

2025 Vendor Training Local WIC Agency Staff

Community Nutrition Services Section N.C. Division of Child and Family Well-Being



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WIC Program Local Agency Vendor Training 2025/2026

Objectives:

By the end of this session, the Local WIC Agency vendor coordinator will be able to:

- State the purpose of the WIC Program
- Describe the major selection criteria areas for NC WIC vendors: peer grouping, price limitations, business integrity, and SNAP (Food Stamp) Authorization
- Explain WIC Approved Foods
- Properly follow WIC food benefit transaction and redemption procedures.
- Properly follow eWIC policies and procedures
- Describe the process of submitting customer service issues (complaints) to the State Vendor Unit
- Describe the requirements of the vendor monitoring process and the vendor's responsibility for records retention
- Explain how the State and Local WIC Agency prevents fraud and ensures vendor compliance and the consequences of compliance buys and inventory audits
- Describe steps needed to maintain authorized vendor status
- Accurately explain completion of required forms for renewal

<u>Agenda:</u>

- Welcome and introductions
- Review of WIC Vendor Policy
- eWIC procedures
- Vendor Management Procedures and the Application Process, including customer service issues (compliaints) process for reporting
- Sanctions and violations, including monitoring, audits, claims and records retention requirements
- Approved foods
- Instructions for completing forms for renewal











 Competitive Pricing and Price Limitations
 State Agency is required to establish competitive pricing and price limitations
 Price limitations are referred to as Not-to-Exceed (NTE) prices. They are available for each WIC supplemental food and contract formula



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	NC Vei	ndor	Peer Groups
			VENDOR PEER GROUPS
#	STORETYPE	LOCATION	DESCRIPTION
5	Pharmacy	Statewide	Free-standing pharmacy that sells a limited variety of foods
6	Convenience Store	Statewide	Retailer with a limited assortment of grocery items
7	Mass Merchandiser and Commissary	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	Independent Grocery	Urban	Retailer that primarily sells groceries with fewer than 11 store locations
9	Independent Grocery	Non-urban	Retailer that primarily sells groceries with fewer than 11 store locations
10	Regional Grocery Chain	Urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states
11	Regional Grocery Chain	Non-urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states



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 non-WIC 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.

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 are listed at <u>https://www.ncdhhs.gov/wicvendorsconnection</u>
- NTEs do not apply to fruits and vegetables purchasable with cash-value benefits (CVBs)

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WIC Price Lists

- Price List Submission
 - ✓ Vendor applicants must submit price lists at initial authorization
 - \checkmark Must have prices at or below the NTE for their assigned peer group in order to be authorized
 - ✓ Current vendors must submit a price list within 2 weeks of request by the State WIC Agency.
 - \checkmark Must maintain their prices at or below NTE for their peer group

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NTE Summary

- NTE stands for Not-to-Exceed and refers to maximum price set for a WIC supplemental food item
- NTEs are calculated by peer group using vendor redemption data obtained from the eWIC system
- Vendor applicants must submit price lists at initial authorization
- Vendor applicants must have prices at or below the NTE for their assigned peer group in order to be authorized
- Current vendors must submit a price list within 2 weeks of request by the State WIC Agency

NTE Summary continued

- Vendors must maintain their prices at or below the NTE for their peer group
- Payment to vendors cannot exceed NTEs for that vendor's peer group for any WIC supplemental food
- Exempt infant formula and WIC-eligible nutritionals are not subject to NTE pricing thresholds
- Fruits and vegetables purchased with CVBs do not have NTEs
- Vendors do NOT have to charge the NTE

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Predominantly WIC Vendors (PWVs)

- Vendors that derive more than 50% of their total food sales from WIC
- Not authorized in North Carolina

✓ For more information about PWV assessment click on the link below:

https://ncnutrition.adobeconnect.com/p94cdkshf94r/

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Infant Formula Sources

- WIC Reauthorization Act of 2004 requires vendors to purchase infant formula from a State-approved list of sources
- Vendors must purchase all infant formula, exempt infant formula, and WIC-eligible nutritionals directly from Stateapproved sources and provide to WIC customers infant formula, exempt infant formula, and WIC-eligible nutritionals purchased only from the State-approved sources
- Checked at routine monitoring visits













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 participant'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









Maintaining Vendor 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; and
- Request eWIC Processor re-certify the vendor's eWIC system if it is altered or revised in any manner that impacts eWIC redemption.

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Maintaining Vendor Authorization continued

- Integrated Vendors:
- ✓ There is no longer a 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

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Maintaining Vendor Authorization continued

- Should a vendor that uses stand-beside device(s) to transact eWIC decide to upgrade to an integrated system, the vendor must:
- Inform the eWIC processor before making <u>any</u> change, so that it can be determined if the system needs to be certified and testing can be performed to establish connectivity
- Inform the State WIC Agency so that Level III certification testing can be performed prior to use of the system in the store



Maintaining Vendor 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

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Maintaining Vendor Authorization continued

 Obtain card readers to support eWIC transactions within their store(s). The vendor must ensure that the card readers they obtain meet all eWIC requirements (Integrated systems)

 Cessation of operations, withdrawal from the WIC Program or disqualification from the WIC Program shall result in termination of the WIC Vendor Agreement by the State WIC Agency

Preventing Fraud and Ensuring Compliance

- State WIC Agency must investigate at least 5% of vendors annually
- Types of investigations primarily used:
 - ✓ Compliance (undercover) buys, and
 - ✓ Inventory audits (in-person audit or desk audit)
- State WIC Agency must also ensure that vendors are monitored routinely by Local WIC Agency staff

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Compliance (Undercover) Buys

- Conducted by State WIC Agency staff
- Compliance buyer uses eWIC food benefits at selected vendors
- Buys are conducted across the State
- Violations can result in toughest sanctions

Vendor	 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	 Overcharging is a serious Federal violation that may lead to a 3-year disqualification from <u>both WIC and</u> <u>SNAP</u>
	 This violation is uncovered during compliance buys
	 Vendor overcharging is <u>NOT</u> the same
	as charging over the NTE











Agreement

(Please note that this may be different from the record retention requirement for Local Health Departments)



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Food Substitution

• Per the Vendor Agreement:

Vendors must provide to the WIC customer only the approved supplemental foods, fruits, and vegetables contained in the authorized product list (APL) after it has been determined that the WIC customer has an available balance for the item on the date of the transaction

Vendors cannot substitute one food subcategory in place of another or a food item that is not WIC-approved in place of a WIC-approved supplemental food •

✓ Federal violation that carries 1-year disqualification

- Example 1: Allowing the participant to purchase 2% Milk or Whole Milk instead of the 1% Milk/Skim Milk that is on their shopping list
- Example 2: Allowing the participant to purchase Kellogg's Frosted Flakes (NOT WIC-approved) instead of Cheerios (WIC-approved)



Routine Monitoring	Conducted by Local WIC Agency staff Includes, but is not limited to: Review of formula invoices and receipts Price checks and documentation of shelf prices Review of compliance with split tender requirement Treatment of WIC customers Inventory of WIC-approved foods subject to required minimum inventory Customer access to stand-beside devices for eWIC transactions
	 Assessment of compliance with eWIC minimum lane coverage requirements







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Costs Associated with Disqualification

- Civil Money Penalties (CMP)
- Potential Claim
- Potential SNAP disqualification (loss of income)
- Loss of WIC Program redemption
- Vendors who wish to reapply for WIC Program authorization following disqualification period:
 - Equipment purchase Stand-beside device(s) or Integrated systems
 - ✓ Staff Training

E Local Agency Role in Appeal

- Verify content of most recent vendor training
- Verify vendor attendance at training
- Check proximity of surrounding vendors to Local WIC Agency and vendor being disqualified. Documented by odometer reading, NOT MapQuest, Google Maps, Waze, Apple Maps, etc.
 - ✓ Must complete a Participant Access form for Federal violations or Participant Hardship form for State violations
- Vendors may be across county lines but within the appropriate radius from the disqualified vendor

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Equipment Return

- Upon disqualification and termination, vendors are required to return their stand-beside equipment back to FIS within 10 business days
- $\checkmark\,$ Including all cords, cables, scanners and pin pads (if applicable)
- Failure to return all stand-beside equipment to FIS will result in the initiation of an ACH debit from the vendor's account
- If a vendor's bank account has been closed, Local Agency staff will be asked to retrieve all equipment from the vendor location
 ✓ Upon receipt, FIS will send a shipping label









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
- Per 7 CFR 246.12 (g)(4)(iii) Subsequent price increases. The State agency must establish procedures to ensure that a vendor selected for participation in the program does not, subsequent to selection, increase prices to levels that would make the vendor ineligible for authorization



Transactions at Pharmacies

- Pharmacies can only transact exempt infant formula and WICeligible nutritionals
- Exempt infant formula is intended for infants with unusual medical or dietary conditions
- WIC-eligible nutritionals are products to manage specific dietary needs of children and women
- Pharmacies cannot transact contract infant formula
- Free-standing pharmacies shall supply exempt infant formula or WIC-eligible nutritionals within 48 hours of a request

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2025 - 2026 Steps to Authorization

- 1. Assess eWIC Readiness
 - Corporate contract, new applications: Corporate stores will submit <u>application</u> directly to State WIC Agency through the Vendor Portal.
 - Non-Corporate contract, vendor applicants: Does store have an integrated system that is eWIC capable? If so:
 - Contact the State WIC Agency with the applicant's email form. The State WIC Agency will provide the applicant an application through DocuSign.

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Steps to Authorization

- 2. If applicant does not have an integrated system and will require a standbeside device
 - Inform applicant that they will be responsible for establishing the equipment lease and paying all associated costs for the stand-beside equipment they obtain to transact eWIC.
 - If applicant agrees to lease the equipment contact the State WIC Agency with the applicant's email form. The State WIC Agency will provide the applicant an application through DocuSign.
 - If the applicant does not want to pay the designated costs and fees there is no need to continue with the authorization process.

Steps to Authorization continued

Orientation and review of module New applicants are to be trained face-to-face

- Completion of forms
- Local WIC Agency should thoroughly review and have corrections made, as necessary, prior to signing documents in DocuSign If corrections are needed:
- A second DocuSign packet will be sent If the **second** DocuSign packet needs corrections:
- Print the complete packet from DocuSign
- Have the vendor applicant correct the mistake(s) and initial
- The process through DocuSign ends here if errors were made in the second packet
- Mail or email the complete packet with the monitoring report and verification of attendance form to the State WIC Agency

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Steps to Authorization continued
 20. Completion of Orientation

 If vendor is authorized to become a NCWIC vendor, the State WIC Agency will provide the Local WIC Agency the vendor ID
 Local WIC Agency staff should provide vendor with enough NCWIC Vendor Transaction guides for every cash register.
 Review transaction procedures

 DO NOT INFORM VENDOR THAT THEY ARE AUTHORIZED UNTIL YOU HAVE RECEIVED CORRESPONDENCE FROM THE STATE WIC AGENCY.











Retail Vendor Applicants (Non-Corporate Contract)

Local Agency staff provide:

- 1. Email Verification form
- 2. Verification of Attendance form
- 3. Vendor Manual QR Code form
- NC WIC Vendor Transaction Guide(s) (if updated and available)

Document's applicants receive through DocuSign:

- 1. Vendor Agreement + Terms of Vendor Agreement
- 2. Vendor Application
- 3. Price List
- 4. Above Fifty-Percent Vendor Self Declaration form
- 5. Vendor Site Survey eWIC Project
- 6. Any relevant memos

Pharmacies NOT Under Corporate Contract

Local Agency staff provide:

2. Verification of Attendance form 3. Vendor Manual QR Code form

4. NC WIC Vendor Transaction Guide(s) (if updated and available)

- 1. Email verification form
- Document's applicants receive through DocuSign:
- 1. Vendor Agreement + Terms of Vendor Agreement for Free-standing Pharmacies
- 2. Vendor Application
- 3. WIC Price List for Free-Standing Pharmacies
- 4. Cost Containment Exemption form
- 5. Vendor Site Survey eWIC Project
- 6. Any Relevant Memos

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Vendor Agreement

- Please note, the Local Agency representative signing Vendor Agreements should only be the Health Director, WIC Director, or Nutrition Director when there is not a specific
 - Vendor Coordinators or Processing Assistants cannot sign

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After reviewing the application for completeness, the Vendor Coordinator or Processing Assistant will sign









Local WIC Agency's Responsibilities



After signing the application document in DocuSign, email the training Verification of Attendance (if you had not already done so), Monitoring Report and copy of the new vendor applicants (owners) valid state issued ID to the State WIC Agency. The Vendor Agreement, Application, Price List, Above 50% Selfdeclaration form/Cost Containment Exemption form and Vendor Site Survey – eWIC Project will be received by the State WIC Agency in DocuSign after Local WIC Agency staff has signed.

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WIC Shelf Tags

✓ Identify WIC-approved foods
 ✓ Decreases confusion for WIC customers when selecting food items

 For vendors that do not have shelf tags that include WIC information already

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UTC APPROVED	UTC APPROVED



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Local Agency Vendor Triage Form

- Purpose
 - To help Local Agency staff ask the right questions when participants report an issue involving a vendor during an eWIC transaction
 - Still continue to use the standard Customer Service Issues form for all non eWIC- related complaints or issues









For Technical Assistance

- Heather Dingess (919) 707-5738 <u>Heather.Todaro@dhhs.nc.gov</u>
- Jasmine Martin (919) 707-5748 Jasmine.Martin@dhhs.nc.gov
- Lakia J. Sims (919) 707-5747 Lakia.Jones@dhhs.nc.gov

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1. Pre-authorization

Retail Vendors complete sections:

I. Pharmacy Services, (when applicable) II. Infant Formula Source(s)

III. Vendor Procedures (review only) V. Inventory

VII. Findings

Pharmacy Vendors complete sections:

I. Pharmacy Services

II. Infant Formula Source(s) III. Vendor Procedures (review only) VII. Findings



- Hold the first Pre-Authorization monitoring report if vendor applicant fails
- > Complete the second Pre-Authorization monitoring report within 14 days
- Email both reports at the same time to the State WIC Agency



📕 3. Routine

> Routine Monitoring Requirements:

- ✓ Monitor at least 1/3 of all vendors each year
- ✓ Each vendor must be monitored at least once every 3 years
- $\checkmark\,$ Annual monitoring is required for vendors with 2 or more occurrences of any violation/sanction in the previous year or a recent disqualification
- New vendors by the end of the following Federal fiscal year must be ~ monitored
- Note: Email reports to your Vendor Consultant within 2 days of monitoring visit

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3. Routine continued

> Note Regarding Sanctions:

- Sanctions (each occurrence of a violation) remain on a vendor's record for 1 year after the date of visit

 - If you monitored store XYZ on April 15th last year and they passed the monitoring visit, <u>do not</u> monitor the store before April 15th this year
 - Important if they had any sanctions last year, prior to the clean visit
- As a general rule, monitor a year plus a day after the last monitoring visit
 - In certain instances, there are exceptions to this rule, especially as the date approaches September 30th. For further explanation, contact your Vendor Consultant
ee 4. Follow-up Monitoring

- Follow-up when deficiencies are found
- Complete within 21 days
- If follow-up cannot be done, document in vendor's record
- Continue until vendor has no deficiencies or reaches the point of disqualification
- DO NOT complete a follow-up monitoring visit for a vendor before receiving a copy of the Notice of Violation (NOV) for the prior visit.
 If you do not receive a copy of NOV letter within two weeks of sending the monitoring report to the State Agency, contact your Vendor Consultant

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 Section I Pharmacy Services
 "Vendor agrees to supply exempt formula within 24-48 hours of request from Local WIC Agency."
 Document
 Yes
 No
 Not Applicable











ion	Terminals	Threshold
	1	\$0- \$11,000
s or	2	\$11,001- \$22,000
r is		\$22,001- \$33,000
	4	\$33,001 and above

less















		6 Monitor		, · · ·	<u> </u>	0		age z
WIC Vendor Nat	ne and Store#: .			Vendor N	(umber: .			Date:
V. INVENTORY C	OF WIC APPROV	ED FOODS						
Required Food Its Size and Quantity	,	Type(s)	Quantity in Stock	Current SI Price of Product	helf Price Marked Yes/No	Shortage (Quantity and/or Type)	Valid Expiration Dates Yes/No.C	Expired Foods: Size, Type, Quantity and Expiration Dates and any Additional Comment
Emity Variety 1	10 cars hand	14 to 16 ounce can without added ragar, fats, eds, or salt Type:	<u> </u>					
	- combined	14 to 16 sunce can without added many, first, eds. or salt			-			
Finals Variety 2		Type						
Vepenbles Variety 1 (Encludes foods in Dried Peas and Beass (atreary)	12 case total	14 to 16 ounce can without added ragar, firs, or oils Type:						
Vegetables Variety 2 (Excludes foods in Dated Pean and Beam coregoes)	combined	14 to 16 conce can without added sugar, firs, or oils Type:						
Pice	2 packages	14 to 16-ounce package						
Berad Torbiles	2 Sources gg 2 peckages QE 1 loaf and 1 peckage	16-oz. loaf of bread or 16-oz. package of textillas						
Thid Mile - Whole	2 gallons	Whole theid gallon						
Flood Mille - Skins Learthe	6 gallons	Stim Lordet fluid, gallon						
Check	Epochagia	Experiment processings:			-			
Far	2 doors	Orade A Large - White						
Dried Peas and Deam	2 packages	1-pound package						
Peacet Dotter	2 containers	16 to 18-conce container						
Juice 45-ce.	4 containers	Single strength, 48-rousce container						
Tuna	6 caus	5 to 6-ounce can						
Indust Freihunged	64 conces total	3.5 or 4-course container Type Fruit:						
Vegetables	combined	3.5 or 4-centre container Type Vegetable:						
Caunalis	6 packages total combined	Man. size: 12-ce. (refer to UPC listing) Whole Grain Only Type 1: Man. size: 12-ce. (refer to UPC listing) Whole Grain Only						
Infact Canad	6 hones	Type 2:			-			
		6-once box			-			
Juice 64-ce.	4 costainers	Single strength, 64-coace container	-		-			
Infant Formula	2 cass	Similar® Advance®, Powder, 11.0 to 14.0-cances	-		-			
Indust Forunda	4 cass	Similar# for Joseph Predet, 11.0 to 14.0-many						

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		y Requirement
Required Food item, Size an	d Quantity	Туре
Fluid Milk	2 gallons	Whole fluid: gallon
	6 gallons	Skim/Low Fat fluid: gallon
Cheese	2 packages	1 pound package
Eggs	2 dozen	
Cereals	6 packages total combined	2 types, Min. size: 12-ounces Refer to UPC listing-Whole Grain Only
Juices	4 containers	Single strength, 64- ounce container
Juices	4 containers	Single strength, 48-ounce container
Dried Peas and Beans	2 packages	1 pound package
Peanut Butter	2 containers	16 to 18- ounce container

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	 Do I see the required item? Do I see the correct types/varieties?
Inventory	 Are the items the proper size? Do the items have a valid
Questions	 expiration date? How many items within date are present?
	 Does the number of items meet required minimum inventory?
	Is there a shelf price on the required item?







...



Documenting Quantity

- > Document quantity of approved items on shelf in the "Quantity In Stock" column
 - $\checkmark~$ Items must have valid expiration dates only
 - ✓ Can use "+" system

 - ✓ must document "minimum #" then "+"

> Example:

- Required Quantity = 4 containers of 64 oz juice
- Vendor has allowed brands of 3 Orange, 1 Grape, and 2 Apple Juice
 Document "4+" in "Quantity in stock" column
 Not necessary to document each flavor individually











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Documenting Expired Foods Individual Types

- If some items on shelf have a valid date and some do not
 - ✓ "NO" should be documented in the "Valid Expiration Dates" column
 - ✓ An occurrence cannot be assessed if "Yes" is documented



- "NO" should be documented in the "Valid Expiration Dates" column
- ✓ Document the expired items in the "Expired Foods" column

20	-			Vendor 3		•		
INVENTORY O					distort.			Date:
Required Food Ite		Type(y)	Quantity in Stock	Current St Price of Product	Marked Yes/No	Shortage Quantity and or Type)	Valid Expiration Dates	Expired Foods Size, Type, Quantity and Expiration Direct
Frails Variate 1	10 case total	14 to 16 course can wident added signs, first, role, or call Type:	1	110000	1		THE REAL	
Frain Variety 1	contrast	14 to 14 course can wellow added segar, first, ech, or our Type:			-			
Vegetables Variety I (Excludes fixeds as Dated Peas and Beass orthogory)	10 cases total	14 to 14 course can without added regar, first, or eds Type:				-		
Vaperables Variety I (Excludes fixeds as Dried Press and Breass category)	contrast	14 to 14 ensee can without added regar, fats, or eds Type:				—		1
Faire	2 peckages	14 to 16-onnee package				-		
Bread Torbilas	2 forms gr 2 packages QR 1 for and 1 perform	16-on lost of bread or 16-on package of taxbillas						
Flood Malk - Whole	2 gollous	Wheir Bud pilos						
Fluid Malk - Shan Lowfat	6 pilosi	Stan Lowle fluid pilos						
Chevie	2 peckages	1-presid package						
Lap-	3 dogen	Gende A Large - White						
Dried Pers and Beam	2 peckages	1 proof package						
Peacet Butter	2 counsions	16 to 18-enger container						
Junce #8-cu.	4 costsasers	Single strength, 43-owner container						
Treat	d-case.	3 to 6-mail cas						
Indust Fruits and Vegetables	64 counces hand	3.5 or 4-course continuen Type From: 3.5 or 4-course continuen						
Canto	4 packages and	Type Vaperable: Man. user. 12-na. (selle to UPC listing) Whole Grans Only: Type I:						
Carefo	conduced	Man. size: 12-co. (ordin to UPC listing) Whole Grain Only Type 2:						
Isfair Cronal	d hours	R-many box						
June 64-02	4 createsieners	Single strength, 64-coace container						
Indiant Formula	8 case	Simlect Advancell, Powder, 11.0 to 14.0-mann						
Indust Formula	4.000	Samler & Say Journal & Provider, 11 City 14 Conserver.			-	-		

WIC Vendor Nan	ne and Stores:		-	Vendor 3	Sumber:	-		Date:
V. INVENTORY O		ED FOODS						
Required Food Ite Size and Quantity		Transition	Quantity	Current S Price of	helf Price Marked	Shortage (Quantity	Valid Expiration Dates	Expired Foods Size, Type, Quantity and Explosion Dates and any Additional Commercial
Finite Variety 1	22 case hotel	14 to 16 parce on without added sugar, fep, site, or set 7000 S1 (20) PCA (10) S1 14 to 16 game on without added sugar, fait, or set	5†	2.19	405	ø	415	
Emits Variety 2	combined		5*	1.34	415	ø	YES	
Vegetables Variety I (Excludes fixeds in Dated Pean and Deans coloupy)	12 case total	The is added as added added lagar, the or old Types Officen Beans	5+	. 19	yes	ø	Yes	
Vegenbles Variety I (Eachdes foods in Dated Peac and Brass rategory)	combined	It is to rate on without added signer, then, or eds Type: Belts	5+	- 19	465	Ø	425	
Fice	2 packages	14 to 16-ounce package	2+	1.19	465	ø	415	
Read Torbiles	2 loaves gc 2 packages OE 1 loaf and 1 package	16-ce, load of bread or 26-ce, package of sorellas	2+	3.19	yes	Ø	Yes	
Floor Mills - Whole	2 milens	Whate theid gallon	2+	1.74	SUS	ø	Yes	
Fload Mills - Skim Louthe	6 gallons	ShireLowfit fluid gales	64	1.79	Jes	0	Yes	
Dece	f contant a	1-pound package	2+	5.34	315	Ø.	485	
Een	2 doore	Conde A Large - White	24	.99	2.91	Ø	Yes.	
Dried Peac and Denne	2 packages	1-pound package	2+	1.49	415	ø	des	
Pennet Dotter	2 costainers	16 to 18-ounce container	2+	2.69	Ses	0	231	
Juice 48-oa.	4 costainers	Single strength, All-ourse container	4	3.29	Jec	ø	Vis	
Tnus	6-caan	3 ka fermanar sala	10	.99	Nes.	ø	Ses	
Indust Ermits and	fil mean total	3.5 or 6 overer container Type Freit	32	1.69	JE8	Ø	yes	
Vegetables	confined	3.3 re & manuel somilareer Total Vanishika	32 .	1.69	Jes	ø	JUS	
Centh	6 packages total combined	THE CAN CHERONS (PROV) 202 THE CAN CHERONS (PROV) 202	3	3.99	445	ĕ	yes	
		THE GM KAK (Plan) 1202				ê	418	
Infant Coreal	6 boses	B-surce bex	(e	2.49			405	
Jace 64-ce.	4 costainers	Single strength, 64-oncor consister Single-E AdvanceE. Perioder, 11.0 in 15.0-materia	4r 8	3 .39		8	Jus	
Infant Formula	E caso			18 . 90	405	<u></u>		
Indust Formula	4 cms	Similar& Sty Lond&, Powler, 11.0 to 14.0 wasters	4	117.49	11 M.S.	6	yes	









The number of occurrences are documented for each violation

The vendor will receive one occurrence for each violation found during the monitoring visit

**Cannot assess two violations for the same item. Most punitive sanction executed.

A vendor may be disqualified for a certain number of occurrences of a violation. Disqualification periods for violations committed vary.

State Vendor Sanctions					
	Disqualification Period				
Three occurrences within a 12-month period of failure to stock the minimum inventory	180 days				
Three occurrences within a 12-month period of stocking WIC supplemental foods outside of the manufacturer's expiration dates	90 days				
Three occurrences within a 12-month period of failure to mark the current shelf prices of all WIC supplemental foods on the foods or have the prices posted on the shelf or display case.	6o days				







ADDITIONAL NOTES:











Supplemental Foods for Children and Women Food Packages IV, V, VI and VII				
Supplemental Food Category	Children Women			
	Food Package IV: 1 - 4 years	Food Package V: Pregnant and Partially Breastfeeding	Food Package VI: Postpartum	Food Package VII: Fully Breastfeeding
Juice, single strength	128 oz.	144 OZ.	96 oz.	144 OZ.
Milk, fluid	16 qt.	22 qt.	16 qt.	24 qt.
Breakfast cereal	36 az.	36 oz.	36 oz.	36 oz.
Cheese	N/A	N/A	N/A	a lb.
Eggs	1 dozen	1 dozen	1 dozen	2 dozen
Fresh fruits and vegetables	\$26.00 in cash-value benefits	\$47.00 in cash-value benefits	\$47.00 in cash-value benefits	\$52.00 in cash-value benefits
Whole wheat or whole grain bread	a lb.	ılb.	N/A	a lb.
Fish (canned)	N/A	N/A	N/A	30 oz.
Mature Legumes and/or p eanut butter	1 lb. dry or 64 oz. canned or 18 oz.	1 lb. dry or 64 oz. canned and 18 oz.	1 lb. dry or 64 oz. canned or 18 oz.	1 lb. dry or 64 oz. canned and 18 oz.





























































































Fruits
Criteria for Approval

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

 Vegetables

 Criteria for Approval

 • Fresh, frozen and canned

 • Whole or cut without added sugar, fats or oils

 • Vegetables can contain added salt









Minimum Inventory Requirements 烯				
Food Category	Required Package Size	Required Quantity		
Milk (Skim/1% Milk <u>AND</u> 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 (Single Strength*) *concentrated juice does not have inventory requirement	48 oz. container <u>AND</u> 64 oz. container *2 sizes required*	48 oz. container = four (4) containers 64 oz. container = four (4) containers		
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 oz. loaf of bread, 16 oz. package of tortillas	Two (2) loaves or packages <u>OR</u> One (1) loaf & one (1) package		
Brown Rice	14 to 16 oz. package	Two (2) packages		
Eggs	One (1) dozen	Two (2) packages		
Beans, Peas, Lentils	One (1) pound dry beans, peas, lentils	Two (2) packages of dry beans, peas, lentils *Only one 1 (one) approved type required*		
Peanut Butter	16 to 18 oz. containers	Two (2) containers		
Fish	5 to 6 oz. containers	Six (6) cans		





Minimum Inventory Requirements ُ			
Food Category	Required Package Size	Required Quantity	
Fruit (CVB) (Canned Fruit)	14 to 16 oz. can	10 cans * Two (2) varieties required*	
Vegetable (CVB) (Canned Vegetables)	14 to 16 oz. can	10 cans * Two (2) varieties required*	









ADDITIONAL NOTES:



Fraining Format Provided by the Local WIC Agency Agenda Information Update Form (provide to Non-corporate contract vendors only) eWIC Update Form (non-corporate contract vendors only) eWIC Update Form (non-corporate contract vendors only) Presentation Handout of Slides Verification of Attendance Form Vendor Manual – QR code How Will Items be Provided to Vendors? Vendor training will need to be held in person Training materials will be available on the Vendor webpage under Training Information https://www.ncdhhs.gov/wicvendorsconnection#VendorTrainingInformation%E2%




Training Requirements continued

If vendor fails to attend make-up training

- Forward a copy of make-up training invitation and return mailing receipt to State WIC Agency
- $-\operatorname{Vendor}$ must still attend a training if they wish to remain a vendor
 - Failure to attend training will result in their WIC Vendor Agreement terminating as of October 1, 2025
 - Can reapply at a later date

4





Non-Corporate Contract Vendors Receive:

Local Agency Provides

- Invitation Letter
- Agenda
- Presentation Handout of Slides
- Information Update form
- Verification of Attendance form
- eWIC Update form
- Directions on how to obtain Vendor Manual







Business Hours: Mon Tues Wednes Thur	sday AM/PM sday AM/PM	AM/PM AM/PM AM/PM AM/PM	Friday Saturday Sunday	AM/PM AM/PM	AM/PM AM/PM AM/PM
Number of registers wit Point of Sale system:		Number of scan		t identify WIC-appro sale Inc	ved foo 3
	- indicate AM/				A C. NOT VENDOR INF
umber of Regis vices, Number proved foods	sters, Number r of scanning d				The same of the sa
vices, Number proved foods int of Sale syst	r of scanning d	evices th			Alexandrometry and the set of the set o













eWIC Update continued

• Why Is This Form Needed?

* Comply with the Electronic Benefit Transfer (EBT) provisions in the Terms of Vendor Agreement

Section I, Number 19(e)

17

Consequences

- Vendors that do not complete training and the required forms by September 30, 2025:
 - On October 1, 2025, the vendor's authorization will be terminated
 - No payment will be made to vendor for eWIC benefits after vendor authorization has been terminated

Updating Information in Crossroads

- Local WIC Agency staff must update information in Crossroads prior to submitting forms to the State WIC Agency - <u>THIS IS REQUIRED</u>
- Reminder: Owner's residential address
 - Local Agency unable to make changes
 - State WIC Agency staff will make any necessary changes to an owner's address

• Do NOT add any formula or grocery sources in Crossroads

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20





- Make copies of completed non-corporate vendor forms for your files before emailing and mailing originals to State WIC agency.
- Copies of applications completed through the Vendor Portal for corporate contract vendors must be printed by the Local WIC Agency from Crossroads for your vendor files.
 - Print application once the corporate office has completed. This will require
 notification from the State WIC Agency once all corporate applications are
 complete. Your vendor consultant will inform you when to print.













VENDOR-RELATED RESOURCES FOR eWIC

North Carolina's eWIC Processor: Fidelity Information Services (FIS)

Retailer Helpdesk (available 24 hours a day, 7 days a week): 844-230-0836

Email Address: merchant.services.support@fisglobal.com

FIS EBT Merchant Services telephone number and services:

Tel: 1-800-894-0050

Hours of Operation: Monday-Friday from 8:00AM to 5:00 PM CT

- Assistance with merchant agreement
- Merchant web portal (<u>www.ebtedge.com</u>) questions/assistance
- Account changes/updates
- Balancing/Settlement/Billing questions

The North Carolina WIC Program's eWIC website:

• <u>www.ncdhhs.gov/wicvendorsconnection</u>

USDA, FNS WIC EBT Technical Implementation Guide:

https://fns-prod.azureedge.us/sites/default/files/wic/WICEBTTechnicalImplementationGuide2018.pdf

Questions Regarding North Carolina eWIC policies and procedures:

Please email questions to <u>NCWICVendorQuestions@dhhs.nc.gov</u>

Questions regarding stand-beside devices/equipment, should be directed to FIS using the contact information listed above or the IT staff responsible for the maintenance of your integrated POS system.



JOSH STEIN · Governor **DEVDUTTA SANGVAI** • Secretary YVONNE COPELAND . Director, Division of Child and Family Well-Being

April 23, 2025

MEMORANDUM

TO: NC WIC Directors

HUMAN SER

att R. Jordan Wyatt R. Jordan, Vendor Manager FROM: **Community Nutrition Services Section**

SUBJECT: Routine Vendor Monitoring on One-Third (33.3%) of Authorized Vendors

This memo is to remind you that local WIC agencies are required to conduct routine vendor monitoring visits on a minimum of one-third (33.3%) of their counties' authorized vendors for FFY 2024-2025 (October 1, 2024-September 30, 2025). Please see the attached document that discloses the minimum total number of vendors requiring routine vendor monitoring visits to be conducted by each local WIC agency for FFY 2024-2025 (October 1, 2024-September 30, 2025).

The Vendor Monitoring Training Webinar is available at WIC Conferences and Trainings NCDHHS outlining the vendor monitoring process if additional training is needed. Please also review the policy on monitoring in Chapter 11, Section 5 of the WIC Program Manual. Monitoring requirements must be met each federal fiscal year to meet state and federal requirements. Should you have any questions, please contact your vendor consultant for assistance or submit your inquiries to NCWICVendorQuestions@dhhs.nc.gov. Thank you.

Attachment cc: Local WIC Agency Vendor Coordinators

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF CHILD AND FAMILY WELL-BEING

LOCATION: 5601 Six Forks Road, Building 2, Raleigh, NC 27609 MAILING ADDRESS: 1914 Mail Service Center, Raleigh, NC 27699-1914 www.ncdhhs.gov • TEL: 919-707-5800 • FAX: 919-870-4818



JOSH STEIN • Governor DEVDUTTA SANGVAI • Secretary YVONNE COPELAND • Director, Division of Child and Family Well-Being

April 16, 2025

MEMORANDUM

TO:	North Carolina WIC Vendors
FROM:	Wyatt R. Jordan, Vendor Manager Wyatt R. Jordan Community Nutrition Services Section

SUBJECT: Substitution of WIC Supplemental Foods During Purchase

It has come to our attention that some WIC vendors are substituting the type of supplemental food listed on a WIC participant's benefit balance with other types of supplemental food. This most often occurs with milk. For example, a WIC participant's food benefit balance lists 1% or skim milk, but the vendor provides the participant with 2% or whole milk instead. Please be reminded that substitution of any supplemental food for another type is prohibited, unless approved by the United States Department of Agriculture (USDA) in the event of a disaster or public health emergency. Per the Terms of Vendor Agreement, the vendor must "Provide only the authorized supplemental foods listed on the WIC participant's food benefit balance." Failure to comply with this policy is a violation of your WIC Vendor Agreement. Vendors must transact only the supplemental food listed on the WIC participant's benefit balance. A vendor found in violation of this policy is subject to disqualification. Please refer to the North Carolina WIC Vendor Manual for more information regarding substitution and other vendor violations.

Should you have any questions or need additional training, please contact your local WIC agency.

cc: Local WIC Directors Regional Nutrition Consultants

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF CHILD AND FAMILY WELL-BEING

LOCATION: 5601 Six Forks Road, Building 2, Raleigh, NC 27609 MAILING ADDRESS: 1914 Mail Service Center, Raleigh, NC 27699-1914 www.ncdhhs.gov • TEL: 919-707-5800 • FAX: 919-870-4818



- 1. Submitting new UPC's for review and addition to the authorized product list (APL)
 - **a.** Vendors, manufacturers and wholesale suppliers can submit requests to update and/or add UPCs to the North Carolina WIC APL by completing the online submission form.
 - **b.** Visit our website at <u>https://www.ncdhhs.gov/ncwicfoods</u> for more details.
- 2. North Carolina WIC Retailer Advisory Council Meetings
 - **a.** A forum where we discuss important eWIC updates and other topics relevant to NC WIC retailers.

Visit our website at <u>https://www.ncdhhs.gov/wicvendorsconnection</u> for more details.

- 3. PIN locking out on the 4th try
 - **a.** If a customer has 3 failed attempts to enter their PIN, the PIN will lock on the 4th try.
 - **b.** The PIN will unlock at midnight.
 - **c.** The WIC customer can call Customer Service to reset or unlock their PIN. The phone number is located on the back of their eWIC card.
- 4. There is no name or signature on the eWIC card
 - **a.** No other ID is needed. Do not require the WIC customer to provide ID to use their eWIC card. This is a violation of NC WIC Program policy.
 - **b.** If the WIC customer has the card and knows the PIN, proceed with the transaction.
- 5. No overrides
 - **a.** If an item does not scan as WIC approved, it cannot be purchased.
 - **b.** If you or the WIC customer believe the item should be WIC approved, explain that the system will not allow the purchase of the item but, you will follow-up with the state WIC agency.
 - **c.** The WIC customer can also contact their local WIC agency with the name of the item, the UPC and a picture of the item, if possible.
- 6. Reasons why an item does not ring up as a WIC-approved food
 - a. Not on the WIC customer's food benefit balance
 - i. For example, if the WIC customer was issued 1% or fat free milk, the system will not allow them to get 2% or whole milk.
 - **b.** Inadequate benefit balance
 - For example, if the WIC customer was issued 2 pounds of cheese, the system will not allow them to purchase 3 pounds of cheese with their eWIC card. They will only be able to purchase the 2 pounds of cheese using their eWIC card. Another tender type must be used to purchase the third pound of cheese.
 - c. Not on the APL
 - i. The UPC may need to be submitted for review and addition to the APL
 - **d.** Not in the vendor's computer system
 - i. The vendor may need to download the most recent version of the APL



- 7. Benefit expiration date
 - **a.** The bottom of the receipt shows when the WIC customer's benefits will expire.
- 8. Benefits expire at 11:59 PM be aware of "checkout" time
 - **a.** The transaction must be COMPLETED by 11:59 PM or the WIC customer may be using their next month's benefits, if available.
- 9. Window clings
 - **a.** "eWIC Accepted Here" window clings should be posted in a conspicuous place.
- 10. Who should be contacted?

Local WIC Agency	State WIC Agency	FIS (Stand-Beside Vendors)	FIS (All Vendors)	Third Party Processor (Integrated only)
Technical assistance regarding eWIC policies and procedures for North Carolina	Technical assistance regarding eWIC policies and procedures for North Carolina	If stand-beside device is displaying an error, troubleshooting or replacement	Transaction history, settlement information, disputes and reconciliation procedures	Problems with APL downloads
Customer leaves an eWIC card at the store	Ask about the Not-To-Exceed (NTEs) amount	Interested in receiving a stand- beside device or status of application for equipment	Support on system adjustments and resolution of out- of-balance conditions	Hardware or software issues
To report a complaint against a WIC customer or another vendor	Add a new UPC or ask about the APL	APL downloads, training and assistance with contract documentation	If a vendor is integrated and needs to be certified	Transaction history and redemption reconciliation

Should any vendors have any questions regarding eWIC, please contact the NC WIC Program at <u>NCWICVendorQuestions@dhhs.nc.gov</u>.

If you encounter any problems transacting eWIC, please contact IT staff at your store or FIS's Retailer Help Desk at 1-844-230-0836 or via email at <u>merchant.services.support@fisglobal.com</u>.



Family ID:_____ Last 4 Digits of Card Number: _____

Transaction Date/Time:_____

Vendor Number/Name: _____

Participant Statement



Dependent on the participant complaint, please ask the participant following questions.

1. What was the brand(s), quantity, product size and item(s) you were trying to purchase?

Brand Name	Quantity	Product Size	ltem

2. Please provide the UPC for the item(s) you were trying to purchase. Please include all digits starting with the number to the farthest left and ending with the number to the farthest right.

3. Please describe the transaction (only WIC items, mixed basket, etc.).

- 4. Did you present yourself as a WIC participant or state that you were using your eWIC card?
- 5. Did the cashier verbally tell you the item(s) was not WIC-approved or, as items were scanned, did the items not ring up as WIC-approved?



6. Did you use your *ebt*EDGEsm app to scan the item(s) to see if they were WIC approved prior to the transaction?

7. <u>Ask the participant if they have their receipts</u>. If so, please make copies and attach to the form. In the box below, please describe your initial findings after viewing the receipts and listening to the participant's statement.

TIPS AND ADDITIONAL INFORMATION

- Please inform and strongly encourage participants to take pictures of the UPC for the item(s) in question.
- Please remind participants to contact the Local Agency during or immediately after the incident has occurred.
- Please inform participants to keep all receipts and bring the receipts to the clinic if they are reporting an issue that occurred at the store.
- Please send Local Agency Vendor Triage Forms to the following email address: <u>NCWICVendorQuestions@dhhs.nc.gov</u>.
- Do not use this form for complaints that are not related to eWIC. Other vendor-related complaints should be documented on the *WIC Vendor Management Customer Service Issues Form*.

2025/2026 Steps to Vendor Authorization

1. Assess eWIC Readiness.

- Is the applicant a corporate contract vendor?
 - ♦ If Yes: Proceed to step 2 below
- Non-corporate contract vendor applicants: Does store have an integrated system that is eWIC capable?
 - If Yes:
 - Provide applicant with State-approved EBT Processor's information
 - ◆ Retailer Helpdesk: FIS (available 24/7) 844-230-0836
 - Email: <u>merchant.services.support@fisglobal.com</u>
 - o If No:
 - Inform the applicant that they will be responsible for establishing the equipment lease with the State-approved EBT Processor (FIS) and paying all associated costs for the stand-beside equipment they obtain to transact eWIC. If they agree to lease the equipment, give the vendor applicant the Vendor Email Verification Form to complete. This form is used to email the appropriate forms to them through DocuSign and proceed with the authorization process. If the applicant does not want to pay the designated costs and fees, then do not move forward with the vendor authorization process.
- 2. Train vendor applicant on NC WIC Program policies and procedures for vendors.
 - Organize vendor applicant training & review the appropriate vendor module with the applicant. Answer any questions the applicant has about participation in the program.
 - Ensure that the vendor applicant completes the Verification of Attendance form after training is finished (copy to be sent to the State Office)
 - Verify that vendor is SNAP-authorized (Food Stamp Program) prior to applying for WIC authorization
- 3. Provide QR code for the Vendor Manual, Vendor Transaction Guide, and appropriate forms/instructions to vendor applicants.
 - ♦ Non-Corporate, Retail stores:
 - Applicant will complete a Vendor Application, Vendor Agreement, Terms of Vendor Agreement, Price List, Above-50-Percent Self Declaration form and the Vendor Site Survey. These forms will be completed online through DocuSign. State WIC Agency staff will send an email which includes the forms for review/signature.
 - ♦ Non-Corporate, Free-standing Pharmacies:
 - Applicant will complete a Vendor Application, Vendor Agreement for Free-standing Pharmacies, Terms of Vendor Agreement for Free-standing Pharmacies, Price List for Free-standing Pharmacies, Cost-Containment Exemption Form for Free-standing Pharmacy Vendors and the Vendor Site Survey. These forms will be completed online through DocuSign. State WIC Agency staff will send an email which includes the forms for review/signature.
 - Corporate, Retail stores:
 - Applicant will complete a Vendor Application online through the WIC Vendor Portal.
 - ♦ Corporate, Free-standing Pharmacies:
 - Applicant will complete a Vendor Application online through the WIC Vendor Portal.

If stand-beside device is required, FIS will coordinate the certification process and training to instruct vendor applicants how to transact eWIC benefits using the device.

If integrated system, refer vendor applicant back to their corporate office or third-party processor for guidance regarding eWIC software deployment and training.

4. Conduct a pre-authorization monitoring visit (after other forms have been submitted by vendor applicants through the DocuSign system).

- ♦ Complete only Sections I, II, III, V(free-standing pharmacies excluded) and VII
- If vendor applicant fails first (1st) time, advise vendor applicant and re-monitor within two (2) weeks
- If vendor applicant fails the second (2nd) time, inform vendor applicant that they must wait ninety (90) days to reapply
- ♦ The State WIC Agency will notify the vendor applicant in writing of their right to appeal should they fail to pass the second (2nd) monitoring visit.
- 5. Review all returned forms for completion, consistency, and accuracy once the email from DocuSign is received.
 - ♦ Use the *WIC Vendor Application Checklist* for reference Use instructions for each form to ensure accuracy.
 - Retail vendors must be SNAP-authorized prior to applying for WIC authorization.
- 6. Copies of all forms will be sent to all parties involved once completed in DocuSign.
- 7. Non-corporate vendor applicant store owners must submit a copy of their valid driver's license or state issued ID to be emailed with the monitoring report and training Verification of Attendance forms.
- 8. Once the State Agency has determined that the vendor applicant will be authorized, they will contact FIS (State eWIC Vendor).
 - FIS will perform a full analysis of the vendor applicant's cash register system and the potential need for stand-beside equipment
 - State agency staff will complete level 3 certification testing once equipment has been received by the vendor or it has been determined by FIS that the vendor applicant's cash register system has been certified to complete eWIC transactions.

9. Completion of Orientation.

If vendor is authorized to become a NC WIC vendor, the State WIC Agency will provide the Local WIC Agency the vendor ID number along with various WIC handouts, and NC WIC Vendor Transaction Guides for each register. Local Agency staff should review all enclosed materials as well as transaction procedures with the vendor. <u>THIS IS IMPORTANT!</u>

DO NOT INFORM VENDOR THAT THEY ARE AUTHORIZED UNTIL YOU HAVE RECEIVED CORRESPONDENCE FROM THE STATE WIC AGENCY

WIC VENDOR APPLICATION CHECKLIST

Store Name is correct and matches on all pages – Not corporate name of business

PAGE 1 of 5

- □ Store name: Full name of store **Not** the corporation or LLC name
- □ Full mailing address and street address completed Not "Same as Above" on street address
- □ Internet access/capabilities
- Email address
- SNAP number documented "applied" not allowed; vendor must already be authorized as SNAP provider
- □ Federal Tax ID number documented
- Ownership: If "Individual", only 1 person should be listed on page 4. If "Partnership", more than 1 owner should be listed. Page 4a must be completed if more than 2 owners/officers. If "Corporation" or "LLC" is checked, corporate name, mailing/physical (street) address and phone number are also required.
- □ Number of stores owned, and number of other WIC authorized stores owned
- □ Select AM or PM for each day's store operating hours; Enter "C" in the space provided if the store is closed for a particular day and N/A instead of AM or PM.
- □ Total <u>annual</u> SNAP sales and food sales provided; if a new store, provide projections.
- □ Number of registers, scanning devises and scanning devices that recognize WIC authorized foods

PAGE 2 of 5

- □ eWIC capable and point-of-sale system information
- Uverify listed source of infant formula, exempt infant formula, & WIC-eligible nutritionals is authorized
- □ Verify yes or no checked to indicate whether the store expects to do 50% more WIC than cash or SNAP sales
- Verify yes or no checked to indicate whether they own a WIC authorized store where WIC sales are above 50% of the total annual food sales
- Double-check the total food sales percentages they should add up to 100%
- Uverify yes or no checked to indicate whether WIC authorization is required for store to open for business
- Verify yes or no checked to indicate whether there are inventory invoices available for food items purchased and currently stocked in the store.
- □ Verify they have indicated how many months of inventory invoices are available
- U Verify yes or no checked to indicate whether the store currently has required minimum inventory in stock
- **u** Full name of the store manager, including their title (Mr., Mrs., or Ms.)
- □ If the Manager is not the primary contact, there should be a contact name provided for this person along with their phone number
- Verify yes or no checked to indicate whether the store manager has ever been convicted of a misdemeanor (involving fraud, theft, or misuse of state or federal funds) or any felony. If "Yes," a detailed explanation, with dates of occurrence, is required.
- □ How long has store physically operated at the present site this includes all the time the store has been open for business at the address provided, not just the time under the current owner

PAGE 3 of 5

- Business operated under another name or different location (Is not where owner lists other stores owned). If "Yes," former name and location should be listed.
- Verify yes or no checked to indicate whether the store, under its current name or a former name, has ever been disqualified or assessed a monetary penalty by the WIC program. If "Yes," a detailed explanation, with dates of occurrence, is required.

- Verify yes or no checked to indicate whether the owner(s) (includes corporate owners) has a financial interest in a store that is currently disqualified, was previously disqualified, or assessed a monetary penalty by the WIC program. If "Yes," a detailed explanation, with dates of occurrence, is required.
- □ Verify yes or no checked to indicate whether the owner(s) (includes corporate owners) has ever had a financial interest in a store that was disqualified or assessed a monetary penalty by the WIC program.
- Verify yes or no checked to indicate whether the store (under its current name or a former name) has ever been withdrawn, disqualified, or assessed a civil money penalty from SNAP. If "Yes," a detailed explanation, with dates of occurrence, is required.
- Verify yes or no checked to indicate whether the owner(s) (includes corporate owners) has a financial interest in a store that is currently, or has been previously, withdrawn, disqualified, or assessed a civil money penalty by SNAP. If "Yes," a detailed explanation, with dates of occurrence, is required.
- Verify yes or no checked to indicate whether the owner(s) (includes corporate owners) has ever had a financial interest in a store that was withdrawn, disqualified, or assessed a civil monetary penalty by SNAP. If "Yes," a detailed explanation, with dates of occurrence, is required.
- Verify yes or no checked to indicate whether any of the vendor applicant's current owners, officers, or managers have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity. If "Yes," a detailed explanation is required from all owners, officers, and managers who answer "Yes."

PAGE 4 of 5

OWNERSHIP DATA SECTION

NOTE: Person signing Vendor Agreement must have their personal information on page 4 or 4a even if they do not own any % of the store (such as a Power of Attorney or State-approved authorized agent).

- All owners and/or officers should be listed (Corporation/LLC with shareholders should only list President, Vice President, Secretary and Treasurer)
- □ Additional page (Page 4a) can be used if necessary
- □ Separate section completed for each owner
- **Full name** of owners **No initials allowed.** If they do not have a middle name, NMN should be entered.
- Residential address and phone number listed this should not be the same information as the store's physical location
- Percentage of ownership listed should total 100% for all owners together for individuals and partnerships
- □ If the owner has lived in another state in the last five (5) years, the state(s) should be listed
- □ If the owner/officer has ever been convicted of a misdemeanor involving fraud, theft or misuse of state or federal funds or a felony an explanation and dates should be completed
- □ If the owner is related, by blood or marriage, to previous owners/officers, relationship must be listed
- □ List of all other stores owned with their addresses documented A separate sheet of paper can be used. If the store is WIC-authorized, ensure the vendor number is documented.

PAGE 4A of 5

- Additional page only needed if more than two (2) owners/officers
- Additional section if more than two (2) owners of the store. Should be completed and checked for accuracy based on instructions for review of page 4.

PAGE 5 of 5

- □ Owner/Officer's printed name, signature, official title and date
- Local Agency Representative has reviewed, completed and signed page 5 of 5.

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

INSTRU 1. 2.	JCTIONS: This is an application to obtain authorization to become a ve Program for Women, Infants and Children (WIC). This application must be completed by either a store owner		Carolina Special Suppl	emental Nutrition
1.	Store Name:		Phone No: ()	
	Store Name: (<u>Not</u> the Corporation Name, if Incorpora	ted)	//.	
	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	<u></u>		
7.	Store Classification (check one):			
	🗌 Retail Large Chain 🛛 Retail Independent 🔲 C	onvenience 🛛	Free-Standing Pharr	nacy 🛛 Commissary
8.	Type of Ownership (check one): 🔲 Individual 🔲 F	Partnership 🔲 Lin	nited Partnership 🔲	Corporation LLC
	Corporate/Company Name (if LLC, Inc., or LP):			
	Physical Address of Regional/Corporate Headqua	rters:		
		F	Phone No: ()	
	Mailing Address of Regional/Corporate Headquart	ers: (if different fr	om the store mailing	address)
		Pho	one No: ()	
9.	Number of Stores owned by this ownership			
	Number of Other WIC authorized stores owned by the	s ownership		
10.	Store Operating Hours: (Circle AM or PM) (Type "C" to i	ndicate 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: \$		Ctual	Projected
13.	Total Number of Registers in Store (Including U-Scan Number of Registers with Scanning Devices: Nu	,		Authorized Foods: Page 1 of 5

	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):
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?
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?
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.
26.	Is the Store Manager the primary contact person for the store?
	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:

	Store Name:
	Vendor Number:
29.	Has the store ever operated under another name and/or at a different location?
30.	Has the store (under its current name or a former name) ever been disqualified or assessed a monetary penalty by the WIC program?
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?
	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?
	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)?
	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)?
	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 independent entered against them for any activity indicating a lack of business integrity, including, but not limited to

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:

	Store Name:	
	Vendor Number:	
•	Corporate Agreement with State WIC Agency, skip this section ner and officer. Use Page 4a if you have more than two owners or officers.	n):
Owner/Officer Name: Mr., Mrs., Ms (Select title) (First)	Title (If Officer): (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
any felony? Yes No If yes, explain No If yes, explain Yes the owner(s) related to the store's previous	d of a misdemeanor involving fraud, theft or misuse of state or federa in and give dates: us owner(s) / officer(s) by blood or marriage?	
	ier) own any other stores(s)? □ Yes □ No If yes, please list i ized by WIC):	-
Owner/Officer Name Mr., Mrs., Ms.: (Select title) (First)	(Full Middle) (Last)	
Residential Address:		
	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
	d of a misdemeanor involving fraud, theft or misuse of state or federa in and give dates:	
	us owner(s) / officer(s) by blood or marriage?	
	ier) own any other stores(s)? 🔲 Yes 🔲 No 🛛 If yes, please list na	ame, city &
state, and WIC vendor number (if authorize	ed by WIC):	-

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;
- 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 disgualification 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:	LOCAL WIG	AGENCY	USE ONLY	- Application	reviewed by:
--	-----------	--------	----------	---------------	--------------

Name:	Title:	Date:
Local WIC Agency:		(no abbreviations)
STATE WIC AGENCY USE ONLY – Application reviewe		
Name:	Title:	_Date:

Page 5 of 5

Store Name: _____

		Vendor Nur		
OWNERSHIP DATA (For stores Complete the following information for e owners/officers.		•		,
Owner / Officer Name:				
(Select title)	(First)	(Full Middle)	(Last)	
esidential Address:				
City:		State:	Zip:	
ome Telephone No.: ()		Percentage of Bu	usiness/Shares Owned:	%
as the owner lived in any other state(s) in the last five (5)	years? ⊡Yes □ No If	yes, please list state(s) lived ir	I
las the owner / officer ever been convi Yes □ No If Yes, explain and give				nds, or any felony?
the owner related to the store's previ Yes □ No If Yes, list name & relation				
oes the owner (including a corporate on a corporate on a will will be a corporate of a corporate of the second sec	by WIC):			
wner / Officer Name:			Title (If Officer):	
(Select title)	(First)	(Full Middle)	(Last)	
esidential Address:				
City:		State:	Zip:	
ome Telephone No.: ()		Percentage of Bu	usiness/Shares Owned:	%
as the owner lived in any other state(s) in the last five (5)	years? ⊡Yes	yes, please list state(s) lived ir	I
las the owner / officer ever been convi Yes □ No If Yes, explain and give		• • •		nds, or any felony?
the owner related to the store's previ Yes □ No If Yes, list name & relation	. ,	er(s) by blood or marriage'	?	
Does the owner (including a corporate on number (if authorized by the second of the se	by WIC):			
wner / Officer Name:				
(Select title)		. ,	(Last)	
esidential Address:				
City:		State:	Zip:	
ome Telephone No.: ()		Percentage of Bu	isiness/Shares Owned:	%
as the owner lived in any other state(s) in the last five (5)	years? ⊡Yes □ No If	yes, please list state(s) lived ir	I
as the owner / officer ever been convi Yes □ No If Yes, explain and give				
the owner related to the store's previ Yes □ No If Yes, list name & relation				
Does the owner (including a corporate of endor number (if authorized by WIC):				sity & state, and WIC

INSTRUCTIONS FOR COMPLETION OF THE NC WIC VENDOR APPLICATION (DHHS 3282)

REMINDERS:

- 1. Be certain to read the Instructions section on page 1 and comply.
- 2. Do not use "N/A" or "Not Applicable" to answer questions.

PAGE 1 of 5:

- <u>Question 1</u> Full legal name of the store is required. **Do <u>not</u> use the corporate name of the business.** The store's <u>main telephone number</u> (do not list mobile/cell phone numbers) and full mailing address are required. The store's name, phone, and mailing address must be consistent with the Vendor Agreement.
- <u>Question 2</u> Provide the full physical address for the store. Do <u>not</u> use "same as above."
- Question 3 Check "Yes" or "No" to indicate whether the store has internet access/capabilities.
- <u>Question 4</u> Provide the email address for the point of contact for the store.
- <u>Question 5</u> Provide your seven-digit Supplemental Nutrition Assistance Program (SNAP) permit number.
- <u>Question 6</u> Provide your store's Federal Tax ID number.
- <u>Question 7</u> Check only one (1) box that is most appropriate to the store's setup. Refer to list below of store classifications with brief definitions to decide the classification:
 - 1. RETAIL LARGE CHAIN STORE: Chain owned or operated by a corporation, partnership, cooperative association, or other business entity that has 20 or more stores owned or operated by one business entity (Full-service grocery, selling fresh produce and meat).
 - 2. RETAIL INDEPENDENT STORE: Owned or operated by an individual, corporation, partnership, cooperative association, or other business entity that has 19 or fewer stores owned or operated by one (1) business entity. These stores may buy groceries from privately owned wholesalers or larger grocery stores.
 - 3. RETAIL CONVENIENCE STORE: Retailer owned or operated by an individual, corporation, partnership, cooperative association, offering a limited assortment of grocery items.
 - 4. FREE-STANDING PHARMACY: Supplies only exempt infant formula and WIC-eligible medical foods. This type of pharmacy does not operate within another retail store. This includes pharmacies that are chain stores and pharmacies participating under a WIC corporate agreement.
 - 5. COMMISSARY: Military-based stores.
- <u>Question 8</u> Check only one (1) box that is the most appropriate type of store ownership. If incorporated, LLC or Limited Partnership, provide corporate/company name, full physical address, and main phone number of regional/corporate headquarters along with the mailing address and phone number if different from the stores mailing address.
- <u>Question 9</u> Provide the number of stores owned by this ownership. Of the number of other stores owned by this ownership provide the number of the other stores that are WIC authorized.

- Question 10 Provide the store's operating hours. Select "AM" or "PM" for opening and closing times.
- <u>Question 11</u> Provide store's <u>annual</u> SNAP sales (response should be reflected also in response to Question 18). Check whether amount is "Actual" or "Projected".
- <u>Question 12</u> Provide store's <u>annual</u> food sales. Check whether amount is "Actual" or "Projected".
- <u>Question 13</u> Provide the total number of cash registers in the store, including U-Scans. Provide the number of cash registers with scanning devices in the store. Provide the number of scanners that identify WIC-authorized foods in the store. Scanners should be able to detect non-WIC items and not allow those items to be purchased on a WIC transaction.

PAGE 2 of 5:

Provide store legal name (**not corporate name of business**) in the space provided in the upper right corner of page. The store legal name must be consistent throughout the application.

- <u>Question 14</u> Check 'Yes' or 'No' to whether Store is eWIC capable. (See the Vendor Manual for definition) Check the type of "Point of Sale" system the store has or will need. "Integrated" or "Stand-beside device" if the store is integrated provide the name of your Third-Party Processor and Value-added Reseller (if applicable)
- <u>Question 15</u> Select the name of source(s) for all infant formulas. (Refer to list of authorized sources).
- <u>Question 16</u> Select the name of supplier(s) for all WIC authorized food products.
- <u>Question 17</u> Check "Yes" or "No" to indicate whether the store expects to derive more than 50% of the store's annual revenue from the sale of food items through WIC transactions.
- <u>Question 18</u> Check "Yes" or "No" to indicate whether you own a WIC authorized store where the WIC sales are above 50% of the total annual food sales.
- <u>Question 19</u> Record what percentage of total food sales is expected to be from WIC, SNAP (SNAP % should reflect response to Question 10), Cash, and Credit/Debit sales. No decimals should be used. These should all total up to 100%.
- Question 20 Check "Yes" or "No" to indicate whether WIC authorization is required for store to open for business.
- <u>Question 21</u> Check "Yes" or "No" to indicate whether there are inventory invoices available for food items purchased and currently stocked in the store.
- <u>Question 22</u> Record how many months of inventory invoices that are available.
- Question 23 Check "Yes" or "No" to indicate whether the store currently has required minimum inventory in stock.
- <u>Question 24</u> Check <u>all</u> boxes that apply to what the store sales include.
- <u>Question 25</u> Select title of courtesy ("Mr.", "Mrs.", or "Ms.") for store manager. The full name (first, middle, and last) of store manager is required. <u>Do not</u> use initials. Document if there is no middle name by writing "NMN".
- <u>Question 26</u> Check "Yes" or "No" to indicate whether the store manager is the primary contact person for the store. If "No", list primary contact person's name and telephone number.

- <u>Question 27</u> Check "Yes" or "No" to indicate whether the store manager has ever been convicted of a misdemeanor (involving fraud, theft, or misuse of state or federal funds) or any felony. If "Yes", a detailed explanation, with dates of occurrence, is required.
- <u>Question 28</u> Provide how many years and months the store has physically been in business at the present site. If the store has been in business less than a month, provide the date the store opened for business.

PAGE 3 of 5:

Provide store legal name (not corporate name of business) in the space provided in the upper right corner of page. The store legal name must be consistent throughout the application.

- <u>Question 29</u> Check "Yes" or "No" to indicate whether the (physical) store has ever operated under another name and/or at a different location. If "Yes", provide each old name and/or address of the store.
- <u>Question 30</u> Check "Yes" or "No" to indicate whether the store, under its current name or a former name, has ever been disqualified or assessed a monetary penalty by the WIC program. Answer yes or no. If "yes" is checked, a detailed explanation, including what WIC incident occurred with dates of occurrence, is required.
- <u>Question 31</u>- Check "Yes" or "No" to indicate whether the owner(s) (includes corporate owners) has a financial interest in a store that is currently disqualified, was previously disqualified, or assessed a monetary penalty by the WIC program. If "Yes", a detailed explanation, with dates of occurrence, is required.
- <u>Question 32</u> Check "Yes" or "No" to indicate whether the owner(s) (includes corporate owners) has ever had a financial interest in a store that was disqualified or assessed a monetary penalty by the WIC program. If "Yes", a detailed explanation, with dates of occurrence, is required.
- <u>Question 33</u> Check "Yes" or "No" to indicate whether the store (under its current name or a former name) has ever been withdrawn, disqualified, or assessed a civil money penalty from SNAP. If "Yes", a detailed explanation, with dates of occurrence, is required.
- <u>Question 34</u> Check "Yes" or "No" to indicate whether the owner(s) (includes corporate owners) has a financial interest in a store that is currently, or has been previously, withdrawn, disqualified, or assessed a civil money penalty by SNAP. If "Yes", a detailed explanation, with dates of occurrence, is required.
- <u>Question 35</u> Check "Yes" or "No" to indicate whether the owner(s) (includes corporate owners) has ever had a financial interest in a store that was withdrawn, disqualified, or assessed a civil monetary penalty by SNAP. If "Yes", a detailed explanation, with dates of occurrence, is required.
- <u>Question 36</u> Check "Yes" or "No" to indicate whether any of the vendor applicant's current owners, officers, or managers have been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity. This includes, but is 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. If "Yes", a detailed explanation is required from all owners, officers, and managers who answer "Yes". If additional space is necessary, attach a separate sheet of paper, with the additional documentation relating to this question.

PAGE 4 of 5:

Provide store legal name (not corporate name of business) in the space provided in the upper right corner of page. The store legal name must be consistent throughout the application.

OWNERSHIP DATA SECTION

PLEASE MAKE A NOTE OF THE FOLLOWING:

1. This section must be completed for all owners **and** officers. List only one (1) owner / officer name per line.

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

- 2. This section must be filled out for all stores except for Corporate stores [specific stores that are under a Corporate agreement with the State, that have 20 or more stores under one (1) business entity].
- 3. Use <u>Page 4a only</u> for three (3) or more owners or officers.
- NAME <u>Select</u> title of courtesy ("Mr.", "Mrs.", or "Ms.") for owner/officer. The full name (first, middle, and last) of owner/officer is required. Document if there is no middle name by writing "NMN."
- **TITLE** If an Officer, provide the title of officer. It is not necessary for the owner of a non-corporate store to document a title.

RESIDENTIAL ADDRESS - The full home address of the owner/officer is required.

- **HOME PHONE NUMBER** The home telephone number, including area code, of the owner/officer is required. This should not be the same as the business main number.
- **PERCENTAGE OF BUSINESS/SHARES OWNED**: If individually owned or a partnership, provide percentage owned by each owner/officer. Combined percentages must total 100%. If officers/shareholders are listed, provide the percentage or number of shares owned.

Check "Yes" or "No" to indicate whether the owner has lived in any other state(s) in the last five (5) years. If yes, list all the states lived in during the last five (5) years.

Check "Yes" or "No" to indicate whether the owner/officer has ever been convicted of a misdemeanor (involving fraud, theft, or misuse of state or federal funds) or any felony. If "Yes", a detailed explanation, with dates of occurrence, is required.

Check "Yes" or "No" to indicate whether the owner/officer is related to the store's previous owner(s) by blood or marriage. If "Yes", list the related person's name and relationship.

Check "Yes" or "No" to indicate whether the owner/officer (includes corporate owner) owns any other store(s). If "Yes", list the name of the store(s), the city & state they are located in, and the WIC Vendor Number (if WIC-authorized).

PAGE 4a of 5: (Additional Ownership Data)

Provide store legal name (not corporate name of business) in the space provided in the upper right corner of page. The store legal name must be consistent throughout the application.

Only use this page if the store has more than two (2) owners or officers. Follow the same "Ownership Data" Section instructions above (Page 4).

PAGE 5 OF 5:

Page 5 must be signed and dated by the store's <u>owner or officer</u>. If an officer signs the application, they must also provide their title, and their information should be included in the ownership section with percentage of ownership if any. All documentation must be legible.

"FOR LOCAL WIC AGENCY USE ONLY" section completed by Local WIC Agency staff reviewing application.

"FOR STATE WIC AGENCY USE ONLY" section completed by State WIC Agency staff reviewing application.

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	f 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

AUTHORIZED WIC VENDOR NUMBER	
	The undersigned represents the Local Agency and has the authority to contract for and on behalf of said agency.
The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.	Signature of Local WIC Agency Authorized Representative/Date
	(Print) Name of Local WIC Agency Authorized Representative/Title
Signature of Owner/Officer Date	Name of Local WIC Agency Local Agency Number
(Print) Name of Owner/Officer Title	Mailing Address – Street, P.O. Box
Name of Vendor (Store)	City State Zip Code
Mailing Address – Street, P.O. Box	(Area Code) Telephone Number
City State Zip Code	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Area Code) Telephone Number	DIVISION OF CHILD AND FAMILY WELL-BEING COMMUNITY NUTRITION SERVICES SECTION 1914 Mail Service Center 5601 Six Forks Road Raleigh, N.C. 27699-1914
By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement.	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

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

This institution is an equal opportunity provider

INSTRUCTIONS FOR COMPLETION OF THE WIC VENDOR AGREEMENT (DHHS 2768)

PURPOSE:

This Agreement authorizes retail vendors to accept N.C. WIC food instruments and cash-value vouchers in compliance with federal and state WIC Program laws, regulations, rules, and policies.

INSTRUCTIONS:

- 1. Form must be completed in blue or black ink (please print) or typed.
- 2. Do not use correction fluid/tape (all copies must look the same). Strike through errors with a single line, initial and date the error.
- 3. Only the current form effective through September 30, 2027, will be accepted.

TOP OF AGREEMENT:

- The name of the store and store number (if part of a chain) must be printed on the first line. Do not use the corporate name of the business.
- The name (no abbreviations) of the Local WIC Agency must be printed on the second line.

VENDOR (LEFT) SECTION OF AGREEMENT:

- Provide the Vendor Number (leave blank, if a new vendor) in box.
- Signature of owner and signature date are required.
- Printed name and title of owner are required.
- Name of store is required (name must be the same as name at top of form). Do not use the corporate name of the business.
- Only mailing address for store is required (including city, state, and zip code).
- Provide phone number, including the area code, for the store.
- The vendor owner/officer that signs the Agreement must also initial by the statement at the bottom of this section that they have received and will comply with the Terms of Vendor Agreement.

LOCAL WIC AGENCY AUTHORIZATION (RIGHT TOP) SECTION OF AGREEMENT:

- Signature of Local WIC Agency authorized representative, and the date signed are required.
- Printed name and title of Local Agency authorized representative are required.
- Name of Local WIC Agency (name must be the same as name at top of form; no abbreviations) is required. Local WIC Agency program number is also required.
- Local WIC Agency mailing address is required (including city, state, and zip code).
- Provide Local WIC Agency phone number, including the area code.

STATE WIC AGENCY AUTHORIZATION (SHADED RIGHT BOTTOM) SECTION OF AGREEMENT:

• This section is for State WIC Agency use only. Do not write in this section.

• The State WIC Agency reviews the Agreement and completes the State WIC Agency Authorization section.

TERMS OF VENDOR AGREEMENT

Vendor keeps pages of the "Terms of Vendor Agreement". Vendor must read, understand, and agree with the Terms. The statement on the Vendor Agreement indicating the Terms of Vendor Agreement have been received must be initialed by the owner.

RETENTION AND DISPOSITION:

This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.

REORDER: (Use DHHS 2507)

Send to: Community Nutrition Services Section, 1914 Mail Service Center, 5601 Six Forks Road, Raleigh, NC 27699-1914 Courier 54-42-01

TERMSOF VENDORAGREEMENT WITNESSETH: This Agreement ispursuantto 10AN.C.A.C.Subchapter43D This Agreement does not constitute a license or a property interest.

Section I -- Vendor

The Vendor agrees to:

- 1. Comply with the terms of this Agreement and State and federal WIC Program rules, regulations, policies and applicable law governing the Program, including any changes made during the Agreement period;
- Be placed into one of the following peer groups in accordance with 7 CFR 246.12 and 10A N.C.A.C. 43D.0706. The State WIC Agency may reassess an authorized vendor's peer group designation at any time during the vendor's Agreement period and shall place the vendor in a different peer group if upon reassessment the State Agency determines that the vendor is no longer in the appropriate peer group; The following table provides a description of each vendor peer group.

VENDOR PEER GROUPS			
PEER GROUP NUMBER	STORE TYPE	LOCATION	DESCRIPTION
5	Pharmacy	Statewide	Free-standing pharmacy that sells a limited variety of foods
6	Convenience Store	Statewide	Retailer with a limited assortment of grocery items
7	Mass Merchandiser and Commissary	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	Independent Grocery	Urban	Retailer that primarily sells groceries with fewer than 11 store locations
9	Independent Grocery	Non-urban	Retailer that primarily sells groceries with fewer than 11 store locations
10	Regional Grocery Chain	Urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states
11	Regional Grocery Chain	Non-urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states

- 3. Comply with the vendor selection criteria throughout the Agreement period, and any changes in the criteria, including the following:
 - a. Maintain Supplemental Nutrition Assistance Program (SNAP) authorization for the store throughout the period of this Agreement;
 - b. Operate the store at a single, fixed location within the State of North Carolina; The store shall be located at the address indicated on the WIC vendor application and shall be the site at which WIC supplemental foods are selected by the WIC customer;
 - c. Keep the store open throughout the year for business with the public at least six days a week for a minimum of forty (40) hours per week between 8:00 a.m. and 11:00 p.m.;

- d. Not use the acronym "WIC" or the WIC logo, including facsimiles thereof, in total or in part, in the official name in which the business is registered or in the name under which the store does business;
- e. Not use the WIC logo in advertising or promotional literature;
- f. Not apply stickers, tags, or labels having the WIC acronym or logo on North Carolina approved WIC supplemental foods;
- g. Not submit false, erroneous, or misleading information to the State or Local Agency;
- h. Not have any owner(s), officer(s), or manager(s) who are employed, or who have a spouse, child, or parent who is employed by the State WIC program or the local WIC program serving the county where the vendor conducts business; A vendor shall not have an employee who handles or transacts WIC food benefits or cash-value benefits who is employed, or who has a spouse, child, or parent who is employed by the State WIC program or the local WIC program or the local WIC program serving the county where the vendor conducts business. Such situations present a conflict of interest;
- i. Not have any owner(s), officer(s), or manager(s) who in the last six years have 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;
- j. Excluding chain stores and stores under a WIC Corporate Agreement that have a separate manager on site for each store, not have an owner who holds a financial interest in any of the following:
 - (1) A SNAP vendor which is disqualified from participation in the SNAP or has been assessed a civil money penalty for hardship in lieu of disqualification and the time period during which the disqualification would have run, had a penalty not been paid, is continuing; or
 - (2) Another WIC vendor which is disqualified from participation in the WIC Program or which has been assessed a monetary or civil money penalty pursuant to G.S. 130A-22(c1), Paragraph (e) or Paragraph (f) of 10A N.C.A.C. 43D.0710 as the result of violation of Paragraphs (a) or (b) of 10A N.C.A.C. 43D.0710, and if assessed a penalty, the time during which the disqualification would have run, had a penalty not been assessed, is continuing;

The requirements of provision 3.j. of Section I. of this Agreement shall not be met by the transfer or conveyance of financial interest during the period of disqualification. Additionally, the requirements of provision 3.j. shall not be met even if such transfer or conveyance of financial interest in a SNAP vendor under 3.j.(1) prematurely ends the disqualification period applicable to that SNAP vendor. The requirements of provision 3.j. shall apply until the time the SNAP vendor disqualification otherwise would have expired;

- k. Purchase all infant formula, exempt infant formula and WIC-eligible nutritionals directly from State-approved sources and provide only such infant formula, exempt infant formula and WIC-eligible nutritionals to WIC customers; Maintain and make available to the state or local WIC agency invoices, receipts, copies of purchase orders, and any other proofs of purchase documenting such purchases; All purchase documentation must satisfy the requirements of 10A N.C.A.C. 43D.0708 (24)(a) through (24)(c);
- I. Mark the current shelf prices of all WIC supplemental foods clearly on the foods or have the prices posted on the shelf or display case at all times;
- m. Not charge the State WIC Program more than the maximum price set by the State WIC Agency under Sub-item (4)(a) of 10A N.C.A.C. 43D.0707 for each supplemental food within the vendor's peer group;
- n. Not operate as a predominantly WIC vendor as defined in 10A N.C.A.C. 43D.0202; and
- Not have an owner, officer or manager that currently has 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;

The State WIC Agency may reassess the vendor at any time during the Agreement period using the selection criteria in effect at the time of the reassessment and shall terminate the vendor Agreement if the vendor fails to comply with the vendor selection criteria, including the criteria in Section I.3.a. through o. of this Agreement;

- 4. Not discriminate on the basis of WIC participation, such as failing to offer WIC customers the same courtesies offered to other customers, including the acceptance of store and manufacturer's coupons, or requiring separate WIC lines; The vendor shall comply with the nondiscrimination provisions of 7 CFR Parts 15, 15a, and 15b;
- 5. Redeem at least \$2,000 annually in WIC supplemental food sales;
- 6. Require an owner, store manager or other authorized store representative to attend annual vendor training upon notification of the training by the local WIC agency;
- 7. Inform and train vendor's cashiers and other staff on WIC Program requirements; The vendor also agrees to be accountable for the actions of its owners, officers, managers, agents and employees who commit vendor violations;
- 8. Submit a current accurately completed WIC Price List when applying for vendor authorization for the first time; the vendor also agrees to submit a WIC Price List within two (2) weeks of any written request by the State or local WIC agency;
- Maintain the minimum inventory of supplemental foods specified in 10A N.C.A.C. 43D.0708(17) and Section VI of this Agreement in the store for purchase; Supplemental foods that are outside of the manufacturer's expiration date do not count towards meeting the minimum inventory requirement;
- 10. Ensure that all supplemental foods in the store for purchase are within the manufacturer's expiration date;
- 11. Accept WIC Program food benefits and cash-value benefits in exchange for North Carolina approved WIC supplemental foods. Supplemental foods are those foods which satisfy the requirements of 10A N.C.A.C. 43D.0501. The North Carolina approved WIC supplemental foods criteria, specifications, and product identification are contained in the *North Carolina WIC Program Information on the Selection of Approved Foods* document, which is incorporated herein by reference with all subsequent amendments and editions;
- 12. Provide to the WIC customer only the approved supplemental foods, fruits, and vegetables contained in the authorized product list (APL) after it has been determined that the WIC customer has an available balance on the date of the transaction; the WIC customer is not required to get all of the supplemental foods available on their benefit balance or get the full dollar value of the cash-value benefits; however, a WIC customer may obtain more fruits and vegetables than the full dollar value of the cash-value of the cash-value benefits if the WIC customer pays the difference;
- 13. Transmit the current shelf price of all WIC-approved supplemental foods purchased in the correct sizes, quantities, and the total dollar amount of all WIC-approved supplemental foods purchased in the EBT system; Not charge or collect sales tax for the supplemental food provided; Not charge or collect tax on coupons used in conjunction with WIC food or cash-value benefits; Tax may be charged on the amount that exceeds the value of the cash-value benefit if the excess amount is paid in cash or other methods accepted by the vendor, except for SNAP benefits;
- 14. Charge no more for supplemental food provided to a WIC customer than to a non-WIC customer or no more than the current shelf price, whichever is less; Violation of this provision, whether intentional or unintentional, is defined as a vendor overcharge;
- 15. Accept payment from the State WIC Program only up to the maximum price set by the State WIC Agency for each supplemental food within that vendor's peer group; The maximum price for each supplemental food shall be based on the maximum prices set by the State Agency for each supplemental food, as described in Sub-item (4)(a) of Rule .0707, listed in the WIC customer's benefit balance. A request for payment submitted over the maximum price allowed by the State agency will only be paid up to the maximum price for that supplemental food;
- 16. Accept payment from the State WIC Program only up to the full dollar value of the cash-value benefit; A request for payment submitted by a vendor which exceeds the full dollar value will be paid at the full dollar value of the cash-value benefit;
- 17. Permit the purchase of supplemental food without requiring other purchases;
- 18. Comply with the following Electronic Benefit Transfer (EBT) provisions:
 - a. Sign the WIC Vendor Agreement of the EBT Processor selected by the State WIC Program or a third-party processor that has been certified according to criteria established by the EBT Processor selected by the State WIC Program. Failure by a vendor to sign and retain a WIC
Vendor Agreement with the State WIC Program's EBT Processor or a third-party processor that has been certified according to criteria established by the State WIC Program's EBT Processor will result in termination of the WIC Vendor Agreement. Vendors must notify the WIC Program within 24 hours of any periods of time during which they do not maintain an Agreement with the State WIC Program's EBT Processor or a third-party processor that has been certified according to criteria established by the State WIC Program's EBT Processor,

- b. After the State WIC Agency has granted final approval of certification testing for the vendor's point-of-sale (POS) system and the vendor has been authorized to accept WIC, process EBT transactions accurately, in a timely manner and in accordance with the terms of this Agreement, the EBT Processor Vendor Agreement, the FNS EBT operating rules, standards and technical requirements, WIC Program Rules, and state and federal regulations, and statutes;
- c. Maintain POS terminals used to support the WIC Program in accordance with the minimum lane provisions of 7 C.F.R. 246.12(z)(2);
- d. Maintain a North Carolina EBT Processor certified in-store EBT system that is available for WIC redemption processing during all hours the store is open;
- e. Request the North Carolina EBT Processor re-certify its in-store system if the vendor alters or revises the system in any manner that impacts the EBT redemption or claims processing system after initial certification is completed. The following applies:
 - (1) If the EBT system is reconfigured or modified by the vendor and/or other parties in such a way that the WIC in-store system no longer exhibits the required system accuracy, integrity, or performance required and under which requirements the WIC in-store system was certified, the State will not accept a redemption;
 - (2) The vendor is liable for the costs of all recertification events needed to return the EBT system for all outlets covered by this agreement to full compliance with the State Agency's system requirements. Failure to seek recertification when the vendor's system is altered/revised shall subject the vendor to the financial liabilities for all transactions processed.
- f. For vendors with integrated (multi-function) systems, obtain EBT card readers to support EBT transactions within their store(s). The vendor must ensure that the EBT card readers they obtain meet all EBT and North Carolina EBT Processor requirements. The vendor must:
 - (1) Purchase EBT card terminals that are capable of properly reading EBT card transactions;
 - (2) Ensure that the EBT terminal(s) will be supported by integrated software that is fully capable of supporting WIC in-line transactions. The vendor's point-of-sale system must meet state certification requirements, including interoperability and North Carolina EBT provider requirements, prior to being placed in operation to accept EBT transactions.
 - (3) Acknowledge that the performance of maintenance, cost of maintenance, and cost of future replacement of terminals is the vendor's sole responsibility;
- g. Require an owner, manager, or other authorized store representative to complete training approved by the State WIC Program on EBT procedures. The vendor must ensure that all cashiers and staff are fully trained on EBT requirements, including training in the acceptance and processing of WIC EBT transactions;
- h. Require the WIC customer to approve the WIC transaction. Vendor must ensure that the vendor owners, officers or the vendor's staff do not approve the WIC transaction for WIC customers under any circumstances;
- i. Release supplemental food to WIC customers when the EBT transaction has been completed to include an itemized receipt of transaction approval by the EBT processing system for all items purchased with EBT. The itemized receipt must:
 - (1) Clearly identify the items purchased and the individual price charged for each item listed:
 - (2) List the remaining benefit balance and the expiration date of the WIC supplemental foods available;

- j. 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 must not scan codes from UPC codebooks or reference sheets;
- Nonly transmit the current shelf price of all WIC-approved supplemental foods purchased in the correct sizes, quantities, and the total dollar amount of all WIC-approved supplemental foods purchased in the EBT system;
- I. Ensure the certified in-lane redemption process for EBT allows a reasonable degree of security for protecting the personal identification number (PIN) used by the WIC customer;
- m. Ensure that a PIN is used by the WIC customer to complete the EBT transaction in lieu of a signature; the WIC customer must enter the PIN to initiate the EBT transaction; the vendor must not enter the PIN for the WIC customer;
- n. Return any EBT card found on the vendor's property and unclaimed for 24 hours to the WIC Program. The vendor must not hold or use a WIC customer's EBT card and PIN for any purpose whatsoever;
- Connect the vendor's in-store system for each outlet covered by the WIC Vendor Agreement to the State's WIC EBT system at least once each 24-hours period to download reconciliation files and the North Carolina WIC authorized product list;
- p. Use self-checkout technology at cash registers only once the self-checkout system has been certified by the State WIC Agency.
- q. Not charge to the State agency:
 - (1) Any third-party commercial processing costs and fees incurred by the vendor from EBT multi-function equipment. Commercial transaction processing costs and fees imposed by a third-party processor that the vendor elects to use to connect to the EBT system of the state shall be borne by the vendor;
 - (2) Interchange fees related to EBT transactions; or
 - (3) Ongoing maintenance, processing fees or operational costs for vendor systems and equipment used to support EBT.
- 19. Not transact food or cash-value benefits in whole or in part for cash, credit (including rainchecks), unauthorized foods, or non-food items;
- 20. Not provide refunds or permit exchanges for authorized supplemental foods obtained with food benefits or cash-value benefits, except for exchanges of an identical authorized supplemental food when the original authorized supplemental food is defective, spoiled, or has exceeded its "best if used by," "sell by" or other date limiting the sale or use of the food; An identical authorized supplemental food obtained and returned by the WIC customer;
- 21. Not seek restitution from the WIC customer for reimbursement paid by the vendor to the State WIC Agency or for WIC food benefits or cash-value benefits not paid or partially paid by the State WIC Agency; Additionally, the vendor shall not charge the WIC customer for authorized supplemental foods obtained with food benefits or cash-value benefits;
- 22. Not contact a WIC customer outside the store regarding the transaction or redemption of WIC food benefits or cash-value benefits;
- 23. Notify the local WIC agency of misuse (attempted or actual) of WIC Program food benefits or cashvalue benefits;
- 24. Maintain a record of all SNAP-eligible food sales and provide to 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 by the vendor, such as sales records, financial statements, reports, tax documents or other verifiable documentation; The vendor gives the State WIC Agency permission to have access to and obtain copies of all tax records submitted to the NC Department of Revenue, including corporate and individual income tax and sales and use tax returns and all records pertinent to these returns. The vendor agrees to execute any release that may be required by the NC Department of Revenue to release such information. SNAP-eligible food sales are sales of those foods that can be purchased with Supplemental Nutrition Assistance Program ("SNAP") benefits;
- 25. Allow monitoring and inspection by state and local WIC Agency staff of the store premises and procedures to ensure compliance with the Agreement and State and Federal WIC Program rules, regulations and applicable law; This includes providing access to all program-related records,

vendor records pertinent to the purchase and sale of WIC supplemental foods, including invoices, receipts, copies of purchase orders, and any other proofs of purchase; Federal and State corporate and individual income tax and sales and use tax returns and all records pertinent to these returns; and books and records of all financial and business transactions. These records must be retained by the vendor for a period of three years or until any audit pertaining to these records is resolved, whichever is later. Notwithstanding any other provision of this Agreement and Rules .0707, .0708 and .0710 of 10A N.C.A.C. 43D, failure or inability to provide these records for an inventory audit or providing false records for an inventory audit shall be deemed a violation of 7 CFR 246.12(I)(1)(iii)(B) and Subparagraph (a)(1) of 10A N.C.A.C. 43D.0710. Invoices, receipts, purchase orders, and any other proofs of purchase for WIC supplemental foods shall include:

- a. The name of the seller and be prepared entirely by the seller without alteration by the vendor or on the seller's business letterhead;
- b. The date of purchase and the date the authorized vendor received the WIC supplemental food at the store if different from the date of purchase; and
- c. A description of each WIC supplemental food item purchased, including brand name, unit size, type or form, and quantity;
- 26. Reimburse the State WIC Agency in full or agree to a repayment schedule with the State WIC Agency within thirty (30) days of written notification of a claim assessed due to a vendor violation that affects payment to the vendor; Failure to reimburse the State WIC Agency in full or agree to a repayment schedule within thirty (30) days of written notification of a claim shall result in termination of the WIC Vendor Agreement. When the State WIC Agency determines the vendor has committed a vendor violation that affects payment to the vendor, the State WIC Agency will deny payment or assess a claim. The State WIC Agency has the authority to deny payment or assess a claim in the amount of the full purchase price of all food benefits or cash-value benefits affected by the vendor violation. Denial of payment by the State WIC Agency or payment of a claim by the vendor for a vendor violation(s) shall not absolve the vendor of the violation(s). The vendor shall also be subject to any vendor sanctions authorized under 10A N.C.A.C. 43D.0710 for the vendor violation(s);
- 27. Notify the local WIC agency in writing at least 30 days prior to a change of ownership, change in store location, cessation of operations, or withdrawal from the WIC Program;
- 28. Be monitored for compliance with Program requirements through routine monitoring, compliance buys, inventory audits and any other means the State WIC Agency deems necessary to determine compliance with Program requirements; and
- 29. The WIC Vendor Agreement does not constitute a license or a property interest; A vendor must reapply to continue to be authorized beyond the period of its current WIC Vendor Agreement. Additionally, a store must reapply to become authorized following the expiration of a disqualification period or termination of the Agreement. In all cases, the vendor applicant is subject to the vendor peer group criteria of 10A N.C.A.C. 43D.0706 and the vendor selection criteria of 10A N.C.A.C. 43D.0707.

Section II – Local WIC Agency

The Local WIC Agency agrees to:

- 1. Provide annual vendor training on WIC program requirements;
- 2. Conduct routine monitoring of the vendor's performance under this Agreement to ensure compliance with the Agreement and State and Federal WIC Program rules, regulations and applicable law; A minimum of one-third of all authorized vendors, excluding military commissaries, shall be monitored within a federal fiscal year (October 1 September 30) and all vendors shall be monitored at least once within three consecutive fiscal years. Any vendor shall be monitored within one (1) week of a written request by the State WIC Agency;
- 3. Provide vendors with the North Carolina WIC Vendor Manual, all Vendor Manual amendments, blank WIC Price Lists, and any other documents and materials required for the vendor's participation as an authorized WIC vendor;
- 4. Assist the vendor with questions regarding the vendor's participation in the WIC Program; and
- 5. Maintain records pertaining to this Agreement and vendor management activities in accordance with the NC Department of Health and Human Services Records Retention Schedule.

Section III – State WIC Agency

The State WIC Agency agrees to:

- 1. Make payment to the vendor for food benefits and cash-value benefits transacted at the vendor's store upon compliance by the vendor with the conditions contained in Section I of this Agreement and all WIC Program rules, regulations, policies and applicable law; Payment will not be made unless and until the conditions in Section I have been met. Notwithstanding the foregoing, if payment is made by the State WIC Agency and the conditions in Section I have not been satisfied, the State WIC Agency may assess a claim against the vendor. The vendor shall reimburse the State WIC Agency in full or agree to a repayment schedule within thirty (30) days of written notification of a claim. The State WIC Agency may offset a claim against current and subsequent amounts owed to a vendor if a vendor fails to pay a claim;
- 2. Provide annually a list of State-approved sources for the purchase of infant formula, exempt infant formula, and WIC-eligible nutritionals;
- 3. Provide the vendor written notification of an initial violation that requires a pattern of occurrences to impose a sanction, unless the State WIC Agency determines that notifying the vendor would compromise an investigation, as provided in 7 CFR 246.12(I)(3);
- 4. Determine if a vendor applicant has an EBT capable register system before authorizing the vendor to participate in the WIC Program;

Section IV -- Disqualification and Termination

- 1. The State WIC Agency shall disqualify a vendor in accordance with the Vendor Sanction System referenced in Section VII of this Agreement and 10A N.C.A.C. 43D.0710.
- 2. The State WIC Agency may not accept voluntary withdrawal of the vendor from the WIC Program or use nonrenewal of the Vendor Agreement as an alternative to disqualification.
- 3. If the State WIC Agency determines that disqualification of a vendor under the Federal Mandatory Vendor Sanctions for violations B. through I. and L. would result in inadequate participant access pursuant to 10A N.C.A.C. 43D.0710(e), the State WIC Agency will impose a civil money penalty ("CMP") in lieu of disqualification in accordance with 10A N.C.A.C. 43D.0710(f)(1). If the State WIC Agency determines that disqualification of a vendor under the State Vendor Sanctions for violations A. through N. would result in participant hardship pursuant to 10A N.C.A.C. 43D.0710(f)(3), the State WIC Agency may impose a monetary penalty in lieu of disqualification in accordance with 10A N.C.A.C. 43D.0710(f)(3), the State WIC Agency may impose a monetary penalty in lieu of disqualification in accordance with 10A N.C.A.C. 43D.0710(f)(2). If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty or monetary penalty assessed in lieu of disqualification, the vendor shall be disqualified for the length of the original disqualification.
- 4. A second Federal Mandatory Vendor Sanction for any of the violations in B. through I. shall be doubled. A third or subsequent Federal Mandatory Vendor Sanction for any of the violations in B. through I. and L. shall be doubled with no CMP option for inadequate participant access. State Vendor Sanctions for any of the violations in A. through N. detected during a single investigation shall be cumulative, provided that the total disqualification period may not exceed one year.
- 5. Disqualification from the WIC Program may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP.
- 6. A vendor applicant shall not become authorized as a WIC vendor if the store has been disqualified from participation in the WIC Program and the disqualification period has not expired.
- 7. A vendor applicant shall not become authorized as a WIC vendor if the store is currently disqualified from SNAP or the store has been assessed a SNAP civil money penalty for hardship and the disqualification period that otherwise would have been imposed has not expired.
- 8. A change in ownership, change in store location of more than three miles from the store's previous location, cessation of operations, withdrawal from the WIC Program or disqualification from the WIC Program shall result in termination of the WIC Vendor Agreement by the State WIC Agency. Change of ownership, change in store location, ceasing operations, withdrawal from the WIC Program, or nonrenewal of the WIC Vendor Agreement shall not stop a disqualification period applicable to the store.
- 9. Failure to redeem at least \$2,000 annually in WIC supplemental food sales shall result in termination of the WIC Vendor Agreement.
- 10. Failure of an owner, store manager or other authorized store representative to attend annual vendor training by September 30 of each year shall result in termination of the WIC Vendor Agreement.

- 11. Pursuant to 7 CFR 246.12 (g)(4)(iii), subsequent to authorization, a vendor selected for participation in the WIC Program must not increase prices to levels that would make the vendor ineligible for authorization. Failure to comply with this regulation shall result in termination of the WIC Vendor Agreement.
- 12. A vendor who commits fraud or abuse of the Program is liable to prosecution under applicable Federal, State, and local laws. Under 7 CFR 246.23, those who have embezzled, willfully misapplied, stolen, or fraudulently obtained program funds, or those who have knowingly received, concealed or retained such funds, shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000 or imprisonment for not more than one year or both.
- 13. Either the State WIC Agency or the vendor may terminate this Agreement for cause after providing 30 days' advance written notice. This Agreement may be terminated by mutual agreement of both parties at any time. Neither the State WIC Agency nor the vendor has an obligation to renew the vendor Agreement.

Section V -- Appeal Procedures

The vendor appeal procedures shall be in accordance with Section .0800 of 10A N.C.A.C. 43D. The vendor may appeal the adverse actions listed in 7 CFR 246.18 (a)(1)(i) and (a)(1)(ii). However, the following actions are not subject to administrative review: the validity or appropriateness of the State WIC Agency's vendor limiting or selection criteria; the validity or appropriateness of the State WIC Agency's participant access criteria and the State WIC Agency's participant access determinations; the State WIC Agency's determination to exclude an infant formula manufacturer, wholesaler, distributor or retailer from the State WIC Agency's list of approved sources; the State WIC Agency's determination whether to provide written notification to a vendor when an investigation reveals an initial violation that requires a pattern of occurrences to impose a sanction; the expiration of a vendor's Agreement; disputes regarding food benefit or cash-value benefit payments and vendor claims, other than the opportunity to justify or correct as permitted by 7 CFR 246.12(k)(3); and the disqualification of a vendor as a result of disqualification from SNAP.

Section VI -- Minimum Inventory – 10A N.C.A.C. 43D.0708(17)

The following items and sizes constitute the minimum inventory of supplemental foods for vendors in Peer Groups VI-XI listed in provision 2. of Section I. of this Agreement.

Food Type	Type of Inventory	Required Quantities
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
Juices	Single strength: 48-ounce container 64-ounce container	4 containers 4 containers
Dried Peas/Beans	1 pound package	2 packages
Peanut Butter	16 to 18-ounce container	2 containers
Tuna	5 to 6-ounce can	6 cans
Bread/Tortillas	16-ounce loaf of bread or package of tortillas	2 loaves or 2 packages OR 1 loaf and 1 package
Rice	14 to 16-ounce package	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
	milk-based powder; 11.0 to 14 ounce -and-	8 cans
Infant Formula	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 Dried Peas and Beans category)	14 to 16-ounce can: 2 varieties	10 cans total

	VENDOR SANCTION SYSTEM FEDERAL MANDATORY VENDOR SANCTIONS					
	VIOLATIONS	DISQUALIFICATION PERIOD				
A.	A vendor criminally convicted of trafficking in food benefits or selling firearms, ammunition, explosives, or controlled substances (as defined in 21 USC 802) in exchange for food benefits. A vendor is not entitled to receive any compensation for revenues lost as a result of such violation.	Permanent				
B.	One occurrence (1) of buying or selling food instruments or cash-value vouchers for cash (trafficking) or one occurrence of selling firearms, ammunition, explosives, or controlled substances (as defined in 21 USC 802) in exchange for food benefits.	6 years				
C.	One occurrence (1) of the sale of alcohol or alcoholic beverages or tobacco products in exchange for food benefits.	3 years				
D.	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 a 60-day period. The six or more days do not have to be consecutive days within the 60-day period. Failure or inability to provide records or providing false records required under 10A NCAC 43D.0708(24) for an inventory audit shall be deemed a violation of 7 C.F.R.246.12(I)(1)(iii)(B) and 10A NCAC 43D.0710(a)(1).	3 years				
E.	Two occurrences of vendor overcharging within a 12-month period.	3 years				
F.	Two occurrences (2) within a 12-month period of receiving, transacting or redeeming food benefits outside of authorized channels, including the use of an unauthorized vendor or an unauthorized person.	3 years				
G.	Two occurrences (2) within a 12-month period of charging for supplemental food not received by the WIC customer.	3 years				
H.	Two occurrences (2) within a 12-month period of providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21 USC 802, in exchange for food benefits.	3 years				
I.	Three occurrences (3) within a 12-month period of providing unauthorized food items in exchange for food benefits, including charging for supplemental foods provided in excess of those listed on the food benefit balance.	1 year				
J.	2nd sanction, excluding sanctions for trafficking convictions and SNAP disqualifications.	Double Sanctions				
K.	3rd sanction, excluding sanctions for trafficking convictions and SNAP disqualifications.	Double Sanctions and no CMP option				
L.	Disqualification from SNAP	Same length of time as the SNAP disqualification and may begin at a later date than the SNAP disqualification				

STATE VENDOR SANCTIONS DISQUALIFICATION					
	VIOLATIONS	PERIOD			
A.	Two occurrences (2) within a 12-month period of discrimination on the basis of WIC participation as referenced in 10A NCAC 43D.0708(31).	1 year			
B.	Three occurrences (3) 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 participant, scanning the UPC or PLU codes from UPC codebooks or reference sheets when completing a WIC participant's EBT transaction, not entering the correct quantity and item price or not providing the WIC participant with a receipt that shows the items purchased and the participant's remaining food benefit balance.	1 year			
C.	Three occurrences (3) within a 12-month period of requiring a cash purchase to transact WIC food benefits	1 year			
D.	Three occurrences (3) within a 12-month period of contacting a WIC customer in an attempt to recoup funds for food benefits or contacting a WIC customer outside the store regarding the transaction or redemption of WIC food benefits.	270 days			
E.	Three occurrences (3) within a 12-month period of failure to provide program- related records referenced in 10A NCAC 43D.0708(24) when requested by WIC staff, except as provided in 10A NCAC 43D.0708(24) and 10A NCAC 43D.0710(a)(1) for failure or inability to provide records for an inventory audit.	180 days			
F.	Three occurrences (3) within a 12-month period of failure to provide the information referenced in 10A NCAC 43D.0708(25) when requested by WIC staff.	180 days			
G.	Three occurrences (3) within a 12-month period of failure to stock the minimum inventory specified in 10A NCAC 43D.0708(17).	180 days			
H.	Three occurrences (3) 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.	180 days			
Ι.	Three occurrences (3) 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).	90 days			
J.	Three occurrences (3) within a 12-month period of stocking WIC supplemental foods outside of the manufacturer's expiration date	90 days			
K.	Five occurrences (5) within a 12-month period of failure to submit a WIC Price List as required by 10A NCAC 43D.0708(26).	90 days			
L.	Three occurrences (3) within a 12-month period of failure to allow monitoring of a store by WIC staff.	90 days			
M.	Three occurrences (3) within a 12-month period of failure to mark the current shelf prices of all WIC supplemental foods on the foods or have the prices posted on the shelf or display case.	60 days			
N.	Five occurrences (5) within a 12-month period of requiring the purchase of a specific brand when more than one WIC supplemental food brand is available.	60 days			

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.

WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

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 Departme	nt 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

AUTHORIZED WIC VENDOR NUMBER	
	The undersigned represents the Local WIC Agency and has authority to contract for and on behalf of said Agency.
L The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.	Signature of Local WIC Agency Authorized Representative Date
	(Print) Name of Local WIC Agency Authorized Representative Title
Signature of Owner/Officer Date	
	Name of Local WIC Agency Local WIC Agency Number
(Print) Name of Owner/Officer Title	Mailing Address – Street, P.O. Box
Name of Vendor (Store)	City State Zip Code
Mailing Address – Street, P.O. Box	(Area Code) Telephone Number
City State Zip Code	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
(Area Code) Telephone Number	DIVISION OF CHILD AND FAMILY WELL-BEING COMMUNITY NUTRITION SERVICES SECTION 1914 Mail Service Center 5601 Six Forks Road Raleigh, N.C. 27699-1914
By initialing, I am verifying I have received and will comply with the Terms of Vendor Agreement for Free-standing Pharmacies.	The undersigned represents the State WIC Agency and has authority to contract for and on behalf of said Agency.
	Signature of State WIC Agency Director Date

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

This institution is an equal opportunity provider

INSTRUCTIONS FOR COMPLETION OF THE WIC VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES (DHHS 2768-P)

PURPOSE:

This Agreement authorizes free-standing pharmacy vendors to accept N.C. WIC food instruments in compliance with federal and state WIC Program laws, regulations, rules, and policies.

INSTRUCTIONS:

- 1. Form must be completed in blue or black ink (please print) or typed.
- 2. Do not use correction fluid/tape (all copies must look the same). Strike through errors with a single line, initial and date the error.
- 3. Only the current form, effective through September 30, 2027, will be accepted.

TOP OF AGREEMENT:

- The name of the store and store number (if part of a chain) must be printed on the first line. Do not use the corporate name of the business.
- The name (no abbreviations) of the Local WIC Agency must be printed on the second line.

VENDOR (LEFT) SECTION OF AGREEMENT:

- Provide the Vendor Number (leave blank if a new vendor) in box.
- Signature of owner and signature date are required.
- Printed name and title of owner are required.
- Name of store is required (name must be the same as name at top of form). Do not use the corporate name of the business.
- Only mailing address for store is required (including city, state, and zip code).
- Provide phone number, including the area code, for the store.
- The vendor owner/officer that signs the Agreement must also initial by the statement at the bottom of this section that they have received and will comply with the Terms of Vendor Agreement for Free-Standing Pharmacies.
- After completion of the left side of the Agreement, the Vendor retains the Pink copy. The Vendor must submit the White, Yellow, and Green copies to the Local WIC Agency.

LOCAL WIC AGENCY AUTHORIZATION (RIGHT TOP) SECTION OF AGREEMENT:

- Signature of Local WIC Agency authorized representative and the date signed are required.
- Printed name and title of Local WIC Agency authorized representative are required.
- Name of Local WIC Agency (name must be the same as name at top of form; no abbreviations) is required. Local WIC Agency program number is also required.
- Local WIC Agency mailing address is required (including city, state, and zip code).
- Provide Local WIC Agency phone number, including the area code.
- After completion of the Local WIC Agency Authorization Section and review of the other completed sections of the Agreement, the Local WIC Agency sends all copies (White, Yellow, and Green) to State WIC Agency.

STATE WIC AGENCY AUTHORIZATION (SHADED RIGHT BOTTOM) SECTION OF AGREEMENT:

- This section is for State use only. Do not write in this section.
- The State WIC Agency reviews the Agreement and completes the State WIC Agency authorization section. The White copy of Agreement is retained in the State office. The Green and Yellow copies of the Agreement are returned to the Local WIC Agency*.

*The Local WIC Agency retains Yellow copy of the fully completed Agreement and returns Green copy to the vendor.

TERMS OF VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES

Vendor keeps pages of the "Terms of Vendor Agreement for Free-Standing Pharmacies". Vendor must read, understand, and agree with the Terms. The statement on the Vendor Agreement for Free-Standing Pharmacies, indicating the Terms of Vendor Agreement for Free-Standing Pharmacies have been received, must be initialed by owner.

RETENTION AND DISPOSITION:

This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.

REORDER: (Use DHHS 2507)

Send to: Community Nutrition Services Section, 1914 Mail Service Center, 5601 Six Forks Road, Raleigh, NC 27699-1914 Courier 54-42-01

TERMS OF VENDOR AGREEMENT FOR FREE-STANDING PHARMACIES WITNESSETH:

This Agreement is pursuant to 10A N.C.A.C. Subchapter 43D

This Agreement does not constitute a license or a property interest.

Section I – Vendor

The Vendor agrees to:

- 1. Comply with the terms of this Agreement and State and federal WIC Program rules, regulations, policies and applicable law governing the Program, including any changes made during the Agreement period;
- 2. Provide only exempt infant formula and WIC-eligible nutritionals to WIC customers; For purposes of this Agreement, all references to supplemental food or WIC supplemental food means exempt infant formula and WIC-eligible nutritionals;
- 3. Be placed into one of the following peer groups in accordance with 7 CFR 246.12 and 10A N.C.A.C. 43D.0706. The State WIC Agency may reassess an authorized vendor's peer group designation at any time during the vendor's Agreement period and shall place the vendor in a different peer group if upon reassessment the State Agency determines that the vendor is no longer in the appropriate peer group; the following table provides a description of each vendor peer group.

		VENDOR F	PEER GROUPS
PEER GROUP NUMBER	STORE TYPE	LOCATION	DESCRIPTION
5	Pharmacy	Statewide	Free-standing pharmacy that sells a limited variety of foods
6	Convenience Store	Statewide	Retailer with a limited assortment of grocery items
7	Mass Merchandiser and Commissary	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	Independent Grocery	Urban	Retailer that primarily sells groceries with fewer than 11 store locations
9	Independent Grocery	Non-urban	Retailer that primarily sells groceries with fewer than 11 store locations
10	Regional Grocery Chain	Urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states
11	Regional Grocery Chain	Non-urban	Retailer that primarily sells groceries with at least 11 store locations and operates in 2 or more states

- 4. Comply with the vendor selection criteria throughout the Agreement period, and any changes in the criteria, including the following:
 - a. Operate the store at a single, fixed location within the State of North Carolina; The store shall be located at the address indicated on the WIC vendor application and shall be the site at which WIC supplemental foods are selected by the WIC customer;
 - b. Keep the store open throughout the year for business with the public at least six days a week for a minimum of forty (40) hours per week between 8:00 a.m. and 11:00 p.m.;

- c. Not use the acronym "WIC" or the WIC logo, including facsimiles thereof, in total or in part, in the official name in which the business is registered or in the name under which the store does business;
- d. Not use the WIC logo in advertising or promotional literature;
- e. Not apply stickers, tags, or labels having the WIC acronym or logo on North Carolina approved WIC supplemental foods;
- f. Not submit false, erroneous, or misleading information to the State or Local Agency;
- g. Not have any owner(s), officer(s), or manager(s) who are employed, or who have a spouse, child, or parent who is employed by the State WIC program or the local WIC program serving the county where the vendor conducts business; A vendor shall not have an employee who handles or transacts WIC food benefits who is employed, or who has a spouse, child, or parent who is employed by the State WIC program or the local WIC program serving the county where the vendor conducts business. Such situations present a conflict of interest;
- h. Not have any owner(s), officer(s), or manager(s) who in the last six years have 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;
- i. Excluding chain stores and stores under a WIC Corporate Agreement that have a separate manager on site for each store, not have an owner who holds a financial interest in any of the following:
 - (1) A SNAP vendor which is disqualified from participation in the SNAP or has been assessed a civil money penalty for hardship in lieu of disqualification and the time period during which the disqualification would have run, had a penalty not been paid, is continuing; or
 - (2) Another WIC vendor which is disqualified from participation in the WIC Program or which has been assessed a monetary or civil money penalty pursuant to G.S. 130A-22(c1), Paragraph (e) or Paragraph (f) of 10A N.C.A.C. 43D.0710 as the result of violation of Paragraphs (a) or (b) of 10A N.C.A.C. 43D.0710, and if assessed a penalty, the time during which the disqualification would have run, had a penalty not been assessed, is continuing;

The requirements of provision 3.j. of Section I. of this Agreement shall not be met by the transfer or conveyance of financial interest during the period of disqualification. Additionally, the requirements of provision 3.j. shall not be met even if such transfer or conveyance of financial interest in a SNAP vendor under 3.j.(1) prematurely ends the disqualification period applicable to that SNAP vendor. The requirements of provision 3.j. shall apply until the time the SNAP vendor disqualification otherwise would have expired;

- j. Purchase all infant formula, exempt infant formula and WIC-eligible nutritionals directly from State-approved sources and provide only such infant formula, exempt infant formula and WIC-eligible nutritionals to WIC customers; Maintain and make available to the state or local WIC agency invoices, receipts, copies of purchase orders, and any other proofs of purchase documenting such purchases; All purchase documentation must satisfy the requirements of 10A N.C.A.C. 43D.0708 (24)(a) through (24)(c);
- k. Mark the current shelf prices of all WIC supplemental foods clearly on the foods or have the prices posted on the shelf or display case at all times;
- I. Not operate as a predominantly WIC vendor as defined in 10A N.C.A.C. 43D.0202; and
- m. Not have an owner, officer or manager that currently has 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;

The State WIC Agency may reassess the vendor at any time during the Agreement period using the selection criteria in effect at the time of the reassessment and shall terminate the vendor Agreement if the vendor fails to comply with the vendor selection criteria, including the criteria in Section I.3.a. through o. of this Agreement;

- Not discriminate on the basis of WIC participation, such as failing to offer WIC customers the same courtesies offered to other customers, including the acceptance of store and manufacturer's coupons, or requiring separate WIC lines; The vendor shall comply with the nondiscrimination provisions of 7 CFR Parts 15, 15a, and 15b;
- 6. Require an owner, store manager or other authorized store representative to attend annual vendor training upon notification of the training by the local WIC agency;
- 7. Inform and train vendor's cashiers and other staff on WIC Program requirements; The vendor also agrees to be accountable for the actions of its owners, officers, managers, agents and employees who commit vendor violations;
- Submit a current accurately completed WIC Price List when applying for vendor authorization for the first time; the vendor also agrees to submit a WIC Price List within two (2) weeks of any written request by the State or local WIC agency;
- 9. Ensure that all supplemental foods in the store for purchase are within the manufacturer's expiration date;
- 10. Accept WIC Program food benefits in exchange for North Carolina approved WIC supplemental foods. Supplemental foods are those foods which satisfy the requirements of 10A N.C.A.C. 43D.0501. The North Carolina approved WIC supplemental foods criteria, specifications, and product identification are contained in the *North Carolina WIC Program Information on the Selection of Approved Foods* document, which is incorporated herein by reference with all subsequent amendments and editions;
- 11. Provide to the WIC customer only the approved supplemental foods, fruits, and vegetables contained in the authorized product list (APL) after it has been determined that the WIC customer has an available balance on the date of the transaction; the WIC customer is not required to get all of the supplemental foods available on their benefit balance;
- 12. Transmit the current shelf price of all WIC-approved supplemental foods purchased in the correct sizes, quantities, and the total dollar amount of all WIC-approved supplemental foods purchased in the EBT system; Not charge or collect sales tax for the supplemental food provided; Not charge or collect tax on coupons used in conjunction with WIC food benefits;
- 13. Charge no more for supplemental food provided to a WIC customer than to a non-WIC customer or no more than the current shelf price, whichever is less; Violation of this provision, whether intentional or unintentional, is defined as a vendor overcharge;
- 14. Permit the purchase of supplemental food without requiring other purchases;
- 15. Comply with the following Electronic Benefit Transfer (EBT) provisions:
 - a. Sign the WIC Vendor Agreement of the EBT Processor selected by the State WIC Program or a third-party processor that has been certified according to criteria established by the EBT Processor selected by the State WIC Program. Failure by a vendor to sign and retain a WIC Vendor Agreement with the State WIC Program's EBT Processor or a third-party processor that has been certified according to criteria established by the State WIC Program's EBT Processor will result in termination of the WIC Vendor Agreement. Vendors must notify the WIC Program within 24 hours of any periods of time during which they do not maintain an Agreement with the State WIC Program's EBT Processor or a third-party processor that has been certified according to criteria established by the State WIC Program's EBT Processor or a third-party processor that has
 - b. After the State WIC Agency has granted final approval of certification testing for the vendor's point-of-sale (POS) system and the vendor has been authorized to accept WIC, process EBT transactions accurately, in a timely manner and in accordance with the terms of this Agreement, the EBT Processor Vendor Agreement, the FNS EBT operating rules, standards and technical requirements, WIC Program Rules, and state and federal regulations, and statutes;
 - c. Maintain POS terminals used to support the WIC Program in accordance with the minimum lane provisions of 7 C.F.R. 246.12(z)(2);
 - d. Maintain a North Carolina EBT Processor certified in-store EBT system that is available for WIC redemption processing during all hours the store is open;
 - e. Request the North Carolina EBT Processor re-certify its in-store system if the vendor alters or revises the system in any manner that impacts the EBT redemption or claims processing system after initial certification is completed. The following applies:
 - (1) If the EBT system is reconfigured or modified by the vendor and/or other parties in such a way that the WIC in-store system no longer exhibits the required system

accuracy, integrity, or performance required and under which requirements the WIC in-store system was certified, the State will not accept a redemption;

- (2) The vendor is liable for the costs of all recertification events needed to return the EBT system for all outlets covered by this agreement to full compliance with the State Agency's system requirements. Failure to seek recertification when the vendor's system is altered/revised shall subject the vendor to the financial liabilities for all transactions processed.
- f. For vendors with integrated (multi-function) systems, obtain EBT card readers to support EBT transactions within their store(s). The vendor must ensure that the EBT card readers they obtain meet all EBT and North Carolina EBT Processor requirements. The vendor must:
 - (1) Purchase EBT card terminals that are capable of properly reading EBT card transactions;
 - (2) Ensure that the EBT terminal(s) will be supported by integrated software that is fully capable of supporting WIC in-line transactions. The vendor's point-of-sale system must meet state certification requirements, including interoperability and North Carolina EBT provider requirements, prior to being placed in operation to accept EBT transactions.
 - (3) Acknowledge that the performance of maintenance, cost of maintenance, and cost of future replacement of terminals is the vendor's sole responsibility;
- g. Require an owner, manager, or other authorized store representative to complete training approved by the State WIC Program on EBT procedures. The vendor must ensure that all cashiers and staff are fully trained on EBT requirements, including training in the acceptance and processing of WIC EBT transactions;
- h. Require the WIC customer to approve the WIC transaction. Vendor must ensure that the vendor owners, officers or the vendor's staff do not approve the WIC transaction for WIC customers under any circumstances;
- i. Release supplemental food to WIC customers when the EBT transaction has been completed to include an itemized receipt of transaction approval by the EBT processing system for all items purchased with EBT. The itemized receipt must:
 - (1) Clearly identify the items purchased and the individual price charged for each item listed:
 - (2) List the remaining benefit balance and the expiration date of the WIC supplemental foods available;
- j. 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 must not scan codes from UPC codebooks or reference sheets;
- Nonly transmit the current shelf price of all WIC-approved supplemental foods purchased in the correct sizes, quantities, and the total dollar amount of all WIC-approved supplemental foods purchased in the EBT system;
- I. Ensure the certified in-lane redemption process for EBT allows a reasonable degree of security for protecting the personal identification number (PIN) used by the WIC customer;
- m. Ensure that a PIN is used by the WIC customer to complete the EBT transaction in lieu of a signature; the WIC customer must enter the PIN to initiate the EBT transaction; the vendor must not enter the PIN for the WIC customer;
- n. Return any EBT card found on the vendor's property and unclaimed for 24 hours to the WIC Program. The vendor must not hold or use a WIC customer's EBT card and PIN for any purpose whatsoever;
- Connect the vendor's in-store system for each outlet covered by the WIC Vendor Agreement to the State's WIC EBT system at least once each 24-hours period to download reconciliation files and the North Carolina WIC authorized product list;
- p. Use self-checkout technology at cash registers only once the self-checkout system has been certified by the State WIC Agency.
- q. Not charge to the State agency:
 - (1) Any third-party commercial processing costs and fees incurred by the vendor from EBT multi-function equipment. Commercial transaction processing costs and fees

imposed by a third-party processor that the vendor elects to use to connect to the EBT system of the state shall be borne by the vendor;

- (2) Interchange fees related to EBT transactions;
- (3) Ongoing maintenance, processing fees or operational costs for vendor systems and equipment used to support EBT.
- 16. Not transact food benefits in whole or in part for cash, credit (including rainchecks), unauthorized foods, or non-food items;
- 17. Not provide refunds or permit exchanges for authorized supplemental foods obtained with food benefits, except for exchanges of an identical authorized supplemental food when the original authorized supplemental food is defective, spoiled, or has exceeded its "best if used by," "sell by" or other date limiting the sale or use of the food; An identical authorized supplemental food means the exact brand, type and size as the original authorized supplemental food obtained and returned by the WIC customer;
- 18. Not seek restitution from the WIC customer for reimbursement paid by the vendor to the State WIC Agency or for WIC food benefits not paid or partially paid by the State WIC Agency; Additionally, the vendor shall not charge the WIC customer for authorized supplemental foods obtained with food benefits;
- 19. Not contact a WIC customer outside the store regarding the transaction or redemption of WIC food benefits;
- 20. Notify the local WIC agency of misuse (attempted or actual) of WIC Program food benefits;
- 21. Allow monitoring and inspection by state and local WIC Agency staff of the store premises and procedures to ensure compliance with the Agreement and State and Federal WIC Program rules, regulations and applicable law; This includes providing access to all program-related records, vendor records pertinent to the purchase and sale of WIC supplemental foods, including invoices, receipts, copies of purchase orders, and any other proofs of purchase; Federal and State corporate and individual income tax and sales and use tax returns and all records pertinent to these returns; and books and records of all financial and business transactions. These records must be retained by the vendor for a period of three years or until any audit pertaining to these records is resolved, whichever is later. Notwithstanding any other provision of this Agreement and Rules .0707, .0708 and .0710 of 10A N.C.A.C. 43D, failure or inability to provide these records for an inventory audit or providing false records for an inventory audit shall be deemed a violation of 7 CFR 246.12(I)(1)(iii)(B) and Subparagraph (a)(1) of 10A N.C.A.C. 43D.0710. Invoices, receipts, purchase orders, and any other proofs of purchase orders, and any other proofs shall include:
 - a. The name of the seller and be prepared entirely by the seller without alteration by the vendor or on the seller's business letterhead;
 - b. The date of purchase and the date the authorized vendor received the WIC supplemental food at the store if different from the date of purchase; and
 - c. A description of each WIC supplemental food item purchased, including brand name, unit size, type or form, and quantity;
- 22. Reimburse the State WIC Agency in full or agree to a repayment schedule with the State WIC Agency within thirty (30) days of written notification of a claim assessed due to a vendor violation that affects payment to the vendor; Failure to reimburse the State WIC Agency in full or agree to a repayment schedule within thirty (30) days of written notification of a claim shall result in termination of the WIC Vendor Agreement. When the State WIC Agency determines the vendor has committed a vendor violation that affects payment to the vendor, the State WIC Agency will deny payment or assess a claim. The State WIC Agency has the authority to deny payment or assess a claim in the amount of the full purchase price of all food benefits affected by the vendor violation. Denial of payment by the State WIC Agency or payment of a claim by the vendor for a vendor violation(s) shall not absolve the vendor of the violation(s). The vendor shall also be subject to any vendor sanctions authorized under 10A N.C.A.C. 43D.0710 for the vendor violation(s);
- 23. Notify the local WIC agency in writing at least 30 days prior to a change of ownership, change in store location, cessation of operations, or withdrawal from the WIC Program;
- 24. Be monitored for compliance with Program requirements through routine monitoring, compliance buys, inventory audits and any other means the State WIC Agency deems necessary to determine compliance with Program requirements; and

25. The WIC Vendor Agreement does not constitute a license or a property interest; A vendor must reapply to continue to be authorized beyond the period of its current WIC Vendor Agreement. Additionally, a store must reapply to become authorized following the expiration of a disqualification period or termination of the Agreement. In all cases, the vendor applicant is subject to the vendor peer group criteria of 10A N.C.A.C. 43D.0706 and the vendor selection criteria of 10A N.C.A.C. 43D.0707.

Section II – Local WIC Agency

The Local WIC Agency agrees to:

- 1. Provide annual vendor training on WIC program requirements;
- 2. Conduct routine monitoring of the vendor's performance under this Agreement to ensure compliance with the Agreement and State and Federal WIC Program rules, regulations and applicable law; A minimum of one-third of all authorized vendors, excluding military commissaries, shall be monitored within a federal fiscal year (October 1 September 30) and all vendors shall be monitored at least once within three consecutive fiscal years. Any vendor shall be monitored within one (1) week of a written request by the State WIC Agency;
- 3. Provide vendors with the North Carolina WIC Vendor Manual, all Vendor Manual amendments, blank WIC Price Lists, and any other documents and materials required for the vendor's participation as an authorized WIC vendor;
- 4. Assist the vendor with questions regarding the vendor's participation in the WIC Program; and
- 5. Maintain records pertaining to this Agreement and vendor management activities in accordance with the NC Department of Health and Human Services Records Retention Schedule.

Section III – State WIC Agency

The State WIC Agency agrees to:

- 1. Make payment to the vendor for food benefits transacted at the vendor's store upon compliance by the vendor with the conditions contained in Section I of this Agreement and all WIC Program rules, regulations, policies and applicable law; Payment will not be made unless and until the conditions in Section I have been met. Notwithstanding the foregoing, if payment is made by the State WIC Agency and the conditions in Section I have not been satisfied, the State WIC Agency may assess a claim against the vendor. The vendor shall reimburse the State WIC Agency in full or agree to a repayment schedule within thirty (30) days of written notification of a claim. The State WIC Agency may offset a claim against current and subsequent amounts owed to a vendor if a vendor fails to pay a claim;
- 2. Provide annually a list of State-approved sources for the purchase of infant formula, exempt infant formula, and WIC-eligible nutritionals;
- 3. Provide the vendor written notification of an initial violation that requires a pattern of occurrences to impose a sanction, unless the State WIC Agency determines that notifying the vendor would compromise an investigation, as provided in 7 CFR 246.12(I)(3);
- 4. Determine if a vendor applicant has an EBT capable register system before authorizing the vendor to participate in the WIC Program;

Section IV -- Disqualification and Termination

- 1. The State WIC Agency shall disqualify a vendor in accordance with the Vendor Sanction System referenced in Section VII of this Agreement and 10A N.C.A.C. 43D.0710.
- 2. The State WIC Agency may not accept voluntary withdrawal of the vendor from the WIC Program or use nonrenewal of the Vendor Agreement as an alternative to disqualification.
- 3. If the State WIC Agency determines that disqualification of a vendor under the Federal Mandatory Vendor Sanctions for violations B. through I. and L. would result in inadequate participant access pursuant to 10A N.C.A.C. 43D.0710(e), the State WIC Agency will impose a civil money penalty ("CMP") in lieu of disqualification in accordance with 10A N.C.A.C. 43D.0710(f)(1). If the State WIC Agency determines that disqualification of a vendor under the State Vendor Sanctions for violations A. through N. would result in participant hardship pursuant to 10A N.C.A.C. 43D.0710(f)(3), the State WIC Agency may

impose a monetary penalty in lieu of disqualification in accordance with 10A N.C.A.C. 43D.0710(f)(2). If a vendor does not pay, only partially pays, or fails to timely pay a civil money penalty or monetary penalty assessed in lieu of disqualification, the vendor shall be disqualified for the length of the original disqualification.

- 4. A second Federal Mandatory Vendor Sanction for any of the violations in B. through I. shall be doubled. A third or subsequent Federal Mandatory Vendor Sanction for any of the violations in B. through I. and L. shall be doubled with no CMP option for inadequate participant access. State Vendor Sanctions for any of the violations in A. through N. detected during a single investigation shall be cumulative, provided that the total disgualification period may not exceed one year.
- 5. Disqualification from the WIC Program may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP.
- 6. A vendor applicant shall not become authorized as a WIC vendor if the store has been disqualified from participation in the WIC Program and the disqualification period has not expired.
- 7. A vendor applicant shall not become authorized as a WIC vendor if the store is currently disqualified from SNAP or the store has been assessed a SNAP civil money penalty for hardship and the disqualification period that otherwise would have been imposed has not expired.
- 8. A change in ownership, change in store location of more than three miles from the store's previous location, cessation of operations, withdrawal from the WIC Program or disqualification from the WIC Program shall result in termination of the WIC Vendor Agreement by the State WIC Agency. Change of ownership, change in store location, ceasing operations, withdrawal from the WIC Program, or nonrenewal of the WIC Vendor Agreement shall not stop a disqualification period applicable to the store.
- 9. Failure of an owner, store manager or other authorized store representative to attend annual vendor training by September 30 of each year shall result in termination of the WIC Vendor Agreement.
- 10. A vendor who commits fraud or abuse of the Program is liable to prosecution under applicable Federal, State, and local laws. Under 7 CFR 246.23, those who have embezzled, willfully misapplied, stolen, or fraudulently obtained program funds, or those who have knowingly received, concealed or retained such funds, shall be subject to a fine of not more than \$25,000 or imprisonment for not more than five years or both, if the value of the funds is \$100 or more. If the value is less than \$100, the penalties are a fine of not more than \$1,000 or imprisonment for not more than one year or both.
- 11. Either the State WIC Agency or the vendor may terminate this Agreement for cause after providing 30 days' advance written notice. This Agreement may be terminated by mutual agreement of both parties at any time. Neither the State WIC Agency nor the vendor has an obligation to renew the vendor Agreement.

Section V -- Appeal Procedures

The vendor appeal procedures shall be in accordance with Section .0800 of 10A N.C.A.C. 43D. The vendor may appeal the adverse actions listed in 7 CFR 246.18 (a)(1)(i) and (a)(1)(ii). However, the following actions are not subject to administrative review: the validity or appropriateness of the State WIC Agency's vendor limiting or selection criteria; the validity or appropriateness of the State WIC Agency's participant access criteria and the State WIC Agency's participant access determinations; the State WIC Agency's determination to exclude an infant formula manufacturer, wholesaler, distributor or retailer from the State WIC Agency's list of approved sources; the State WIC Agency's determination whether to provide written notification to a vendor when an investigation reveals an initial violation that requires a pattern of occurrences to impose a sanction; the expiration of a vendor's Agreement; disputes regarding food benefit payments and vendor claims, other than the opportunity to justify or correct as permitted by 7 CFR 246.12(k)(3); and the disqualification of a vendor as a result of disqualification from SNAP.

	VENDOR SANCTION SYSTEM FEDERAL MANDATORY VENDOR SANCTIONS					
	VIOLATIONS	DISQUALIFICATION PERIOD				
A.	A vendor criminally convicted of trafficking in food benefits or selling firearms, ammunition, explosives, or controlled substances (as defined in 21 USC 802) in exchange for food benefits. A vendor is not entitled to receive any compensation for revenues lost as a result of such violation.	Permanent				
B.	One occurrence (1) of buying or selling food instruments or cash-value vouchers for cash (trafficking) or one occurrence of selling firearms, ammunition, explosives, or controlled substances (as defined in 21 USC 802) in exchange for food benefits.	6 years				
C.	One occurrence (1) of the sale of alcohol or alcoholic beverages or tobacco products in exchange for food benefits.	3 years				
D.	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 a 60-day period. The six or more days do not have to be consecutive days within the 60-day period. Failure or inability to provide records or providing false records required under 10A NCAC 43D.0708(24) for an inventory audit shall be deemed a violation of 7 C.F.R.246.12(I)(1)(iii)(B) and 10A NCAC 43D.0710(a)(1).	3 years				
E.	Two occurrences of vendor overcharging within a 12-month period.	3 years				
F.	Two occurrences (2) within a 12-month period of receiving, transacting or redeeming food benefits outside of authorized channels, including the use of an unauthorized vendor or an unauthorized person.	3 years				
G.	Two occurrences (2) within a 12-month period of charging for supplemental food not received by the WIC customer.	3 years				
H.	Two occurrences (2) within a 12-month period of providing credit or non-food items, other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives, or controlled substances as defined in 21 USC 802, in exchange for food benefits.	3 years				
Ι.	Three occurrences (3) within a 12-month period of providing unauthorized food items in exchange for food benefits, including charging for supplemental foods provided in excess of those listed on the food benefit balance.	1 year				
J.	2nd sanction, excluding sanctions for trafficking convictions and SNAP disqualifications.	Double Sanctions				
K.	3rd sanction, excluding sanctions for trafficking convictions and SNAP disqualifications.	Double Sanctions and no CMP option				
L.	Disqualification from SNAP	Same length of time as the SNAP disqualification and may begin at a later date than the SNAP disqualification				

STATE VENDOR SANCTIONS					
	VIOLATIONS	DISQUALIFICATION PERIOD			
A.	Two occurrences (2) within a 12-month period of discrimination on the basis of WIC participation as referenced in 10A NCAC 43D.0708(31).	1 year			
B.	Three occurrences (3) 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 participant, scanning the UPC or PLU codes from UPC codebooks or reference sheets when completing a WIC participant's EBT transaction, not entering the correct quantity and item price or not providing the WIC participant with a receipt that shows the items purchased and the participant's remaining food benefit balance.	1 year			
C.	Three occurrences (3) within a 12-month period of requiring a cash purchase to transact WIC food benefits	1 year			
D.	Three occurrences (3) within a 12-month period of contacting a WIC customer in an attempt to recoup funds for food benefits or contacting a WIC customer outside the store regarding the transaction or redemption of WIC food benefits.	270 days			
E.	Three occurrences (3) within a 12-month period of failure to provide program- related records referenced in 10A NCAC 43D.0708(24) when requested by WIC staff, except as provided in 10A NCAC 43D.0708(24) and 10A NCAC 43D.0710(a)(1) for failure or inability to provide records for an inventory audit.	180 days			
F.	Three occurrences (3) within a 12-month period of failure to provide the information referenced in 10A NCAC 43D.0708(25) when requested by WIC staff.	180 days			
G.	Three occurrences (3) within a 12-month period of failure to stock the minimum inventory specified in 10A NCAC 43D.0708(17).	180 days			
H.	Three occurrences (3) 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.	180 days			
Ι.	Three occurrences (3) 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).	90 days			
J.	Three occurrences (3) within a 12-month period of stocking WIC supplemental foods outside of the manufacturer's expiration date	90 days			
K.	Five occurrences (5) within a 12-month period of failure to submit a WIC Price List as required by 10A NCAC 43D.0708(26).	90 days			
L.	Three occurrences (3) within a 12-month period of failure to allow monitoring of a store by WIC staff.	90 days			
M.	Three occurrences (3) within a 12-month period of failure to mark the current shelf prices of all WIC supplemental foods on the foods or have the prices posted on the shelf or display case.	60 days			
N.	Five occurrences (5) within a 12-month period of requiring the purchase of a specific brand when more than one WIC supplemental food brand is available.	60 days			

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.

North Carolina Department of Health and Human Services Division of Child and Family Well-Being Community Nutrition Services Section 1914 Mail Service Center Raleigh, NC 27699-1914

Local WIC Agency Name: _____

Vendor Number: _

Complete ALL sections - no blank spaces, no "N/A" (typewritten or print-blue or black ink). Sign & date form.

	le store #):				Phone No.: ()	
					`	/	
						Zip:	
	ber						
Business Hours:					AM / PM		1
Circle AM or PM)	Monday AM Tuesday AM Wednesday A	I / PM И / PM	AM / PM AM / PM	Friday	AM / PM AM / PM AM / PM	AM / PI	Л
otal number of reg	gisters in this store (inclu	uding U-Scan	ıs)Is	s your store eW	IC capable? 🛛 Y	es 🗆 No	
lumber of registers	s with scanning devices		Number of s	scanning device	es that identify WI	C-approved foods	
oint of Sale syster	m: 🗆 Integrated 🛛	Stand-beside	e device				
lame of supplier(s) of infant formula (see l	ist of authoriz	zed sources):				
tore Manager's (F	ull) Name: (Circle one:	Mr. Mrs. Ms	s.)				
					Middle		Last
-	er the primary contact fo			🗆 No			
no, provide prima	ry contact name and tel	ephone:	First	Midd	e Las	st	Phone #
oes the store hav	e internet access? □ Y	es ⊓ No Fi				-	
						Credit/Debit	% (must total 100%)
-	• Ownership Informatio			% 0	usii //		
Type of Ownership	: (check one) □ Individu		ership ⊓limi	ted Partnershir	Corporation		
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Routing: White Copy (State WIC Agency)

Vendor Information Update (DHHS 779) Form Instructions:

REMINDERS:

- Form must be typed or completed in ink (printed in black or blue ink). Do <u>not</u> use correction fluid/tape or write over errors.
- The Local WIC Agency name (<u>no abbreviations</u>) must be written on the appropriate line.
- The vendor's WIC vendor number must be written on the appropriate line.

Section I – Current Store Information / Store Management

- Provide store name (include store number), phone number, mailing address, and physical street address.
- SNAP Permit Number: Provide 7-digit Supplemental Nutrition Assistance Program (SNAP) permit number.
- Federal Tax ID #: Provide the business Federal tax identification number.
- Business Hours: Provide hours of operation, circling 'AM' or 'PM' for opening and closing times.
- Registers: Total number of all registers in the store, including U-Scans.
- Check 'Yes' or 'No' to indicate if store is eWIC capable.
- Registers with Scanning Devices: Total number of registers in which scanners are used to ring up items.
- Check "Integrated" or "Stand-beside device" to indicate the type of point-of-sale system used by the store.
- Scanning devices that identify WIC-approved foods: Number of scanning devices that identify WIC-approved foods.
- Supplier of Infant Formula: List all suppliers of infant formula (refer to NC Approved Supplier List).
- Store Manager's Name: Circle title of courtesy (Mr., Mrs., or Ms.). Type/print store manager's full name (first, middle, last). Do not use initials. If there is no middle name, write "NMN".
- Check 'Yes' or 'No' to indicate if store manager is the primary contact. If 'No', provide primary contact name & phone number.
- Internet Access: Check 'Yes' or 'No' to indicate whether the store has internet access.
- Email Address: Provide an email address for the store or owner.
- Percentage of total food sales: Provide percentage (%) of total food sales expected from WIC, SNAP, cash & credit/debit sales.

Section II – Store Ownership Information

- Type of Ownership: Check only one (1) type of ownership. If type of ownership is a limited partnership, corporation, or LLC, provide the name, mailing and physical addresses, and phone number of the limited partnership, corporation, or LLC.
- Document the Number of stores owned by this ownership and the Number (if any) Other WIC stores owned by this ownership.
- Only one (1) owner allowed per line. If more than 2 owners, use a separate sheet of paper to document additional owners.
- Store Owner:
 - Circle the appropriate title of courtesy (Mr., Mrs., or Ms.). Type or print store owner's full name (first, middle, last). Do not use initials. If there is no middle name, write "NMN". Provide title if officer.
 - Type or print the owner's residential address and telephone number.
 - List the percentage of business or shares owned.
 - List all other stores owned by the store owner and physical addresses. Use additional paper, if necessary (more than 1 store). List stores owned even if not WIC authorized stores
 - Repeat the above steps for each store owner, using Page 4a of the WIC Vendor Application (DHHS 3282) to document more than 2 store owners or officers.

Section III – Business Integrity

- Read and answer the question listed. If "yes" is checked, explain answer in space provided. An additional sheet of paper may be attached, if necessary.
- The store owner or officer must sign and date the form. If an officer signs the form, provide their title.

The Local WIC Agency retains a copy of the completed Update form and returns a copy of the completed Update form to the State WIC Agency.

RETENTION AND DISPOSITION:

This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.

REORDER: Community Nutrition Services Section, 1914 Mail Service Center, 5601 Six Forks Road, Raleigh, NC 27699-1914 Courier 54-42-01 (Use DHHS 2507)

Routing: White Copy (State WIC Agency)

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.

dor Number	Store Name					
e	Store Address					
) ne Number	City/State/Zip					
	-					
Milk	Price	Price	Price		Brown Rice	Pric
Туре	Gallon	1/2 Gal	Quart		14 -16 oz	
Whole	-	•	<u>·</u>			
Skim (fat free), 1%	· ·		· ·		Bread - 16 oz	Pric
Lactose Reduced/Free					Whole Grain / Whole Wheat	
UHT						·
Soy-Based Beverage					Tortillas - 16 oz	Pric
	-				Corn	
Juice	Price	Price	Price		Whole Wheat	
Brand/Flavor	11.5/12oz	48 oz	64 oz			
100% Orange			<u> </u>		Infant Cereal	Pric
Second Type	-				8 oz	
Evaporated	Price	1			Infant Meats	Pric
12 oz	11100	1			2.5 oz	
12 02	•	1			2.0 02	·
Eggs- Grade A, White - Large	Price	1			Infant Fruits	Pric
Dozen		1			4 oz Jar	
		1			2 pack (3.5 oz containers)	<u> </u>
Tofu	Price	1			2 pack (4 oz containers)	
14 -16 oz	1 1100	1				· ·
11 10 02	•	1			Infant Vegetables	Pric
Cheese	Price	1			4 oz Jar	
8 oz		1			2 pack (3.5 oz containers)	
16 oz.		1			2 pack (4 oz containers)	<u> </u>
	-	-				
Yogurt	Price	4				
32 oz (1 qt)	-	J			Beans, Peas, Lentils	Pric
		1			Dry - 16 oz Bag or Box	<u> </u>
Peanut Butter	Price	-			Canned - 15 - 16 oz	<u> </u>
16-18 oz - Plain, creamy, crunchy, chunky						
onanty	- -	J			Canned Fish 5-6 oz	Pric
Whole Wheat Macaroni]				
Products (Pasta)	Price				Tuna	
16 oz		J			Salmon	
				33.8 oz		
Infant For	mula		1	(4 pack of 8.45		
_			8 to 13 oz	oz)	11 to 14 oz	
Туре			concentrate	ready to feed	powder	
Similac® A	dvance®					

DHHS 2766 (Revised 10/2025) Community Nutrition Services (Review 10/2026)

Store Name

Cereals

Brand/Type	oz	Price	
General Mills			
Berry Berry Kix	12	-	
Cheerios	12	-	
Cheerios	18	-	
Cheerios	21	-	
Cheerios	36	-	
Corn Chex	12	-	
Corn Chex	18	-	
Honey Kix	12	-	
Kix	12	-	
Kix	18		
MultiGrain Cheerios	12		
MultiGrain Cheerios	18	-	
MultiGrain Cheerios	36	-	
Rice Chex	12	-	
Rice Chex	18	-	
Total Whole Grain	16	-	
Wheat Chex	14		
Wheat Chex	19	-	
Wheaties	15.6		
Post	<u>.</u>		
Grape-Nuts	20.5	-	
Grape-Nuts	29		
Grape-Nuts Flakes	18	-	
Great Grains Banana Nut Crunch	15.5	-	
Shredded Wheat Honey Nut	20		
Cream of Wheat			
Whole Grain 2 ½ Minute	18		

Vendor Number

Cereals

Brand/Type	oz	Price
Kellogg's		
All Bran-Complete Wheat Flakes	18	
Frosted Mini-Wheats	18	
Frosted Mini-Wheats	24	
Frosted Mini-Wheats	36	
Frosted Mini-Wheats Little Bites	15	
Frosted Mini-Wheats Touch of Fruit in the Middle: Raisin	15	
Frosted Mini-Wheats Touch of Fruit in the Middle: Raspberry	15	
Corn Flakes	18	
Corn Flakes	24	
Corn Flakes	36	
Rice Krispies	12	
Rice Krispies	18	
Special K Protein Honey Almond	16	
Special K Protein Original Multigrain	19	-
Malt-O-Meal		
Boxes		
Blueberry Mini Spooners	15	
Blueberry Mini Spooners	36	
Frosted Mini Spooners	15	-
Frosted Mini Spooners	36	
Strawberry Cream Mini Spooners	15	
Strawberry Cream Mini Spooners	36	
Bags		
Blueberry Mini Spooners	18	
Blueberry Mini Spooners	36	-
Frosted Mini Spooners	12	
Frosted Mini Spooners	13	· ·
Frosted Mini Spooners	15	<u> </u>
Frosted Mini Spooners	18	· ·
Frosted Mini Spooners	27	<u> </u>
Frosted Mini Spooners	36	
Strawberry Cream Mini Spooners	18	
Strawberry Cream Mini Spooners	36	

Instructions For Completing Form:

- 1 Vendor Number: Enter authorized WIC vendor number. New applicants leave this area blank.
- 2 Prices: Provide current, highest shelf prices for the WIC-approved foods. List prices only for foods currently stocked.

3 Return this form to the appropriate Local WIC Agency as directed.

I do hereby certify that the prices entered on the price list are the current, highest shelf prices on the date indicated below.

Printed Name of Authorized Representative	Date
Signature of Authorized Representative	Title

Failure to submit this price list within 30 days of the required submission date may result in a 90-day disqualification of the vendor from the WIC Program or new applicants may be denied WIC authorization.

DHHS 2766 (Revised 10/2025) Community Nutrition Services (Review 10/2026) 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 FOR FREE-STANDING PHARMACIES

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

Vendor Number

Store Name

Date

Store Address

City/State/Zip

() Phone Number

Product	Size	Туре	Price
Boost	8 oz	Ready to Feed	
Boost Kid Essentials 1.5	8.25 oz	Ready to Feed	
EleCare Infant DHA/ARA	14.1 oz	Powder	•
Enfamil EnfaCare	12.8 oz	Powder	
Gerber Extensive H.A.	14.1 oz	Powder	
Neocate Infant with DHA/ARA	14.1 oz	Powder	
Nutramigen	13 oz	Concentrate	
Nutramigen	32 oz	Ready to Feed	
Nutramigen with Enflora LGG	12.6 oz	Powder	
Pediasure	8 oz	Ready to Feed	
Pregestimil DHA ARA	16 oz	Powder	
Similac Alimentum	12.1 oz	Powder	
Similac Alimentum	32 oz	Ready to Feed	
Similac NeoSure	32 oz	Ready to Feed	
Similac NeoSure	13.1 oz	Powder	

Instructions For Completing Form:

- 1 Vendor Number: Enter authorized WIC vendor number. New applicants leave this area blank.
- 2 **Prices:** Provide current, **highest shelf prices** for the exempt infant formula and WIC-eligible nutritionals. List prices only for foods currently stocked or ordered withing the past 30 days.
- 3 Return this form to the appropriate Local WIC Agency as directed.

I do hereby certify that the prices entered on the price list are the current, highest shelf prices on the date indicated below.

Printed Name of Authorized Representative	Date
Signature of Authorized Representative	Title

WIC MINIMUM INVENTORY REQUIREMENTS Effective October 1, 2025

Food Item	Type of Inventory	Quantity
Milk	Whole fluid: gallon	2 gallons
	Skim/lowfat fluid: gallon	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: 48 ounce container 64 ounce container	4 containers 4 containers
Dried Peas & Beans	1 pound package	2 packages
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	1 pound package	2 packages
Bread/Tortillas	16-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 dried peas & beans category)	14 to 16 ounce can: 2 varieties	10 cans

WIC VENDOR MONITORING REPORT

WIC Program Name (no abbre	viations):	WIC Vendor N	ame & Store #:			
Vendor Number:	Date of Visit:	Current	Store Manager's Name:			
I. PHARMACY SERVICES (wh (Free-standing pharmacies co Vendor agrees to supply exer Agency.	mplete page one only) mpt formula within 24 to 48 hours of requ		 VII. MONITORING VISIT FINDING A. No deficiencies found I verify that this store was monitored discussed by both representatives signatures 	S Complete Section A O	R B	n
II. INFANT FORMULA SOUR	CE(S) (View sample of receipts for last	t quarter)	Authorized Vendor Representative	/	Date	
□ Approved source (supplied)	er) \Box Not approved source (supplier)			1	1	
\Box Vendor unable to produc	e infant formula receipts Explain:		WIC Monitor	Title	Date	
authorized representative exceeds the value of the o Procedure for reporting p IV. eWIC EQUIPMENT (See Ensure that equipment us Number of eWIC POS term Meets minimum lane	VIC transactions lit tender transactions (procedures that all or proxy to pay the difference when a fre cash-value benefit) roblem participants and eWIC transaction criteria listed on back of this page) sed to transact eWIC is accessible to the V inals: coverage criteria	uit or vegetable purchase	B. Deficiencies found I, the Authorized Vendor/Representat date and that the WIC Monitor discus signing. I understand that the WIC M compliance with certain WIC Program regarding compliance with those requ finding of noncompliance during re-m the WIC Program. The following is m	sed the findings in this re fonitor determined that th n requirements; that this nirements, that this store v nonitoring could result in	port with me prior to my is store is not in report serves as a warning vill be re-monitored and th this store being disqualifi	g hat a
Does not meet minim	um lane coverage criteria JTHORIZED FOODS (See page 2)		Authorized Vendor Representative	Title	Date	
 ¹ Refer to your current NC W WIC-approved foods. VI. QUALITY OF SERVICE (To be completed after Section V, page 2) WIC customers to buy non-WIC food iter		I, the WIC Monitor, verify that I moni compliance with certain WIC Program the Authorized Vendor/Representative report.	n requirements specified i	n this report; and explained	ed to this
2. Are the WIC customers a	allowed the same courtesies as non-WIC of	customers?	WIC Monitor	Title	Date	
☐ Yes ☐ No 3. Problems/complaints/cor			Contact Phone # ()			
	training. Yes No		Contact E-mail:			222 1 of

Redemption Threshold Terminal Guide:

Superstores and Supermarkets				
# Of Terminals	Monthly Redemption Threshold			
1	\$0 - \$11,000			
2	\$11,001 - \$22,000			
3	\$22,001 - \$33,000			
4	\$33,001 and above			

All Other Vendors

# Of Terminals	Monthly Redemption Threshold
1	\$0 - \$8,000
2	\$8,001 - \$16,000
3	\$16,001 - \$24,000
4	\$24,001 & above

Purpose:	To record findings on required on-site store visit to N.C. authorized vendors or to those vendor applicants requesting WIC-authorization.
Preparation:	To be completed by Local WIC Agency staff as instructed in the WIC Program Manual, Chapter 11, Section 5.
Distribution:	After signature of both WIC vendor and Local WIC Agency staff representative, the pink copy is given to the vendor. The yellow and white copies are returned to the Local WIC Agency. The white copy is forwarded to the State WIC Agency.
Retention and Disposition:	This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.
Reorder:	This form may be obtained from:
	Community Nutrition Services Section 1914 Mail Service Center 5601 Six Forks Road Raleigh, NC 27699-1914 Courier 54-42-01 (Use DHHS 2507)

WIC Vendor Name and Store#: ______ Vendor Number: ______

V. INVENTORY OF WIC APPROVED FOODS

				Current Sh	nelf Price	Characteria	Valid	Expired Foods:
Required Food Item, Size and Quantity ¹		Type(s) ¹	Quantity in Stock	Price of Mark Product Yes/N		Quantity	Expiration Dates Yes/No/C	Size, Type, Quantity and Expiration Dates and any Additional Comments
Fruits Variety 1	10 cans total combined	14 to 16 ounce can without added sugar, fats, oils, or salt Type:		•				
Fruits Variety 2	- combined	14 to 16 ounce can without added sugar, fats, oils, or salt Type:		•				
Vegetables Variety 1 (Excludes foods in Dried Peas and Beans category)	10 cans total	14 to 16 ounce can without added sugar, fats, or oils Type:		•				
Vegetables Variety 2 (Excludes foods in Dried Peas and Beans category)	combined	14 to 16 ounce can without added sugar, fats, or oils Type:		•				
Rice	2 packages	14 to 16-ounce package		•				
Bread/Tortillas	2 loaves <u>or</u> 2 packages <u>OR</u> 1 loaf <u>and</u> 1 package	16-oz. loaf of bread or 16-oz. package of tortillas		•				
Fluid Milk - Whole	2 gallons	Whole fluid: gallon		•				
Fluid Milk - Skim/Lowfat	6 gallons	Skim/Lowfat fluid: gallon		•				
Cheese	2 packages	1-pound package		•				
Eggs	2 dozen	Grade A Large - White		•				
Dried Peas and Beans	2 packages	1-pound package		•				
Peanut Butter	2 containers	16 to 18-ounce container		•				
Juice 48-oz.	4 containers	Single strength, 48-ounce container		•				
Tuna	6 cans	5 to 6-ounce can		•				
Infant Fruits and	64 ounces total	3.5 or 4-ounce container Type Fruit:	OZ.	•				
Vegetables	combined	3.5 or 4-ounce container Type Vegetable:	oz.	•				
Caraala	6 packages total	Min. size: 12-oz. (refer to UPC listing) Whole Grain Only Type 1:		•				
Cereals combined		Min. size: 12-oz. (refer to UPC listing) Whole Grain Only Type 2:		•				
Infant Cereal	6 boxes	8-ounce box		•				
Juice 64-oz.	4 containers	Single strength, 64-ounce container		•				
Infant Formula	8 cans	Similac® Advance®, Powder, 11.0 to 14.0-ounces		•				
Infant Formula	4 cans	Similac® Soy Isomil®, Powder, 11.0 to 14.0-ounces		•				

¹Refer to your current NC WIC Vendor Transaction Guide for a listing of N.C. WIC-approved foods.

Purpose:	To record findings on required on-site store visit to N.C. authorized vendors or to those vendor applicants requesting WIC-authorization.
Preparation:	To be completed by Local WIC Agency staff as instructed in the WIC Program Manual, Chapter 11, Section 5.
Distribution:	After signature of both WIC vendor and Local WIC Agency staff representative, the pink copy is given to the vendor. The yellow and white copies are returned to the Local WIC Agency. The white copy is forwarded to the State WIC Agency.
Retention and Disposition:	This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.
Reorder:	This form may be obtained from:
	Community Nutrition Services Section 1914 Mail Service Center 5601 Six Forks Road Raleigh, NC 27699-1914 Courier 54-42-01 (Use DHHS 2507)

INSTRUCTIONS FOR COMPLETION OF DHHS 2925 WIC VENDOR MONITORING REPORT

- This report must be used whenever a WIC monitor visits a vendor for the purposes of **pre-authorization** and **routine** monitoring.
- The report must be completed in black or blue ink.
- Problems identified during a monitoring visit must be documented and discussed with the vendor representative.
- The vendor's plan and time frame to correct deficiencies must be documented by vendor in Section VII-B.
- The WIC monitor should mail reports to the Community Nutrition Services Section within two (2) business days.
 - (DO NOT hold reports until you have made other visits.)
- The WIC monitor must revisit the vendor within 21 days if deficiencies are found.
- This form must be filled out completely at all **follow-up** monitoring visits.
- The current form for each Federal Fiscal Year must be used or the agency must remonitor the vendor.

Instructions

Enter the required information as follows:

- 1. Mark the appropriate box at the top of form Pre-Authorization, Routine, Follow-up, or Special Request. (If new vendor applicant requires a second monitoring, then "Second Pre-Authorization" should be marked on the second visit.)
- 2. Name of the WIC Program (no abbreviations).
- 3. Name of the Store and Store Number.
- 4. WIC vendor number.
- 5. Current day's date. (Date of Visit)
- 6. Current Store Manager's full name (first, middle, last).

PAGE 1

Section I. Pharmacy Services

• When monitoring a free-standing pharmacy, discuss with the pharmacy representative the procedures for requesting special formula. Mark "Yes" or "No" indicating whether the pharmacy agrees to supply special formula within 24 to 48 hours of request from local agency.

When monitoring a pharmacy within a retail grocery store, you will also need to discuss with the pharmacy representative these policies. Mark "Yes", "No" indicating whether the pharmacy agrees to supply special formula within 24 to 48 hours of request from local agency or "Not Applicable" if the store does not have a pharmacy. Then proceed with monitoring the WIC authorized foods in the store.

Section II. Infant Formula Suppliers

Ask the vendor for any invoices showing the supplier they used for purchasing infant formula in the
past quarter. Document if the supplier is "Approved supplier", "Not approved supplier" or "Vendor
unable to produce infant formula receipts". If vendor is unable to produce receipts at time of
monitoring document on report. If no other deficiencies hold the report in your office for up to 14 days
until vendor can supply receipts for infant formula supplier. If vendor has other deficiencies, mail
report to state WIC agency within 2 business days and recheck for formula receipts upon follow up
monitoring within 21 days— if vendor is still unable to produce formula receipts document on the
monitoring report with current date and mail to the state WIC agency.

Section III. Vendor Procedures

• Review the vendor's procedure for eWIC transactions, split tender transactions and reporting problem participants.

Section IV. <u>eWIC Equipment</u>

- Ensure equipment used to transact eWIC is accessible to the WIC customer.
- Check the appropriate box indicating if the Number of eWIC POS terminals meet the minimum lane coverage criteria. (see the back of page 1 of the WIC Vendor Monitoring Report)
- Check blocks to show questions were asked; otherwise, we will determine that the questions were not asked and send the report back to the local agency for a response or remonitoring.

Section V. Inventory of WIC Approved Foods

- This section should not be completed for free-standing pharmacies.
- Make an entry in every empty block in the "Type, Quantity in Stock, Current Shelf Price Marked, Shortage (if applicable) and Valid Expiration Dates" columns.
- In the "Type, Quantity in Stock, Current Shelf Price Marked and Valid Expiration Dates" columns enter "0" or "— "if the vendor does not have that particular item in stock. **Do not leave empty spaces in these columns.** Do not use "N/A" in any of these blocks.
- If the expiration dates are coded, document "C" in the "Valid Expiration Dates" column. Explain if "Yes," "No," and "C" is not appropriate for the "Valid Expiration Dates" column.
- If the vendor stocks a quantity above minimum inventory levels, please indicate this by recording the **required number** followed by a plus ("+") sign (e.g., if the vendor stocks more than 2 dozen eggs, you may indicate this by recording, "2+" in the appropriate block.)
- Document the insufficient inventory in the shortage block. Do not write anything in the shortage column if inventory is sufficient.
- If all items in stock are expired, place a "— "in the following columns: "Quantity in Stock", "Current Shelf Price Marked" and "Valid Expiration Dates" then document the expired items in the "Expired Foods" column
- When citing for expired foods, all 4 components must be documented in the "Expired Foods" column: (1) quantity, (2) size, (3) type and (4) date of expiration. For example: 2, gallons', whole milk, expired 3/2/2024.
- Do not include out-of-date and non-eligible items when calculating levels of inventory available for purchase.

PAGE 2 Enter the store name, the WIC vendor number and the date on the top of page 2.

1. Fruit

Requirement: 2 types and 10 cans

"Required Food Item, Size and Quantity" columns: Fruit, 10 cans total combined.

"Type" column: 2 varieties, 14 to 16 ounces can without added sugar, fats, oils or salt.

Document brand and type of fruit (pears, peaches, etc.) in stock.

- "Quantity in Stock" column: Enter the number of cans the vendor has in stock. The vendor must stock at least 10 cans of fruit and 2 types. Pear halves and pear slices are **not** two different types of fruit. They are the same type of fruit packaged differently. Pears and peaches **are** two different types of fruit. If a third type is needed to complete the amount required, document the variety, quantity and "yes" for current shelf price marked and valid exp. dates in the "Additional Comments" column.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient variety and amount of fruit, document the shortage and type in the shortage block. You might write: **"1 & 1 type".**

- "Valid Expiration Dates" column: If all cans of fruit have valid expiration dates, "yes" should be documented in the block. If there are any expired cans in stock, "no" should be documented in the block. (Example: If vendor has 4 cans of a particular type of fruit on the shelf and one is expired, only 3 cans would be counted in the "Quantity in Stock" column block and "No" should be documented in the "Valid Expiration Dates" column block.) If all items in stock are expired a "—" should be documented in the block.
 - quantity, size, type, and expired date for each item must be documented in the block.

2. Vegetables

Requirement: 2 types and 10 cans

"Required Food Item, Size and Quantity" columns: Vegetable, 10 cans total combined. *"Type"* column: 2 varieties, 14 to 16 ounces can without added sugar, fats or oils. Document brand and type of vegetables in stock. (Note: Legumes are not a vegetable)

- "Quantity in Stock" column: Enter the number of cans the vendor has in stock. The vendor must stock at least 10 cans of vegetables and 2 types. If a third type is needed to complete the amount required, document the variety, quantity and "yes" for current shelf price marked and valid exp. dates in the "Additional Comments" column.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient variety and amount of vegetables, document the shortage and type in the shortage block. You might write: **"1 & 1 type"**.
- "Valid Expiration Dates" column: If all vegetable cans have valid expiration dates, "yes" should be documented in the block. If there are any expired cans in stock, "no" should be documented in the block. (Example: If vendor has 4 cans of a particular type of fruit on the shelf and one is expired, only 3 cans would be counted in the "Quantity in Stock" column block and "No" should be documented in the "Valid Expiration Dates" column block.) If all items in stock are expired a "—" should be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found, the quantity, size, type, and expired date for each item must be documented in the block.

3. <u>Rice</u>

Requirement: 2 packages

"Required Food Item, Size and Quantity" columns: Rice, 2 packages

"Type" column: Brown Rice

- *"Quantity in Stock"* column: Enter the number of 14 to 16 oz. packages, the vendor has in stock. The vendor must stock at least 2 packages.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of Rice, document in the shortage block. You might write: **"1".**
- "Valid Expiration Dates" column: If all packages of Rice have valid expiration dates, "yes" should be documented in the block. If there are **any** expired packages in stock, "**no**" should be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found the quantity, size, type, and expired date for each item must be documented in the block.

4. Bread/Tortillas Requirement: 2 loaves and/or packages

"Required Food Item, Size and Quantity" columns: Bread or Tortillas

"Type" column: 16-ounce loaf of Bread and/or package of Tortillas

"Quantity in Stock" column: Enter the number of 16 oz. loaves and/or packages, the vendor has in stock. The vendor must stock at least 2 loaves and/or packages, this can be a combination of the two.

- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of Bread or Tortillas, document in the shortage block. You might write: **"1".**
- "Valid Expiration Dates" column: If all packages of Bread or Tortillas have valid expiration dates, "yes" should be documented in the block. If there are **any** expired packages in stock,

"no" should be documented in the block.

"Expired Foods, Dates and Additional Comments" column: If expired foods are found the quantity, size, type, and expired date for each item must be documented in the block.

5. Fluid Milk

Requirement: 2 gallons Whole <u>and</u> 6 gallons Skim/Lowfat

"Required Food Item, Size and Quantity" columns: Milk: Whole, 2 gallons and Skim/ Low Fat, 6 gallons

"Type" column: Whole fluid, gallon

- "Quantity in Stock" column: Number for both whole and skim/lowfat milk
 - The vendor must stock both whole and skim/lowfat milk in gallon sizes. The total amount available for purchase must equal a minimum of 2 gallons whole and 6 gallons skim/lowfat.
- *"Current Shelf Price Marked"* column: Verify that the current shelf price is marked on the item, product case or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of milk available, document in the shortage block. You might write: **"2"**
- "Valid Expiration Dates" column: If all the containers of milk have valid expiration dates, "yes" should be documented in the block. If there are **any** expired containers in stock, "**no**" should be documented in the block. If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found, the quantity, size, type, and expired date for each item must be documented in the block.
- 6. Cheese

Requirement: 1 type, 16-ounce size, 2 pounds

"Required Food Item, Size and Quantity" columns: Cheese: 2 pounds

- *"Type"* column: 1-pound package of WIC-approved cheese. The vendor is required to stock a minimum of one type of cheese (cheddar, swiss, mozzarella, etc.)
- "Quantity in Stock" column: The vendor must have a total of at least 2 pounds available for purchase.
- *"Current Shelf Price Marked"* column: Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of cheese, document in the shortage block. You might write: **"1**"
- "Valid Expiration Dates" column: If all packages of cheese have valid expiration dates, "yes" should be documented in the block. If there are **any** expired packages of cheese in stock, "**no**" should be documented in the block. If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found, the quantity, size, type, and expired date for each item must be documented in the block.
- 7. <u>Eggs</u> Requirement: 2 dozen

"Required Food Item, Size and Quantity" columns: Eggs: 2 dozen *"Type" column:* Grade A Large
- "Quantity in Stock" column: Enter the number of dozen eggs. The vendor must have available for purchase a minimum of 2 dozen eggs.
- *"Current Shelf Price Marked"* column: Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of eggs, document in the shortage block. You might write: **"1"**
- "Valid Expiration Dates" column: If all eggs have valid expiration dates, "yes" should be documented in the block. If there are **any** expired eggs in stock, "**no**" should be documented in the block. If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found, the quantity, size, type, and expired date for each item must be documented in the block.

8. **<u>Dried Beans/Peas</u>** Requirement: 2 – 1-pound packages

"Required Food Item, Size and Quantity" columns: Dried peas and beans, 2 packages

- *"Type"* column: One-pound package. The dried beans/peas may be packaged in plastic, cardboard or paper bags.
- "Quantity in Stock" column: Enter the number of packages of dried beans and/or peas. The vendor must stock at least 2 packages of dried beans or peas.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient number of dried beans/peas, document in the shortage block. You might write: **"1"**.
- *"Valid Expiration Dates"* column: If all dried beans/peas have valid expiration dates, "yes" should be documented in the block. If there are **any** expired packages of dried beans/peas
 - in stock, "**no**" should be documented in the block. If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found, the quantity, size, type, and expired date for each item must be documented in the block.

9. <u>Peanut Butter</u> Requirement: 2 containers

- "Required Food Item, Size and Quantity" columns: Peanut butter, 2 containers
- "Type" column: 16 to 18-ounce container
- *"Quantity in Stock"* column: Enter the number of peanut butter containers in stock. The vendor must have a minimum of 2 containers available for purchase.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of peanut butter, document in the shortage block. You might write: **"1"**.
- "Valid Expiration Dates" column: If all peanut butter containers have valid expiration dates, "yes" should be documented in the block. If there are **any** expired containers of peanut butter in stock, "**no**" should be documented in the block. If **all** items in stock are expired, a "— " **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found the quantity, size, type, and expired date for each item must be documented in the block.
- 10. <u>Juice</u>

Requirement: Single Strength 4 containers 48 ounces

"Required Food Item, Size and Quantity" columns: Juice, 4 containers *"Type"* column: Single strength, 48-ounce containers

- "Quantity in Stock" column: Enter the number of juices the vendor has in stock. The vendor must stock at least 4 containers of juice in 48 oz. containers.
- *"Current Shelf Price Marked"* column: Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of juice, document in the shortage block. You might write: **"1**"
- *"Valid Expiration Dates"* column: If all juices have valid expiration dates, "yes" should be documented in the block. If there are **any** expired containers of juice in stock, **"no"** should be documented in the block. If **all** items in stock are expired a **"—" should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found, the quantity, size, type, and expired date for each item must be documented in the block.

11. <u>Tuna</u> Requirement: 6 cans

"Required Food Item, Size and Quantity" columns: Tuna, 5 to 6-ounce cans *"Type"* column: Chunk Light Water- Packed

- *"Quantity in Stock"* column: Enter the number of 5 to 6 oz. cans the vendor has in stock. The vendor must stock at least 6 cans of chunk light tuna.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of tuna, document in the shortage block. You *might* write: **"1".**
- "Valid Expiration Dates" column: If all cans of tuna have valid expiration dates, "yes" should be documented in the block. If there are **any** expired cans in stock, "**no**" should be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found the quantity, size, type, and expired date for each item must be documented in the block.

12. Infant Fruits & Vegetables Requirement: 1 type fruit, 1 type vegetable and 64-ounces

- *"Required Food Item, Size and Quantity"* columns: Infant fruits & vegetables, 64-ounces total combined
- *"Type"* column: 2 types, 64 ounces Document brand and type of infant fruit (pears, peaches, etc.) and type of vegetables (carrots, peas, etc.) in stock.
- "Quantity in Stock" column: The vendor must have available for purchase a minimum of 64 ounces in 2 types of infant fruits and vegetables. Enter the number of <u>ounces</u> of each type the vendor has in stock. If a third type is needed to complete the amount required, document the variety, quantity and "yes" for current shelf price marked and valid exp. dates in the "Additional Comments" column.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient variety and amount of fruit or vegetables, document the shortage and type in the shortage block. You might write: "1 & 1 type".

"Valid Expiration Dates" column: If all cans of infant fruit or infant vegetables have valid expiration dates "yes" should be documented in the block. If there are any expired cans in

stock, "no" should be documented in the block. (Example: If vendor has 4 cans of an infant fruit or infant vegetable on the shelf and one is expired, only 3 cans would be counted in the "Quantity in Stock" column block and "No" should be documented in the "Valid Expiration Dates" column block.) If all items in stock are expired a "—" should be documented in the block.

"Expired Foods, Dates and Additional Comments" column: If expired foods are found the quantity, size, type, and expired date for each item must be documented in the block.

"Required Food Item, Size and Quantity" columns: 6 packages, total combined

- *"Type"* column: 2 types, Minimum size: 12-ounce Whole Grain Only. Enter the brand, type (flavor, if applicable) of WIC approved cereals. The vendor must stock at least 2 types of cereal.
- *"Quantity in Stock"* column: The vendor must have available for purchase a minimum of 6 packages total. If a third type is needed to complete the amount required, document the variety, quantity and "yes" for current shelf price marked and valid exp. dates in the *"Additional Comments"* column.
- *"Current Shelf Price Marked"* column: Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of cereal, document in the shortage block. You might write: **"1 & 1 type"**
- "Valid Expiration Dates" column: If all packages of cereal have valid expiration dates, "yes" should be documented in the block. If there are **any** expired packages of cereal in stock, "**no**" should be documented in the block. (**Example:** If vendor has 4 boxes of a particular type of cereal on the shelf and one is expired, only 3 boxes would be counted in the "Quantity in Stock" column block and "**No**" should be documented in the "**Valid Expiration Dates**" column block.) If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found the quantity, size, type, and expired date for each item must be documented in the block.

14. Infant Cereal Requirement: 6 boxes

"Required Food Item, Size and Quantity" columns: Infant cereal, 6 boxes

"Type" column: 8-ounce box.

- *"Quantity in Stock"* column: Enter the number of boxes of infant cereal in stock. The vendor must stock a minimum of 6 boxes. **No cereal with fruit.**
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of infant cereal, document in the shortage block. You might write: **"2"**
- "Valid Expiration Dates" column: If the infant cereals have a valid expiration date, "yes" should be documented in the block. If there are **any** expired infant cereal in stock, "**no**" should be documented in the expired foods block. If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found the quantity, size, type, and expired date for each item must be documented in the block.

15. <u>Juice</u>

Requirement: Single Strength 4 containers 64 ounces

"Required Food Item, Size and Quantity" columns: Juice, 4 containers

"Type" column: Single strength, 64-ounce containers

- *"Quantity in Stock"* column: Enter the number of juices the vendor has in stock. The vendor must stock at least 4 containers of juice in 64 oz. containers.
- *"Current Shelf Price Marked"* column: Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of juice, document in the shortage block. You might write: **"1"**

- "Valid Expiration Dates" column: If all juices have valid expiration dates, "yes" should be documented in the block. If there are **any** expired containers of juice in stock, "**no**" should be documented in the block. If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired foods are found, the quantity, size, type, and expired date for each item must be documented in the block.

16. Infant Formula Requirement: Milk-Based contract formula: 8 cans powder Soy-Based contract formula: 4 cans powder

"Required Food Item, Size and Quantity" columns: Infant formula: 8 cans and 4 cans.

- *"Type"* column: Milk-Based contract powder, 11 to 14 ounces, Soy-Based contract powder, 11 to 14 ounces. The types of formula listed correspond respectively to the number of cans listed in the *Required Food Item and Quantity* columns.
- "Quantity in Stock" column: Enter the number of iron-fortified, 11 oz. to 14 oz. powdered infant formula available for purchase. The vendor must stock at least 8 cans of Milkbased contract powder and 4 cans of Soy-based contract powder. Do not count concentrate or ready to feed formula.
- *"Current Shelf Price Marked" column:* Verify that the current shelf price is marked on the item, product case, or posted on the shelf. Indicate this with a "Yes or No" on the form and document the shelf price.
- *"Shortage"* column: If there is an insufficient amount of infant formula, document in the shortage block. You should write the number of cans short by the item. You might right: **"2"**
- "Valid Expiration Dates" column: If the infant formula has a valid expiration date, "yes" should be documented in the block. If there are **any** expired cans in stock, "**no**" should be documented in the block. If **all** items in stock are expired a "—" **should** be documented in the block.
- *"Expired Foods, Dates and Additional Comments"* column: If expired formula is found, the quantity, size, type, and expired date for each item must be documented in the block.

Back to page 1.

Section VI. Quality of Services (This section should be completed after Section V. is completed)

1. Ask the vendor the questions listed in this section and mark applicable response. "Not known" responses apply to pre-authorization monitoring. The question regarding WIC customer courtesies refers to the treatment of the WIC participant. For example, whether the vendor offers the same privileges such as discount coupons, 2 for 1 special, etc to WIC customers as they do non-WIC customers. If you have received any complaints on this vendor regarding non-WIC items to be purchased with WIC food benefits or how the vendor treats WIC participants, be sure to discuss this with the vendor. Let the vendor take this opportunity to express any comments or complaints about the program and document. Discuss with the vendor the need for additional staff training and check appropriate box. If "yes" is checked, document the date of scheduled training.

Section VII. Monitoring Visit Findings (Complete Section A or B)

IF THERE ARE NO PROGRAM VIOLATIONS:

Ask the vendor to sign his or her name, provide title and date under **Section VII. A.**, signifying the store has been monitored and the report has been discussed. Please sign your name and title and date (must match Date of Visit).

IF THERE ARE PROGRAM VIOLATIONS:

The vendor must write his or her **plan and time frame to correct deficiencies** before signing his or her name, title and date in **Section VII. B**. (**This section is not to just repeat what was documented in section V**) If the vendor is unable to write, the WIC Monitor may write **the plan and time frame** for the vendor. The Vendor must sign his or her name and title, then date. The WIC Monitor must sign his or her name, document their title, must write in their phone number and email address.

The WIC monitor should discuss any deficiencies found during the visit and give the vendor the Pink copy of the signed report. The Local Agency retains the Yellow copy. The White copy of the report should be emailed to the State WIC Office within two business days. Following a review of the report, the State WIC Office may assess violations to the vendor.

North Carolina Approved Sources (Suppliers) of Infant Formula, Exempt Infant Formula, and WIC-Eligible Nutritionals *Effective October 2025*

List with addresses available online at www.ncdhhs.gov/wicvendorsconnection

MANUFACTURERS

Abbott Nutrition Cambrooke Mead Johnson Nutritionals Nestle, Infant Nutrition Nutricia North America Vitaflo

RETAILERS

CVS Pharmacies Food Lion Harris Teeter Hometown Proud IGA Ingles Lowes Foods Publix Super Markets Inc. Target Walgreen Co. Walmart / Sam's Club Wegman's

WHOLESALERS

Adams Wholesale (AWC Distributions) AmerisourceBergen Associated Wholesale Grocers Inc., C & S Food C & S Wholesale Cardinal Health Fred's Food Club (AWC Distributions) H. T. Hackney Holladay Surgical Supply Ideal Wholesale Grocers, Inc. Core Mark International (formally J. T. Davenport and Sons) La Tortilleria Layman Distributing **McKesson** M. R. Williams, Inc. Merchants Distributors Inc. (MDI) Mitchell Grocery Corporation NC Mutual Drugs Smith Drug Co SouthCo Distributing SpartanNash (formerly Nash Finch) Super Valu, Inc. Thomas and Howard Company W. Lee Flowers and Co.

North Carolina Department of Health and Human Services Division of Child and Family Well-Being Community Nutrition Services Section 1914 Mail Service Center 5601 Six Forks Road Raleigh, NC 27699-1914 Fax: (919) 870-4895 Local Agency Name: _____

Vendor Number: _____

Above-50-Percent Vendor Self-Declaration Form

Please complete regarding projected above-50% vendor status. Be prepared to provide documentation of your status, if requested, by the State WIC Agency.

Store Name	
Mailing Address	
City/State/Zip	
Phone Number	()
Name of Owner	

I project that the annual WIC redemption for my store will be more than 50% of my total annual food sales.

I project that the annual WIC redemption for my store will **NOT** be more than 50% of my total annual food sales.

(Print Name of Owner, Officer, or Manager)

П

(Title if Officer)

(Signature of Owner, Officer, or Manager)

(Date)

Community Nutrition Services (Effective 10/2025)

Local Agency Name: _____

Vendor Number:

COST-CONTAINMENT EXEMPTION FORM FOR FREE-STANDING PHARMACY VENDORS

North Carolina WIC vendors that are free-standing pharmacies can provide only exempt infant formula and WICeligible nutritionals through the WIC Program. To confirm that you adhere to this policy, please provide the information requested and sign below.

PHARMACY NAME:	
PHARMACY STORE NUMBER:	
ADDRESS:	
CITY, STATE, ZIP CODE	
TELEPHONE: ()	
I, Print Name of Owner/Officer	_, certify that <i>Print Name of Pharmacy</i>
provides only exempt infant formula and WIC	C-eligible nutritionals through the North Carolina WIC Program
Signature of Owner/Officer	Date

Title (If Officer)

Community Nutrition Services (Effective 10/2025)



Please complete the following form with the most updated information.

Dat	e:		Local WIC Agency Name:	
V	endor Inform	ation		
Ven	dor Number:		Vendor Telephone Number:	
Ven	dor Store Na	me:		
Ven	ndor Email Ad	dress:		
e١	WIC Point of S	Sale Inform	nation	
1.	How do you	transact e	WIC benefits?	
	Stand Besid	e Device	Integrated System	
2.	•	-	d system to transact eWIC benefits, who is you ty Processor?	r Point of Sale
	nt of Sale Pro nt of Sale Provide		upment and/or software to process eWIC transactions at auth	orized vendor locations.
*Thi	rd Party Processo	r provides trar	nsaction processing services such as routing and switching of E Acquirer or EBT Card Issuer Processor.	BT transactions to another
3.	-	-	d beside device to transact eWIC benefits, do y If yes, please provide the estimated time fram	
	YES		NO	
Esti	imated Time	Frame for	Integration Upgrade:	
4.			integrated system, do you plan to upgrade you r future? If yes, please provide the estimated t	
	YES		NO	
Esti	imated Time	Frame for	Integration Upgrade:	
Prin	nt Owner/ Offic	er(s) Name	:	
Ow	ner/Officer(s) S	Signature:		

Vendor Site Survey – eWIC Project

Vendor ID	Number: Vendor Name:			
Vendor Co	ontact Name:			
Vendor Ac	ddress:	State:	_ Zip Code: _	
Vendor en	nail address:	Vendor Phor	าe:	
I.	 Does the store have an electronic cash register and point of If Yes, please complete the following questions. If No, ple 1. ECR/POS Name	ease go to Secti Version F OS? debit transaction WIC Card Read Card Ready? pay for upgrad	ion II Phone OYes ons? dy? OYes Of OYes des? OYes er	 □_No
Π.	 Does your store currently process debit/credit on a stand-cash register system? If No, please go to Section III 1. Please list the contact information for the provider of Name Phone Phone email 2. Does your store process SNAP EBT (Food Stamps)? 3. What is your SNAP (Food Stamps) Number? 4. Does your store currently process SNAP on this same sprocess debit/credit cards? 5. If no, does your store have a completely separate standed to the provider of Name Phone Phone 6. If yes, how many SNAP EBT-only stand-beside termina 7. Please list the contact information for the provider of Name Phone Phone 	your debit/cre 	□Yes dit stand-besid □Yes evice that you □Yes ce to process S □Yes ? T Only stand-be	□No de device: □No use to □No NAP EBT? □No eside device:
III.	 Does your store currently have a high speed internet conn 1. If Yes, Provider Name 2. If No, do you use a phone line to connect your Debit/C 	Pho	□Yes ne: evice? □Yes	□No □No

ⁱ Third Party Processor - A payment processor is a company (often a third party) appointed by a merchant to handle transactions from various channels such as credit cards and debit cards for merchant acquiring banks. They are usually broken down into two types: front-end and back-end.

North Carolina Department of Health and Human Services Division of Child and Family Well-Being Community Nutrition Services Section 1914 Mail Service Center 5601 Six Forks Road Raleigh, NC 27699-1914 Fax: (919) 870-4895

PARTICIPANT ACCESS FORM

COUNTY:	DATE:	
WIC DIRECTOR:	HEALTH DIRECTOR:	
VENDOR:	LOCAL CONTACT:	
WIC VENDOR #:	PHONE #:	
DATE VENDOR OWNER SIGNED MOST CURRENT AGREEMENT:		

- 1. ARE ANY WIC VENDORS WITHIN ONE (1) MILE OF THE HEALTH DEPARTMENT? IF SO, LIST AND DOCUMENT THE DISTANCE.
- 2. IF THIS VENDOR IS IN THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN THREE (3) MILES OF THIS VENDOR? (THIS MAY INCLUDE VENDORS THAT CROSS COUNTY LINES) LIST AND DOCUMENT THE DISTANCE.
- 3. IF THIS VENDOR IS OUTSIDE THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN SEVEN (7) MILES OF THIS VENDOR? (THIS MAY INCLUDE VENDORS THAT CROSS COUNTY LINES) LIST AND DOCUMENT THE DISTANCE.

4. ARE THERE ANY GEOGRAPHIC BARRIERS TO USING STORES LISTED IN QUESTIONS #1, 2, OR 3 OF THIS FORM? IF SO, EXPLAIN.

MONTHLY REDEMPTION: STATE USE ONLY	
through	_=\$

North Carolina Department of Health and Human Services Division of Child and Family Well-Being Community Nutrition Services Section 1914 Mail Service Center 5601 Six Forks Road Raleigh, NC 27699-1914 Fax: (919) 870-4895

PARTICIPANT HARDSHIP FORM

COUNTY:	DATE:
WIC DIRECTOR:	HEALTH

VENDOR:

LOCAL CONTACT:

PHONE #:

DIRECTOR:

WIC VENDOR #:

DATE VENDOR OWNER SIGNED MOST CURRENT AGREEMENT:

- 1. ARE ANY WIC VENDORS WITHIN ONE (1) MILE OF THE HEALTH DEPARTMENT? IF SO, LIST AND DOCUMENT THE DISTANCE.
- 2. IF THIS VENDOR IS IN THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN THREE (3) MILES OF THIS VENDOR? (THIS MAY INCLUDE VENDORS THAT CROSS COUNTY LINES) LIST AND DOCUMENT THE DISTANCE.

3. IF THIS VENDOR IS OUTSIDE THE CITY LIMITS, WHAT WIC VENDORS ARE WITHIN SEVEN (7) MILES OF THIS VENDOR? (THIS MAY INCLUDE VENDORS THAT CROSS COUNTY LINES) LIST AND DOCUMENT THE DISTANCE.

MONTHLY REDEMPTION: STATE USE ONLY		
through	= \$	

CHANGE IN VENDOR STATUS FORM

TO:	WIC Vendor Unit Community Nutrition Services Section	
DATE:		
FROM:	Name:	
	Local WIC Agency (no abbreviations):	
DATE A	GENCY NOTIFIED OF CHANGE:	
VENDOF	R NAME & STORE #:	
VENDOF	R #: PREVIOUS VENDOR # (If applicable):	
VENDOF	R ADDRESS:	
BELOW	PLEASE CHECK THE REASON FOR THE CHANGE IN STATUS:	
W	VIC VENDOR MONITORING DISQUALIFICATION	
WIC COMPLIANCE BUY DISQUALIFICATION		
W	WIC INVENTORY AUDIT DISQUALIFICATION	
S	NAP DISQUALIFICATION	
S	TORE CLOSED THEIR BUSINESS	
S	TORE SOLD	
S	TORE SALES LESS THAN \$2,000.00 ANNUALLY	
S	STORE MOVED MORE THAN THREE (3) MILES	
S	TORE OWNER DID NOT WISH TO PARTICIPATE IN THE PROGRAM	
S		

WIC VENDOR MANAGEMENT CUSTOMER SERVICE ISSUES FORM

SECTION I: CUSTOMER S	ERVICE ISSUE DOCUMENTATION
STAFF NAME:	TITLE:
AGENCY:	DATE:
ISSUE CREATION DATE:	
INCIDENT DATE:	
TARGET RESOLUTION DATE	E:
IS ISSUE CONFIDENTIAL?	⊇Yes □No
ISSUE REPORTED BY: Family/Participant WIC Staff Vendor Other Anonymous	Family ID User ID Vendor ID Comments
ISSUE REPORTED ABOUT: Family/Participant WIC Staff Vendor Policy/Procedure Other	Family ID
ISSUE TYPE:	
ASSIGNED TO: State WIC Agency Local WIC Agency Clinic	Name of Local Agency Name of Clinic
DESCRIPTION OF ISSUE(S):	

SECTION II: RESOLUTION OF ISSUE(S):

WIC VENDOR MANAGEMENT CUSTOMER SERVICE ISSUES FORM

- **PURPOSE** To report service issues pertaining to WIC vendor activity.
- **PREPARATION** The Local WIC Agency staff must complete Section I of the form. It may be faxed to the WIC Vendor Unit at 919-870-4895 or sent by email to the following email address: NCWICVendorQuestions@dhhs.nc.gov.
- **RETENTION AND DISPOSITION** This form must be retained in accordance with records retention requirements of the North Carolina Department of Cultural Resources and the North Carolina Department of Health and Human Services.

NORTH CAROLINA

VENDOR DISCOUNTS

A vendor discount is an in-store promotion that reduces the price or increases the quantity of a given product. Please remember that per Federal regulations [7 CFR 246.12 (h)(3)(iii)], WIC-authorized vendors may not treat WIC customers differently by not extending the same vendor discounts to them that are extended to non-WIC customers. Similarly, WIC authorized vendors may not treat WIC customers differently by offering them vendor discounts that are not offered to non-WIC customers. Common vendor discounts are listed below:

Buy One, Get One Free (BOGO)

In this promotion, the WIC-authorized vendor sells one WIC food item and provides a second identical food item or a different item at no additional cost. For example, a vendor offers a free box of cereal with each box of cereal that is purchased. This is a quantity discount. Using a BOGO promotion allows WIC customers to get additional quantities of WIC foods or non-WIC items at no cost. If the free item in a BOGO promotion is a WIC food item, it should not be deducted from the participant's WIC benefits.

Buy One, Get One at a Reduced Price

In this promotion, the WIC vendor sells one WIC food item at full price and sells either a second identical WIC food item or a different food item at a reduced price. For example, a vendor offers a half-price box of cereal with each box of cereal that is purchased at regular price. A buy one, get one at a reduced-price promotion is a price discount. In a transaction that only includes WIC items, this discount type only applies when the second, reduced price item is a WIC food item and the WIC customer has the item in his or her benefits balance. In this case, the WIC Program would benefit from this vendor discount by being charged the lower price for the second box of cereal.

Free Ounces Added to Food Item by Manufacturer (Bonus Size Items)

In this promotion, a food manufacturer adds extra ounces to a product at no extra cost to the consumer. For example, instead of offering 16 ounces of cereal in a box, a manufacturer may temporarily offer a bonus size 18 ounce box of cereal at the same price. This promotion is a quantity discount. When a bonus size item is purchased by a WIC customer, the vendor should redeem the WIC food benefit or cash-value benefit as if the original size (16 ounce) item were purchased.

Transaction Discounts

In this type of promotion, the WIC vendor applies a fixed amount discount or a discount percentage to the total dollar amount of the purchase. For example, the offer may be for \$10 off or 10% off when \$50 or more in groceries are purchased. A transaction discount is a price discount on the total purchase. In a transaction that only includes WIC items, the Program would benefit from the vendor discount being applied to the transaction.

Store Loyalty/Rewards Cards

WIC-authorized vendors may provide a card or token that provides additional vendor discounts for frequent or regular customers. WIC customers are not required to use loyalty/rewards cards, nor are WIC-authorized vendors required to scan a "dummy" card for WIC customers who do not have their own cards. Store loyalty/rewards cards may provide a variety of quantity and/or price discounts. These vendor discounts should be processed by vendors as outlined above, according to type.

Manufacturers' Cents Off Coupons

Manufacturers' cents off coupons allow customers to purchase certain items at a lower price. For example, a coupon may offer a price discount of 50 cents off a box of cereal. In a transaction that only includes WIC items, the value of the coupon would be applied to the WIC transaction, thus benefiting the Program.

NOTE: Cash back is not permitted as a result of vendor discounts in any WIC transaction. Also, although there are different types of vendor discounts that can be used, the WIC customer is not responsible for paying tax which results from the use of the vendor discount, e.g., the value of a coupon. In addition, as with any WIC transaction, vendors should not return any change to the WIC customer.

If you have any questions related to vendor discounts, please contact your Local WIC Agency.

WIC Vendor Management Consultant Coverage

Division of Child and Family Well-Being, Community Nutrition Services Section



Jasmine Martin Phone: 919-707-5748 Email: jasmine.martin@dhhs.nc.gov