

## WIC VENDOR AGREEMENT

This agreement is between \_\_\_\_\_ hereinafter referred to as the Vendor and the Women, Infants and Children (WIC) Program of the \_\_\_\_\_ hereinafter referred to as the "Local Agency," and the State of North Carolina Department of Health and Human Services, Division of Public Health, hereinafter referred to as the "State Agency." This agreement will become effective on October 1, 2009, and will terminate on September 30, 2012.

<p style="text-align: center;"><b>AUTHORIZED WIC VENDOR STAMP</b></p> <div style="border: 1px solid black; height: 60px; margin: 10px auto; width: 80%;"></div> <p>The undersigned represents that s/he has read, understands, and agrees to the terms of this agreement.</p> <p>_____ Signature of Owner <span style="float: right;">Date</span></p> <p>_____ (Print) Name of Owner <span style="float: right;">Title</span></p> <p>_____ Name of Vendor (Store)</p> <p>_____ Mailing Address – Street, P.O. Box</p> <p>_____ City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip Code</span></p> <p>_____ (Area Code) <span style="margin-left: 20px;">Telephone Number</span></p>	<p>The undersigned represents the Local Agency and has the authority to contract for and on behalf of said agency.</p> <p>_____ Signature of Local Agency Authorized Representative/Date</p> <p>_____ (Print) Name of Local Agency Authorized Representative/Title</p> <p>_____ Name of Local Agency <span style="float: right;">Local Agency Number</span></p> <p>_____ Mailing Address – Street, P.O. Box</p> <p>_____ City <span style="margin-left: 100px;">State</span> <span style="float: right;">Zip Code</span></p> <p>_____ (Area Code) <span style="margin-left: 20px;">Telephone Number</span></p>
<p>_____ By initialing, I am verifying I have received pages 2-9, understand and will comply with provisions in Section I of the WIC Vendor Agreement.</p>	<p style="text-align: center;"><b>NORTH CAROLINA DEPARTMENT OF                  HEALTH AND HUMAN SERVICES                  DIVISION OF PUBLIC HEALTH                  WOMEN'S AND CHILDREN'S HEALTH SECTION                  NUTRITION SERVICES BRANCH</b></p> <p style="text-align: center;">1914 Mail Service Center                  Raleigh, N.C. 27699-1914</p> <p>The undersigned represents the State Agency and has the authority to contract for and on behalf of said agency.</p> <p>_____ Signature of State WIC Director/Date</p>

Routing: White Copy – State WIC Office Yellow – Local Agency Green – Vendor Pink – Vendor (temporary)

## **INSTRUCTIONS FOR COMPLETION OF WIC VENDOR AGREEMENT**

### **PURPOSE:**

This agreement authorizes food vendors to accept N.C. WIC food instruments in compliance with federal and state WIC Program laws, regulations, rules and policies.

### **DISTRIBUTION:**

- a. After completion of the left side of the agreement, the Vendor retains the pink copy and submits the white, yellow, and green copies to the Local WIC Agency.
- b. The Local WIC Agency reviews the agreement, completes the Local Agency Authorization section of the Agreement and sends all copies to the State WIC office.
- c. The State WIC Office reviews agreement and completes the authorization signatures. The white copy of agreement is retained in the state office and the green and yellow copies of the agreement are returned to the Local WIC Agency.
- d. The Local WIC Agency retains the yellow copy of the fully completed Agreement and returns the green copy to the vendor.

### **DISPOSITION:**

This form may be destroyed in accordance with Section 11, *WIC Records Disposition Schedule*, published by the N.C. Division of Archives and History and the N.C. Division of Public Health.

### **REORDER:**

Nutrition Services Branch  
1914 Mail Service Center  
Raleigh, NC 27699-1914  
Courier 54-42-01 (Use DHHS 2507)