

Nevada WIC Vendor Application

ENROLLMENT PERIOD: October 1, 2024 -
September 30, 2027

Submission of this application does not constitute authorization to participate in the Nevada WIC Program. This application is NOT an Agreement. Participation in the Nevada WIC Program will not be authorized until all completed application materials have been received, evaluated and approved. While we appreciate your interest, submitting an application does not guarantee acceptance. Reviews are conducted as time allows, and we are unable to provide a specific timeline.

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

This institution is an equal opportunity provider.

Esta entidad es un proveedor que brinda igualdad de oportunidades.

<https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>

Store Name: _____

Doing Business As (dba): _____

Business Location: _____

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

Telephone: () _____ Email: _____

Mailing Address: _____

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

The legal structure of this business is: ☐ Corporation ☐ Co-operative
☐ Limited Liability ☐ Partnership
☐ Sole Proprietorship ☐ Other

If applicable, Name of partner (s): _____

If applicable, Date and Place of Incorporation, Organization: Name of owner(s), partners, members, or corporate officer(s) responsible for the operation of each applicant store(s). If a Partnership, Limited Liability Company, or Corporation, percent of ownership.

Name: _____

% Ownership _____ Address: _____

City: _____

State: _____ Zip Code: _____

Phone: () _____

You must provide a valid, regularly checked email.

Email : _____

BANK INFORMATION

Name of the Store or Outlet's Bank: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____

Account Number: _____ ABA Routing #: _____

Federal ID #: _____ Effective Date: _____

INSURANCE INFORMATION (please attach copy of current liability document)

Name of Liability Insurance Company: _____

Liability Insurance Effective Date: _____

Liability Insurance Expiration Date: _____

Liability Insurance Coverage: _____

CONTACT INFORMATION

You must provide a working email that is checked regularly. Please indicate the primary email.

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

General Manager

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Cell _____

Email: _____

Primary email? Y N

OTHER PERSONNEL

Please list the name, phone number, and email address of the individual to contact regarding the following:

Position	Name	Phone #	Email	Primary email y/n
Store Manager				
WIC Point of Contact				
Operations				
Newsletter Distribution				
Store Openings/Closings				
Vendor Agreements				
Corporate Contact				
Regional/District Manager				
Store's Primary Bookkeeper				

INFANT FORMULA SUPPLIER

NOTE: INFANT FORMULA MUST BE PURCHASED FROM A SUPPLIER ON THE ATTACHED LIST

Name and address of infant formula Wholesaler or Supplier:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MUST PROVIDE A COPY OF LATEST INFANT FORMULA INVOICE

STORE INFORMATION

To be classified as a chain store, the “chain” must have 6 or more store locations.

	Yes	No
Is this store part of a national chain? (multi-state operations)		
Is this store part of a local chain? (within the same geographic location, but not statewide)		
Is this an independent store? (same owner/operator, not affiliated with a chain)		
Does this store meet the definition of a Full-Line Grocery as defined in the attachment for Vendor Selection and Limiting Criteria?		
Nevada WIC Authorized Vendors will be required to stock seven varieties of fresh fruits and seven varieties of fresh vegetables, five units of each variety. Does this store have the space and/or ability to comply?		
Do you expect more than 50% of your annual revenue will be from the sale of food items will be derived from WIC food sales?		
Does this store have a Store Loyalty card? If yes, name:		
During the last six 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?		
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?		
Has the store or its owner(s), officer(s), or manager(s) ever been suspended or disqualified from WIC in Nevada or any other state? If yes, attach the name of the person(s), store(s) location, and the reason(s) and date(s) of suspensions or disqualifications.		
Is this store currently authorized to accept SNAP in Nevada or any other state? If yes, list the SNAP Authorization Number:		

	Yes	No
Has the store or its owner(s), officer(s), or manager(s) ever been suspended or disqualified from SNAP in Nevada or any other state? If yes, attach the name of the person(s), store(s) location, and the reason(s) and date(s) of suspensions or disqualifications.		
Has the store ever been cited by the State or County health inspector for a violation?		
If yes, was your license or permit revoked? If yes, from: to: Please describe the violation and provide details:		
You must attach a copy of the store's current health certificate (operating permit).		
Does this store location have internet access through DSL or Broadband? If yes, who is your service provider?		

Nevada WIC uses Electronic Benefits Transfer (EBT); internet access, and a three-pronged electrical outlet is required at the locations you plan to place the WIC EBT Point of Service (POS) equipment. Will this be available?		
If Nevada WIC establishes a system for on-line ordering of WIC foods, would this store be interested in participating?		
If yes, (indicate all applicable) would this store offer in-store or curbside pick-up? Delivery? Transaction in the presence of cashier? Internet transaction?		
Does this store comply with the applicable provisions of the Americans with Disabilities Act of 1990? 1. *Compliance with the requirements of 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.), as amended, and Section 504 of the Rehabilitation Act of 1973, P.L. 93-112, (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); as amended, and FNS directives and guidelines to the effect that no person shall, on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity 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. 2. Compliance with Title II and Title III of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended by the ADA Amendment Act of 2008 (42 U.S.C.12131-12189) 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 regulations adopted there under contained in 28 CFR 26.101-36.999 inclusive, and any relevant program-specific regulations.		

Please provide the following information:

What is the square footage of the store? _____

Number of store locations statewide _____

Number of store locations nationally _____

Number of registers _____

Number of POS terminals (include all terminals; Pharmacy etc): _____

Does Self-Checkout accept eWIC? _____

If not and you would like to have your Self-Checkout terminals accept WIC, please contact the Nevada State Vendor Coordinator to facilitate this process.

Are your cash registers currently programmed to detect WIC Authorized vs. Non-Authorized products (independent of any State of Nevada provided equipment)? _____

Please complete the attached Electronic Cash Register (ECR) Form

Days and hours of store operation:

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

OR

Sunday	From	To
Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

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 Nevada WIC Program. By submitting this application, the undersigned has declared that the business is open, fully operational and authorized to accept Food Stamps/SNAP. The undersigned has reviewed, verified and understands the information contained, requested and attached to this Vendor enrollment packet.

This application is only a request for a WIC Vendor Agreement and does not constitute an Agreement nor does it guarantee authorization to participate in the Nevada WIC Program. There is no timeline for reviewing applications. Reviews are conducted as time allows, and we are unable to provide a specific timeline. The Nevada State WIC Program or its designee may verify the information contained in this application during an on-site visit.

1. I certify the enclosed Price Monitoring Survey reflects 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 Nevada WIC Program, in addition to the terms and conditions of the 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 Nevada WIC Program.
5. The undersigned declares that they are the store's sole owner or has the delegated legal authority to sign this application on behalf of the owner.

Signature: _____ Date: _____

Name (Print): _____

Title (Print): _____

Please return your completed application to the Vendor Coordinator via email at DPBHWICVendor@health.nv.gov or fax to 775-684-4246.

Applications may also be mailed to:

State of Nevada WIC
Attn: Vendor Coordinator
680 W. Nye, Ste. 205
Carson City, NV 89703
Division of Public and Behavioral Health
Women, Infants and Children (WIC) Program

FAIR HEARING PROCEDURE

Policy

It is the policy of the Nevada WIC Program that each applicant or participant shall have the opportunity to appeal any adverse action taken, including denial of participation or suspension. This appeal shall be known as a fair hearing.

Procedure

Any person who would like a fair hearing may do so by requesting assistance from the local agency or submitting a request in writing to:

Administrator
Division of Public and Behavioral Health
4150 Technology Way Ste 300
Carson City, NV 89706

Any request for a fair hearing must:

- ☐ Be made within 60 days of notification of adverse action
- ☐ Include a brief description of the incident in question
- ☐ Include the name, address, and phone number of the person making the request

The hearing will be held within three (3) weeks from the date of receipt of request.

The time and location chosen for the hearing will be convenient to the person. At least 10 days written notice of time and place of hearing will be given to the person.

The person making a fair hearing request will:

1. Have the opportunity to examine, prior to and during the hearing, documents and records presented to support the decision under appeal.
2. Have the opportunity to be assisted or represented by an attorney or other persons.
3. Have the opportunity for himself or his representative to present oral or documentary evidence and arguments supporting his position in accordance with procedures established by hearing officer.
4. Have the opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses.

The hearing will be conducted, and decision made by one of the following (who did not participate in making the decision under appeal or in any previously held conferences):

- ___ Administrator of the Division of Public and Behavioral Health
- ___ Administrative Health Services Officer IV
- ___ Appointed employee from office of the Director, Department of Human Resources.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter

addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

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