



Inter-Tribal Council of Arizona, Inc. WIC Program Vendor Application FY 25-27



Thank you for your interest in becoming an ITCA WIC authorized vendor. Vendors are a vital contributor to the WIC Program by providing nutritious foods to women, infants and children within their community. Answer each question and gather the documents that we ask for in this application. Complete all sections. We may not be able to process your application if all sections are not completed.

If you have any questions, please contact the ITCA WIC Vendor Manager at 602-258-4822.

1. Store Information		
Name Store is Doing Business As (DBA)	Name of Store	
Street Address (provide description of location if no exact address can be provided)		
City, State, Zip Code		
Mailing Address (if different)		
City, State, Zip Code		
Telephone Number	Fax Number	Store Square Footage

2. Store Hours: Days and Hours of Store Operation			
Is the store open 24 hours per day? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , fill in the hours to the right:	Day	Opening Time	Closing Time
	Sunday		AM PM
	Monday		AM PM
	Tuesday		AM PM
	Wednesday		AM PM
	Thursday		AM PM
	Friday		AM PM
	Saturday		AM PM

3. Ownership	
Please select the store type that best describes your store:	
<input type="checkbox"/> Major Chain Grocery Store (National, Regional, State; more than 5 stores)	<input type="checkbox"/> Independent Grocery Store (Local; 1 or 2 stores)
<input type="checkbox"/> Small Chain Grocery Store (Regional, State; 3 to 5 store)	<input type="checkbox"/> Tribally Owned <input type="checkbox"/> Other (describe):

Total number of stores owned nationally	
Total number of stores authorized to accept WIC nationally	
Federal EIN Number	

4. Ownership Details: Name of owner(s), partners or corporate officer responsible for the business. If there are more owners than the space provided, submit information on a separate page and attach to this application.

Name	Name
Title	Title
Percent of Ownership	Percent of Ownership
Address (mailing)	Address (mailing)
City, State, Zip Code	City, State, Zip Code
Phone Number	Phone Number
Email Address	Email Address
Company E-mail Address	Company E-mail Address

5. Store Personnel & ITCA WIC Contacts

Manager Name
Title
Telephone Number
Email Address
Store Representative /Person WIC should Contact Name (if different than the store manager)
Title
Telephone Number
Email Address

5A. Additional Contacts:
 If the contact person is the same as the store manager or store representative, you can write 'store manager' or 'store representative'. If you'd like to list more people, please submit a separate sheet listing their information and the types of communication you'd like them involved in.

Compliance: List the person that should be contacted for compliance or non-compliance related issues or questions.	
Name	Name
Title	Title
Phone Number	Phone Number
Email Address	Email Address
Contracts and Applications: list the person that should be contacted for contract and vendor application issues or questions.	
Name	Name
Title	Title
Phone Number	Phone Number
Email Address	Email Address
Register: list the person that should be contacted for register issues or questions.	
Name	Name
Title	Title
Phone Number	Phone Number
Email Address	Email Address

6. Store History	
When did the store open or when will the store open? (MM/DD/YYYY)	
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; business partner, immediate or extended family member, 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, director, or manager, at your store been convicted of or had a civil judgement against them for any	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , specify the name of the

activity indicating a lack of business integrity? These activities include, but are not limited to, 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.	individual(s) below
--	---------------------

Name	Title (current business)
Name	Title (current business)

Has the store or its owners 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 or its owners ever been suspended or disqualified from the WIC program 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) 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-Checkout Registers	Number of eWIC capable Self-Checkout Registers

8. Point of Sale (POS) System/Provider

Does the store have an integrated point of sale (POS) system that is capable of accepting eWIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , complete section 8A. If No , skip to Section 8B.
---	--

8A. Store IS using a POS system that is capable of accepting eWIC

POS Name	System Version
POS Provider Name	POS Provider Contact Person Name
Contact Person's Email Address	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? (see list of certified POS systems included with this application)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is your Third Party Processor?	
8B. Store is NOT using a POS system that is capable of accepting eWIC	
Name of current POS system	
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

9. Online Ordering: Provide information about the store's online ordering capability.	
Note: ITCA WIC must approve an online ordering system before accepting ITCA WIC for online orders.	
Does the store support online ordering?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , answer questions below
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 payment 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)

10. SNAP (Supplemental Nutrition Assistance Program) & WIC (Women, Infants and Children)		
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. Annual Gross Sales: Provide the gross sales for the most recent 12 month period. Gross sales are the sales amounts before taxes. If the store has been open less than one year, provide an estimates of annual gross sales.
--

Total Gross Sales	\$		
Total Food Sales	\$	Total Non-Food Sales	\$
Total SNAP Sales	\$	Total WIC Sales	\$
Date range for Annual Gross Sales reported above:		Start date MM/YYYY	End date MM/YYYY
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

12. Sanitation Permit: Submit a copy of the store's current Retail Food Establishment Permit to Operate or other sanitation permit with this application.	
Has the store ever been cited by the State, County, Tribe, Health Inspector or Indian Health Services for a violation in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , complete section below
Date of violation	Describe the violation(s)

13. Supplier Information: List the following supplier information below.	
WIC Foods Supplier	
Name	Phone Number
Address	City, State, Zip Code
Dairy Supplier	
Name	Phone Number
Address	City, State, Zip Code
Infant Formula Supplier: List your store's infant formula supplier below and submit a copy of an infant formula supplier invoice from the previous 30 days with this application.	
Name	Phone Number
Address	City, State, Zip Code
Vendors are required to purchase infant formula from an approved source. The list of Approved Infant Formula Suppliers is included with this application.	

14. Conflict of Interest: Applicants must notify ITCA of any conflict of interest they have with ITCA or local WIC clinics. Individuals with conflicts of interest must remove themselves from making any decisions related to the vendor contract. A conflict of interest exists when the vendor or applicant could profit by having a relative or an agent on the ITCA WIC staff that could refer clients to the vendor or applicant location or influence program policies for vendors.	
Does the vendor owner or store representatives have a conflict of interest with an employee of ITCA or the local WIC programs?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Complete the Enrollment Price/Stock Survey included with this application.

Enter the price of the WIC foods you have on the shelf. Enter the regular price. Do not enter the sale price. If you do not have a WIC food item in your store, leave the price field blank. Fill this form out carefully. We use this form to make sure you carry the required amount of WIC foods and have competitive prices. The minimum stocking requirements are included with this letter.

Statement of Application

By signing below you understand and agree to the following:

- This is an application to accept ITCA WIC benefits.
- This application is not a contract.
- ITCA will deny an application if it has false information.
- ITCA may disqualify a vendor for giving false information.
- ITCA must approve a store before they can accept ITCA WIC benefits.
- This application needs to be signed by the owner or someone who has permission to sign for the store.

Signatures

Print Name:		Title:	
Signature:		Date:	

Submit the following documents with this application:

- Enrollment Price Stock Survey
- Retail Food Establishment Permit to Operate or other Sanitation License or Permit
- Invoice for formula ordered in the past 30 days (formula must be purchased from the Approved Infant Formula Supplier List)

Send completed application by email or mail to:

- mallory.phelps@itcaonline.com
- Inter Tribal Council of Arizona, Inc. WIC Program
Attn: Vendor Manager
2214 N. Central Avenue
Phoenix, Arizona 85004

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, audiotape, 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/ad-3027.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