

Becoming a Kansas WIC Vendor

APPLICATION PACKET



APPLICATION PACK

Kansas Department of Health & Environment
Bureau of Family Health
Nutrition and WIC Services
Curtis State Office Building
1000 SW Jackson St, Suite 220
Topeka, KS 66612-1274
(785) 296-1320 (Voice) (785) 559-4243 (Fax)

Dear Potential WIC Vendor:

Thank you for your interest in becoming a vendor for the Kansas Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This packet includes:

- the WIC Evaluation and Selection Criteria,
- a list of county designations,
- Minimum Stock Requirements (for urban and rural counties),
- * Vendor Application (which includes the following):
 - * Vendor Price Survey Analysis and

In order to expedite the application process, a [*Kansas WIC Vendor Participation Contract](#) may be downloaded from the website www.kansaswic.org. Please fill out the last page and send it in with your completed application.

It is important that you read all information before signing the appropriate documents. If you are approved as a WIC vendor you will be held accountable to all WIC vendor requirements. The State WIC Agency will determine if information provided on the application meets WIC vendor preliminary approval criteria. If the preliminary criteria are met, the Local WIC Agency will then conduct an on-site evaluation.

The final decision to approve or deny your application rests with the State WIC Agency and you will be notified of the final decision. If approved, you will receive WIC materials along with a copy of the signed Vendor Participation Contract.

Please contact Lisa Long if you have questions or concerns about the application process. I can be reached by phone at (785) 296-1323 or by email at lisa.long@ks.gov. Again, thank you for your interest in becoming a WIC vendor.

Sincerely,



Lisa Long, Vendor Manager
Nutrition and WIC Services



Ashley Waldo, Vendor Manager
Nutrition and WIC Services

* Indicates a form that needs to be completed and sent in to the WIC State Agency.

Kansas WIC Program
Evaluation and Selection Criteria ¹

1. Vendors must be licensed by the Kansas Department of Agriculture as a retail grocery store.
 - a. Military Commissaries are considered retail grocery stores.
 - b. Kansas does not authorize what are considered “convenience stores.”
2. Vendors must provide foods from stationary locations, have a minimum food sales area of 2,000 square feet or more, and be accessible to clients with disabilities. Non-stationary locations will be considered only when a specific area has been identified as having inadequate client access.
3. Vendors must not be currently disqualified from the Kansas Food Assistance Program.
4. Vendors must be currently enrolled or in the process of applying to participate in the Kansas Food Assistance program (SNAP).
5. Vendors must maintain a point-of-sale (POS) system certified as capable of processing online, real time eWIC transactions that originate from the Kansas WIC program and the use of a Kansas eWIC card.

The certified POS system must be an “integrated” system which uses a single system to scan foods and process payment. A “stand-beside” POS system that uses two separate systems to scan foods and process payment will only be considered in those areas not currently being served by a vendor with an “integrated” POS system. If you are considering purchasing or upgrading equipment, contact the state WIC office for guidance on which systems are eWIC certified.

Vendors must implement a certified POS system prior to accepting eWIC benefit cards in accordance with published rules, policies and specifications.

6. Vendors must maintain a minimum stock of WIC approved foods. A list of minimum stock requirements is located within this application packet.
7. At the time of application, the vendor's prices must meet pricing requirements with the average prices established for the peer group they would be placed in. Vendors with the lowest prices for WIC foods will be given preference for authorization over vendors with higher priced WIC food items within their peer group.
8. Vendors must produce a dated cash register receipt to document each sale. The receipt should give a product description of food items purchased and unit prices for each food item to allow auditing of foods sold to WIC clients.
9. Vendors must purchase infant formula from the Approved Infant Formula list.
10. The State Agency will consider business integrity when determining eligibility for selection as a vendor. Activities indicating a lack of business integrity include, but are not limited to the following:
 - a. Fraud;
 - b. Antitrust violation;
 - c. Embezzlement, theft, or forgery;
 - d. Bribery;
 - e. Falsification or destruction of records;
 - f. Making false statements or claims;
 - g. Receiving stolen property;
 - h. Obstruction of justice;
 - i. Other evidence reflecting on the business integrity and reputation of the applicant;
 - j. Arson;
 - k. Conspiracy; or
 - l. Official records of removal from any federal, state or local program

The Kansas WIC Program will not contract with any vendor that has been disqualified from a USDA, Food and Nutrition Services (FNS) program during the last six (6) years or if any of the vendor applicant’s current owners, officers, or managers have civil judgment entered against them for, or have been convicted of any activity indicating a lack of business integrity. The State Agency will determine which offenses apply. The vendor must have and maintain a positive compliance history with any and all FNS programs, if currently or formerly a vendor for those programs.

1. This is an abbreviated listing of the Evaluation and Selection Criteria. This listing includes only the criteria for vendors submitting an application. For a full listing of the Evaluation and Selection Criteria, please refer to the [Vendor Procedures Manual](#). Potential vendors who believe they are unable to meet all requirements should contact the state agency.

Designation of Kansas Counties

Rural Counties

Anderson	Marshall
Barber	Meade
Brown	Mitchell
Chase	Morris
Chautauqua	Morton
Cheyenne	Nemaha
Clark	Ness
Clay	Norton
Cloud	Osborne
Coffey	Ottawa
Comanche	Pawnee
Decatur	Pawnee
Edwards	Phillips
Elk	Pratt
Ellsworth	Rawlins
Gove	Republic
Graham	Rice
Grant	Rooks
Gray	Rush
Greeley	Russell
Greenwood	Scott
Hamilton	Sheridan
Harper	Sherman
Haskell	Smith
Hodgeman	Stafford
Jewell	Stanton
Kearney	Stevens
Kingman	Thomas
Kiowa	Trego
Lane	Wabaunsee
Lincoln	Wallace
Linn	Washington
Logan	Wichita
Marion	Wilson
	Woodson

Urban Counties

Allen
Atchison
Barton
Bourbon
Butler
Cherokee
Cowley
Crawford
Dickinson
Douglas
Doniphan
Ellis
Finney
Ford
Franklin
Geary
Harvey
Jackson
Jefferson
Johnson
Labette
Leavenworth
Lyon
McPherson
Miami
Montgomery
Neosho
Osage
Pottawatomie
Reno
Riley
Saline
Sedgwick
Seward
Shawnee
Sumner
Wyandotte

Counties are divided into two geographical groups based on specific peer grouping information generated by the Kansas WIC program to ensure vendors are grouped with like vendors.

The Kansas Department of Health and Environment provided the original data break down, consisting of 5 county groupings based on population. More information can be found in the 2013 Annual Summary of Vital Statistics for Kansas.

MINIMUM STOCK REQUIREMENTS

For Kansas WIC Vendors located in **URBAN** counties

To meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your local agency for exemption requirements for infant formula. See the Kansas WIC Program Booklet for more information on each food category.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Infant Formula			
Similac Advance	Powder	12.4 oz cans	22 cans
Similac Advance	Concentrate	13 oz cans	70 cans
Similac Soy Isomil	Powder	12.4 oz cans	22 cans
Similac Soy Isomil	Concentrate	13 oz cans	70 cans
Similac Sensitive Fussiness & Gas	Powder	12.6 oz cans	22 cans
Milk (Store Brand or Least Expensive Brand Available)			
Whole	1 brand	Half-gallon and Gallon	6 half gallons and 12 gallons
Skim/Fat Free, 0%, ½%, or 1%	1 brand	Half-gallon and Gallon	6 half gallons and 12 gallons
Cheese (Store Brand or Least Expensive Brand Available)			
American, Cheddar, Colby, Monterey Jack, Mozzarella, Swiss	2 varieties	8 oz or 16 oz package	8 - 8 oz packages or 4 - 16 oz package
Eggs(Store Brand or Least Expensive Brand Available)			
Large, Grade A or AA	1 brand	1 dozen	4 dozen
Juice (See WIC Food List for brand information)			
Ready to drink	2 flavors	64 oz containers	6 containers each flavor
Concentrate, frozen or shelf stable	2 flavors	11.5 oz – 12 oz containers	4 containers each flavor
Cereal (See WIC Food List for brand information)			
Infant	2 varieties (rice + 1)	8 oz container	4 boxes each variety
Breakfast	4 varieties (at least one variety must be whole grain)	11 oz up to 36 oz packages	2 packages each variety
Peanut Butter			
Smooth or Crunchy	1 brand	16 oz - 18 oz container	2 containers
Baby Food			
Fruit	4 varieties	4 oz containers	128 containers total
Vegetable	4 varieties	4 oz containers	128 containers total
Meat w/gravy	3 varieties	2.5 oz containers	62 containers total

MINIMUM STOCK REQUIREMENTS
For Kansas WIC Vendors located in **URBAN** counties

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Canned Beans			
<ul style="list-style-type: none"> ◆ Black or Red ◆ Black-Eyed Peas ◆ Crowder or Purple Hull Peas ◆ Fat Free Refried Beans ◆ Garbanzo Beans or Chickpeas ◆ Great Northern Beans ◆ Kidney Beans ◆ Lentils ◆ Lima or Butter Beans ◆ Navy Beans ◆ Pinto Beans ◆ Split Peas 	3 varieties	15 oz to 16 oz cans	4 cans each variety
Fish			
Light Tuna (chunk)	1 brand	3 oz to 15 oz can or pouch	4 containers
Pink Salmon	1 brand	3 oz to 15 oz can or pouch	4 containers
Fruits and Vegetables			
Fresh Fruits	2 varieties		4 pounds each variety
Fresh Vegetables	2 varieties		4 pounds each variety
Whole Grains (See the WIC Food List for brand information)			
<ul style="list-style-type: none"> ◆ 100% Whole Wheat bread/rolls/buns (12, 16, 20, or 24 oz) ◆ Soft Corn or Whole Wheat Tortillas (8, 12,16, 20, 24, or 32 oz) ◆ Brown Rice (16 or 32 oz) ◆ Instant Brown Rice (14 oz) ◆ Whole Wheat Pasta (16 oz) 	2 whole grain options	At least one option must be in a 16 oz package	2 packages each option

MINIMUM STOCK REQUIREMENTS

For Kansas WIC Vendors located in **RURAL** counties

To meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your Local Agency for exemptions on requirements for infant formula. See the Kansas WIC Program Booklet for more information on each food category.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Infant Formula			
Similac Advance	Powder	12.4 oz cans	11 cans
Similac Advance	Concentrate	13 oz cans	35 cans
Similac Soy Isomil	Powder	12.4 oz cans	11 cans
Similac Soy Isomil	Concentrate	13 oz cans	35 cans
Similac Sensitive Fussiness & Gas	Powder	12.6 oz cans	11 cans
Milk(Store Brand or Least Expensive Brand Available)			
Whole	1 brand	Half-gallon and Gallon	3 half gallons and 6 gallons
Skim/Fat Free, 0%, ½%, or 1%	1 brand	Half-gallon and Gallon	3 half gallons and 6 gallons
Cheese(Store Brand or Least Expensive Brand Available)			
American, Cheddar, Colby, Monterey Jack, Mozzarella, Swiss	2 varieties	8 oz or 16 oz package	4 - 8 oz packages or 2 - 16 oz package
Eggs (Store Brand or Least Expensive Brand Available)			
Large, Grade A or AA	1 brand	1 dozen	2 dozen
Juice (See WIC Food List for brand information)			
Ready to drink	2 flavors	64 oz containers	3 containers each flavor
Concentrate, frozen or shelf stable	2 flavors	11.5 oz – 12 oz containers	2 containers each flavor
Cereal (See WIC Food List for brand information)			
Infant	2 varieties (rice + 1)	8 oz container	2 boxes each variety
Breakfast	4 varieties (at least one variety must be whole grain)	11 oz up to 36 oz packages	1 package each variety
Peanut Butter			
Smooth or Crunchy	1 brand	16 oz - 18 oz container	1 container
Baby Food			
Fruit	4 varieties	4 oz containers	64 containers total
Vegetable	4 varieties	4 oz containers	64 containers total
Meat w/gravy	3 varieties	2.5 oz containers	31 containers total

MINIMUM STOCK REQUIREMENTS
For Kansas WIC Vendors located in **RURAL** counties

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Canned Beans			
<ul style="list-style-type: none"> ◆ Black or Red ◆ Black-Eyed Peas ◆ Crowder or Purple Hull Peas ◆ Fat Free Refried Beans ◆ Garbanzo or Chickpeas ◆ Great Northern Beans ◆ Kidney Beans ◆ Lentils ◆ Lima or Butter Beans ◆ Navy Beans ◆ Pinto Beans ◆ Split Peas 	3 varieties	15 oz to 16 oz cans	4 cans each variety
Fish			
Light Tuna (chunk)	1 brand	3 oz to 15 oz can or pouch	2 containers
Pink Salmon	1 brand	3 oz to 15 oz can or pouch	2 containers
Fruits and Vegetables			
Fresh Fruits	2 varieties		2 pounds each variety
Fresh Vegetables	2 varieties		2 pounds each variety
Whole Grains (See the WIC Food List for brand information)			
<ul style="list-style-type: none"> ◆ 100% Whole Wheat bread/rolls/buns (12, 16, 20, or 24 oz) ◆ Soft Corn or Whole Wheat Tortillas (8, 12, 16, 20, 24, or 32 oz) ◆ Brown Rice (16 or 32 oz) ◆ Instant Brown Rice (14 oz) ◆ Whole Wheat Pasta (16 oz) 	2 whole grain options	At least one option must be in a 16 oz package	2 packages each option

KDHE
Bureau of Family Health
Nutrition and WIC Services
1000 SW Jackson, Suite 220
Topeka, Kansas 66612

WIC OFFICE USE ONLY

Reviewed by: _____ Date: _____

Vendor ID: _____

Store open date: _____

Change effective date: _____

Assigned Local Agency: _____

Vendor Application

Please answer all questions and sign.
Incomplete applications will not be processed.

Submission of this application does not constitute authorization to participate in the Kansas WIC Program. This application is not a contract. Participation in the Kansas WIC Program will not be authorized until all required materials have been received, evaluated and approved.

The WIC Program is an equal opportunity program and may not discriminate on the basis of race, color, disability, age, national origin, or gender.

- Type of Application: NEW – complete entire application
 Change of Ownership – complete entire application
 Change of Store Location – complete store information only
 Change of Store Name – complete store information only

STORE INFORMATION

1. Store Name and Number (if applicable): _____
2. Physical Location: _____
3. City: _____ County: _____ State: _____ Zip: _____
4. Telephone: (_____) _____ Fax: (_____) _____ ¹Email address: _____
5. Mailing Address (if different): _____
6. City: _____ County: _____ State: _____ Zip: _____
7. If new store, scheduled opening date: _____
8. If existing store, date store opened: _____
9. Number of cash registers: _____ Number of cashiers: _____
Is your cash register system an “integrated” system which uses a single system to scan foods and process payment? Yes _____ No _____ (See Questions 40-44)

¹ An email address is required to ensure vital information is communicated in a timely way.

10. Square footage of food sales area: _____
11. Does your store use scanners? Yes No
12. If scanners are used, are they programmable to identify WIC allowed foods? Yes No
13. Do you contract with a company to maintain your scanners/cash registers? Yes No

If yes, name of company: _____

14. Federal Taxpayer ID Number (9 digit TIN #): ____ - ____ - ____ - ____ - ____
15. Hours of business: Sunday _____ Monday – Friday _____ Saturday _____

16. Have you ever been disqualified from the Kansas Food Assistance Program (SNAP)? Yes No
17. Are you an authorized Kansas Food Assistance Program vendor? Yes No

If yes, authorization number: _____

Kansas Food Assistance Program application pending Yes No

18. Store Manager: _____
- Store Trainer: _____

19. Does your store have an in-store pharmacy? Yes No

If yes, direct phone number: _____

OWNER INFORMATION

20. The legal structure of this business is a: Corporation Co-operative LLC
 Partnership Sole Proprietorship Other: _____

21.a. Company Name _____

21.b. Name of owner(s), partners, or corporate officer(s) responsible for the operation of each store.

*Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____ Fax #: (____) _____ EMAIL: _____

*Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____ Fax #: (____) _____ EMAIL: _____

22. If incorporated, name of corporation: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #: (____) _____ Fax #: (____) _____ EMAIL: _____

23. If a new ownership, effective date new ownership takes place: _____

24. Are any of the current owners related by blood or marriage to previous owners? Yes No
If yes, please specify: _____

25. Please list other stores in which you have ownership or interest: (add extra page if necessary)

Store Name: _____ Location: _____

Store Name: _____ Location: _____

26. Have any current owners previously operated a retail grocery in Kansas? Yes No

27. Have the current owners ever participated in the WIC program? Yes No

28. Have the current owners ever been associated with this or any other store that was suspended or disqualified from the WIC Program or Kansas Food Assistance Program? Yes No

29. In the past 6 years have the current owners, officers or managers of this business been convicted of, or have 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

30. If this is a change of ownership from a previous WIC vendor, please complete the following:

Previous owners name: _____

Previous store name: _____

WHOLESALER/SUPPLIER INFORMATION

31. Provide name and address of wholesaler or supplier of infant formula (attach recent invoice showing Similac Advance powder).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

FINANCIAL INFORMATION

32. Provide annual gross sales for the store's most current fiscal year: _____

33. Dates (month/day/year or Fiscal Year) for the above figures: _____

34. If a new store, please project a gross sales amount: _____ annually monthly

35. Will the store derive over 50% of revenue from WIC purchases? Yes No

CASH REGISTER/CARD READER SYSTEMS

36. What type of phone service do you have for your store? *Check all that apply*

Cell or Cellular Cable Regular landline Internet

37. What type of internet service do you have for your store?

I do not have internet Dial-Up High Speed Other (please specify) _____

38. What cash register system do you have?

Retailx IBM LOC NCR RORC Sharp Other (please specify) _____

39. Who maintains your cash register system? *For example, who do you call when you have a problem with your cash register system*

I maintain my own system I call a person or company

Company Name: _____ Contact Name: _____ Phone # _____

40. Do you use the bar code scanning feature of your cash register system? Yes No _____

41. Does your store accept credit and debit cards? Yes No

Do you accept/process credit cards? Yes No

Do you accept/process debit cards? Yes No

42. Do you manually enter the purchase amount into your credit or debit card terminal? Yes No

43. Who provides your credit or debit processing services?

They are sometimes called a third party processor (TPP) or card processor (examples: Vantiv or First

Data) Processor name: _____

44. Do you use separate system to process SNAP/EBT cards? Yes No

I understand that, if this application is approved and a WIC contract is subsequently entered into with the Kansas WIC Program, said contract will be rendered null and void by a change of ownership of the store. The State Agency reserves the right not to renew the contract.

I certify that all information submitted on this form is accurate and complete, and that I will be bound by WIC procedures and requirements set forth in the WIC Vendor Contract, the Vendor Manual and other WIC materials provided to me.

I further certify that:

I understand that this application does not guarantee authorization to participate in the WIC program, and that I am financially liable for any WIC benefits accepted prior to authorization.

This store, including all employees, will comply with program regulations and guidelines, and the State Agency can revoke my authorization to participate if there is noncompliance by any of the store's employees.

Appropriate employees will attend training sessions when requested to do so by the State or Local WIC Agency.

Print Name

Signature

Date

Title

State Agency use only:

Projected Peer Group: _____

YES

NO

The vendor's prices compare favorably with peer group averages.

All documentation requested from application process received.

SA Final Decision: Application Approved

Application Denied

SA Signature: _____ Date: _____

Vendor Price Survey Analysis
Complete and return with application.

Store Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

			Applicant Price	State Average Peer Group Price (State Use Only)	Applicant higher/ lower
1	Kraft American Sliced Cheese (16 oz)	0-21000-60269-8	\$	\$	H L
2	Eggs, grade A or AA, 1 dozen (any brand)		\$	\$	H L
3	Quaker Life Original cereal (18 oz)	0-30000-06119-0	\$	\$	H L
4	Jif Creamy Peanut Butter (16 oz)	0-51500-25516-2	\$	\$	H L
5	Old El Paso Fat Free Refried Beans (16 oz)	0-46000-82011-8	\$	\$	H L
6	Gerber Rice Cereal (8 oz)	0-15000-07000-7	\$	\$	H L
7	Milk, whole, 1 gallon (any brand)		\$	\$	H L
8	Milk, 1%, 1 gallon (any brand)		\$	\$	H L
9	Juicy Juice Apple Juice (64 oz)	0-28000-00824-6	\$	\$	H L
10	Similac Advance powder (12.4 oz)	0-70074-55958-2	\$	\$	H L

Notes: (State use only)

<p>State Agency use only:</p> <p>Peer Group pricing used: _____ Percent of applicant prices under the State Average/Adjusted Peer Group Price: _____%</p> <p>Applicant prices: <input type="checkbox"/> 50% below adjusted price <input type="checkbox"/> 50% above adjusted price <input type="checkbox"/> 75% above adjusted price</p> <p>Vendor prices categorized as: <input type="checkbox"/> within PG average <input type="checkbox"/> high priced <input type="checkbox"/> very high priced</p> <p>Price analysis completed by: _____ Date: _____</p>
