentation of SNAP-eligible food sales

# Sample Ledger

Date	Grocery (food only 2% rate)	Non-food items	Food items	Total of Food & Non-Food	WIC	SNAP
1/1/13	\$250	\$500	\$125	\$675	\$500	\$200
1/2/13	\$120	\$650	\$5	\$675	\$100	\$100
1/3/13	\$195	\$500	\$125	\$625	\$100	\$300
1/4/13	\$135	\$1000	\$50	\$1050	\$500	\$250
“	\$195	\$1000	\$25	\$1025	\$300	\$300
“	\$210	\$1000	\$25	\$1025	\$550	\$250
“	\$190	\$1000	\$55	\$1005	\$750	\$100
1/31/13	\$105	\$1000	\$20	\$1020	\$500	\$100
Totals	\$1,400	\$6,650	\$400	\$7,050	\$3,300	\$1,600

**SAMPLE ONLY**

# Different Types of Documentation

**E-500**  
Web-Fill  
10-11

**Sales and Use Tax Return**  
North Carolina Department of Revenue

PRINT CLEAR

Legal Name (First 24 Characters) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (5 Digit) \_\_\_\_\_

Period Beginning (MM-DD-YY) \_\_\_\_\_  
Period Ending (MM-DD-YY) \_\_\_\_\_  
Account ID \_\_\_\_\_

1. North Carolina Gross Receipts (Do not include tax collected)   
2. Sales for Resale (Do not include on Line 3 below)   
3. Receipts Exempt From State Tax

Tax Type	Purchases for Use	Receipts	Rate	Tax
4. Gen. State Rate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	4.75%	<input type="text" value="0.00"/>
5. 3% State Rate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	3%	<input type="text" value="0.00"/>
6. 2.5% State Rate Modular Homes	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	2.5%	<input type="text" value="0.00"/>
7. 2% State Rate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	2%	<input type="text" value="0.00"/>
8. 2% Food Rate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	2%	<input type="text" value="0.00"/>
9. 2% County Rate See Instructions	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	2%	<input type="text" value="0.00"/>
10. 2.25% County Rate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	2.25%	<input type="text" value="0.00"/>
11. 0.5% Transit County Rate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.5%	<input type="text" value="0.00"/>
12. 0.25% Transit County Rate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	0.25%	<input type="text" value="0.00"/>
13. Total State and County Tax (Add Tax From Lines 4 through 12)				<input type="text" value="0.00"/>
14. Excess Collections				<input type="text" value="0.00"/>
15. Total Tax (Add Lines 13 and 14)				<input type="text" value="0.00"/>
16. Penalty - State and County				<input type="text" value="0.00"/>
17. Interest - State and County				<input type="text" value="0.00"/>
18. Less Prepayment for This Period				<input type="text" value="0.00"/>
19. Prepayment for Next Period				<input type="text" value="0.00"/>
20. Less any Credit (Attach explanation)				<input type="text" value="0.00"/>
21. Total Due (Add Lines 15 - 17 and 19, Minus Lines 18 and 20)			\$	<input type="text" value="0.00"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

- Sales and Use Tax Return
- If your store files electronically, it is recommended that you keep a copy for your records as this documentation may be requested as additional documentation
- Additional information may still be requested from the State WIC Agency if these forms are submitted as documentation

# Types of Tax Rates

- Tax Type Column
  - Line 8
    - ✓ 2% Food Rate
    - ✓ Any food sold that only requires a tax of 2%
- Receipts Column
  - Line 8
    - ✓ Dollar (\$) total of food sold at the 2% food rate

**E-500**  
Web-Fill  
10-11

**Sales and Use Tax Return**  
North Carolina Department of Revenue

Legal Name (First 24 Characters) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code (5 Digit) \_\_\_\_\_

Period Beginning (MM-DD-YY) \_\_\_\_\_  
Period Ending (MM-DD-YY) \_\_\_\_\_  
Account ID \_\_\_\_\_

1. North Carolina Gross Receipts (Do not include tax collected) 0.00  
2. Sales for Resale (Do not include on Line 3 below) 0.00  
3. Receipts Exempt From State Tax 0.00

Tax Type	Purchases for Use	Receipts	Rate	Tax
4. Gen. State Rate	0.00	0.00	4.75%	0.00
5. 3% State Rate	0.00	0.00		0.00
6. 2.5% State Rate Modular Homes	0.00	0.00	2.5%	0.00
7. 2% State Rate	0.00	0.00	2%	0.00
<b>2% Food Rate</b>	0.00	<b>0.00</b>	2%	0.00
See Instructions	0.00	0.00	2%	0.00
10. 2.25% County Rate	0.00	0.00	2.25%	0.00
11. 0.5% Transit County Rate	0.00	0.00	0.5%	0.00
12. 0.25% Transit County Rate	0.00	0.00	0.25%	0.00
13. Total State and County Tax (Add Tax From Lines 4 through 12)				0.00
14. Excess Collections				0.00
15. Total Tax (Add Lines 13 and 14)				0.00
16. Penalty - State and County				0.00
17. Interest - State and County				0.00
18. Less Prepayment for This Period				0.00
19. Prepayment for Next Period				0.00
20. Less any Credit (Attach explanation)				0.00
21. Total Due (Add Lines 15 - 17 and 19, Minus Lines 18 and 20)				\$ 0.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_



# Types of Tax Rates continued

**E-500**  
Web-Fill  
10-11

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North Carolina Department of Revenue

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5. 3% State Rate	0.00	0.00	3%	0.00
6. 2.5% State Rate Modular Homes	0.00	0.00	2.5%	0.00
7. 2% State Rate	0.00	0.00	2%	0.00
8. 2% Food Rate	0.00	0.00	2%	0.00
9. 2% County Rate See Instructions	0.00	0.00	2%	0.00
10. 2.25% County Rate	0.00	0.00	2.25%	0.00
11. 0.5% Transit County Rate	0.00	0.00	0.5%	0.00
12. 0.25% Transit County Rate	0.00	0.00	0.25%	0.00
13. Total State and County Tax (Add Tax From Lines 4 through 12)				0.00
14. Excess Collections				0.00
15. Total Tax (Add Lines 13 and 14)				0.00
16. Penalty - State and County				0.00
17. Interest - State and County				0.00
18. Less Prepayment for This Period				0.00
19. Prepayment for Next Period				0.00
20. Less any Credit (Attach explanation)				0.00
21. Total Due (Add Lines 15 - 17 and 19, Minus Lines 18 and 20)				\$ 0.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I certify that, to the best of my knowledge, this return is accurate and complete.  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_

- Tax Type Column
  - Line 4
  - ✓ General State Rate
- Receipts Column
  - ✓ Current % 4.75
  - ✓ Food items may also be reported in this column
- SNAP-eligible food sales possibly included



**Tax Information Authorization for Taxpayer Records**  
 North Carolina Department of Revenue  
 DOR Records Request



▶ Do not sign this form unless all applicable lines have been completed.  
 ▶ Do not use this form, Form Gen-93, to request copies of tax returns for personal use.

**1 Taxpayer Information** (Taxpayer(s) must sign and date this form - see Section 5.)  
 Taxpayer name(s) and address or name of person duly authorized to sign this form, if not individual taxpayer whose records are requested. (Print or type) \_\_\_\_\_  
 Taxpayer Identification Number \_\_\_\_\_  
 Daytime telephone number \_\_\_\_\_

**2 Person to Receive Records** If you wish to name more than one person to receive records, a separate certification is required for each authorization.  
 Name and address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Fax No. \_\_\_\_\_

**3 Tax Matters** The Person to Receive Records is authorized to inspect and/or receive confidential state tax information in any office of the North Carolina Department of Revenue for the tax matters listed on the lines below. Requests for copies of returns are restricted to the release of state return forms only. Release of state return forms is not indicative of the indicative of the taxpayer's state tax liability. Release of a state tax return is not indicative of the tax liability reported by the taxpayer.

(a) Type of Tax (Individual Income, Corporate, Excise, Withholding, Sales and Use, Partnership, etc.)	(b) Year(s) or Period(s)	(c) Specific Tax Records Requested (Returns, Payments, Tax Liability Statements (TLS).)

**4 Acts Authorized.** - The Person to Receive Records identified on Line 2 is authorized to receive and inspect confidential tax information, which may include federal tax information. For purposes of this section, federal tax information is defined as federal tax returns and return information received from the Internal Revenue Service.

**5 Signature of Taxpayer(s).** - If a matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on Line 3. Be advised that:

- ▶ Any tax liability statement provided indicates that the liability is as of the current date and is not an indication of any additional liabilities that may result from audit activity.
- ▶ This authorization Form Gen-93 permits a one-time release of taxpayer's information to the Person to Receive Records as identified on Line 2. Form Gen-93 does not authorize the Department of Revenue to release any information for periods under audit, request for review or denial of refund.
- ▶ If not signed, dated by the taxpayer, and Notarized, this tax information authorization will be returned. This form is invalid if not received within 120 days from the date signed by taxpayer(s).
- ▶ Do not sign this form if it is blank or incomplete.
- ▶ Once the NCDOR discloses your tax return to the Person to Receive Records listed on Line 2, the NCDOR has no control over what the third party does with the information.

**NOTARY PUBLIC VERIFICATION REQUIRED**

\_\_\_\_\_  
 County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed this GEN-93.

Name(s) of taxpayers: \_\_\_\_\_ Date: \_\_\_\_\_

Official Signature of Notary Public: \_\_\_\_\_

(Official Seal) Notary Public's printed or typed name: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Signature (taxpayer) \_\_\_\_\_ Date \_\_\_\_\_ Signature (spouse) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_ Print Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

N.C. Department of Revenue, Records Requests, P.O. Box 2628, Raleigh, NC 27602-2628  
 919-814-1304 (voice) 919-715-7843 (fax)  
 Street Address: 501 N. Wilmington Street, Raleigh, NC 27604

# GEN-93 FORM

- Release of Tax Information Form
- Authorizes WIC to acquire the vendor's E-500 forms directly from Department of Revenue (DOR)
- Must be completed accurately matching what DOR has on file for store
- Must be notarized



# Submitting False Information

- Vendors must not submit false, erroneous, or misleading information to the State or Local WIC Agency
- Failure to comply will lead to denial of a vendor applicant's authorization or termination of an authorized vendor's WIC Vendor Agreement
- The store must wait 1 year to become eligible to reapply for WIC vendor authorization



# Equitable Treatment

- Section 246.12(h)(3)iii of the Federal WIC Regulations requires WIC-authorized vendors to offer WIC customers the same courtesies that are offered to other (non-WIC) customers
  - ✓ WIC customers cannot be excluded from in-store promotions
- Failure to provide the same courtesies to WIC customers is a violation of Federal WIC Regulations, thereby constituting a vendor violation
  - ✓ Discrimination on the basis of WIC participation
  - ✓ May result in disqualification



# Definitions

- **Incentive item** - an item or service provided by a vendor to attract customers or encourage customer loyalty
- **Vendor discount** - an in-store promotion that reduces the price or increase the quantity of a given product; a vendor discount could also result from the use of a coupon
- **In-store promotion** - a sales promotion in which a vendor may offer incentive items, vendor discounts or coupons in order to increase sales of certain items or to encourage customer loyalty to the vendor



# Incentive Items

- Incentive items must be approved by the North Carolina WIC Program prior to providing them to WIC customers
- The North Carolina WIC Program may approve incentive items-including food, merchandise or services-that a vendor obtained at no cost or that cost a vendor less than \$2.00. Vendors may also provide food sales or specials (vendor discounts) that involve no cost or cost the vendor less than \$2.00



# Approval for Incentive Items

- To obtain approval to provide incentive items to WIC customers, a vendor must submit a written request directly to the North Carolina State WIC Agency.
- WIC vendors **cannot** offer incentive items to WIC customers without approval from the State WIC Agency



# Approval for Incentive Items continued

- Following is a list of prohibited incentive items:
  - Assistance applying for WIC benefits
  - Transportation for WIC customer to and/or from vendor premises
  - Delivery of WIC supplemental foods
  - Lottery tickets
  - Cash gifts
  - Any other service that results in a conflict of interest, any item that incurs a liability to the WIC Program or violates any Federal, State or Local law or regulation



# In-Store Promotions and Coupons

- Allowing WIC customers to use vendor discounts in WIC purchases reinforces wise food purchasing practices
- Vendor staff/cashiers should be well-informed about the use of different types of in-store promotions and coupons
  - ✓ Understand the temporary nature of some offers in order to reduce confusion at the point of sale
  - ✓ Know how to properly transact eWIC using in-store promotions and coupons



# Types of In-Store Promotions and Coupons

- Buy One, Get One Free (BOGO)
- Buy One, Get One at a Reduced Price
- Free Ounces Added to Food Item by Manufacturer (Bonus Size Items)
- Transaction Discounts
- Store Loyalty/Rewards Cards
- Manufacturers' Cents Off Coupons



# In-Store Promotions: BOGOs and eWIC

Per the USDA WIC EBT Operating Rules:

- In a true BOGO, the free item cannot be deducted from the WIC customer's benefit balance or reported to the State Agency
- If a food item is advertised as "Buy one, get one free" **with the disclosure that each item is sold for half the advertised price**, both food items shall be redeemed using WIC benefits and shall reflect an item price of half the advertised price in the transaction
  - ✓ Quantity discount
  - ✓ If using this methodology for BOGOs, vendors must put this disclosure in store advertising



# Sales Tax & Cash Back

- Sales Tax on Manufacturers' Coupons
  - ✓ Not permitted to tax WIC items, so cannot charge WIC customers tax on manufacturer's coupons
- Cash Back
  - ✓ Not permitted as a result of vendor discount in any WIC transaction



# What about exchanges?

- **Identical items only** when:
  - Defective
  - spoiled or
  - has exceeded its “best if used by” or “sell by” date on the date of purchase

# EWIC PAYMENTS THROUGH THE BANKING SYSTEM





# Automated Clearing House (ACH)

- Vendors will receive payment for all eWIC transactions processed in their store through an Automated Clearinghouse (ACH) system in which payments are directly deposited into their bank account
- With eWIC, most items will have an NTE
- If a vendor submits an item price that is above the NTE (for the items with NTEs), their payment will be decreased to the NTE amount for the item

# Changes in Vendor Bank Accounts

- Vendor applicants that need a stand-beside device, must submit their most current banking information to the eWIC contractor (FIS)
  - Vendors can contact FIS at 1-800-894-0050 Monday- Friday from 8:00 AM to 5:00 PM CT for account changes or updates
- Vendor applicants with integrated cash register systems will provide banking information to their third-party processor to ensure payment for eWIC transactions





# FIS Retailer Helpdesk

- FIS Retailer Helpdesk for stand-beside device assistance:
  - Retailer Helpdesk: 1-844-230-0836 (available 24/7)
  - Email: [merchant.services.support@fisglobal.com](mailto:merchant.services.support@fisglobal.com)



# Vendor Reimbursement Policy

- Vendors may not ask the WIC customer to make up the difference in price for eWIC transactions
- Vendors are responsible for keeping their prices at or below the NTE for their peer group



# Split Tender Transactions

- Customer can pay for an amount that exceeds the CVB maximum
  - ✓ Example: \$10.00 CVB
  - ✓ Total cost of WIC fruits and vegetables is \$10.25. Customer can pay 25¢ plus tax on the 25¢ or use other acceptable methods to pay for the outstanding balance, e.g SNAP which is not taxable
  - ✓ Vendor submits an eWIC transaction for \$10.00 in CVBs



# Food Substitution

- Vendors must properly transact the WIC supplemental foods that are listed on the customer's food benefit balance
- **Vendors cannot substitute one food subcategory for another unless granted a waiver by the State WIC Agency**
  - Federal violation that carries 1-year disqualification
    - **Example:** Substituting 1% Milk/Skim Milk for 2% Milk or Whole Milk

# Use of Scanning Sheets Prohibited

- Vendors **cannot** use a collection of UPC barcodes on Scanning Sheets, cash registers, computers, tablets, cell phones or any other similar electronic devices to transact eWIC
- Failure to comply with this policy could result in termination of their WIC Vendor Agreement





# Ideas

- Keep a copy of the *North Carolina WIC Vendor Transaction Guide* at each register
- Prevent mistakes with good training
- Review common errors with staff on a regular basis



# Questions





# WIC Approved Foods

<https://www.ncdhhs.gov/ncwicfoods>

# WIC Approved Foods

NC WIC Program Approved Foods  
and UPC Submission Process

Implementation of the Revised WIC  
Food Packages

WIC Approved Food Categories

Minimum Inventory Requirements



# NC WIC PROGRAM APPROVED FOODS



Approved Foods  
Nutrition Criteria

Universal Product  
Code (UPC)  
Submission

NC WIC  
Authorized  
Product List  
(APL)

<https://www.ncdhhs.gov/ncwicfoods>



# Supplemental Foods for Infant Food Packages I, II, and III

Supplemental Food	Fully formula fed (FF)		Partially (mostly) breastfed (BF/FF)		Fully breastfed (BF)	
	Food Packages I & III A: 0 - 3 months B: 4 - 5 months	Food Packages II & III 6 - 11 months	Food Packages I & III A: 0 - 3 months B: 4 - 5 months	Food Packages II & III 6 - 11 months	Food Package I 0 - 5 months	Food Package II 6 - 11 months
WIC Formula	A: FNB = 806 fl oz. B: FNB = 884 fl oz.	FNB = 624 fl oz.	A: FNB = 364 fl oz. B: FNB = 442 fl oz.	FNB = 312 fl oz.	(n/a)	(n/a)
Infant Cereal	(n/a)	8 oz.	(n/a)	8 oz.	(n/a)	16 oz.
Infant food fruits and vegetables	(n/a)	128 oz. <b>OR</b> \$11 CVB + 64 oz. <b>OR</b> \$22 CVB	(n/a)	128 oz. <b>OR</b> \$11 CVB + 64 oz. <b>OR</b> \$22 CVB	(n/a)	128 oz. <b>OR</b> \$11 CVB + 64 oz. <b>OR</b> \$22 CVB
Infant food meat	(n/a)	(n/a)	(n/a)	(n/a)	(n/a)	40 oz.

FNB: Full Nutrition Benefit

CVB: Cash Value Benefit for fresh, frozen, or canned fruits and vegetables

# Food Package I & II issuance Updates



## Infant Fruits and Vegetables

- Fully breastfed infant: 256 oz. → 128 oz.



## Infant Cereal

- Fully breastfed infant: 24 oz. → 16 oz.
- Partially breastfed and Fully-formula fed infants: 24 oz. → 8 oz.



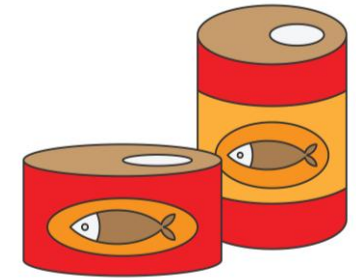
## Infant Meats

- Fully breastfed infant: 77.5 oz. → 40 oz.

# SUPPLEMENTAL FOODS FOR CHILD FOOD PACKAGES IV:A & IV:B

Supplemental Food	Children	
	12-23 months	2-4 years
Fruits & Vegetables	\$29 (\$26 + \$3)	
Eggs	1 dozen	
Breakfast cereal	36 oz.	
Whole grains	24 oz.	
Juice	0 fluid oz.	
Milk	4 gallons of whole milk	4 gallons of 0-1% milk
Legumes and/or Peanut butter	1-pound dry/ 64 oz. canned or 1 container (16-18 oz.)	
Canned fish	6 oz.	
	Food Package IV:A	Food Package IV:B

# Food Package IV:A & IV:B issuance Updates



## Juice

- 128 oz. → 64 oz.  
New substitution option:  
0 oz. juice → \$3 additional  
CVB

## Whole Grains

- 32 oz. → 24 oz.

## Canned Fish

- 0 oz. → 6 oz.

# SUPPLEMENTAL FOODS FOR WOMAN

## FOOD PACKAGE V:A, V:B, VI AND VII

Supplemental Food	Women			
	Food Package V:A Pregnant	Food Package V:B Partially (mostly) Breastfeeding	Food Package VI: Postpartum	Food Package VII: Fully Breastfeeding
Fruits & Vegetables	\$51 (\$48 + \$3)	\$55 (\$52 + \$3)	\$51 (\$48 + \$3)	\$55 (\$52 + \$3)
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Breakfast cereal	36 oz.	36 oz.	36 oz.	36 oz.
Whole grains	48 oz.	48 oz.	48 oz.	48 oz.
Juice	0 fluid oz.	0 fluid oz.	0 fluid oz.	0 fluid oz.
Milk	5.5 gallons	4 gallons	5.5 gallons	6 gallons
Legumes and/or Peanut butter	<i>Quantity: 2</i> 1-pound dry/ 64 oz. canned or 1 container (16-18 oz.)	<i>Quantity: 2</i> 1-pound dry/ 64 oz. canned or 1 container (16-18 oz.)	<i>Quantity: 1</i> 1-pound dry/ 64 oz. canned or 1 container (16-18 oz.)	<i>Quantity: 2</i> 1-pound dry/ 64 oz. canned or 1 container (16-18 oz.)
Canned fish	10 oz.	15 oz.	10 oz.	20 oz.

# Food Package V:A, V:B, VI & VII issuance Updates



## Juice

- Pregnant woman:  
144 oz. → 64 oz.
- Postpartum woman:  
96 oz. → 64 oz.
- Fully Breastfeeding  
woman:  
144 oz. → 64 oz.



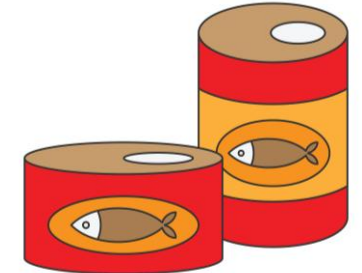
## Whole Grains

- Pregnant woman:  
16 oz. → 48 oz.
- Postpartum woman:  
0 oz. → 48 oz.
- Fully Breastfeeding  
woman:  
16 oz. → 48 oz.



## Cheese

- Fully Breastfeeding  
woman:  
1 pound → 0 pounds



## Canned Fish

- Pregnant woman:  
0 oz. → 10 oz.
- Postpartum woman:  
0 oz. → 10 oz.
- Fully Breastfeeding  
woman:  
30 oz. → 20 oz.



# MILK



## Criteria for Approval

- ✓ Pasteurized cow's milk
- ✓ Skim/1%/2%/Whole
- ✓ Lactose-reduced/free
- ✓ Ultra High Temperature (UHT)
- ✓ Evaporated
- ✓ Gallons, half gallons, quarts and cans\*

\**Evaporated milk only*



# MILK



Unit of Measure

= GAL (Gallon)



Gallon  
1.0 Gal.



Half Gallon + Quart  
 $0.5 + 0.25 = 0.75$  Gal.



Half Gallon  
0.5 Gal.



Quart  
0.25 Gal.

5 cans  
= appx.  
1 Gallon



12 oz.  
0.19 Gal.



# PLANT-BASED MILK ALTERNATIVES



## Criteria for Approval

- ✓ Half gallon (64 oz.) container
- ✓ Unflavored
- ✓ Meets nutrient requirements



## Unit of Measure

= GAL (Gallon)

# Cheese

## Criteria for Approval

- ✓ Equivalent to one pound (16 oz.)
  - Package sizes of 8 oz. or 16 oz.
- ✓ Low-sodium varieties
- ✓ Reduced-fat/cholesterol varieties
- ✓ Types:
  - Cheddar (Mild, Medium, Sharp, Extra Sharp)
  - Colby
  - Pasteurized Processed
  - American
  - Monterey Jack
  - Mozzarella
  - Muenster
  - Provolone
  - Swiss



# Cheese

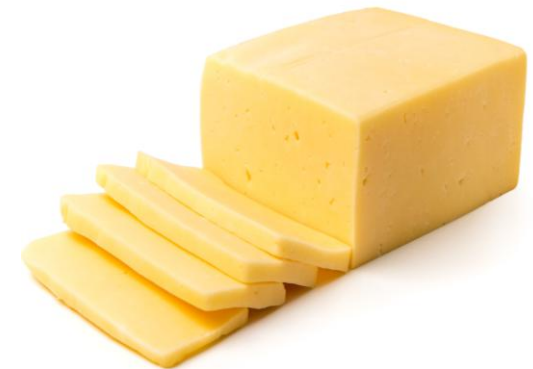


**Unit of Measure = LB (Pound)**

One container = 16 oz. package or two 8 oz. packages

## Approved forms:

- ✓ Block cheese
- ✓ Sliced cheese
- ✓ Shredded cheese
- ✓ String cheese
- ✓ Shaped or Cubed cheese
- ✓ Snack Cheese
- ✓ Diced Cheese
- ✓ Crumbled Cheese
- ✓ Grated Cheese





# Plant-Based Cheese Alternatives



## Criteria for Approval

- ✓ 8 oz. or 16 oz. prepackaged block or sliced (wrapped or unwrapped), snack, cubed, shaped, crumbled, strips, sticks, diced, grated, string or shredded cheese
- ✓ Must contain a minimum of 250 mg of calcium per 1.5 oz. plant-based cheese
- ✓ Must contain a minimum of 6.5 grams of protein per 1.5 oz. plant-based cheese



## Unit of Measure

= LB (Pound)





# TOFU



## Criteria for Approval

- ✓ 14 to 16 ounce prepackaged
- ✓ Must contain a minimum of 100 mg of calcium per 100 grams of tofu



## Unit of Measure

**= LB (Pound)**

One container = 14 - 16 oz. package

# YOGURT



## Criteria for Approval

- ✓ Equivalent to one 32 oz. container
  - Package sizes of 16 oz. or 32 oz.
- ✓ Pasteurized
- ✓ Flavored or unflavored
- ✓ Contain no more than 16 gm of added sugars and minimum of 106 IU (2.67 micrograms) of vitamin D per cup (8 oz) yogurt
- ✓ Fortified with Vitamin A and D
- ✓ Non-fat, Low-fat, Whole-fat yogurt



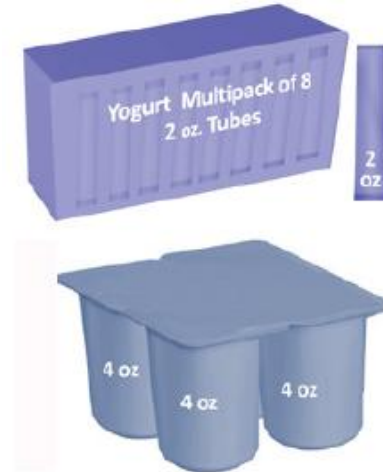
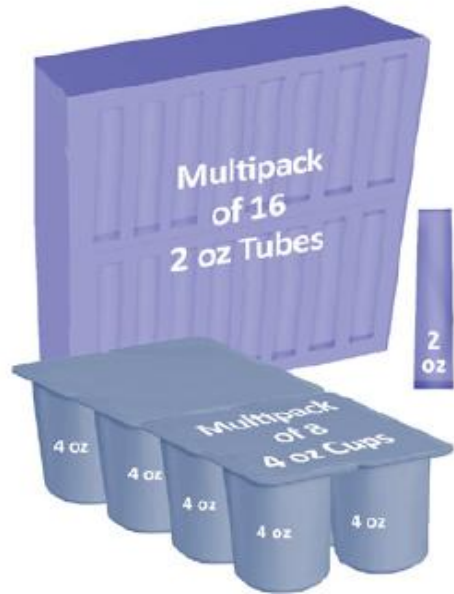
# YOGURT



Unit of Measure

= CTR (Container)

One container = 32 oz. package or two 16 oz. packages



# PLANT-BASED YOGURT ALTERNATIVE



## Criteria for Approval

- ✓ Equivalent to one 32 oz. container
  - Package sizes of 16 oz. or 32 oz.
- ✓ Pasteurized
- ✓ Flavored or unflavored
- ✓ Contain no more than 16 gm of added sugars and minimum of 106 IU (2.67 micrograms) of vitamin D per cup (8 oz) yogurt
- ✓ Fortified with Vitamin A and D
- ✓ Non-fat, Low-fat, Whole-fat yogurt



**Unit of Measure = CTR (Container)**



# JUICE



## Criteria for Approval

- ✓ 64 oz. containers
- ✓ 100% fruit or vegetable juice or blends
  - unsweetened and pasteurized
- ✓ Fortified with Calcium, Vitamin D or Vitamin C
- ✓ Contains >30mg of Vitamin C per 100 mL
- ✓ Plastic, glass, cans or refrigerated paper cartons



## Unit of Measure

= CTR (Container)

# CEREAL



## Criteria for Approval

- ✓ 11.8 / 12 oz. or larger, box or bag
- ✓ Ready to eat
- ✓ Instant and regular hot cereal
- ✓  $\leq 6$  grams sugar per dry ounce
- ✓ At least 28 mg Iron per 100 g dry cereal
- ✓ Includes 'whole grain' as the primary ingredient by weight.

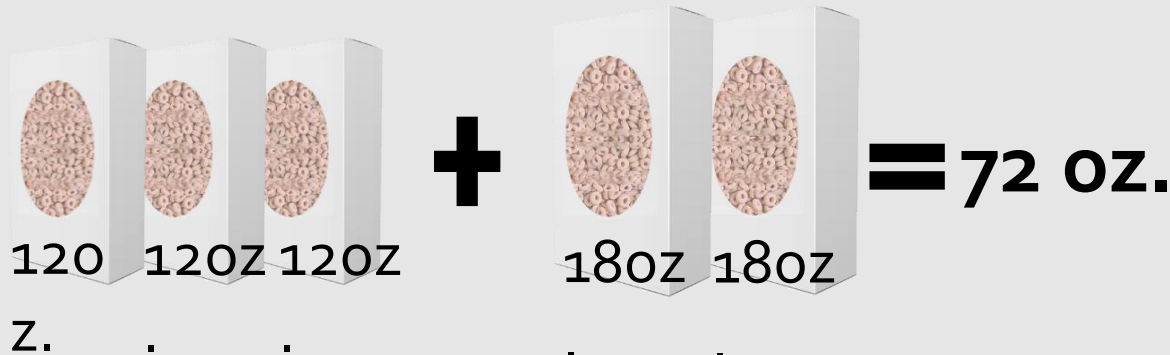


# CEREAL



Unit of Measure

= OZ (Ounce)



4/1/2023 thru 4/30/2023	135264497	\$16.00	\$\$\$	Fruit and Vegetables
	135264497	3.25	GAL	Whole Milk
	135264497	2	CTR	Cheese
	135264497	4	CTR	Juice 64 oz Fluid
	135264497	64	OZ	WW Bread or Whole Grains
	135264497	2	CTR	Eggs Grade A Large White
	135264497	72	OZ	Breakfast Cereal
	135264497	2	CTR	Beans, Peas, Lentils, or Peanut Btr

# BREAD/WHOLE GRAINS

- ✓ Whole wheat tortillas
- ✓ Soft corn tortillas
- ✓ Whole grain/whole wheat Bread/Buns/Bagels/Rolls
- ✓ Brown rice
- ✓ Whole wheat pasta
- ✓ Whole grain Barley
- ✓ Bulgur
- ✓ Oats





# BREAD/BUNS/BAGELS/ROLLS



## Criteria for Approval

- ✓ 14 to 24 oz. loaf
- ✓ 100% whole-grain and/or whole-wheat Bread/Buns/Bagels/Rolls



# TORTILLAS



## Criteria for Approval

- ✓ 14 to 24 oz. package
- ✓ Soft corn tortillas (yellow or white)
- ✓ Whole wheat tortillas



# BROWN RICE



## Criteria for Approval

- ✓ 14 to 24 oz. bag or box
- ✓ Plain, whole grain brown rice
- ✓ Instant, quick or regular cooking



# WHOLE WHEAT PASTA



## Criteria for Approval

- ✓ 14 to 24 oz. packages
- ✓ 100% whole grain and/or whole wheat
- ✓ All shapes



# WHOLE GRAIN BARLEY/BULGUR/OATS



## Criteria for Approval

- ✓ 14 to 24 oz. bag or box
- ✓ Plain, whole grain barley/bulgur/oats
- ✓ Instant, quick or regular cooking
- ✓ No added sugars, fats, oils, or salt

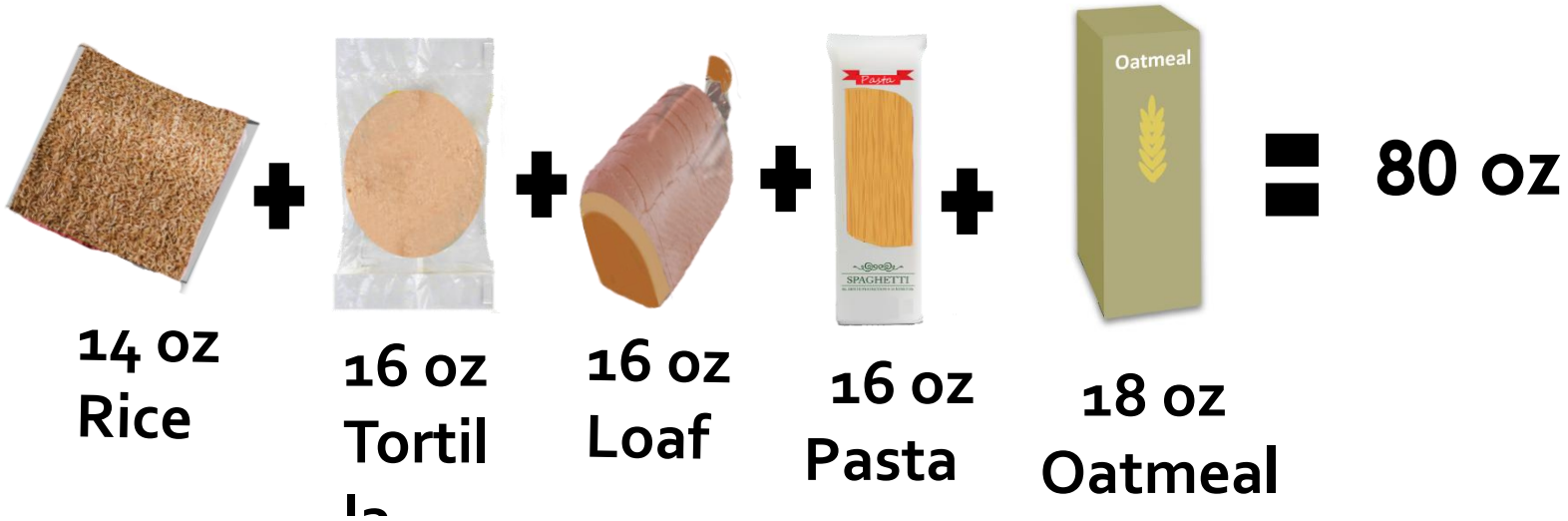


# WHOLE GRAINS



Unit of Measure

= OZ (Ounce)



3/28/2026 Thru 4/27/2026

160872421  
160872421  
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160872421  
160872421  
160872421

\$52.00 \$\$\$  
2 LB  
80 OZ  
2 DOZ  
72 OZ  
2 CTR

Fruit and Vegetables  
Cheese  
WW Bread or Whole Grains  
Eggs  
Breakfast Cereal  
Bean/Pea, 4 Cans, 1 Dry, or Peanut Btr

# EGGS



## Criteria for Approval

- ✓ One dozen chicken eggs, large Grade A only



## Unit of Measure

= DOZ (Dozen)



# LEGUMES: BEANS, PEAS, AND LENTILS



## Criteria for Approval

- ✓ Dry
  - (Any type) plain, unseasoned mature bean/pea/lentil
  - 16 oz. bag or box
- ✓ Canned
  - (Any type) plain, unseasoned mature bean/pea/lentil
  - Regular or low sodium
  - 15 to 16 oz. can





# LEGUMES: BEANS, PEAS, AND LENTILS

## Food Benefits

### Mature

- ✓ Black Beans
- ✓ Butter Beans
- ✓ Lima Beans
- ✓ Garbanzo Beans
- ✓ Soybeans
- ✓ Lentils
- ✓ Split Peas

**VS**

## Cash-value Vegetable Benefits (CVB)

- ✓ Green Beans
- ✓ Green Peas
- ✓ Snap Peas
- ✓ Snow Peas
- ✓ Snap Beans
- ✓ Garden Peas
- ✓ Wax Beans



# PEANUT BUTTER



## Criteria for Approval

- ✓ 16 to 18 oz. container
- ✓ Regular, natural or less sugar, salted or unsalted
- ✓ Regular or reduced-fat varieties
- ✓ Plain, creamy, crunchy or chunky



Unit of Measure

= CTR (Container)

# NUT AND SEED BUTTER



## Criteria for Approval

- ✓ 16 to 18 oz. container
- ✓ Regular, natural or less sugar, salted or unsalted
- ✓ Regular or reduced-fat varieties
- ✓ Plain, creamy, crunchy or chunky



Unit of Measure

= CTR (Container)



# Food category substitution options for legumes



18 oz. peanut butter  
(1 container)

OR

1-pound (14-16 oz) Tofu



1-pound (16 oz) dried legumes



64 ounces (4 cans) canned legumes



18 ounces (1 container) other nut butter or seed butter





# FISH



## Criteria for Approval

- ✓ 5 to 6 oz. cans or foil packs
- ✓ Plain, unseasoned pink salmon
  - with or without bones
- ✓ Chunk-light tuna packed in water



## Unit of Measure

= OZ (Ounce)



# INFANT FORMULA

- WIC participants must purchase what is specified on their food benefit account:
  - Brand
  - Size
  - Type (Powder, Concentrate, RTF)
  - Quantity



# NC WIC PROGRAM CONTRACT FORMULA

## Similac Advance<sup>®</sup>

- 12.7 oz. Powder
- 13.0 oz. Concentrate
- 32.0 oz. Ready-to-Feed

## Similac Soy Isomil<sup>®</sup>

- 12.4 oz. Powder
- 13.0 oz. Concentrate
- 32.0 oz. Ready-to-Feed

## Similac Sensitive<sup>®</sup>

- 12.5 oz. Powder
- 32.0 oz. Ready-to-Feed

## Similac Gentle Comfort<sup>®</sup>

- 12.6 oz. Powder



# INFANT CEREAL



## Criteria for Approval

- ✓ 8-ounce box of plain, dry infant cereal
- ✓ Must contain minimum of 45 mgs of iron per 100 grams of dry cereal
- ✓ Regular or organic



## Unit of Measure

**= OZ (Ounce)**



# INFANT MEATS



## Criteria for Approval

- ✓ Plain meat with gravy or with broth
- ✓ 2.5-ounce containers, single or multi-pack
- ✓ Regular or organic



Unit of Measure

= OZ (Ounce)



# INFANT FRUITS & VEGETABLES



## Criteria for Approval

- ✓ Single ingredient fruit or blends of fruits
- ✓ Single ingredient vegetable or blends of vegetables
- ✓ Without added sugars, starches, or salt
- ✓ Combination of Infant fruits and vegetables
  - 2 oz. (2 pack),
  - 3.5 or 4 oz. containers, single or multi pack
- ✓ Regular or organic



## Unit of Measure

= OZ (Ounce)



# SHOPPING FOR INFANT FOODS

Food	Amount Listed	Is Equal To
Infant Fruits & Vegetables	<b>128 oz.</b>	<b>32:</b> 2 oz. 2-pack or 4 oz. containers of infant fruits and vegetables.
		<b>18:</b> 3.5 oz. 2-pack containers of infant fruits and vegetables.
		<b>16:</b> 4 oz. 2-pack containers of Infant fruits and vegetables.
Infant Meats	<b>40 oz.</b>	<b>16:</b> 2.5 oz. containers of infant meats.



# CASH-VALUE BENEFITS (CVB): FRUITS AND VEGETABLES



## Criteria for Approval

- ✓ Fresh, frozen or canned fruits and vegetables
- ✓ Fresh herbs
- ✓ Regular or organic



## Unit of Measure

= \$ (dollar amount)

# FRUITS



## Criteria for Approval

- ✓ Fresh, frozen, canned
- ✓ Whole or cut fruit without added sugar, fats, oils or salt



# VEGETABLE



## Criteria for Approval

- ✓ Fresh, frozen and canned
- ✓ Whole or cut without added sugar, fats or oils
- ✓ Vegetables can contain added salt





# FRUITS AND VEGETABLES



## NOT Approved

- Dried herbs used for flavoring
- Infant fruits and vegetables\*
- Mature legumes (dry or canned beans, peas, lentils)\*
- Ornamental or decorative fruits or vegetables
- Catsup or other condiments
- Dried fruits or vegetables
- Sauerkraut
- Pickled vegetables, olives
- Fruit and/or vegetable juices\*
- Fruit baskets
- Fruit leathers and fruit roll-ups
- Fruit or vegetable items on party trays
- Fruit or vegetable items on salad bars

\* *See other approved criteria: 'Infant fruits and vegetables'; 'Beans, Peas, Lentils' and 'Juices'*

A top-down view of a produce display consisting of 12 black plastic crates arranged in a 4x3 grid. Each crate is filled with a different type of fresh produce. The top row contains crates of red tomatoes, red bell peppers, green apples, and more red tomatoes. The second row features yellow bell peppers, cucumbers, red tomatoes, and pink radishes. The third row has green beans, red tomatoes, eggplants, and lemons. The bottom row displays oranges, green beans, red bell peppers, and red apples. The crates are separated by wooden dividers, and some produce like dill and lettuce is placed between the crates. The text 'Produce Mapping' is overlaid in the center in a bold, blue, sans-serif font with a white outline.

# Produce Mapping



NC WIC Authorized Product List (APL):  
<https://www.ncdhhs.gov/ncwicfoods>

# MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Milk (Skim/1% Milk <b>AND</b> Whole Milk)	Gallons	Skim/1% milk = six (6) gallons Whole Milk =two (2) gallons  *2 types required*
Cheese	One (1) pound = 16 oz.	Two (2) pounds of one approved type
Juice	64 oz. container	64 oz. container = Six (6) containers  *2 varieties required*
Cereal	12+ oz. package	Six (6) packages *required to have 2 types whole grain cereal*

# MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Bread	16 to 24 oz. loaf of bread, 16 to 24 oz. package of tortillas	Two (2) loaves or packages <b>OR</b> One (1) loaf & one (1) package
Brown Rice	14 to 24 oz. package	Two (2) packages
Eggs	One (1) dozen, Grade A, Large, White	Two (2) packages
Legumes: Beans, Peas, Lentils	One (1) pound dry beans, peas, lentils <b>OR</b> Four (4) 15-16 oz. cans	Two (2) packages of dry beans, peas, lentils <b>OR</b> Eight (8) cans of beans, peas, lentils <b>OR</b> One (1) package dry & four (4) cans of beans, peas, lentils  *2 varieties required*

# MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Peanut Butter	16 to 18 oz. container	Two (2) containers
Fish	5 to 6 oz. container	Six (6) cans
CVB: Fruit (Canned Fruit)	14 to 16 oz. can	10 cans *2 varieties required*
CVB: Vegetable (Canned Vegetables)	14 to 16 oz. can	10 cans *3 varieties required*

# MINIMUM INVENTORY REQUIREMENTS



Food Category	Required Package Size	Required Quantity
Infant Formula (contract milk-based <b>AND</b> soy-based, powder)	11.0 – 14.0 oz. cans	Milk-based infant formula = Eight (8) cans Soy-based infant formula = Four (4) cans
Infant Cereal	8 oz. container	Six (6) boxes  *only one (1) approved type required*
Infant Fruits and Vegetables (Fruit <b>AND</b> vegetable)	3.5 to 4 oz. containers	64 ounces total (or ~16-18 containers)  *required to have one (1) type of fruit and one (1) type of vegetable*



# NORTH CAROLINA WIC PROGRAM RESOURCES

## SHOPPING GUIDE FOR HEALTHY FOODS



WIC shopping made easy!  
Download the ebtEDGE<sup>SM</sup> app

### WIC Vendor Transaction Guide



Vendors play a unique role in the WIC Program and are critical to the success of the program. Local WIC Programs issue benefits to customers who redeem them at WIC authorized grocery stores. Vendors receive payment directly into their bank account for foods provided to WIC customers.

This Guide is a complement to the North Carolina WIC Vendor Manual. It highlights aspects of WIC transactions most relevant to cashiers and frontline vendor staff. Staff should reference the Vendor Manual for specific policies and procedures. The Vendor Manual is available at: [www.ncdhhs.gov/media/17313/download/VenManual](http://www.ncdhhs.gov/media/17313/download/VenManual).

Key Definitions and Acronyms	A2	Bread	3
The Authorized Product List (APL)	A3	Tortillas	9
Mapping Fresh Produce	A3	Buns	9
Single Function Device	A4	Barley, Bulgur, Oats	9
Integrated Systems	A4	Rice	11



# SUMMARY



The NC WIC Program offers a variety of nutritious foods as part of the Authorized Product List (APL).



The APL includes all approved products meeting the nutrition criteria for WIC foods and submissions for new products are considered on a continual basis.



Each supplemental food category has a specified 'unit of measure'.



Required minimum inventory of approved products ensures products are available to WIC customers.



# QUESTIONS





# After Authorization

- Process EBT transactions accurately, in a timely manner, and in accordance with the terms of the North Carolina WIC Vendor Agreement. Maintain compliance with the EBT Processor Vendor Agreement, the FNS EBT operating rules, standards and technical requirements, WIC Program Rules, and state and federal regulations, and statutes
- Maintain certified eWIC system that is available for WIC redemption processing during all hours the store is open
- Request eWIC Processor re-certify the vendor's eWIC system if it is altered or revised in any manner that impacts eWIC redemption



# After Authorization continued

- Should a vendor that uses stand-beside device(s) to transact eWIC decide to upgrade to an integrated system, the vendor must:
  1. Inform the eWIC processor before making **any** change, so that it can be determined if the system needs to be certified and testing can be performed to establish connectivity.
  2. Inform the State WIC Agency so that Level III certification testing can be performed prior to use of the system in the store.
- Testing performed with the eWIC processor for a new system that a vendor chooses to use does not supersede the L3 certification testing that must be performed by the State WIC Agency.
- These procedures also apply to vendors who alter the integrated system that they currently use or decide to use a different integrated system altogether.



# After Authorization continued

- The State WIC Agency, **not the eWIC processor**, must grant final approval before a new system or system that has been altered is used by a vendor
- Vendors must inform the State WIC Agency if their integrated cash register system will be altered or revised in any manner that impacts eWIC redemption. This is a requirement detailed in the Terms of Vendor Agreement. Failure to do so may result in the termination of their WIC Vendor Agreement



# After Authorization continued

## Integrated Vendors:

There is no need for WIC customers to separate their items when transacting WIC benefits. Do not make them separate their WIC items from non-WIC items. All items can be rung up together; however, the WIC customer must swipe their eWIC card first before any other tender type is applied to ensure that the proper items are deducted from the WIC customer's benefit balance before another tender type is used for purchase.



# After Authorization continued

- It is important to continue to follow policies and procedures to maintain authorization
- Federal regulations provide process to support program integrity



# WIC Certification Testing

- After authorization State WIC Agency staff will complete L3 WIC Certification testing
- FIS connectivity testing is not certification testing



# Termination of WIC Vendor Agreement

- Change in ownership will result in termination of the WIC Vendor Agreement by the State WIC Agency
- Change in store location of more than three miles from the store's previous location will result in termination of the WIC Vendor Agreement by the State WIC Agency
- Cessation of operations, withdrawal from the WIC Program or disqualification from the WIC Program will result in termination of the WIC Vendor Agreement by the State WIC Agency



# Business Integrity Standards

- May not have any owners, officers or managers who have been convicted of or had a civil judgment entered against them in the last six years for any activity indicating a lack of business integrity
- Convictions or civil judgments include, but is not limited to: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, making false claims, or obstruction of justice



# Conflict of Interest

- A vendor shall not have any owner(s), officer(s) or manager(s) who are employed, or who have a spouse, child, or parent employed by the State WIC Program or the Local WIC Program serving the county in which the vendor conducts business
- A vendor shall not have an employee who handles transactions of WIC food or cash-value benefits who is employed by or has a spouse, child or parent who is employed by the State WIC Agency or Local WIC Agency
- Ask your staff if they have a spouse, child or parent who works for the WIC program
  - If they do, report it to your vendor contact at your Local WIC Agency

# Violations and Sanctions

- A **violation** is an infraction of WIC Program regulations or other requirements
- A **sanction** is an administrative action taken as a result of a pattern of violations and may include:
  - ✓ Disqualification or civil money penalty in lieu of disqualification





# Violations

- Any intentional or unintentional action of a vendor's owners, officers, managers, agents or employees, **with or without knowledge of management**, that violates the WIC Vendor Agreement or federal or state statutes, regulations, policies or procedures governing the Program



# Types of Violations

- **Federal violations** for which vendors are subject to disqualification
  - ✓ Federal violations carry longest disqualification periods
  - ✓ Found through compliance buys and inventory audits
- **State violations** for which vendors are subject to disqualification
  - ✓ Usually found during compliance buys and Local WIC Agency monitoring



# Vendor Violations and Sanctions

- 10A NCAC 43D.0710 states a vendor shall be disqualified from the WIC Program for:
  - One year for three occurrences within a 12-month period of failure to properly transact WIC food benefits by manually entering the EBT card number or entering the PIN into the POS instead of the WIC customer, scanning the UPC or PLU codes from UPC codebooks or reference sheets when completing a WIC customer's EBT transaction, not entering the correct quantity and item price, or not providing the WIC customer with a receipt that shows the items purchased and the customer's remaining food benefit balance.

# Vendor Violations and Sanctions continued

## As a Reminder:

- 10A NCAC 43D.0708 (20)(j) states that the vendor must:
  - Scan or manually enter Universal Product Codes (UPC) only from approved supplemental foods being purchased by the WIC customer in the types, sizes, and quantities available on the WIC customer's EBT account. The vendor shall not scan codes from UPC codebooks or reference sheets;
- This requirement is also listed in the current Terms of Vendor Agreement.



# Vendor Violations and Sanctions continued

- 180 days for three occurrences within a 12-month period of failure to make EBT point of sale equipment accessible to WIC customers to ensure that EBT transactions are completed in accordance with 10A NCAC 43D .0708(20).
- 90 days for three occurrences within a 12-month period of failure to comply with minimum lane coverage criteria required by 7 CFR 246.12(z)(2) and 10A NCAC 43D .0708(20)(c).



# Pattern of Occurrences

- The nature of the violation and the number of violations determine the sanction imposed
- A pattern of occurrences for the same violation can result in disqualification
- The number of occurrences needed to establish a pattern depends on the violation



# Examples of Patterns of Violations

- Three occurrences within a 12-month period of failure to stock required minimum inventory
- Two occurrences of vendor overcharging within a 12-month period
- Three occurrences of not making eWIC equipment accessible to the WIC customer
- Three occurrences within a 12-month period of failure to mark the current shelf prices of all WIC supplemental foods



# Compliance Buys and Audits

- State WIC Programs are required to identify and investigate high-risk vendors
- NC sometimes works with the U.S. Office of Inspector General for investigations
- See Vendor Manual

# Compliance Buys

- Undercover purchases by a compliance investigator
- May make multiple visits over one year
- Vendors may receive a letter from the State WIC Agency if problems are noted





# Vendor Overcharging

- Intentionally or unintentionally charging more for supplemental food provided to a WIC customer than a non-WIC customer or charging more than the current shelf price for supplemental food provided to a WIC customer
- Overcharging is a serious federal violation that can lead to vendor disqualification
- This violation is uncovered during compliance buys
- Vendor overcharging is **NOT** the same as charging over the NTE



# Overcharging?

- A vendor looks at the NTE to determine what they could charge the WIC customer for a gallon of whole milk. The current shelf price is \$2.79. They charge the WIC customer \$3.69 for the gallon of whole milk because that is the current NTE for the month. Is this vendor overcharging?
- A vendor charges a WIC customer \$6.50 for WIC approved cheese. The current shelf price is \$6.50. The NTE is \$6.29. Is this vendor overcharging?



# Inventory Audits

- A vendor must make available at any reasonable time and place **ALL**:
  - Program-related records of vendor
    - Purchase records, Sales records, Bank statements, Credit card statements, or any other personal or business financial documents that pertains to their business
- **MUST** be retained for 3 years or until audit pertaining to these records is resolved, whichever is later



# Purchase Documentation Requirement

- Specific requirements for purchase documentation of WIC supplemental foods
- Invoices, receipts, purchase orders, and any other proofs of purchase for WIC supplemental foods must include the following:
  1. The name of the seller and be prepared entirely by the seller or on the seller's business letterhead;
  2. The date of purchase and the date the authorized vendor received the WIC supplemental food at the store if this date is different;
  3. A description of each WIC supplemental food item purchased, including brand name, unit size, type or form, and quantity.



# Violations Detected During Inventory Audit

- Claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for six or more days within the 60-day period. The six or more days do not have to be consecutive
- Inability to provide records or providing false records is also a violation



# Vendor Claims

- Overpayment to a vendor as determined by an inventory audit or compliance buy investigation requires repayment to the WIC Program
- The State WIC Agency assesses a claim against the vendor in the amount of the overpayment
- Vendors can request a conference to review the claim, but this action cannot be appealed



# Claims Assessed for Vendor Violations

- If a vendor is assessed a claim, the vendor must reimburse the State WIC Agency in full or agree to a repayment plan within 30 days of written notification of the claim
  - ✓ Failure to do so will lead to termination of the Vendor Agreement
- A vendor applicant cannot be authorized if any of the vendor applicant's owners, officers or managers currently have or previously had a financial interest in a WIC Vendor that was assessed a claim by the WIC Program and the claim has not been paid in full

# Disqualification

- Ranges from 60 days to permanent
- WIC status may impact status with SNAP (formerly the Food Stamp Program)
- Vendor has right to appeal





# Routine Monitoring

- Includes, but is not limited to:
  - Review of formula invoices and receipts
  - Price checks
  - Treatment of WIC customers
  - Inventory of WIC approved foods subject to minimum inventory requirement
  - Ensure stand-beside equipment for use in transacting eWIC is accessible, if necessary
- Visits are documented and if violation(s) found:
  - An occurrence is noted
  - The vendor must take steps to correct the violations
  - Will be monitored again within 21 days

# Reporting Customer Service Issues (Complaints)

- Vendors should report customer service issues (complaints) to the Local WIC Agency concerning:
  - WIC customer inappropriate behavior
    - Vendors are not required to tolerate behavior from a WIC customer that they would not tolerate from other customers
  - Complaints about other vendors
- May use form in the Vendor Manual

**WIC VENDOR MANAGEMENT  
CUSTOMER SERVICE ISSUES FORM**

**SECTION I: CUSTOMER SERVICE ISSUE DOCUMENTATION**

STAFF NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_

ISSUE CREATION DATE: \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_

TARGET RESOLUTION DATE: \_\_\_\_\_

IS ISSUE CONFIDENTIAL?  Yes  No

**ISSUE REPORTED BY:**

Family/Participant Family ID \_\_\_\_\_

WIC Staff User ID \_\_\_\_\_

Vendor Vendor ID \_\_\_\_\_

Other Comments \_\_\_\_\_

Anonymous

**ISSUE REPORTED ABOUT:**

Family/Participant Family ID \_\_\_\_\_

WIC Staff User ID \_\_\_\_\_

Vendor Vendor ID \_\_\_\_\_

Policy/Procedure Comments \_\_\_\_\_

Other Comments \_\_\_\_\_

ISSUE TYPE: \_\_\_\_\_

**ASSIGNED TO:**

State WIC Agency

Local WIC Agency Name of Local Agency \_\_\_\_\_

Clinic Name of Clinic \_\_\_\_\_

**DESCRIPTION OF ISSUE(S):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION II: RESOLUTION OF ISSUE(S):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Questions





# Required Applicant Forms





# Completing Required Forms

- Vendors to be authorized through corporate agreements must complete:
  - Application (DHHS 3282) – **completed through the vendor portal**
  - Verification of Attendance
- All other retail stores must receive and complete:
  - Agreement (DHHS 2768) ending date 9/30/2027
  - Terms of the WIC Vendor Agreement
  - Application (DHHS 3282)
  - Price List (DHHS 2766)
  - Above Fifty-Percent Vendor Self Declaration form
  - Verification of Attendance
  - Vendor Site Survey



# Completion of Forms using DocuSign





# Completing Required Forms in DocuSign

## Received through DocuSign

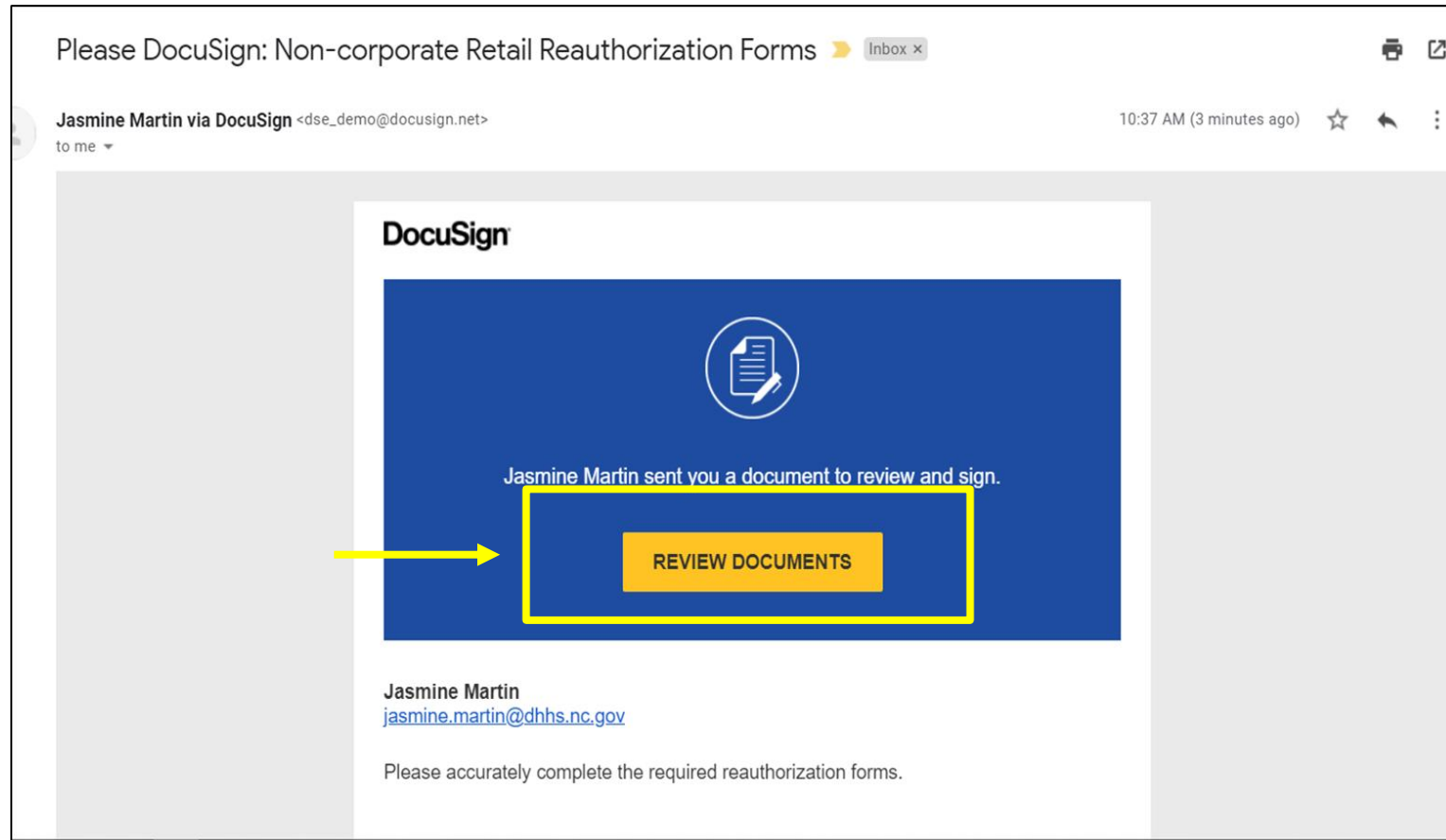
- Vendor Agreement (DHHS 2768) ending date 9/30/2027
- Terms of the WIC Vendor Agreement
- Application (DHHS 3282)
- Price List (DHHS 2766)
- Above Fifty-Percent Vendor Self Declaration form

## Received from Local Agency

- Verification of Attendance
- Email form

# Using DocuSign

- You will receive an email from the State Agency via DocuSign
- Click on the “Review Documents” button



# Vendor Process

- Once you have clicked “Review Documents,” this screen will open
- You will click the “Continue” button to review and complete the application documents (forms)

Please Review & Act on These Documents

Jasmine Martin  
DHHS

North Carolina WIC Vendor Applicant:

Please accurately and honestly complete the enclosed vendor applicant documents. (Should you have any questions about [View More](#))

Please review the documents below.

**CONTINUE** OTHER ACTIONS ▾

date executed by the last signatory below and will terminate on September 30, 2027.

**AUTHORIZED WIC VENDOR NUMBER**

The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.

Signature of Owner/Officer \_\_\_\_\_ Date \_\_\_\_\_

(Print) Name of Owner/Officer \_\_\_\_\_ Title \_\_\_\_\_

Name of Vendor (Store) \_\_\_\_\_

Mailing Address - Street, P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Local WIC Agency Authorized Representative/Date \_\_\_\_\_

(Print) Name of Local WIC Agency Authorized Representative/Title \_\_\_\_\_

Name of Local WIC Agency \_\_\_\_\_ Local Agency Number \_\_\_\_\_

Mailing Address - Street, P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Area Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES



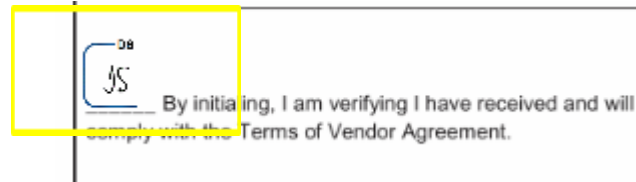
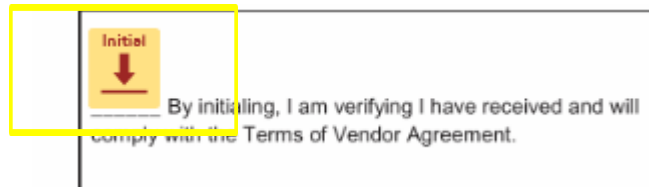
# Adopting a Signature

- When you click on the first Sign button, the “Adopt Your Signature” screen will appear.
- Signature options
  - Type your name and initials and change the style to look more like your handwritten signature
  - Draw or “write” signature by selecting the draw tab and using the mouse
  - Upload a clear picture of signature for use

The screenshot shows a web interface titled "Adopt Your Signature". At the top, it says "Confirm your name, initials, and signature." Below this, there are two input fields: "Full Name\*" with the value "John Smith" and "Initials\*" with the value "JS". Below the input fields are three tabs: "SELECT STYLE" (which is selected), "DRAW", and "UPLOAD". Below the tabs is a "PREVIEW" section showing a signature "John Smith" and initials "JS" with a DocuSigned ID "703B02B833A548F...". At the bottom of the form, there are two buttons: "ADOPT AND SIGN" and "CANCEL".

The screenshot shows a document titled "AUTHORIZED WIC VENDOR NUMBER" with the number "0000" in a red box. Below this, there is a section for a signature and date. The text reads: "I, [Signature], signed represents that s/he has read, understood, and agrees to the Terms of this Agreement. 4/5/2021". There are lines for "Signature of Owner/Officer" and "Date". A yellow box highlights the "Sign" button and the "Signature of Owner/Officer" line.

# Signature



Once signature and initials have been adopted, when you click any space labeled sign or initial, the adopted signature will appear.

# Form Fields

- Certain fields triggered once specific fields selected.
  - Blue arrow at question 14 shows that the check box for Integrated has been selected
  - Sub questions and corresponding fields have now been highlighted
  - The value-added reseller is not highlighted in red because this is an optional field
- Green arrow at question 15 shows a drop-down option.
  - Ensures vendors only choose State approved sources
  - Also available for question 15

The screenshot shows a web form with a blue header bar containing the text "Select an option from the list" and buttons for "FINISH" and "OTHER ACTIONS". Below the header is a toolbar with icons for search, zoom, download, print, and help. A yellow "START" button is on the left. The form content includes:

- Store Name:
- Vendor Number:
- Question 14: "Is your store eWIC capable?" with radio buttons for Yes (selected), No, and "Point-of-sale system type:" with radio buttons for Integrated (selected) and Stand-beside device. Below this are fields for "If integrated, provide the name of your Third-party Processor" (containing "First Data") and "Value-added Reseller (if applicable)".
- Question 15: "Name of Infant Formula Source(s):" with a dropdown menu showing "Food Lion" and "-- select --". A green arrow points to this dropdown.
- Question 16: "Name of Supplier(s) for Other WIC Authorized Foods:" with a dropdown menu showing "-- select --".
- Question 17: "Do you expect that more than 50% of your annual food sales revenue will be from WIC sales?" with radio buttons for Yes and No (selected).
- Question 18: "Do you currently own a WIC-authorized store where WIC sales are above 50% of the total annual food sales?" with radio buttons for Yes and No (selected).
- Question 19: "Percentage (%) of total food sales expected to be: (NO Decimals, Must equal 100%)". It includes input fields for WIC, SNAP, Cash, and Credit/Debit percentages.

A blue arrow points to the "Integrated" radio button in question 14. A green arrow points to the dropdown menu in question 15. Red boxes highlight the "First Data" field, the dropdown in question 15, and the dropdown in question 16.



# Vendor Process Completed

\*Point of Sale Provider provides equipment and/or software to process eWIC transactions at authorized vendor locations.

**Third Party Processor\*:**

\*Third Party Processor provides transaction processing services such as routing and switching of EBT transactions to another party on behalf of the WIC Vendor, Acquirer or EBT Card Issuer Processor.

3. If you are using a stand beside device to transact eWIC benefits, do you plan to upgrade to an integrated system? If yes, please provide the estimated time frame for the upgrade.

YES  NO

Estimated Time Frame for Integration Upgrade: \_\_\_\_\_

4. If you already have an integrated system, do you plan to upgrade your system or deploy a new system in the near future? If yes, please provide the estimated time frame for the upgrade.

YES  NO

Estimated Time Frame for Integration Upgrade: \_\_\_\_\_

Print Owner/ Officer(s) Name:

Owner/Officer(s) Signature:

Last Updated 2/9/2021

5 eWIC Update for Non Corp Vendors 2.1.2021.pdf 1 of 1

**FINISH**

Once you have gone through all documents and completed all required fields, you will be able to click the "Finish" button.

# Final Screen

- You may see this screen upon completion
  - Can select “No Thanks”
- All parties will receive a copy of the fully completed forms

Log in to DocuSign

A copy of this document has been saved to your DocuSign account. Please log in to view it.

Email  
james.martin@ukhsa.nhs.uk

LOG IN NO THANKS

(Circle title) (First) (Full Middle Name) (L



# Application (DHHS 3282)

- All vendor applicants must complete an application
- The store owner or officer must complete and sign
- Do not leave blanks, do not use “N/A”
- Do not type “same as above”
  - Complete every line!



# Application (DHHS 3282)

- **Questions #1-2**
  - Store address information
- **Questions #3-4**
  - Needed for future notifications
- **Question #5**
  - MUST be a SNAP (formerly the Food Stamp Program) Provider
- **Question #6**
  - Provide Store's Federal Tax ID number
- **Question #7 - check only one!**
  - Retail Large Chain
  - Retail Convenience

See instructions for definitions:

North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being  
Community Nutrition Services Section

Vendor Number: \_\_\_\_\_

**N. C. WIC VENDOR APPLICATION**

**INSTRUCTIONS:**

- This is an application to obtain authorization to become a vendor for the North Carolina Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- This application must be completed by either a store owner or officer.

- Store Name: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
(Not the Corporation Name, if Incorporated)
- Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Does the Store have internet access / capabilities?  Yes  No
- Email Address: \_\_\_\_\_
- SNAP Permit Number \_\_\_\_\_
- Federal Tax ID Number \_\_\_\_\_
- Store Classification (check one):  
 Retail Large Chain  Retail Independent  Convenience  Free-Standing Pharmacy  Commissary
- Type of Ownership (check one):  Individual  Partnership  Limited Partnership  Corporation  LLC  
Corporate/Company Name (if LLC, Inc., or LP): \_\_\_\_\_  
Physical Address of Regional/Corporate Headquarters: \_\_\_\_\_  
Phone No: (\_\_\_\_) \_\_\_\_\_  
Mailing Address of Regional/Corporate Headquarters: (if different from the store mailing address) \_\_\_\_\_  
Phone No: (\_\_\_\_) \_\_\_\_\_
- Number of Stores owned by this ownership \_\_\_\_\_  
Number of Other WIC authorized stores owned by this ownership \_\_\_\_\_
- Store Operating Hours: (Circle AM or PM) (Type "C" to indicate Closed)  
Monday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM      Friday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM  
Tuesday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM      Saturday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM  
Wednesday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM      Sunday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM  
Thursday \_\_\_\_\_ AM / PM - \_\_\_\_\_ AM / PM
- Amount of Store's Annual SNAP Sales: \$ \_\_\_\_\_  Actual  Projected
- Amount of Store's Annual Food Sales: \$ \_\_\_\_\_  Actual  Projected
- Total Number of Registers in Store (Including U-Scans): \_\_\_\_\_  
Number of Registers with Scanning Devices: \_\_\_\_\_ Number of Scanners That Identify WIC-Authorized Foods: \_\_\_\_\_

Page 1 of 5

DHHS 3282 (Revised 10/2025) (Review 10/2026)

# Application (DHHS 3282)

- **Question #8 - check only one!**
  - Individual
  - Partnership
  - Limited Partnership
  - Corporation
  - LLC
- **Question #9**
  - Number of stores owned by this ownership (at least 1)
  - Number of other WIC authorized stores owned by this ownership
- **Question #10**
  - Since business hours are a selection criteria, please be accurate and indicate AM/PM
- **Question #11-12**
  - Annual SNAP & Food Sales – Projected for new stores
- **Question #13- Important! May determine peer group**
  - Total Number of registers in store - not number in use (including U-Scans)
  - Number of registers with scanning devices
  - Number of scanners that identify WIC approved foods

North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being  
Community Nutrition Services Section

Vendor Number: \_\_\_\_\_

### N. C. WIC VENDOR APPLICATION

**INSTRUCTIONS:**

- This is an application to obtain authorization to become a vendor for the North Carolina Special Supplemental Nutrition Program for Women, Infants and Children (WIC).
- This application must be completed by either a store owner or officer.

1. Store Name: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_  
*(Not the Corporation Name, if Incorporated)*

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Does the Store have internet access / capabilities?  Yes  No

4. Email Address: \_\_\_\_\_

5. SNAP Permit Number \_\_\_\_\_

6. Federal Tax ID Number \_\_\_\_\_

7. Store Classification (check one):

Retail Large Chain  Retail Independent  Convenience  Free-Standing Pharmacy  Commissary

8. Type of Ownership (check one):  Individual  Partnership  Limited Partnership  Corporation  LLC

Corporate/Company Name (if LLC, Inc., or LP): \_\_\_\_\_  
Physical Address of Regional/Corporate Headquarters: \_\_\_\_\_  
Phone No: (\_\_\_\_) \_\_\_\_\_

Mailing Address of Regional/Corporate Headquarters: (if different from the store mailing address) \_\_\_\_\_  
Phone No: (\_\_\_\_) \_\_\_\_\_

9. Number of Stores owned by this ownership \_\_\_\_\_  
Number of Other WIC authorized stores owned by this ownership \_\_\_\_\_

10. Store Operating Hours: (Circle AM or PM) (Type "C" to indicate Closed)

Monday	____ AM / PM - ____ AM / PM	Friday	____ AM / PM - ____ AM / PM
Tuesday	____ AM / PM - ____ AM / PM	Saturday	____ AM / PM - ____ AM / PM
Wednesday	____ AM / PM - ____ AM / PM	Sunday	____ AM / PM - ____ AM / PM
Thursday	____ AM / PM - ____ AM / PM		

11. Amount of Store's Annual SNAP Sales: \$ \_\_\_\_\_  Actual  Projected

12. Amount of Store's Annual Food Sales: \$ \_\_\_\_\_  Actual  Projected

13. Total Number of Registers in Store (Including U-Scans): \_\_\_\_\_  
Number of Registers with Scanning Devices: \_\_\_\_\_ Number of Scanners That Identify WIC-Authorized Foods: \_\_\_\_\_

Page 1 of 5

DHHS 3282 (Revised 10/2025) (Review 10/2026)

# Application (DHHS 3282)

- **Question #14**
  - eWIC capable
- **Question #15-16**
  - Infant formula source
  - Food suppliers
- **Question #17-18**
  - More than fifty percent of store's annual revenue from WIC?
- **Question #19**
  - Percentage of business expected to be WIC, SNAP, cash, and credit/debit card (no decimals)
- **Question #20**
  - WIC authorization required?

Store Name: \_\_\_\_\_  
Vendor Number: \_\_\_\_\_

14. Is your store eWIC capable?  Yes  No; Point-of-sale system type:  Integrated  Stand-beside device  
If integrated, provide the name of your Third-party Processor \_\_\_\_\_  
Value-added Reseller (if applicable) \_\_\_\_\_

15. Name of Infant Formula Source(s): \_\_\_\_\_  
*(Select your Infant Formula Source from the list)*

16. Name of Supplier(s) for Other WIC Authorized Foods: \_\_\_\_\_

17. Do you expect that more than 50% of your annual food sales revenue will be from WIC sales?  Yes  No

18. Do you currently own a WIC-authorized store where WIC sales are above 50% of the total annual food sales?  
 Yes  No

19. Percentage (%) of total food sales expected to be: **(NO Decimals, Must equal 100%)**  
WIC \_\_\_\_\_ % SNAP \_\_\_\_\_ % Cash \_\_\_\_\_ % Credit/Debit \_\_\_\_\_ %

20. Is WIC authorization required for the store to open for business?  Yes  No

21. Do you have inventory invoices available for foods purchased and currently stocked in your store?  Yes  No

22. How many months of inventory invoices are available? \_\_\_\_\_

23. Do you currently have in stock the required minimum inventory?  Yes  No

24. Store sales include (check all that apply):  
 Gasoline  Special Formula  Household Products  Bread  Fresh Vegetables/Fruits  
 Canned Vegetables/Fruits  Beef  Poultry  Pork  Sandwich Meats  Tofu  Rice  Baby Foods

25. Store Manager Name: Mr., Mrs., Ms. \_\_\_\_\_  
*(Select title) (First) (Full Middle Name) (Last)*

26. Is the Store Manager the primary contact person for the store?  Yes  No  
If not, provide contact name and phone: \_\_\_\_\_

27. Has the manager ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_

28. How long has the store (under its current name or a former name) physically operated at the present site?  
\_\_\_\_\_ years \_\_\_\_\_ months If not applicable, provide opening date: \_\_\_\_\_

Page 2 of 5

DHHS 3282 (Revised 10/2025) (Review 10/2026)

# Application (DHHS 3282)

- **Question #21-22**
  - Inventory invoices
- **Question #23**
  - Required minimum inventory-not applicable
- **Question #24**
  - Check all boxes that apply
- **Question #25-26**
  - Manager's full name
  - Indicate if manager is primary contact for the pharmacy

Store Name: \_\_\_\_\_  
Vendor Number: \_\_\_\_\_

14. Is your store eWIC capable?  Yes  No; Point-of-sale system type:  Integrated  Stand-beside device  
If integrated, provide the name of your Third-party Processor \_\_\_\_\_  
Value-added Reseller (if applicable) \_\_\_\_\_

15. Name of Infant Formula Source(s): \_\_\_\_\_  
*(Select your Infant Formula Source from the list)*

16. Name of Supplier(s) for Other WIC Authorized Foods: \_\_\_\_\_

17. Do you expect that more than 50% of your annual food sales revenue will be from WIC sales?  Yes  No

18. Do you currently own a WIC-authorized store where WIC sales are above 50% of the total annual food sales?  
 Yes  No

19. Percentage (%) of total food sales expected to be: **(NO Decimals, Must equal 100%)**  
WIC \_\_\_\_\_ % SNAP \_\_\_\_\_ % Cash \_\_\_\_\_ % Credit/Debit \_\_\_\_\_ %

20. Is WIC authorization required for the store to open for business?  Yes  No

21. Do you have inventory invoices available for foods purchased and currently stocked in your store?  Yes  No

22. How many months of inventory invoices are available? \_\_\_\_\_

23. Do you currently have in stock the required minimum inventory?  Yes  No

24. Store sales include (check all that apply):  
 Gasoline  Special Formula  Household Products  Bread  Fresh Vegetables/Fruits  
 Canned Vegetables/Fruits  Beef  Poultry  Pork  Sandwich Meats  Tofu  Rice  Baby Foods

25. Store Manager Name: Mr., Mrs., Ms. \_\_\_\_\_  
*(Select title) (First) (Full Middle Name) (Last)*

26. Is the Store Manager the primary contact person for the store?  Yes  No  
If not, provide contact name and phone: \_\_\_\_\_

27. Has the manager ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_

28. How long has the store (under its current name or a former name) physically operated at the present site?  
\_\_\_\_ years \_\_\_\_ months If not applicable, provide opening date: \_\_\_\_\_

Page 2 of 5

DHHS 3282 (Revised 10/2025) (Review 10/2026)



# Application (DHHS 3282)

- **Questions #27-36**

- Business integrity questions
- Do not leave any blanks
- Provide explanations and dates for “yes” responses

27. Has the manager ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_

28. How long has the store (under its current name or a former name) physically operated at the present site?  
\_\_\_\_ years \_\_\_\_ months If not applicable, provide opening date: \_\_\_\_\_

Store Name: \_\_\_\_\_  
Vendor Number: \_\_\_\_\_

DHHS 3282 (Revised 10/2025) (Rev

29. Has the store ever operated under another name and/or at a different location?  Yes  No  
If yes, former name(s) and/or location(s) of store: \_\_\_\_\_

30. Has the store (under its current name or a former name) ever been disqualified or assessed a monetary penalty by the WIC program?  Yes  No If yes, explain and give dates: \_\_\_\_\_

31. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently disqualified, was previously disqualified, or assessed a monetary penalty by the WIC program?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

32. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was disqualified or assessed a monetary penalty by the WIC program?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

33. Has the store (under its current name or a former name) ever been withdrawn, disqualified, or assessed a civil money penalty from the Supplemental Nutrition Assistance Program (SNAP)?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

34. Does the owner(s) (includes corporate owners) have a financial interest in a store that is currently, or has been previously, withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

35. Has the owner(s) (includes corporate owners) ever had a financial interest in a store that was withdrawn, disqualified, or assessed a civil money penalty by the Supplemental Nutrition Assistance Program (SNAP)?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

36. Have any of the vendor applicant's current owners, officers, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity, including, 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, and obstruction of justice?  Yes  No  
If yes, explain and give dates: \_\_\_\_\_

Page 3 of 5

DHHS 3282 (Revised 10/2025) (Review 10/2026)

# Ownership Data Section

- Stores under corporate agreement do not complete this section
- Stores not under corporate agreement should list all owners/officers
- For more than TWO owners, complete page 4a
- Incorporated or Limited Liability Companies (LLC) list officers

Store Name: \_\_\_\_\_  
Vendor Number: \_\_\_\_\_

**OWNERSHIP DATA** (For stores under Corporate Agreement with State WIC Agency, skip this section):  
Complete the following information for each owner and officer. Use Page 4a if you have more than two owners or officers.

Owner/Officer Name: Mr., Mrs., Ms. \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
(Select title) (First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone No.: ( ) \_\_\_\_\_ Percentage of Business/Shares Owned: \_\_\_\_\_ %  
Has the owner lived in any other state(s) in the last five (5) years?  Yes  No If yes, please list state(s) lived in \_\_\_\_\_

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_

Is the owner(s) related to the store's previous owner(s) / officer(s) by blood or marriage?  Yes  No  
If yes, list name & relationship: \_\_\_\_\_

Does the owner (including a corporate owner) own any other stores(s)?  Yes  No If yes, please list name, city & state, and WIC vendor number (if authorized by WIC): \_\_\_\_\_

---

Owner/Officer Name Mr., Mrs., Ms.: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
(Select title) (First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone No.: ( ) \_\_\_\_\_ Percentage of Business/Shares Owned: \_\_\_\_\_ %  
Has the owner lived in any other state(s) in the last five (5) years?  Yes  No If yes, please list state(s) lived in \_\_\_\_\_

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds, or any felony?  Yes  No If yes, explain and give dates: \_\_\_\_\_

Is the owner(s) related to the store's previous owner(s) / officer(s) by blood or marriage?  Yes  No  
If yes, list name & relationship: \_\_\_\_\_

Does the owner (including a corporate owner) own any other stores(s)?  Yes  No If yes, please list name, city & state, and WIC vendor number (if authorized by WIC): \_\_\_\_\_

Page 4 of 5

DHHS 3282 (Revised 10/2025) (Review 10/2026)

Store Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

**OWNERSHIP DATA** (For stores under Corporate Agreement with State WIC Agency, skip this section):  
 Complete the following information for each owner and officer. Use this page (Page 4a) **only if** you have more than two owners/officers.

Owner / Officer Name: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
 (Select title) (First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of Business/Shares Owned: \_\_\_\_\_ %

Has the owner lived in any other state(s) in the last five (5) years?  Yes  No If yes, please list state(s) lived in \_\_\_\_\_

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony?  
 Yes  No If Yes, explain and give dates: \_\_\_\_\_

Is the owner related to the store's previous owner(s) / officer(s) by blood or marriage?  
 Yes  No If Yes, list name & relationship: \_\_\_\_\_

Does the owner (including a corporate owner) own any other stores(s)?  Yes  No If Yes, please list name, city & state, and WIC vendor number (if authorized by WIC): \_\_\_\_\_

---

Owner / Officer Name: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
 (Select title) (First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of Business/Shares Owned: \_\_\_\_\_ %

Has the owner lived in any other state(s) in the last five (5) years?  Yes  No If yes, please list state(s) lived in \_\_\_\_\_

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony?  
 Yes  No If Yes, explain and give dates: \_\_\_\_\_

Is the owner related to the store's previous owner(s) / officer(s) by blood or marriage?  
 Yes  No If Yes, list name & relationship: \_\_\_\_\_

Does the owner (including a corporate owner) own any other stores(s)?  Yes  No If Yes, please list name, city & state, and WIC vendor number (if authorized by WIC): \_\_\_\_\_

---

Owner / Officer Name: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_  
 (Select title) (First) (Full Middle) (Last)

Residential Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone No.: ( ) \_\_\_\_\_ Percentage of Business/Shares Owned: \_\_\_\_\_ %

Has the owner lived in any other state(s) in the last five (5) years?  Yes  No If yes, please list state(s) lived in \_\_\_\_\_

Has the owner / officer ever been convicted of a misdemeanor involving fraud, theft, or misuse of state or federal funds, or any felony?  
 Yes  No If Yes, explain and give dates: \_\_\_\_\_

Is the owner related to the store's previous owner(s) / officer(s) by blood or marriage?  
 Yes  No If Yes, list name & relationship: \_\_\_\_\_

Does the owner (including a corporate owner) own any other stores(s)?  Yes  No If Yes, please list name, city & state, and WIC vendor number (if authorized by WIC): \_\_\_\_\_

DHHS 3282 (Revised 10/2025) (Review 10/2026) page 4a of 5

# Page 4a

Additional ownership page

For vendors with more than 2 owners or officers

Store Name: \_\_\_\_\_

Vendor Number: \_\_\_\_\_

To the best of my knowledge, all the above answers and the information contained on the accompanying WIC Price List (DHHS 2766 or 2766-P) are correct. The prices are the **actual, current, and highest shelf prices for WIC-approved foods currently stocked**. I understand that by signing below, I will be bound by WIC Program regulations and policies including, but not limited to:

1. Attending vendor training sessions;
2. Training employees and being responsible for their actions regarding WIC Program procedures;
3. Submitting accurate price lists of WIC approved foods to the WIC Program upon request;
4. Being monitored, investigated and/or audited periodically; and
5. Completing and complying with all items in the attached WIC Vendor Agreement.

I understand that this is an application to be a WIC vendor and does not constitute an approved agreement with the N.C. WIC Program. I understand that supplying false information could lead to denial or disqualification from the WIC Program.

Owner/Officer Name: \_\_\_\_\_ Title (If Officer): \_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Assurance of Civil Rights Compliance

The vendor hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 *et seq.*); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 *et seq.*); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex, (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the vendor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the vendor.

#### **LOCAL WIC AGENCY USE ONLY** - Application reviewed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Local WIC Agency: \_\_\_\_\_ (no abbreviations)

#### **STATE WIC AGENCY USE ONLY** – Application reviewed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Page 5

- Read application statement
- Store Owner/Officer signs
- Check all answers before signing to avoid delay of application
- Page 5 is also signed by the Local Agency before being sent to the State WIC Agency



# WIC Price List (DHHS 2766)

- Must be completed individually by each:
  - Independent stores
  - Convenience stores
  - Commissaries
- Role of Price List
  - A criteria for selecting authorized vendors

North Carolina Department of Health and Human Services  
 Division of Child and Family Well-Being  
 Community Nutrition Services Section

Local Agency Name: \_\_\_\_\_  
 (no abbreviations)

**WIC PRICE LIST**

Please review the instructions for the form and certification statement prior to completing and signing the form.

Vendor Number \_\_\_\_\_

Store Name \_\_\_\_\_

Date \_\_\_\_\_

Store Address \_\_\_\_\_

( ) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

North Carolina Department of Health and Human Services  
 Division of Child and Family Well-Being  
 Community Nutrition Services Section

Local Agency Name: \_\_\_\_\_  
 (no abbreviations)

**WIC PRICE LIST**

Please review the instructions for the form and certification statement prior to completing and signing the form.

Vendor Number \_\_\_\_\_

Store Name \_\_\_\_\_

Date \_\_\_\_\_

Store Address \_\_\_\_\_

( ) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Milk	Price	Price	Price	Brown Rice	Price
Type	Gallon	1/2 Gal	Quart	14 - 16 oz	
Whole					
Skim (fat free), 1%				Bread - 16 oz	Price
Lactose Reduced/Free				Whole Grain / Whole Wheat	
UHT					
Soy-Based Beverage				Tortillas - 16 oz	Price
				Corn	
Juice	Price	Price	Price	Whole Wheat	
Brand/Flavor	11.5fl oz	48 oz	64 oz	Infant Cereal	Price
100% Orange				8 oz	
Second Type				Infant Meats	Price
Evaporated	Price			2.5 oz	
12 oz				Infant Fruits	Price
Eggs- Grade A, White - Large	Price			4 oz Jar	
Dozen				2 pack (3.5 oz containers)	
Tofu	Price			2 pack (4 oz containers)	
14 - 16 oz				Infant Vegetables	Price
Cheese	Price			4 oz Jar	
8 oz				2 pack (3.5 oz containers)	
16 oz				2 pack (4 oz containers)	
Yogurt	Price			Beans, Peas, Lentils	Price
32 oz (1 qt)				Dry - 16 oz Bag or Box	
Peanut Butter	Price			Canned - 15 - 16 oz	
16-18 oz - Plain, creamy, crunchy, chunky				Canned Fish 5-6 oz	Price
Whole Wheat Macaroni	Price			Tuna	
Products (Pasta)				Salmon	
16 oz					

- Store Name **and** Number
- Street Address
- Phone Number
- Date

Infant Formula	8 to 13 oz	33.8 oz (4 pack of 8.45 oz)	11 to 14 oz
Type	concentrate	ready to feed	powder
Similac® Advance®			
Similac® Soy Isomil®			



# Required Prices

- Whole **and** skim/low fat milk (gallon)
- Cheese (16oz.)
- Two types of cereal – whole grain
- Eggs (large white)
- Juice, 48 oz. container
- Two types of juice, 64 oz. container
- Dry beans, peas & lentils
- Peanut butter
- Tuna
- Rice
- Bread and/or Tortillas
- Infant cereal
- Infant formula
  - Milk-based and Soy-based
  - Powder
- Infant Fruits
- Infant Vegetables



**WIC VENDOR AGREEMENT**

This agreement is between \_\_\_\_\_ hereinafter referred to as the "Vendor", and the Women, Infants and Children (WIC) Program of the \_\_\_\_\_ hereinafter referred to as the "Local WIC Agency", \_\_\_\_\_ Department of Health and Human Services, Division of Child and Family Well-Being, hereinafter referred to as the "State WIC Agency". This agreement will become effective on the date executed by the last signatory below and will terminate on September 30, 2027.

**AUTHORIZED WIC VENDOR NUMBER**

\_\_\_\_\_

The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.

Signature of Owner/Officer \_\_\_\_\_ Date \_\_\_\_\_

(Print) Name of Owner/Officer \_\_\_\_\_ Title \_\_\_\_\_

Name of Vendor (Store) \_\_\_\_\_

Mailing Address - Street, P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Area Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_. By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement.

The undersigned represents the Local Agency and has the authority to contract for and on behalf of said agency.

Signature of Local WIC Agency Authorized Representative/Date \_\_\_\_\_

(Print) Name of Local WIC Agency Authorized Representative/Title \_\_\_\_\_

Name of Local WIC Agency \_\_\_\_\_ Local Agency Number \_\_\_\_\_

Mailing Address - Street, P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(Area Code) \_\_\_\_\_ Telephone Number \_\_\_\_\_

**NORTH CAROLINA DEPARTMENT  
OF HEALTH AND HUMAN SERVICES  
DIVISION OF CHILD AND FAMILY WELL-BEING  
COMMUNITY NUTRITION SERVICES SECTION**  
1914 Mail Service Center  
1915 Health Services Way  
Raleigh, N.C. 27699-1914

The undersigned represents the State WIC Agency and has the authority to contract for and on behalf of said agency.

Signature of State WIC Agency Director \_\_\_\_\_ Date \_\_\_\_\_

This institution is an equal opportunity provider

Both names **must** match

# WIC Vendor Agreement continued

\_\_\_\_ By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement.

Owner must initial for the receipt of the Terms of Vendor Agreement

North Carolina Department of Health and Human Services  
Division of Child and Family Well-Being • Community Nutrition Services Section

**WIC VENDOR AGREEMENT**

This agreement is between \_\_\_\_\_, hereinafter referred to as the "Vendor", and the Women, Infants and Children (WIC) Program of the \_\_\_\_\_, hereinafter referred to as the "Local WIC Agency", and the State of North Carolina Department of Health and Human Services, Division of Child and Family Well-Being, hereinafter referred to as the "State WIC Agency". This agreement will become effective on the date executed by the last signatory below and will terminate on September 30, 2027.

<p><b>AUTHORIZED WIC VENDOR NUMBER</b></p> <p>_____</p>	<p>The undersigned represents the Local Agency and has the authority to contract for and on behalf of said agency.</p> <p>Signature of Local WIC Agency Authorized Representative/Date _____</p> <p>(Print) Name of Local WIC Agency Authorized Representative/Title _____</p> <p>Name of Local WIC Agency _____ Local Agency Number _____</p> <p>Mailing Address – Street, P.O. Box _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(Area Code) _____ Telephone Number _____</p>
<p>The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.</p> <p>Signature of Owner/Officer _____ Date _____</p> <p>(Print) Name of Owner/Officer _____ Title _____</p> <p>Name of Vendor (Store) _____</p> <p>Mailing Address – Street, P.O. Box _____</p> <p>City _____ State _____ Zip Code _____</p> <p>(Area Code) _____ Telephone Number _____</p>	<p><b>NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF CHILD AND FAMILY WELL-BEING COMMUNITY NUTRITION SERVICES SECTION</b> 1914 Mail Service Center 1915 Health Services Way Raleigh, N.C. 27699-1914</p> <p>The undersigned represents the State WIC Agency and has the authority to contract for and on behalf of said agency.</p> <p>Signature of State WIC Agency Director _____ Date _____</p>

\_\_\_\_ By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement.

This institution is an equal opportunity provider

DHHS 2768 (Revision 10/2025)  
Community Nutrition Services (10/2027)

Page 1 of 13

# Amendment to WIC Vendor Agreement

This is the Amendment to the WIC Vendor Agreement, detailing Minimum Inventory changes that took effect April 1, 2026. This will be included in the DocuSign envelope sent with all application documents.

North Carolina Department of Health and Human Services  
 Division of Child and Family Well-Being  
 Community Nutrition Services Section

Local WIC Agency No. \_\_\_\_\_  
 Agency Name (no abbreviations) \_\_\_\_\_

Vendor Number: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

**AMENDMENT TO THE WIC VENDOR AGREEMENT**  
**This Amendment is pursuant to 10A N.C.A.C. Subchapter 43D**

The following provisions amend the October 1, 2024 – September 30, 2027 WIC Vendor Agreement. This amendment will become effective April 1, 2026 and end September 30, 2027.

**The Vendor Agrees to:**

- Maintain the minimum inventory of supplemental foods specified in 10A N.C.A.C. 43D .0708(17) and Section VI:

Food Item	Type of Inventory	Quantities Required
Milk	Whole fluid: gallon -and-	2 gallons
	Skim/low fat fluid: gallon	6 gallons
Cheese	1 pound package	2 packages
Cereals	2 types: whole grain (minimum package size 12 ounce)	6 packages total
Eggs	Grade A, large, white: 1 dozen size carton	2 dozen
Juice	Single strength: 64 ounce: 2 varieties	6 containers
Legumes	1 pound package or 4 15-16 ounce cans: 2 varieties	2 packages or 8 cans OR 1 package and 4 cans
Peanut Butter	16 to 18 ounce container	2 containers
Tuna	5 to 6 ounce can	6 cans
Bread/Tortillas	16 to 24 ounce loaf of whole wheat/whole grain bread or package of tortillas	2 loaves or 2 packages OR 1 loaf and 1 package
Rice	14 to 24 ounce package, whole grain	2 packages
Infant Cereal	8 ounce box	6 boxes
Infant Fruits and Vegetables	3.5 to 4 ounce container 1 type of fruit and 1 type of vegetable	64 ounces
Infant Formula	milk-based powder; 11.0 to 14.0 ounce -and-	8 cans
	soy-based powder; 11.0 to 14.0 ounce Brands must be the primary contract infant formulas	4 cans
Fruits	14 to 16 ounce can: 2 varieties	10 cans total
Vegetables (Excludes foods in Legumes category)	14 to 16 ounce can: 3 varieties	10 cans total

Page 1 of 2

Vendor Name: \_\_\_\_\_

will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.); Amendments of 1972 (20 U.S.C. 1681 et seq.); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendments Act of 2008 (42 U.S.C. 12181 et seq.); and as implemented by Department of Justice regulations at 28 CFR Parts 166, "Improving Access to Services for Persons with Limited English Proficiency," all provisions required by the implementing regulations of the U.S. Department of Justice (28 CFR Part 15 et seq.); and FNS directives and guidelines to the effect that no person, on the basis of race, color, national origin, age, sex, (including gender identity and sexual orientation), or disability shall be denied the benefits of, or otherwise be excluded from participation in, any program or activity for which the agency receives Federal financial assistance, if such person gives assurance that it will immediately take measures necessary to comply with the requirements of the regulations and directives.

deration of and for the purpose of obtaining any and all Federal financial assistance, including but not limited to Federal funds, reimbursable expenditures, grant, or donation of Federal property, the detail of Federal personnel, the sale and lease of, and the permission to use such property or the furnishing of services without consideration or at a reduced rate, for the purpose of assisting the recipient, or in connection with the sale, lease, or furnishing of services to the recipient, Federal financial assistance extended to the Program applicant by USDA, shall not be provided under this contract that has as one of its purposes the purchase of food, and cash assistance for purchase or rental of food, if such assistance is extended in reliance on the representations and warranties made by the applicant.

ment as set forth in the original Agreement will remain in effect for the term of the Agreement unless otherwise stated.

s/he has read, understands, and agrees to comply with the Amendment to the Agreement.

Title (If Officer): \_\_\_\_\_ Date: \_\_\_\_\_

*This institution is an equal opportunity provider.*

Page 2 of 2



# WIC Minimum Inventory Requirements

These are the WIC Minimum Inventory Requirements went into effect April 1, 2026. These same requirements will remain October 1, 2026

Food Item	Type of Inventory	Quantity
Milk	Whole fluid: gallon Skim / Low fat fluid gallon	2 gallons 6 gallons
Cheese	1 pound package	2 pounds
Cereal	2 types: whole grain (minimum package size 12 ounces)	6 packages
Eggs	Grade A, large, white: one dozen size carton	2 dozen
Juices	Single strength: 64-ounce container 2 varieties	6 containers
Legumes	1 pound package or 4, 15–16-ounce cans: 2 varieties	2 packages or 8 cans OR 1 package and 4 cans
Peanut Butter	16-to-18-ounce container	2 containers
Infant Cereal	8-ounce box	6 boxes
Infant Formula	Milk-based powder: 11.0 to 14.0 ounce Soy-based powder: 11.0 to 14.0 ounce (Brands must be primary contract formula)	8 cans 4 cans
Infant Fruits & Vegetables	3.5- or 4-ounce containers: 1 type of fruit and 1 type of vegetable	64 ounces
Tuna	5 to 6 ounce can	6 cans
Rice	14-to-24-ounce package, whole grain	2 packages
Bread/Tortillas	16-to-24-ounce loaf of bread or package	2 loaves or packages OR 1 loaf and 1 package
Fruits	14 to 16 ounce can: 2 varieties	10 cans
Vegetables (excludes foods in the legumes category)	14 to 16 ounce can: 3 varieties	10 cans



# ID Requirement

The State WIC Agency requires that vendor applicants submit a copy of their driver's license or state issued ID with their application.



# Technical Assistance

Local WIC agency is the primary contact for technical assistance regarding:

- WIC-approved foods
- Completing required forms
- eWIC transaction issues
  - Triage form to be completed (refer to Vendor Manual)
- Customer service issues (complaints)



# Training Employees

- Vendor owners/managers are responsible for training all cashiers on WIC as it pertains to the following:
  - WIC-approved foods
    - WIC Vendor Transaction Guides
  - Allowing same courtesies to WIC customers as non-WIC customers
  - Processing eWIC transactions



# Questions





# Assurance of Civil Rights Compliance

The vendor hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d *et seq.*); Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 *et seq.*); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); the Age Discrimination Act of 1975 (42 U.S.C. 6101 *et seq.*); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990, as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) and as implemented by Department of Justice regulations at 28 CFR Parts 35 and 36; Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency" (August 11, 2000); all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 *et seq.*); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which the agency receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.

This assurance is binding on the vendor, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the vendor.



# 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 (including gender identity and sexual orientation), 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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;
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.



**Thank you!**