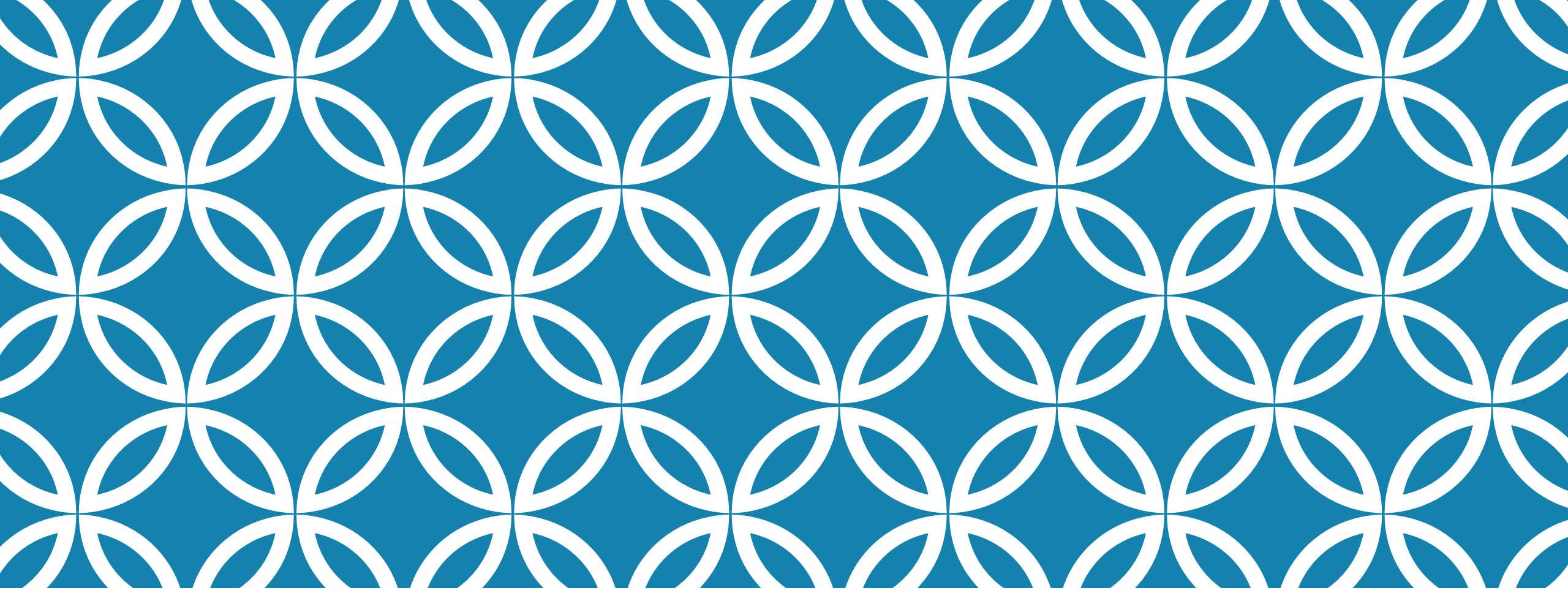

VENDOR ADVISORY COMMITTEE MEETING

MSDH WIC Program
January 16, 2020

PREVIOUS SESSION(S)

Background to the WIC Program

Vendor Selection Criteria

Vendor Application Process

Minimum stock requirements

Approved Product List

Key schedule dates

Application Guidance

Review of Required Documents

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Overview

- Authorization Timeline
- Vendor Application Assistance

Authorization Timeline

Dates provided are tentative based on known information

Key Authorization Activities

Activity	Date
Vendor Technology Survey	July 2019 December 2019
Vendor Advisory Meetings	Monthly
Application Open	October 16, 2019
Last Date to Submit Application	**September 30, 2020**
Vendor Application Moratorium	October 1, 2020- January 31, 2022
Vendor Monitoring	January, 2020
Vendor Trainings	March, 2020
Vendor Agreements Begin	First agreements will begin October, 2020
L2 Certification (if any)	June, 2020
L3 Certifications	August, 2020

Vendor Application Assistance

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

Business Information

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

Revised 6.19.18

Mississippi State Department of Health WIC Program
Vendor Application

Phone: (601) 991-6000 Fax: (601) 956-4925

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 return completed application to:
MSDH WIC Program
Attn Vendor Manager
P. O. Box 1700
Jackson, MS 39215

PLEASE ANSWER ALL QUESTIONS AND SIGN. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Select (x) One:

☐ New Application ☐ Re-Authorization (Enter current vendor number) V#_____

☐ Additional Store (Attach list of existing WIC vendors owned by the business)

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: _____

Contact Information

- Enter the contact information for the legal owners.
- If more than 1 owner exists, you must enter the % ownership, and complete contact information for ALL owners.

CONTACT INFORMATION:

This information pertains to the owner, partner, member, or corporate officer responsible for the operation of the business. If a Partnership or Corporation, please enter percent of ownership.

Name: _____ % Ownership (if applicable) _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ Fax: (____)_____

Other: (____)_____ Cell: (____)_____

Email Address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip Code: _____

SECONDARY CONTACT INFORMATION:

Enter information for an additional authorized representative. This is optional.

Name: _____ % Ownership (if applicable) _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ Fax: (____)_____

Other: (____)_____ Cell: (____)_____

Email Address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip Code: _____

Training Information

- Enter the name of the individual responsible for providing WIC training to cashiers and other staff.
- This representative will be contacted directly to schedule vendor training for the authorization process.
- This can be the same as the owner, if needed.

BANK INFORMATION:

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

Telephone Number: _____ Email Address: _____

TRAINING INFORMATION:

Specify the name of the individual(s) who will be responsible for WIC oversight and training of vendor personnel on WIC procedures and communicating WIC program changes to the cashiers other interested parties.

Vendor Training Representative(s)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ Fax: (____)_____

Other: (____)_____ Cell: (____)_____

Email Address: _____

Business model type

- Select only one store model
- Be sure to read the descriptions for all of the business models before making a selection

BUSINESS MODEL TYPE

Select 1 (one) business model from the list below. If you are unsure, please refer to the table below.

- ☐ Mass Merchandiser
- ☐ Local Grocery Chain
- ☐ National Drug Chain
- ☐ National Grocery Chain
- ☐ Independent Grocery
- ☐ Regional or Local Drug Chain
- ☐ Regional Grocery Chain
- ☐ Commissary

Category	Description
Mass Merchandiser	Retailer that sells a wide variety of merchandise but also carries groceries and has outlets in most or all states
National Grocery Chain	Retailer that primarily sells groceries with outlets in more than 30 states
Regional Grocery Chain	Retailer that primarily sells groceries with at least 11 outlets and operates in 2- 30 states
Local Grocery Chain	Retailer that primarily sells groceries with at least 11 outlets and operates in only 1 state
Independent Grocery	Retailer that primarily sells groceries with less than 11 outlets in only 1 state
Commissary	Grocery store operated by the US Department of Defense Commissary Agency within the confines of a military institution; it may fit within any of the grocery formats
National Drug Chain	Pharmacy retailer with outlets in more than 30 states
Regional or Local Drug	Pharmacy retailer that is not a national drug chain

Store Information

- Be sure to enter your annual food sales, food sales from SNAP, and food sales from other sources.
- Square footage includes food area only and does not include areas where food is not sold or storage areas
- Number of cash registers does not include self checkout or other departmental checkouts
- *Please note that SNAP is the same thing as Food Stamps and EBT*
- Read each question carefully before marking yes or no

STORE INFORMATION

Annual Food Sales: $_____ Food Sales from WIC: $_____

Food Sales from SNAP: $_____ Food Sales from All Other Sources: $_____

Square Footage (Food Area Only): _____

Number of Cash Registers (Do not include self checkout or departmental checkouts): _____

SNAP Authorized? Please select only one option. □ Yes □ No □ Pending

SNAP Number: _____ SNAP Authorization Date: _____

□ Yes □ No Does this store feature a full, well-stocked line of grocery items with three (3) or more brands from which to choose among most food lines?

□ Yes □ No Under the Mississippi State Department of Health WIC Vendor Agreement, you will be required to stock a minimum of five (5) types of fresh fruits and vegetables for participants. Does this location have the space and/or ability to comply?

□ Yes □ No Does this vendor feature non-grocery items as its major retail products?

□ Yes □ No Do you expect that more than 50 percent of your annual revenue from the sale of food items will be derived from WIC?

□ Yes □ No During the last six (6) years, have you or any current owner, officer or manager been convicted of or received 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?

□ Yes □ No Is there a current disqualification (or civil monetary penalty assessed in lieu of disqualification for hardship and for which the disqualification period would otherwise have been imposed has not expired) from the Supplemental Nutrition Assistance Program (SNAP) against the applicant?

□ Yes □ No Has the vendor or its owner(s), officer(s), or manager(s) ever been suspended or disqualified from WIC in Mississippi or any other state?

If yes, give the name of the owner(s), officer(s), manager(s), and vendor(s) location, and the reason(s) and date(s) of suspensions or disqualifications.

_____

_____

_____

Hours of operation

- Select the location is open 24 hours a day 7 days a week OR complete the chart
- If a location is open 24 hours a day 7 days a week, you do not have to complete the chart

□ Yes □ No Has the vendor, its owners, officers or managers ever been suspended or disqualified from the SNAP in Mississippi or any other state?

If yes, give the name of the owners, managers, any officers, vendor(s), location(s), the reason(s) and date of suspension or disqualification:

_____

_____

□ Yes □ No Has the vendor ever been cited by the State or County health inspector for a violation?

If yes, was your license/permit revoked? _____

If yes , when? From: _____to_____

□ Yes □ No Does the vendor comply with the applicable provision of the **Americans with Disabilities Act of 1990**?

□ Yes □ No Does this vendor location have internet access through DSL or Broadband?

If yes, who is your service provider? _____

□ Yes □ No Are your cash registers currently programmed to detect WIC Authorized vs. Non-Authorized products (independent of any State of Mississippi provided equipment)?

□ Yes □ No Is there a conflict of interest (relationship) between your store and any local or state WIC agency?

If yes, please explain: _____

Days and hours of normal vendor operation:

□ This location is open 24 hours a day 7 days a week.

OR

Sunday	Open	Close
Monday	Open	Close
Tuesday	Open	Close
Wednesday	Open	Close
Thursday	Open	Close
Friday	Open	Close
Saturday	Open	Close

"This institution is an equal opportunity provider"

Wholesalers/ Suppliers

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

Revised 6.28.16

Name and address of infant formula wholesaler or supplier:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ Fax: (____)_____

Name and address of primary grocery wholesaler:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ Fax: (____)_____

Name and address of milk wholesaler:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ Fax: (____)_____

Name and address of pharmacy wholesaler (if pharmacy applicant):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)_____ Fax: (____)_____

"This institution is an equal opportunity provider"

Food Sales transactions

- The first option is for a cash register and separate POS system. This normally means SNAP purchases and other purchases must be paid for separately.
- The second option is a cash register with built- in EBT capabilities. In this system, SNAP and other purchases are paid for with the same device.

Revised 6.28.16

PROCESSES FOR FOOD SALES TRANSACTIONS:

Does your vendor have a Point of Sale device?

☐ **Yes** ☐ **No**

Please check all forms of payment your vendor will be accepting.

☐ **Cash** ☐ **EBT** ☐ **Debit** ☐ **Credit** ☐ **Checks**

Please circle the picture that best describes how your vendor currently does or plans on doing WIC transactions. Please circle ONE image only.

A cash register and a separate POS device

Stop! Proceed to next page

ONLY a cash register with built-in EBT capabilities (integrated)

Please continue below

1. What company did or will your WIC integrated software come from?

2. Who processes or will process your WIC reimbursements?

"This institution is an equal opportunity provider"

Attachments

Based on store type…

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

Attachments

Please attach the following documents: **Business license**, **Food permit**, and completed **WIC Price Survey** for each location. Your application will be considered incomplete without these attachments.

General Information

PLEASE READ CAREFULLY AND SIGN BELOW

The undersigned is authorized to act on behalf of the applicant identified on Page 1, who is applying for authorization to participate in the MSDH WIC Program. By submitting this application, **the undersigned has declared that the business is open, fully operational, and authorized to accept SNAP**. The undersigned has reviewed, verified, and understands the information contained in and attached to this vendor application packet.

Submission of this application **does not** constitute authorization to participate in the 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**. The MSDH WIC Program or its designee may verify the information contained in this application during an on-site visit.

1. I certify that the enclosed Price Monitoring Survey form reflects the actual highest shelf price.
2. I certify that all information submitted on this application is accurate and complete.
3. I understand that if the application is approved and an Agreement is executed, I will be bound by all rules, and requirements of the MSDH WIC Program, in addition to the terms and conditions of the Mississippi State Department of Health WIC Vendor Agreement.
4. I understand that if any information contained in this application is found to be false, the application will be denied, or if authorized, can result in being suspended or disqualified from participating in the MSDH WIC Program.
5. The undersigned declares that he/she is the vendor's sole owner or has the delegated legal authority to sign this application on behalf of the owner.

Signature: _____ Date: _____

Name (Print): _____

Title (Print): _____

For Agency Use Only:

Vendor ID: _____

Peer Group: _____

Contract Start Date: _____ Contract End Date: _____

"This institution is an equal opportunity provider"

Vendor Technology Surveys

Vendor Technology Survey

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

Vendor 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		

Electronic Cash Register and Point of Sale Information		
ECR Brand (IBM, Retalix):		Model (ACE, Scanmaster, etc):
Software Version:	Total number of registers (excluding departmental and self-checkout):	
POS Pin Pad Brand:		POS PIN Pad Model:
Third Party Processor (TPP)		
Do you use a third party processor (circle one): Yes No		TPP Name (First Data, Vantiv, Fiserv, World Pay):
TPP Link Type (Buypass, Concorde, MPS):		Does Store Have Internet Connection (circle one): Yes No
TPP Contact:	TPP Email:	
Phone:	Address	
City:	State:	ZIP Code:
Additional information (anything you feel would be helpful)		

Vendor Shelf Tags

Each WIC authorized vendor is required to identify WIC approved foods

Potential Shelf Tag Designs

OPTION 1

Customizable option for the store to print

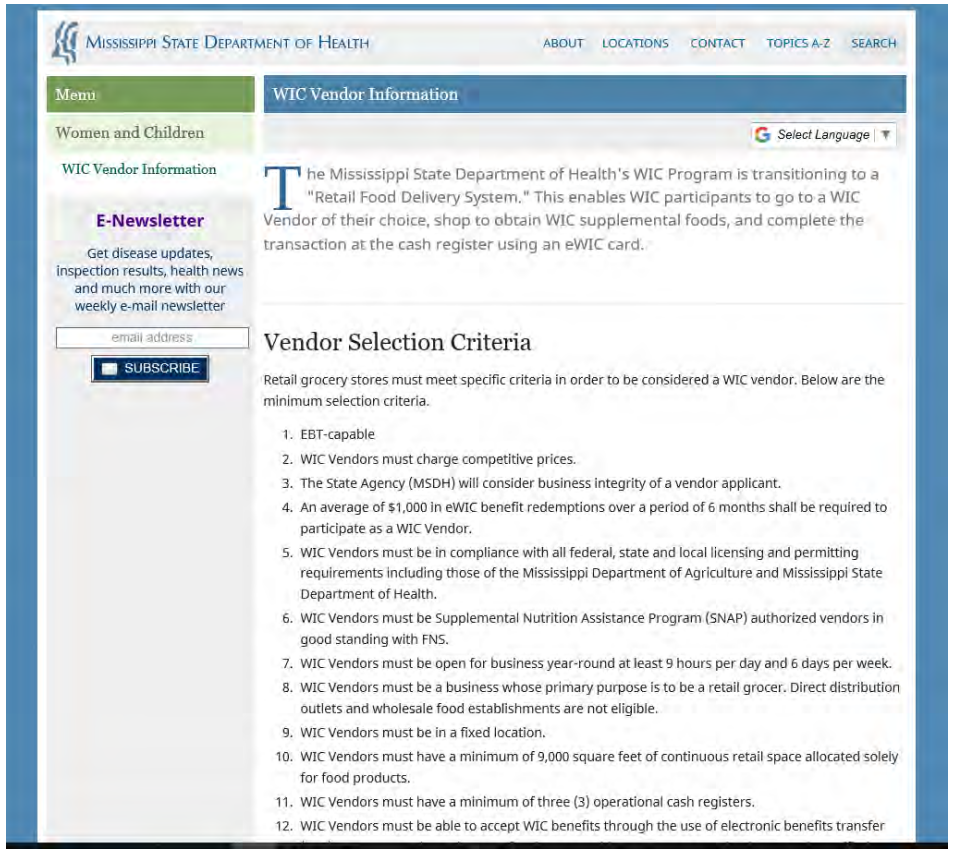
OPTION 2

General option for MSDH WIC to print

Vendor Questions?

Where to get more information?

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



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

February 20, 2020 12pm CT

TOPICS

- Vendor Technical Assistance

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

THANK YOU

MSDH WIC Program