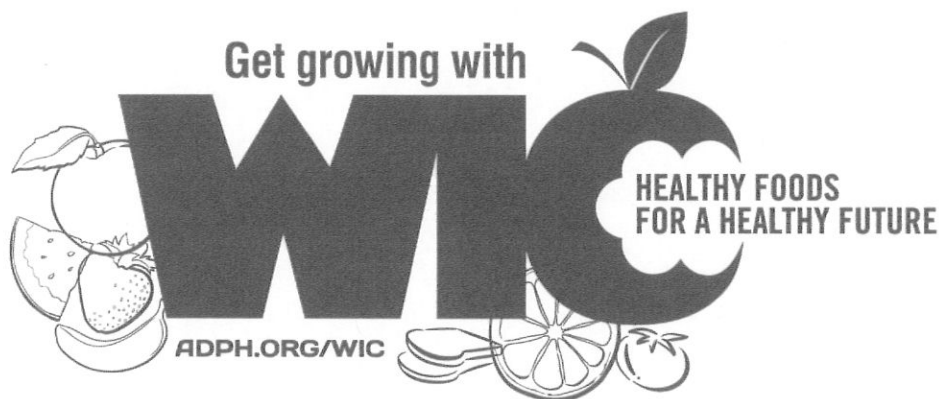


Alabama WIC Vendor Application Packet



ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY HEALTH SERVICES
DIVISION OF WIC



STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH

Donald E. Williamson, MD
State Health Officer

Dear Prospective WIC Vendor:

Thank you for your interest in becoming an Alabama WIC Vendor.

Prior to completing the application packet, thoroughly review the Criteria for Participation and the Minimum Inventory Requirements for becoming an authorized Alabama WIC Vendor. It is important to note that if you become an authorized Alabama WIC Vendor these requirements must be maintained at all times to continue as an Alabama WIC Vendor.

The following application packet must be completed in its entirety or it will not be processed. This includes completing the New Applicant Price Survey.

As part of the application process, a WIC Representative will monitor your store to verify that the information provided on the application is correct, verify that the store meets the Criteria for Participation, and currently meets the Minimum Inventory Requirements. If discrepancies are identified, you do not meet the Criteria for Participation, or meet the Minimum Inventory Requirements at the time of the visit, the application will be denied. You will be notified in writing if your application is denied and there will be a waiting period for reapplication.

If food instruments and/or cash value vouchers are accepted without a valid contract, appropriate training, and an authorized vendor stamp, you will not be reimbursed.

If you have any questions concerning the application process, contact this office at (334) 206-5673.

Sincerely,
The Alabama WIC Division
Vendor Management Branch

CRITERIA FOR PARTICIPATION in the ALABAMA WIC PROGRAM

The following criteria for participation must be met to become an authorized Alabama WIC Vendor:

1. **Square Footage of Retail Space** – The store must have a minimum of 1,000 square feet of retail space that is exclusively devoted to food sales. Retail space is defined as areas in which the public has access. Retail space does not include storage areas or restrooms.
2. **Hours of Operation** – The store must be open for business to customers at least 8 hours per day and 6 days per week.
3. **Food Sales** – At least 60 percent of the vendor's total sales must be in staple foods with the exception of vendors whose square footage exceeds 10,000 square feet. This requirement allows the WIC participant to purchase a variety of foods for home preparation and consumption and as recommended by the United States Department of Agriculture (USDA) MyPlate dietary guidance. Staple food groups include meat, poultry, fish, breads, cereal, vegetables, fruit, and dairy products. A portion of the vendor's total staple foods must include perishable foods that are either frozen staple food items; or fresh, un-refrigerated or refrigerated staple food items that will spoil or suffer significant deterioration in quality within two to three weeks.

Staple foods **do not** include accessory foods such as coffee; tea; cocoa; soda; non-carbonated drinks such as sports drinks, punches, and flavored waters; candy; chips; condiments; spices; hot foods; or foods ready to go or made to take out, like prepared sandwiches or salads. All vendors shall have a recognized grocery department in a stationary location that is a separate and distinct area. The vendor, on any given day of operation, shall offer for sale and normally display a **variety of different types** of staple foods in addition to Alabama WIC Program approved foods.
4. **Health Department Food Permit** – The store must have a current Health Department Food Permit issued by the Alabama Department of Public Health or a state inspection certificate, as approved by the Alabama WIC program.
5. **SNAP Authorization** – The store must be an authorized USDA Supplemental Nutrition Assistance Program (SNAP) retailer to become an Alabama WIC Vendor.
6. **Disqualification from SNAP or WIC** – The owner, co-owner, corporate official, or manager must not currently be disqualified from SNAP or the WIC Program in any State and/or must not currently be paying a SNAP civil money penalty unless due to participant hardship.
7. **Minimum Stock of WIC Approved Foods** – The store must have and maintain the minimum required stock of WIC approved foods. (See Minimum Inventory Requirements Sheet)

8. **Competitive Prices** – The store's prices for WIC approved foods must be competitive with other stores of similar size in the state. The store's Peer Group is determined by the number of cash registers.

9. **WIC Sales Must be Less Than 50% of Total Food Sales** – Annual revenue from the sale of food items derived from the redemption of WIC food instruments must be less than 50%.

The Alabama WIC program does not approve stores that anticipate more than 50% of annual revenue to be from the sale of food items derived from the redemption of WIC food instruments. If after approval sales data indicates more than 50% of the store's revenue is from the sale of food items derived from the redemption of WIC food instruments, the vendor contract will be immediately terminated and the vendor disqualified from the WIC program.

10. **Business Integrity** – Unless it is necessary to ensure adequate participant access, the WIC Program will not authorize any store if during the last 6 years, the applicant's current owners, officers, or managers have been convicted of or have had a civil judgment for: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice.
11. **Infant Formula Supplier** – The vendor shall purchase formula from entities approved by the Department. The Department maintains a list of approved entities and it is available on the Department's Web site.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2015 – SEPTEMBER 30, 2017**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
INFANT FORMULA			
Similac Advance (Milk Based)	13 oz. Concentrate	34 Cans	Must supply upon request.
Similac Soy Isomil (Soy Based)	13 oz. Concentrate	34 Cans	Must supply upon request.
Similac Advance Powder	12.4 oz. Powder	20 Cans	20 Cans
INFANT CEREAL	8 oz. Container; Gerber or Beech-Nut	10 Containers (2 varieties, 4 must be rice)	8 Containers (2 varieties, 4 must be rice)
INFANT FRUITS & VEGETABLES	4 oz. Jars. Gerber or Beech Nut OR 2-Pack of 4 oz. (Net 8 oz. Package) Gerber 2 nd Stage; Single Ingredient Only	64 – 4oz. Jars OR 32 – 8 oz. Packages	32 – 4 oz. Jars OR 16 – 8 oz. Packages
MILK, Whole Least Expensive Brand	Calcium Enriched Lactose Free Lactose Reduced No organic allowed	4 Gallons	2 Gallons
MILK, Fat Free, 1% Lowfat or Reduced Fat Least Expensive Brand	Calcium Enriched Lactose Free Lactose Reduced No organic allowed	12 Gallons	8 Gallons
EGGS	Dozen, large white only No brown eggs, specialty eggs or Eggland's Best.	6 Dozen (cartons of 12)	4 Dozen (cartons of 12)
CHEESE Least Expensive Brand	16 oz. Package. Processed American, Cheddar, Colby, Monterey Jack, Mozzarella and Swiss. (No cheese food, spread, product, imitation, string, shredded, cubes, cheese from deli or mixes. No peppers or other added ingredients).	6 -16 oz. Packages (Must stock 2 of the 6 varieties)	4 -16 oz. Packages (Must stock 2 of the 6 varieties)
CEREAL See the Alabama WIC Approved Foods Brochure for details. 14 to 36 oz. Boxes or Bags only. Total number of ounces allowed will be specified on the food instrument.	General Mills Cheerios**, Multi-Grain Cheerios**, Corn Chex, Dora the Explorer, Kix** Kellogg's Corn Flakes, Frosted Mini Wheats**, Rice Krispies, Special K Post Great Grains Banana Nut Crunch**, Honey Bunches of Oats Crunchy Honey Roasted, Honey Bunches of Oats Whole Grain Vanilla Bunches **, Honey Bunches of Oats with Crispy Almonds Quaker Instant Grits Original (box) Malt-O-Meal Strawberry Cream Mini Spooners**, Mom's Best Naturals Quick Oats**, Mom's Best Naturals Old Fashioned Oats**. **Whole Grain Cereals	18 Boxes (Must stock 6 different varieties and 3 of the varieties must be whole grain)	9 Boxes (Must stock 3 different varieties and 1 of the varieties must be whole grain)

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2015 – SEPTEMBER 30, 2017**

FOOD ITEM	DETAILS	MINIMUM REQUIREMENTS	
		Store Type 1 – 3	Store Type 4
BROWN RICE	14 – 16 oz. Bag or Box. Any brand regular, instant, or boil-in-bag.	6 14 – 16 oz. Bags or Boxes	4 14 – 16 oz. Bags or Boxes
48 oz. JUICE	Lucky Leaf Apple; Seneca Apple; Juicy Juice – all flavors; Northland Cranberry Juice. Any 48 oz. brand orange, grapefruit, orange/grapefruit.	8 Containers	6 Containers
64 oz. JUICE	Libby's Pineapple Juice; Juicy Juice – all flavors; Lucky Leaf Apple; Northland Cranberry Juice Blends – all flavors; Seneca Apple; Welch's Grape, White Grape, and Red Grape; White House Apple. Any brand 64 oz. orange juice.	10 Containers	8 Containers
64 oz. Refrigerated Container	100% orange juice only.		
All brands must be 100% juice and contain no added sweetener. Juices may contain added calcium. Fruit ades, drinks, or punches are <u>not</u> permitted.			
PEANUT BUTTER	16 – 18 oz. Container. Any brand chunky, creamy, crunchy, or low sodium. <u>No</u> whipped, spreads, low fat, organic, combinations with jelly, honey, etc.	8 Containers	6 Containers
WHOLE WHEAT AND WHOLE GRAIN BREADS	16 oz. Package; 100% whole wheat or 100% whole grain. WIC approved brands only. See Alabama WIC Approved Foods Brochure for approved brands.	12 -16 oz. Packages	6 -16 oz. Packages
FRESH FRUITS AND VEGETABLES	See Alabama WIC Approved Foods Brochure for information on approved fresh fruits and vegetables.	Must stock a total of \$48 retail value; including 4 varieties of fresh fruits and 4 varieties of fresh vegetables.	Must stock a total of \$36 retail value; including 3 varieties of fresh fruits and 3 varieties of fresh vegetables.

**ALABAMA WIC PROGRAM
MINIMUM INVENTORY REQUIREMENTS
EFFECTIVE OCTOBER 1, 2015 – SEPTEMBER 30, 2017**

As an Alabama authorized WIC vendor you are not required to stock the following items; however, if a participant presents a food instrument with any of the following WIC approved items you are required to order the approved products for the participant.

FOOD ITEM	DETAILS		
INFANT MEAT	2.5 oz. Container; Gerber or Beech-Nut Plain meat with broth or gravy. No DHA or organic.		
SPECIAL MILK	Evaporated Milk, 12 oz. Can, Carnation and Pet brands only Dry Milk (Powdered), 9.6 oz. Box Ultra High Temperature, 8 oz. Buttermilk, 1 Quart (Least Expensive Brand).		
SOY MILK 8 th Continent, Original or Vanilla Only Silk, Original Only	Does not include twin packs.		
DRIED BEANS OR PEAS	16 oz. Bag. Any brand. No added flavorings.		
11.5 or 12 oz. FROZEN JUICE	Dole Pineapple; Seneca Apple; Welch's Grape and White Grape, Old Orchard – all flavors with green lids. Any brand 12 oz. orange juice.		
6 oz. JUICE Cans, Ready-to-Use	Citrus juices only.		
CANNED FISH	TUNA 5 oz. Can. Any brand light, chunk style, packed in water. No smoked, other flavorings, diet, or solid white. SALMON 14.75 oz. Can. Any brand pink. No red or sockeye.		
WHOLE WHEAT AND CORN TORTILLAS	16 oz. Package. WIC approved brands only. See Alabama WIC Approved Foods Brochure for approved brands.		



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

Return Completed Applications to:

Alabama Department of Public Health
Bureau of Family Health Services
WIC Division, Suite 1300
The RSA Tower
P. O. Box 303017
Montgomery, AL 36130-3017

NOTE: Only completed applications will be processed.

FOR WIC USE ONLY

	Date	Initial
Reviewed		
Store Inspection		
Store Type		
% of Staple Foods		
Hardship (circle)	YES/ NO	

STORE INFORMATION

1. Store Name:

2. Physical Location of Store:

City: State: Zip: County:

3. Mailing Address:

City: State: Zip:

4. Store Area Code and Phone Number:

OWNER INFORMATION

5. Select the legal structure of this business from the selections below:

The Name of the Corporation or LLC Must be Included or the Application will not be Processed

- ☐ Corporation Name: _____
- ☐ Individual (Sole Proprietorship)
- ☐ Limited Liability Company (LLC) Name: _____
- ☐ Partnership

6. Federal Tax Identification Number:

7. List the name(s) of the owner(s), partners, or corporate officer(s) of the store named in this Alabama WIC Vendor application along with percentage of ownership (Percentage of Ownership Must **Total** 100%):
(Attach Additional Sheets if Necessary)

Name: Title:

Address:

City: State: Zip: Phone: Work _____ Cell _____

Percentage of Ownership:

Name: Title:

Address:

City: State: Zip: Phone: Work _____ Cell _____

Percentage of Ownership:



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

8. List other stores in which the owner(s) have ownership or interest: (Attach Additional Sheets if Necessary)

Store Name:

Location:

Store Name:

Location:

List other stores in which the owner(s) have ownership or interest that are currently authorized to accept WIC food instruments in any state. (Attach Additional Sheets if Necessary)

Store Name:

Location:

9. Length of time you have owned and operated this business: _____

If new store, provide date of opening for continuous business: _____

NOTE: The store must be open regular business hours **before** becoming an authorized Alabama WIC Vendor.

10. If new ownership, provide the effective date of store transfer: _____

Former Owner: _____ Former Store Name: _____

11. Are any of the current owners related by blood or marriage to the previous owners? Yes ☐ No ☐

If yes, please specify: _____

12. List the name of the person with primary on-site responsibility for daily operations:

First Name:

Last Name:

Contact Number:

E-Mail Address:

13. Name of primary contact person for WIC issues, if different than above:

14. Has any current owner or officer been disqualified or assessed civil money penalties from SNAP in any state? Yes ☐ No ☐ If yes, provide the dates and state: From _____ To _____

State: _____

15. Has any current owner or officer been disqualified from any WIC program? Yes ☐ No ☐

If yes, provide the dates and state: From _____ To _____

State: _____

16. During the last six years, have you (the applicant) or any of your current owners, officers, agents, or managers been convicted of or had a civil judgment entered against them for any activity indicating a lack of business integrity? Yes ☐ No ☐ (If yes, name and title): _____

If yes, provide the dates and state: From _____ To _____ State: _____



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

STORE OPERATIONS

17. Number of Cash Registers: _____ 18. Do the registers have scanners? Yes ☐ No ☐

19. If YES, do the scanners identify WIC foods? Yes ☐ No ☐

20. Square Feet of Retail Space: _____

21. Indicate the number of cashiers employed by the store:

Number of full-time cashiers: _____ Number of part-time cashiers: _____

22. Days and hours of store operation:

DAY	FROM	TO	CHECK (✓) IF OPEN 24 HOURS
Sunday	A.M.	P.M.	
Monday	A.M.	P.M.	
Tuesday	A.M.	P.M.	
Wednesday	A.M.	P.M.	
Thursday	A.M.	P.M.	
Friday	A.M.	P.M.	
Saturday	A.M.	P.M.	

23. Provide **Name and Address** of Source of Formula.

1. _____

2. _____

3. _____

24. Provide **Name and Address** of Food Wholesaler(s) or Distributor(s) Where WIC Foods Are Purchased.
Please list your primary food wholesaler or distributor for WIC foods first.

1. _____

2. _____

3. _____

SALES INFORMATION

25. **Gross Total Sales Figures**

CHECK APPROPRIATE BOX – GIVE YEARLY (NOT MONTHLY) AMOUNT: If giving estimated sales, multiply the monthly amount times 12. **Estimated sales** should only be provided if you do not have actual sales figures for the most recent tax year. You may be required to provide updated information when actual sales figures are available.

☐ Actual _____ **Indicate Tax Year Provided**

Food \$ _____ + Non-Food Items \$ _____ = \$ _____ Gross

☐ Estimated Food \$ _____ + Non-Food Items \$ _____ = \$ _____ Gross



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

26. **Staple Food Sales** Staple foods **do not include** any prepared foods or accessory foods such as candy, condiments, spices, tea, coffee or carbonated and un-carbonated drinks. Staple foods **include, but are not limited to** the following: Eggs, dairy products, bread, cereal, fresh fruits and vegetables, rice, pasta, fish, meat and poultry.

CHECK APPROPRIATE BOX – GIVE YEARLY (NOT MONTHLY) AMOUNT: If giving estimated sales, multiply the monthly amount times 12. **Estimated sales** should only be provided if you do not have actual sales figures for the most recent tax year. You may be required to provide updated information when actual sales figures are available.

☐ Actual Staple Food Sales \$ _____ ☐ Estimated Staple Food Sales \$ _____

Using the total gross sales figure entered for question #26 indicate the percent of sales represented by the sale of staple foods:

☐ Less than 25% ☐ 26%-50% ☐ 51%-75% ☐ More than 75%

27. Is it expected that more than 50% of your annual revenue from the sale of food items will be derived from the redemption of WIC food instruments? Yes ☐ No ☐

NOTE: The Alabama WIC program does not approve stores that anticipate more than 50% of annual revenue to be from the sale of food items derived from the redemption of WIC food instruments. If the answer to question #27 is no and the store is approved but sales data indicates more than 50% of the stores revenue is from the sale of food items derived from the redemption of WIC food instruments the vendor contract will be terminated.

28. Do you currently own a WIC authorized store where the WIC sales are above 50 percent of the total annual food sales? Yes ☐ No ☐

29. What is the estimated percent of annual food sales for the following types of payment?

WIC _____%

SNAP (Food Stamps) _____%

Cash _____%

Credit/Debit Cards _____%

30. Is WIC authorization required in order for your store to open for business?

Yes ☐ No ☐

31. Do you have inventory invoices available for food items purchased and currently stocked in your store?

Yes ☐ No ☐

32. How many months of inventory invoices are available (0-72 months)? _____

33. Does the store currently have the minimum stock requirement of WIC approved foods? (See Minimum Stock Requirement Sheet included with this application.)

Yes ☐ No ☐

34. SNAP Authorization Number: _____ Issuance Date: _____

NOTE: Active participation in the SNAP program is required for acceptance of this application.

35. Alabama Department of Public Health Food Permit Number: _____



ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC VENDOR APPLICATION

READ CAREFULLY BEFORE SIGNING

Certification and signature of Owner or Corporate Officer:

I _____ understand that:

Print Name

- Completion of this application does not imply or guarantee authorization to participate in the WIC Program or to redeem WIC Food Instruments. A vendor application must be completed for each store owned including each entity of a chain operation.
- This application is NOT a vendor agreement. New or continued participation will not be authorized until all completed application materials have been received and evaluated by the Alabama WIC Program.
- If food instruments and/or cash value vouchers are accepted without a valid vendor contract, appropriate training, and an authorized vendor stamp, you will NOT be reimbursed.
- I (or authorized employee(s)) agree to attend a training session regarding WIC procedures and regulations and to subsequently train store employees on the WIC regulations and procedures for operating as an authorized Alabama WIC vendor.
- The store must meet and maintain Alabama WIC approved foods in the quantities and varieties as specified on the Minimum Stock Requirements enclosed in the application packet at pre-authorization and throughout the WIC Vendor Contract period.
- Authorized WIC personnel must be given access to all areas of the store and to WIC related food receipts and records during the pre-authorization period and throughout the WIC Vendor Contract period.
- Upon review of the information presented in the application and upon a preauthorization site visit any applicant expected to derive more than 50 percent of their annual revenue from the sale of food items derived from the redemption of WIC food instruments will not be authorized to participate as an Alabama WIC Vendor.
- The Alabama WIC program may not authorize a vendor applicant that is currently disqualified from the SNAP program.
- Prices for WIC approved foods shall be competitive with and not exceed the average shelf price of other vendors in the same peer group at pre-authorization and throughout the WIC Vendor Contract period.
- By signing below I certify that all statements in this application are true and correct, and understand that false information provided to the WIC Program in connection with this application for authorization will result in immediate termination of the WIC Vendor Contract.
- In addition to the information provided on this application, I may be asked to submit records regarding sales, invoices and/or inventory as well as copies of income and sales tax related forms.

The undersigned represents that he/she is either the Owner or Corporate Officer, and as such has the authority to contract on behalf of the vendor identified in this application.

SIGNATURE SECTION:

Name: (Print) _____ Title: (Print) _____

Signature: _____ Date: _____

Contact Phone Number: _____

USDA is an equal opportunity provider and employer.



THE ALABAMA DEPARTMENT OF PUBLIC HEALTH WIC NEW APPLICANT PRICE SURVEY

STORE INFORMATION
Store Name:
Physical Location of Store:
City/State/Zip:
Area Code and Phone Number:

SUBMIT YOUR HIGHEST REGULAR SHELF PRICE FOR THE FOLLOWING WIC APPROVED FOODS.

Do **NOT** Provide Sale Prices.

Do **NOT** include ORGANIC food items as they are **NOT** WIC approved.

I. In this section, a price <u>is required</u> for each item.	
Bread/Whole Grain	
Whole Wheat/Whole Grain Bread (16 oz. package)	\$ _____
Brown Rice (regular, 14-16 oz. bag or box) Any brand	\$ _____
Note: <u>No</u> seasoned, white, frozen, gourmet blends or organic.	\$ _____
Brown Rice (instant or boil-in-bag, 14-16 oz. bag or box) Any brand	\$ _____
Note: <u>No</u> seasoned, white, frozen, gourmet blends or organic.	\$ _____
Cheese	
Cheese (16 oz.)	\$ _____
Note: WIC Approved Only (Processed American, Cheddar, Colby, Monterey Jack, Mozzarella or Swiss).	\$ _____
Eggs	
Eggs (dozen large white ONLY)	\$ _____
Note: Do <u>NOT</u> include prices for specialty eggs or organic.	\$ _____
Infant Cereal	
Infant Cereal (8 oz.) Beech-Nut or Gerber	\$ _____
Note: Do <u>NOT</u> include prices for DHA, organic, products with fruit or other additives.	\$ _____
Infant Formula	
Similac Advance (13 oz. concentrate)	\$ _____
Note: Type 4 stores are <u>NOT</u> required to stock this formula.	\$ _____

WIC NEW APPLICANT PRICE SURVEY

I. Infant Formula Continued from page 1

Similac Advance (12.4 oz. powder)	\$ _____
Similac Soy Isomil (13 oz. concentrate)	\$ _____
Note: Type 4 stores are <u>NOT</u> required to stock this formula.	\$ _____
Infant Fruits/Vegetables	
Infant Fruits/Vegetables (2nd Stage, 4 oz. jar) Beech-Nut	\$ _____
Note: <u>Only</u> single ingredient. Do <u>NOT</u> include prices for DHA or organic products.	\$ _____
Infant Fruits/Vegetables (2nd Stage, 2-pack of 4 oz., net 8 oz.) Gerber	\$ _____
Note: <u>Only</u> single ingredient. Do <u>NOT</u> include prices for DHA or organic products.	\$ _____
Juice	
WIC Juice (48 oz.)	\$ _____
Note: Do <u>NOT</u> include prices for juices from dairy case or organic juices.	\$ _____
WIC Juice (64 oz.)	\$ _____
Note: Do <u>NOT</u> include prices for juices from dairy case or organic juices.	\$ _____
Legumes	
Dried Beans or Peas (16 oz. bag) Any brand	\$ _____
Note: Do <u>NOT</u> include prices for products with added flavorings.	\$ _____
Peanut Butter (16-18 oz.)	\$ _____
Note: Do <u>NOT</u> include prices for whipped, spreads, reduced fat, omega-3, organic or combination products with jelly, honey, etc.	\$ _____
Milk	
Milk (whole, one gallon)	\$ _____
Milk (1% or fat free, one gallon)	\$ _____
Milk (whole, 1/2 gallon)	\$ _____
Milk (1% or fat free, 1/2 gallon)	\$ _____

Please ensure you have entered a price for all items above before going to the next section.

WIC NEW APPLICANT PRICE SURVEY

II. In this section, submit prices <u>ONLY</u> if you stock the brand and size specified. Please put N/A in the space provided if you do <u>NOT</u> stock the brand and size specified.	
Bread/Whole Grain	
Corn Tortillas (16 oz. package)	\$ _____
Whole Wheat Tortillas (16 oz. package)	\$ _____
Fish	
Salmon (14.75 oz. can) Any brand pink salmon Note: No red or sockeye.	\$ _____
Tuna (5 oz. can) Any brand light tuna, chunk style, packed in water. Note: No smoked, other flavorings, diet or solid white.	\$ _____
Infant Meats	
Infant Meat (2.5 oz. container) Beech-Nut or Gerber Note: Plain meat with broth or gravy.	\$ _____
Juice	
Juice, Frozen (11.5 oz. or 12 oz. can)	\$ _____
Milk	
Buttermilk (1 qt.)	\$ _____
Buttermilk, Low Fat (1qt.)	\$ _____
Milk, Dry (powdered) 9.6 oz. box	\$ _____
Milk, Evaporated (12 oz. can) Carnation or Pet brands Only .	\$ _____
Milk, Whole Lactose Free (1/2 gallon)	\$ _____
Milk, 1% or Fat Free Lactose Free or Lactose Reduced (1/2 gallon)	\$ _____
Milk, Soy (8th Continent Original or Vanilla Only or Silk Original Only) 1/2 gallon refrigerated carton. No light, fat free, complete, chocolate or twin packs.	\$ _____

WIC NEW APPLICANT PRICE SURVEY

**III. In this section, ONLY submit prices for the brand and size of cereal that you stock.
If you do NOT stock a specified brand and size of cereal, please put N/A in the space provided.**

Cereal	UPC	Size	Price
General Mills Cheerios Plain	016000275287	18 oz.	\$ _____
	016000176829	36 oz.	\$ _____
General Mills Cheerios Multi-Grain	016000487710	18 oz.	\$ _____
	016000442894	36 oz.	\$ _____
General Mills Corn Chex	016000487970	18 oz.	\$ _____
General Mills Dora the Explorer	016000176348	18 oz.	\$ _____
General Mills Kix	016000625709	18 oz.	\$ _____
Kellogg's Corn Flakes	038000001208	18 oz.	\$ _____
	038000001277	24 oz.	\$ _____
	038000482809	36 oz.	\$ _____
Kellogg's Frosted Mini Wheat, Original	038000318290	18 oz.	\$ _____
	038000318344	24 oz.	\$ _____
	038000937743	36 oz.	\$ _____
Kellogg's Rice Krispies	038000291210	18 oz.	\$ _____
	038000395000	24 oz.	\$ _____
Kellogg's Special K	038000016219	18 oz.	\$ _____
Malt-O-Meal Mom's Best Naturals Old Fashioned Oats	883978152854	16 oz.	\$ _____
Malt-O-Meal Mom's Best Naturals Quick Oats	042400016922	16 oz.	\$ _____

WIC NEW APPLICANT PRICE SURVEY

III. Continued from page 4, ONLY submit prices for the brand and size of cereal that you stock.
Put N/A in the space provided if you do NOT stock a specified brand and size.

Cereal	UPC	Size	Price
Malt-O-Meal Strawberry Cream Mini Spooners	042400070993	18 oz. Box	\$ _____
	042400109037	18 oz. Bag	\$ _____
	042400181538	36 oz. Box	\$ _____
	042400062370	36 oz. Bag	\$ _____
Post Great Grains Banana Nut Crunch	884912116505	15.5 oz.	\$ _____
Post Honey Bunches of Oats with Crispy Almonds	884912014252	14.5 oz.	\$ _____
	884912014276	18 oz.	\$ _____
	884912003911	27 oz.	\$ _____
Post Honey Bunches of Oats Crunchy Honey Roasted	884912014245	14.5 oz.	\$ _____
	884912014269	18 oz.	\$ _____
	884912003928	27 oz.	\$ _____
Post Honey Bunches of Oats Whole Grain Vanilla Bunches	884912017864	18 oz.	\$ _____
Quaker Instant Grits Original	030000040508	18 oz.	\$ _____
	030000041307	36 oz.	\$ _____

WIC NEW APPLICANT PRICE SURVEY

IV. Submit prices ONLY if you stock the infant special formula brand and size specified.

Please put N/A in the space provided if you do **NOT** stock the infant special formula brand and size specified.

Note: Submit the price PER BOTTLE (where indicated) for each formula that you stock.

FOR EXAMPLE: If the formula comes in a 6-pack, divide the total price of the formula by 6 to get the price per bottle.

Formula Brand/Size/Type

Cost

Exempt Infant Formula

Enfamil Enfacare (12.8 oz. Powder) \$ _____

Nutramigen (13 oz. Concentrate) \$ _____

Nutramigen (32 oz./1 qt. Ready-to-Feed) \$ _____

Nutramigen with Enflora LGG (12.6 oz. Powder) \$ _____

Nutramigen with Enflora LGG TODDLER

(12.6 oz. Powder) \$ _____

Pregestimil (16 oz. Powder) \$ _____

Similac Expert Care Alimentum (16 oz. Powder) \$ _____

Similac Expert Care Alimentum

(32 oz./1 qt. Ready-to-Feed) \$ _____

Similac Expert Care for Diarrhea

(32 oz./1 qt. Ready-to-Feed) \$ _____

Similac Expert Care NeoSure (13.1 oz. Powder) \$ _____

Similac Expert Care NeoSure

(32 oz./1 qt. Ready-to-Feed) \$ _____

Infant Formula

Enfamil AR (12.9 oz. Powder) \$ _____

WIC NEW APPLICANT PRICE SURVEY

IV. Continued

Formula Brand/Size/Type	Cost
Infant Formula - continued	
Similac Advance (32 oz./1 qt. Ready-to-Feed)	\$ _____
Similac Soy Isomil (12.4 oz. Powder)	\$ _____
Similac Soy Isomil (32 oz./1 qt. Ready-to-Feed)	\$ _____
WIC Eligible Medical Foods	
Boost (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Boost Glucose Control (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Boost High Protein (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Boost Kid Essentials (8.25 oz. Ready -to-Feed)	\$ _____ Price Per Bottle
Boost Plus (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Ensure (14 oz. Powder)	\$ _____
Ensure (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Ensure (32 oz./1qt. Ready-to-Feed)	\$ _____
Ensure Plus (32 oz./1 qt. Ready-to-Feed)	\$ _____
Ensure Plus (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Glucerna (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Pediasure (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle
Pediasure with Fiber (8 oz. Ready-to-Feed)	\$ _____ Price Per Bottle



WIC New Applicant Price Survey

I certify that the prices listed on this WIC Vendor Price Survey are true and correct.

I agree to IMMEDIATELY notify the WIC State Office in writing should I increase the price of any WIC food item (excluding eggs) by more than ten cents before the next price survey. Please include your WIC Vendor Number in the written communication. Price increases may be mailed to the State WIC Office or faxed to (334) 206-2914. Price increases will not be accepted when reported during a telephone call.

THE SIGNATURE OF THE STORE MANAGER OR AN AUTHORIZED REPRESENTATIVE IS REQUIRED.

TYPE OR PRINT NAME

TITLE

SIGNATURE

DATE

(_____)_____
TELEPHONE NUMBER

RETURN COMPLETED PRICE SURVEY TO THE FOLLOWING ADDRESS:

Alabama Department of Public Health
Bureau of Family Health Services
Division of WIC
P. O. Box 303017
Montgomery, AL 36130-3017

FAXED PRICE SURVEYS WILL NOT BE ACCEPTED.