

# Becoming a Kansas WIC Vendor

## APPLICATION PACKET



# APPLICATION PACKET

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) 296 -1326 (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
  - Automated Clearing House (ACH) Payment Process
  - \*Authorization Agreement for the Automated Clearing House (ACH) Transactions.

**In order to expedite the application process, a \*[Kansas WIC Vendor Participation Contract](#) may be downloaded from the website [www.kansaswic.org](http://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 a welcome packet along with a copy of the signed Vendor Participation Contract.

Please contact Valerie Merrow if you have questions or concerns about the application process. I can be reached by phone at (785) 296-0092 or by email at [vmerrow@kdheks.gov](mailto:vmerrow@kdheks.gov). Again, thank you for your interest in becoming a WIC vendor.

Sincerely,



Valerie Merrow, Vendor Manager  
Nutrition and WIC Services



Janna Gunckle, 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<sup>1</sup>

1. Vendors must be licensed by the Kansas Department of Agriculture as a retail grocery store.
  - a. Military Commissaries are considered retail grocery 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.
3. Vendors must not be currently disqualified from the Kansas Food Assistance Program.
4. Vendors must maintain a minimum stock of WIC approved foods. Refer to policy [VEN 02.03.00 Minimum Stock Requirements](#) for more information regarding requirements.
5. 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.
6. 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.
7. Vendors must purchase infant formula from the Approved Infant Formula list.
8. 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 programs.

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.

<sup>1</sup> 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](#).

# 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
<b>Infant Formula</b>			
Similac Advance	Powder	12.4 oz cans	22 cans
Similac Advance	Concentrate	13 oz cans	70 cans
Gerber Good Start Soy	Powder	12.9 oz cans	22 cans
Gerber Good Start Soy	Concentrate	12.1 oz cans	70 cans
Similac Sensitive Fussiness & Gas	Powder	12.6 oz cans	22 cans
<b>Milk (Store Brand or Least Expensive Brand Available)</b>			
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
<b>Cheese (Store Brand or Least Expensive Brand Available)</b>			
American, Cheddar, Cojack, Colby, Monterey Jack, Mozzarella, Swiss	2 varieties	8 oz or 16 oz package	8 - 8 oz packages or 4 - 16 oz package
<b>Eggs (Store Brand or Least Expensive Brand Available)</b>			
Large, Grade A or AA	1 brand	1 dozen	4 dozen
<b>Juice (See WIC Program Booklet for brand information)</b>			
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
<b>Cereal (See WIC Program Booklet for brand information)</b>			
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
<b>Peanut Butter</b>			
Smooth or Crunchy	1 brand	16 oz - 18 oz container	2 containers
<b>Baby Food</b>			
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
<b>Canned Beans</b>			
<ul style="list-style-type: none"> <li>◆ Black</li> <li>◆ Black-Eyed Peas</li> <li>◆ Fat Free Refried Beans</li> <li>◆ Garbanzo Beans or Chickpeas</li> <li>◆ Great Northern Beans</li> <li>◆ Kidney Beans</li> <li>◆ Lentils</li> <li>◆ Lima or Butter Beans</li> <li>◆ Navy Beans</li> <li>◆ Pinto Beans</li> <li>◆ Split Peas</li> </ul>	3 varieties	15 oz to 16 oz cans	4 cans each variety
<b>Fish</b>			
Light Tuna (chunk)	1 brand	5 oz to 15 oz can or pouch	4 containers
Pink Salmon	1 brand	5 oz to 15 oz can or pouch	4 containers
<b>Fruits and Vegetables</b>			
Fresh Fruits	2 varieties		2 pounds each variety
Fresh Vegetables	2 varieties		2 pounds each variety
<b>Whole Grains (See the WIC Program Booklet for brand information)</b>			
<ul style="list-style-type: none"> <li>◆ 100% Whole Wheat bread/rolls/buns (12, 16, 20, or 24 oz)</li> <li>◆ Soft Corn or Whole Wheat Tortillas (16oz)</li> <li>◆ Brown Rice (16 oz)</li> <li>◆ Instant Brown Rice (14 oz)</li> <li>◆ Whole Wheat Pasta (16 oz)</li> </ul>	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
<b>Infant Formula</b>			
Similac Advance	Powder	12.4 oz cans	11 cans
Similac Advance	Concentrate	13 oz cans	35 cans
Gerber Good Start Soy	Powder	12.9 oz cans	11 cans
Gerber Good Start Soy	Concentrate	12.1 oz cans	35 cans
Similac Sensitive Fussiness & Gas	Powder	12.6 oz cans	11 cans
<b>Milk(Store Brand or Least Expensive Brand Available)</b>			
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
<b>Cheese(Store Brand or Least Expensive Brand Available)</b>			
American, Cheddar, Cojack, Colby, Monterey Jack, Mozzarella, Swiss	2 varieties	8 oz or 16 oz package	4 - 8 oz packages or 2 - 16 oz package
<b>Eggs (Store Brand or Least Expensive Brand Available)</b>			
Large, Grade A or AA	1 brand	1 dozen	2 dozen
<b>Juice (See WIC Program Booklet for brand information)</b>			
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
<b>Cereal (See WIC Program Booklet for brand information)</b>			
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
<b>Peanut Butter</b>			
Smooth or Crunchy	1 brand	16 oz - 18 oz container	1 container
<b>Baby Food</b>			
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
<b>Canned Beans</b>			
<ul style="list-style-type: none"> <li>◆ Black</li> <li>◆ Black-Eyed Peas</li> <li>◆ Fat Free Refried Beans</li> <li>◆ Garbanzo or Chickpeas</li> <li>◆ Great Northern Beans</li> <li>◆ Kidney Beans</li> <li>◆ Lentils</li> <li>◆ Lima or Butter Beans</li> <li>◆ Navy Beans</li> <li>◆ Pinto Beans</li> <li>◆ Split Peas</li> </ul>	3 varieties	15 oz to 16 oz cans	4 cans each variety
<b>Fish</b>			
Light Tuna (chunk)	1 brand	5 oz to 15 oz can or pouch	2 containers
Pink Salmon	1 brand	5 oz to 15 oz can or pouch	2 containers
<b>Fruits and Vegetables</b>			
Fresh Fruits	2 varieties		2 pounds each variety
Fresh Vegetables	2 varieties		2 pounds each variety
<b>Whole Grains (See the WIC Program Booklet for brand information)</b>			
<ul style="list-style-type: none"> <li>◆ 100% Whole Wheat bread/rolls/buns (12, 16, 20, or 24 oz)</li> <li>◆ Soft Corn or Whole Wheat Tortillas (16 oz)</li> <li>◆ Brown Rice (16 oz)</li> <li>◆ Instant Brown Rice (14 oz)</li> <li>◆ Whole Wheat Pasta (16 oz)</li> </ul>	2 whole grain options	At least one option must be in a 16 oz package	2 packages each option

Complete and mail to:  
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: (\_\_\_\_\_) \_\_\_\_\_<sup>1</sup>Email 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: \_\_\_\_\_
10. Square footage of food sales area: \_\_\_\_\_

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

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?  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. Name of owner(s), partners, or corporate officer(s) responsible for the operation of each store.
- \*Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
- \*Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_
22. If incorporated, name of corporation: \_\_\_\_\_  
 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

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: \_\_\_\_\_

### **WHOLESALE/SUPPLIER INFORMATION**

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

**LANGUAGE INFORMATION**

36. Does your staff need written material about WIC in a language other than English?  Yes  No

**CASH REGISTER/CARD READER SYSTEMS**

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

Cell or Cellular                       Cable                       Regular landline                       Internet

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

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

39. What cash register system do you have?

Retailx       IBM       LOC       NCR       RORC       Sharp       Other (please specify)\_\_\_\_\_

40. 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 #\_\_\_\_\_

41. Do you use the bar code scanning feature of your cash register system?  Yes       No\_\_\_\_\_

42. 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

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

44. 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:\_\_\_\_\_*

45. 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 checks 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 Avg/Adjusted Peer Group Price	Applicant lower		
1	Similac Advance powder 12.4 oz	\$	\$	Y	N	
2	Similac Advance concentrate 13 oz	\$	\$	Y	N	
3	Gerber Good Start Soy powder 12.9 oz	\$	\$	Y	N	
4	Similac Sensitive Fussiness & Gas powder 12.6 oz	\$	\$	Y	N	
5	Baby Food, 4 oz jar, fruit or vegetable (any brand)	\$	\$	Y	N	
6	Infant Cereal, 8 oz box, Rice (any brand)	\$	\$	Y	N	
7	Milk, whole, 1 <b>quart</b> (any brand)	\$	\$	Y	N	
8	Milk, lactose free: <input type="checkbox"/> ½ gallon <input type="checkbox"/> quart	\$	\$	Y	N	
9	Eggs, grade A or AA, 1 dozen (any brand)	\$	\$	Y	N	
10	Cheese, 16 oz package – Swiss (any brand)	\$	\$	Y	N	
11	Juice, 64 oz container, Juicy Juice (any flavor)	\$	\$	Y	N	
12	Juice concentrate, Minute Maid - orange (frozen)	\$	\$	Y	N	
13	Peanut Butter, 16-18 oz jar (any brand)	\$	\$	Y	N	
14	Canned Black Beans 15-16 oz can (any brand)	\$	\$	Y	N	
15	Salmon, Chicken of the Sea 6.0 oz pouch	\$	\$	Y	N	
16	100% Whole Wheat Bread loaf _____ OZ <small>Indicate package size</small>	\$	\$	Y	N	
17	Yellow Corn Soft Tortillas _____ OZ <small>Indicate package size</small>	\$	\$	Y	N	
18	General Mills Cheerios _____ oz box <small>Price per ounce</small>	\$	<b>Vendor Average</b>	<b>Adjusted PG price</b> \$	Y	N
	Kellogg's Special K _____ oz box <small>Price per ounce</small>	\$				
	Quaker Oatmeal Squares _____ oz box <small>Price per ounce</small>	\$				

**State Agency use only:**

Peer Group pricing used: \_\_\_\_\_ Percent of applicant prices under the State Average/Adjusted Peer Group Price: \_\_\_\_\_%

Applicant prices:  50% **below** adjusted price     50% **above** adjusted price     75% **above** adjusted price

Vendor prices categorized as:  within PG average     high priced     very high priced

Price analysis completed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Automated Clearing House (ACH) Payment Process

The Kansas WIC program has an Automated Clearing House (ACH) payment process for checks that are rejected for over the allowed amount. With the ACH process, all checks that exceed the maximum amount will be returned (rejected); however your bank account will be electronically credited for the maximum amount allowed for the store's peer group. You will still incur returned check fees, if applicable, from your bank.

The benefit of ACH payments for vendors will be a quicker turnaround payment for a rejected check. **In order to implement the ACH process each vendor must complete and sign the AUTHORIZATION AGREEMENT FOR AUTOMATED CLEARING HOUSE (ACH) TRANSACTIONS.** Here is a basic view of the process:

- The WIC program issues checks to clients
- The WIC client redeems the check at a grocery store (vendor)
- The vendor deposits the check at their bank (Bank of First Deposit)
- The Bank of First Deposit routes the check to the Federal Reserve Bank (FRB) in Atlanta
- Checks are processed by the WIC banking contractor
- Processing consists of performing edits. Checks will be marked as Paid or Rejected during this process
- Rejected checks for over the maximum allowed amount that qualify for an ACH credit will be stamped by the banking contractor with the statement " Over Allowed Amount Paid via ACH do not redeposit"
- All rejected checks are returned to the Atlanta FRB
- The Atlanta FRB routes the returned checks to the Bank of First Deposit

***The following items occur simultaneously:***

- The Bank of First Deposit notifies the vendor of the returned checks and returns them to the store
- Once a week, ACH payments for over the allowed amount checks are consolidated into a single payment per vendor
- ACH payments are electronically sent to the vendor's bank (Bank of First Deposit)
- The vendor's bank receives and processes the ACH payments within 3-5 business days
- Once the vendor has been authorized to receive ACH payments, detailed statements will be available via mail or accessed by the vendor via the WICBanking.com web site

Vendors may submit their bank routing and account numbers and a pre-note (\$0 payments) will be sent out to confirm a valid ACH routing and account number. Once the pre-note has been accepted the vendor's bank will be authorized to receive ACH payments. Any ACH payments that fail in the future will return to the State WIC program and placed in a hold status until routing and account numbers are corrected and verified through the use of another pre-note.

**AUTHORIZATION AGREEMENT FOR AUTOMATED CLEARING HOUSE (ACH) TRANSACTIONS**

Vendor Name \_\_\_\_\_ Vendor ID# \_\_\_\_\_  
Email Address \_\_\_\_\_  
**(For access to [www.WICbanking.com](http://www.WICbanking.com))**

I hereby authorize **Kansas Department of Health and Environment (KDHE)** to initiate credit entries to the account indicated below at the Bank named below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law.

Bank Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Routing Number \_ \_ \_ \_ \_  
Account Number \_ \_ \_ \_ \_  
**(Please be sure that this account can accept direct deposits)**

This authorization is to remain in full force and effect until KDHE has received written notification from me of its termination in such time and in such manner as to afford KDHE and Bank a reasonable opportunity to act on it.

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_