# VENDOR ADVISORY COMMITTEE MEETING

MSDH WIC Program
November 21, 2019

# PREVIOUS SESSION(S)

Background to the WIC Program

Vendor Selection Criteria

Vendor Application Process

Minimum stock requirements

Approved Product List

Key schedule dates

Application Guidance

Review of Required Documents

# Overview

- Pre-Authorization Timeline
- Vendor Application Questions

# Authorization Timeline

Dates provided are tentative based on known information

| Key Activity | Tentative Start Date |
| --- | --- |
| Vendor Technology Survey | July 2019 |
| Vendor Advisory Meetings | August 29, 2019<br>September 26, 2019<br>October 17, 2019<br>November 21, 2019<br>December 19, 2019 |
| Vendor Documents Approved by FNS | September, 2019 |
| Application Open | October 17, 2019 |
| Vendor Monitoring | November, 2019 |
| Vendor Trainings | January, 2020 |
| L2 Certification (if any) | June, 2020 |
| L3 Certifications | August, 2020 |
| Vendor Agreements Begin | October 1, 2020 |

# Vendor Survey

- July 2019
  - 34% (195/581) Retail Grocers
  - 39% (296/755) Pharmacies
- November 2019
  - Surveys mailed- 2nd attempt
  - [https://www.surveymonkey.com/r/VendorTechnology](https://www.surveymonkey.com/r/VendorTechnology)

**Vendor Survey**

| Retailer Information | | |
|---|---|---|
| Store Name: | Contact Name: | |
| WIC Vendor ID: | | Phone: |
| Primary Language (circle one) English Spanish Other (list): | | |
| Physical Address1: | | |
| Physical Address2: | Contact Email: | |
| City: | State: | ZIP Code: |
| Corporate Name: | Name of Corporate Contact: | |
| Corporate Phone: | Corporate Email: | |
| Do you have an IT Department?: (circle one) Yes No | IT Contact Name: | |
| IT Email: | | IT Phone: |
| **Value Added Reseller/ Electronic Cash Register (ECR) service provider** | | |
| Do you use an ECR service provider (circle one)?: Yes No | Service Provider Company Name: | |
| Service Provider Contact: | Email: | |
| Address: | | Phone: |
| City: | State: | ZIP Code: |
| Do you have an existing service contract?: (circle one): Yes No | | |

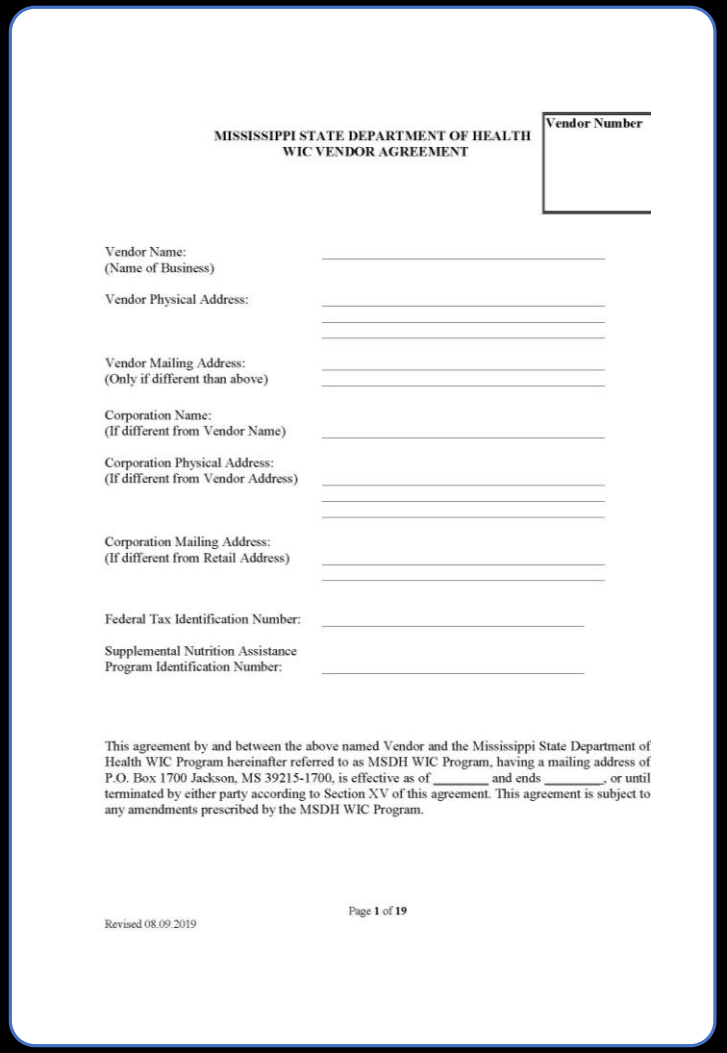
| er and Point of Sale Information | |
|---|---|
| | Model (ACE, Scanmaster, etc): |
| umber of registers (excluding departmental and eckout): | |
| | POS PIN Pad Model: |
| y Processor (TPP) | |
| cle | TPP Name (First Data, Vantiv, Fiserv, World Pay): |
| | Does Store Have Internet Connection (circle one): Yes No |
| ail: | |
| | |
| | ZIP Code: |
| ything you feel would be helpful) | |
| | |
| | |
| | |
| | |
| | |

# Initial Vendor Authorization Timeline

- October 2019- January 2020
  - Vendor application submissions
  - Up to 2 chances to submit a complete application
- December 2019- March 2020
  - Vendor monitoring (site visit)
  - Up to 2 chances to meet selection criteria
- March 2020- June 2020
  - Vendor training
  - 2 on-site trainings hosted per public health region

# Initial Vendor Authorization Timeline

- Vendor agreements signed
  - March 2020- August 2020
- Vendor agreements begin
  - September 30, 2020
  - Vendors are not allowed to accept eWIC until the date noted on the vendor agreement.
  - Vendors may not accept eWIC until their POS system is certified



MISSISSIPPI STATE DEPARTMENT OF HEALTH
WIC VENDOR AGREEMENT

Vendor Number

Vendor Name:
(Name of Business)

Vendor Physical Address:

Vendor Mailing Address:
(Only if different than above)

Corporation Name:
(If different from Vendor Name)

Corporation Physical Address:
(If different from Vendor Address)

Corporation Mailing Address:
(If different from Retail Address)

Federal Tax Identification Number:

Supplemental Nutrition Assistance
Program Identification Number:

This agreement by and between the above named Vendor and the Mississippi State Department of Health WIC Program hereinafter referred to as MSDH WIC Program, having a mailing address of P.O. Box 1700 Jackson, MS 39215-1700, is effective as of _____ and ends _____, or until terminated by either party according to Section XV of this agreement. This agreement is subject to any amendments prescribed by the MSDH WIC Program.

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Revised 08.09.2019

# Initial Vendor Certification Timeline

- July 2020- September 2020
  - Level 2 certifications
- September 2020- November 2020
  - Level 3 certifications
- September 2020- November 2020
  - Refresher vendor trainings onsite alongside L3 certifications

CONDUENT

# Vendor Application Reminders

Every retail grocer, pharmacy, and commissary interested in becoming a WIC authorized Vendor must complete the vendor application.

# Sample Application

**Mississippi State Department of Health WIC Program**
**Vendor Application**

Submission of this application **does not** constitute authorization to participate in the Mississippi State Department of Health WIC Program (MSDH WIC Program). This application is **NOT** an Agreement. Participation in the MSDH WIC Program will not be authorized until all completed application materials have been received, evaluated, and approved.

**PLEASE ANSWER ALL QUESTIONS, ATTACH DOCUMENTATION, AND SIGN. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

Select (x) One:

☐ New Application
☐ Add Additional Location
☐ Re- Authorization; Enter Vendor Number: _____

**BUSINESS INFORMATION**

If this is a business with multiple stores, please enter information for the parent business here, and the information for each additional store seeking authorization on the 'Additional Store Attachment'.

Business Name (DBA): _____

Federal ID Number: _____

Physical Business Address: _____

City: _____ County: _____ State: ___ Zip Code: _____

Telephone: _____ Fax: _____ Email Address: _____

Mailing Address (if different from physical address): _____

City: _____ County: _____ State: ___ Zip Code: _____

The legal structure of this business is:

☐ Corporation ☐ Sole Proprietorship
☐ Commissary ☐ Partnership
☐ Limited Liability Corporation

If applicable, name of partner(s): _____

If applicable, date and place (city and state) of incorporation/organization: _____

*"This institution is an equal opportunity provider"*



SAMPLE

# Online Application Process

Visit the WIC Vendor Information section at msdh.ms.gov

Vendor Application

# Required Documents

**Retail Grocers**

1. Business license
2. Form W-9
3. Food permit
4. Copy of lease, deed, or other proof of ownership
5. SNAP permit
6. Additional Store Attachment (if more than one physical location)
7. WIC price survey (for each location)
8. Store brand declaration form

**Pharmacies**

1. Business license
2. Form W-9
3. Copy of lease, deed, or other proof of ownership
4. SNAP permit
5. Additional Store Attachment (if more than one physical location)
6. WIC price survey (for each location)

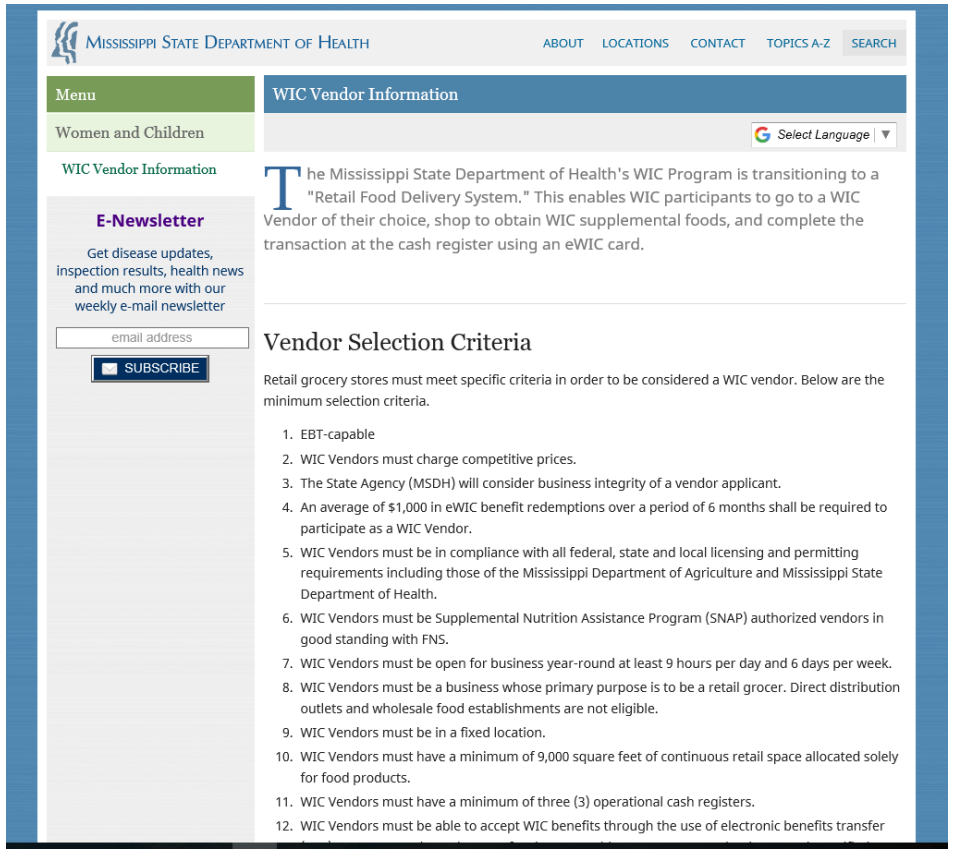
**Commissaries**

1. Form W-9
2. Copy of lease, deed, or other proof of ownership
3. SNAP permit
4. Store brand declaration form
5. WIC price survey (for each location)

# Vendor Questions?

# Where to get more information?

- Visit our website at https://msdh.ms.gov/
- Email us at vmu@msdh.ms.gov



Mississippi State Department of Health

ABOUT LOCATIONS CONTACT TOPICS A-Z SEARCH

Menu

Women and Children

WIC Vendor Information

E-Newsletter

Get disease updates, inspection results, health news and much more with our weekly e-mail newsletter

email address

SUBSCRIBE

WIC Vendor Information

Select Language

The Mississippi State Department of Health's WIC Program is transitioning to a "Retail Food Delivery System." This enables WIC participants to go to a WIC Vendor of their choice, shop to obtain WIC supplemental foods, and complete the transaction at the cash register using an eWIC card.

## Vendor Selection Criteria

Retail grocery stores must meet specific criteria in order to be considered a WIC vendor. Below are the minimum selection criteria.

1. EBT-capable
2. WIC Vendors must charge competitive prices.
3. The State Agency (MSDH) will consider business integrity of a vendor applicant.
4. An average of $1,000 in eWIC benefit redemptions over a period of 6 months shall be required to participate as a WIC Vendor.
5. WIC Vendors must be in compliance with all federal, state and local licensing and permitting requirements including those of the Mississippi Department of Agriculture and Mississippi State Department of Health.
6. WIC Vendors must be Supplemental Nutrition Assistance Program (SNAP) authorized vendors in good standing with FNS.
7. WIC Vendors must be open for business year-round at least 9 hours per day and 6 days per week.
8. WIC Vendors must be a business whose primary purpose is to be a retail grocer. Direct distribution outlets and wholesale food establishments are not eligible.
9. WIC Vendors must be in a fixed location.
10. WIC Vendors must have a minimum of 9,000 square feet of continuous retail space allocated solely for food products.
11. WIC Vendors must have a minimum of three (3) operational cash registers.
12. WIC Vendors must be able to accept WIC benefits through the use of electronic benefits transfer

# Next session

**December 19, 2019 12pm CT**

TOPICS

- Vendor Technical Assistance

# THANK YOU

MSDH WIC Program