



**FY 22-24 Vendor Application
 WIC Program &
 Summer EBT for Children**

Completion of this form is required for authorization to accept ITCA WIC and Summer EBT for Children benefits. The submission of this application does not guarantee authorization to accept ITCA WIC and Summer EBT for Children benefits. Complete all sections in this application prior to submission. Incomplete applications are unable to be processed.

1. Store Information / Outlet Information		
Name Store is Doing Business As (DBA)		Legal Name of Store
Store Type <input type="checkbox"/> Chain Store <input type="checkbox"/> Independent <input type="checkbox"/> Commissary <input type="checkbox"/> Pharmacy <input type="checkbox"/> Non-Profit <input type="checkbox"/> Tribally Owned <input type="checkbox"/> Mobile Vendor <input type="checkbox"/> Online Vendor (no storefront) <input type="checkbox"/> WIC Only		
Store Location <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Reservation		
Store Location Latitude		Store Location Longitude
Street Address (provide description of location if no exact address can be provided)		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
Telephone Number		Fax Number
2. Ownership		
Ownership Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership (LP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Total number of stores owned in the state of Arizona		Total number of stores authorized to accept WIC in the state of Arizona (ITCA, AZ, and Navajo Nation)
Total number of stores owned nationally		Total number of stores authorized to accept WIC nationally (All WIC Programs)
3. Company Information		
Company E-mail Address		Federal EIN Number
Street Address		
City	State	Zip Code
Person WIC should Contact	Contact Person's Title	Contact Person's E-mail Address
Contact Person's Telephone	Contact Person's Cell Phone	Contact Person's Fax

4. Ownership Disclosure: List all owners, agents, corporate officers, and members. If there are more owners/members than the space provided, submit the information on a separate page and attach to this application.			
Name (First, Middle, Last)	Title	Percent of Ownership	
5. Store Personnel			
Manager Name(s)	Title	Telephone Number(s)	
Bookkeeper Name(s)	Title	Telephone Number(s)	
6. Store History			
When did the store open, or is scheduled to open, for business under applicant's ownership?			
Was there a business at this location prior to the current ownership? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , complete the next line.			
Name of Previous Owner		Date of change of ownership or last known date store was open	
Does the applicant or any of the owners, managers, or employees have any relationship with the previous owner(s)? Relationship includes, but is not limited to; partner, shareholder/stockholder/member, immediate or extended family member, corporate officer, manager, employee or other type of relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , complete the next line. If more space is needed, submit the information on a separate page.			
Name of individual with a relationship with previous owner		Describe relationship to the previous owner	
During the past six years, has any owner, officer, or manager at your store been convicted of or had a civil judgement for any of the following activities: 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. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the individual(s) below			
Name		Title (current business)	
Name		Title (current business)	
Has the store, its owners, or managers, ever been suspended or disqualified from the Supplemental Nutrition Assistance Program (SNAP) in Arizona or any other State? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete information below			
Name of individual(s)	Store(s) associate with SNAP suspension/disqualification	Date	Reasons for SNAP suspension/disqualification

Has the store, its owners, or managers, ever been suspended or disqualified from WIC in Arizona or any other State?
Yes No

If Yes, complete information below

Name of individual(s)	Store(s) associated with WIC suspension/disqualification	Date	Reasons for WIC suspension/disqualification

7. Registers

Number of Front End Cash Registers	Number of eWIC capable Front End Cash Registers
Number of Self Check Out Registers	Number of eWIC capable Self Check Out Registers

8. Electronic Cash Register (ECR) / Point of Sale (POS) System/Provider

Does the store have an electronic cash register and point of sale (ECR/POS) system?

Yes No

If Yes, complete section 8A. If No, skip to Section 8B.

8A. Store is using a ECR/POS cash register systems

ECR / POS Name	System Version
ECR / POS Provider Contact Person	Contact Person's Telephone (include area code)
Is this system eWIC capable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the POS system certified by CDP? (inquire with ITCA for a list of CDP certified POS systems) <input type="checkbox"/> Yes <input type="checkbox"/> No

Who is your Third Party Processor?

First Data World Pay Vantiv FIServ Other (Provide):

8B. Store is NOT using ECR / POS cash register systems

Does your store currently process debit/credit on a stand-alone device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your store currently process SNAP on this same debit/credit device? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the stand-alone device separate from your store's cash register system? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or lease the SNAP device? <input type="checkbox"/> Own <input type="checkbox"/> Lease
Provide the name of the company that provides SNAP device support	Device Support Company Telephone (include area code)
Does your store currently have high speed internet connection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Internet provider (if applicable)
Is the stand-alone device plugged into a phone line? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone service provider

9. Online Ordering: Provide information about the store's online ordering capability. Note: The online ordering system must receive approval from ITCA prior to accepting ITCA WIC for online orders.

Does the store support online ordering?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select all the online ordering options provided by the store							
<input type="checkbox"/> In Store or Curbside Pick-Up				<input type="checkbox"/> Delivery			
<input type="checkbox"/> Payment made in the presence of a cashier				<input type="checkbox"/> Payment processed online			
Select all the tender types accepted for online orders							
<input type="checkbox"/> Debit/Credit				<input type="checkbox"/> Cash			
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)				<input type="checkbox"/> WIC (any WIC Program)			
<input type="checkbox"/> Pandemic EBT (PEBT)				<input type="checkbox"/> Summer EBT for Children (SEBTC)			
10. SNAP (Supplemental Nutrition Assistance Program) & WIC (Women, Infants and Children) Authorization							
USDA Program			Authorized		Authorization Number(s) / Vendor ID		
SNAP (Supplemental Nutrition Assistance Program)			<input type="checkbox"/> Yes <input type="checkbox"/> No				
ITCA WIC Program Number			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Arizona WIC Program Number			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Navajo Nation WIC Program Number			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other WIC Program (specify):			<input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Store Hours							
Is this store open at least 8 hours a day, 5 days a week?				Is the store open 24 hours per day?			
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If No, fill in the hours below							
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Closing Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
12. Banking Information							
Bank Name and Branch			Routing Number		Account Number		
Address		City		State	Zip Code	Telephone	
13. Sales Information							
Annual Gross Sales- provide the total of all food and non-food sales, including SNAP and WIC, for the last tax year, or the most recent 12 month period. If the store has been open less than one year, provide an estimate of annual sales.							
Annual Sales Year		Beginning Month		Ending Month		Total Gross Sales	
Total Food Sales		Total Non-Food Sales		Total SNAP sales		Total WIC Sales	
Does the store expect to derive more than 50% of its gross annual food income through the sale of foods purchased with WIC benefits?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, answer question below							
Do you provide or plan to provide incentive items or free merchandise?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
14. Square Footage							
What is the total square footage of the store?							

15. Sanitation & Operating Permit

Attach a copy of the store's current license and/or permit to operate (retail establishment permit) to this application.

Has the store ever been cited by the State, County, Tribe, Health Inspector or Indian Health Services for a violation?

Yes No If Yes, complete section below

Date of violation	Describe the violation(s)
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**16. Supplier Information: Provide the name and location of each source providing WIC infant formula to your business. If you purchase infant formula from more than 2 sources, attach a separate page listing the name, address and telephone number. An infant formula invoice must be submitted with this application.
*Note: Infant formula must be purchased through one of the authorized Infant Formula Suppliers (list attached)***

Name		Telephone	
Address	City	State	Zip Code
Name		Telephone	
Address	City	State	Zip Code
Name		Telephone	
City		State	Zip Code

Attach a current (not more than 30 days old) copy of an invoice showing where your store purchases infant formula. Applications without proof of where infant formula is purchased will be denied.

17. Conflict of Interest Statement: Any conflict of interest must be disclosed to ITCA for any conflicts of interest between vendors, the ITCA state agency, or local agencies. Individuals with conflicts of interest must recuse themselves from participating in any decisions related to the vendor contract. A conflict of interest typically arises when a public official or employee finds that the outcome of a decision may impact a personal financial interest.

Does the vendor owner, associate(s), manager(s), or store employee(s) have a conflict of interest with an employee of ITCA or the local WIC programs?

Yes No

If Yes, complete information below.

Name(s) of vendor personnel	Job Title	Describe the Conflict of Interest/ Identify Relationship between vendor personnel and the WIC Program

STATEMENT OF APPLICATION: The above mentioned vendor is applying for authorization to participate in the Special Supplemental Nutrition Program for Women, Infant and Children, and the Summer EBT for Children Program administered by the Inter Tribal Council of Arizona, Inc. The Vendor asserts that all the information on this application is true and understands that false information may result in the denial, termination, disqualification, or withdrawal of authorization to participate in the WIC and SEBTC Programs. This application is NOT a vendor agreement. New or



continued participant will not be authorized until all completed application materials have been received and evaluated by the WIC Program.

The undersigned asserts that they are either the owner of the business or they are an authorized Agent acting on behalf of the owner or corporate entity, and that they have the authority to enter into agreements.

SIGNATURES:

Owner or Agent: _____ Title: _____
(Print)

Owner or Agent: _____ Date: _____
(Signature)

If you have any questions or need assistance completing the application, please contact the ITCA WIC Vendor Manager at 602-258-4822.

Send completed application (must send original copies) to:

Inter Tribal Council of Arizona, Inc. WIC Program
Attn: Vendor Manager
2214 N. Central Avenue
Phoenix, Arizona 85004

Attach the following documents to this application:

- Health Operating Permit
- Invoices of formula purchases for the past 30 days (formula must be purchased from the Approved Infant Formula Supplier List)
- Enrollment Price / Stock Survey

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
Fax: (202) 690-7442; or
Email: program.intake@usda.gov.

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