Arizona WIC Program Vendor Website User Guide

Arizona Department of Health Services Arizona WIC Program 150 N. 18th Avenue, Suite 310 Phoenix, Arizona 85007





USER INFORMATION

VENDOR WEB SITE: <u>http://vendor.azwic.gov</u>

STATE TAX ID: _____

Date	Password

WIC Service Help Desk: 1-855-432-7220, Option 4

Introduction

Thank you for your interest in the Arizona WIC Program. In order for an applicant to become an authorized Arizona WIC Vendor, you must submit an application and Price Survey online. This means that you will need access to the Internet to complete this process.

The Vendor website has been enhanced to provide a more user-friendly environment when completing the application(s) and Price Survey(s) for your store(s).

In order to submit information on the website, you will need to request for access, or permission to use the site; upon submission, review and approval of your request, you will be provided with access to the website to complete and submit your application and Price Survey. (You MUST complete your request for access first).

Please allow the Arizona WIC Program 2-5 business days to respond to your request. You will be notified when your account has been activated via email. This User Guide will provide you with detailed instructions on:

- 1. How to Request Access
- 2. How to Complete the Application
- 3. How to Complete the Price Survey (individual stores and Zone Pricing for multiple stores)
- 4. Create Pricing Zones
- 5. How to Update Vendor Information (Store name, address, telephone, store contact and bank information.
- 6. How to access the Statewide Average for a food instrument

Please read the instructions thoroughly and if you have questions, please call any member of the Vendor Management team at 1-866-737-3935.

For technical and systems questions, contact the WIC Service Help Desk at 1-855-432-7220, select option 4 (for Vendors).

Getting Started

To get to the website, you will need to type the following web address in your internet browser:

http://vendor.azwic.gov

This web address will take you to the Vendor website.







53% of all women, infants and children in Arizona are Eligible to participate in WIC

A FEW FACTS





grow



700+

There are 700+ WIC approved vendors that help improve health outcomes in Arizona

Look and Feel of the Site

You can scroll down to see the page and scan the pictures to see additional information regarding the Arizona WIC Program.

MAKING A DIFFERENCE

The Arizona Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutrition education and breastfeeding support services, supplemental nutritious foods and referrals to health and social services. WIC serves pregnant, breastfeeding and postpartum women, infants and children under the age of five who are determined to be at nutritional risk. The Arizona WIC Program serves more than 160,000 women, infants and children each month, with services provided by 21 local agencies. The WIC Program is funded by the United States Department of Agriculture.



ARIZONA WIC VENDOR MANAGEMENT TEAM

The Vendor Management Team is responsible for the oversight and authorization of approximately 700 WIC Vendors in Arizona. Applications to participate as an Arizona WIC Vendor are accepted continuously throughout the year. Training is provided for new applicants and authorized WIC Vendors.

The Vendor Team provides technical assistance regarding the authorization process, Vendor Contract and WIC benefit redemptions. The Vendor Team also maintains the Arizona WIC Program Vendor List and works to ensure healthy foods are available for WIC clients throughout the state.

For additional information, contact any member of the Vendor Management Team at 602-542-1886 or 1-866-737-3935.



How to Apply to Become a WIC Vendor

The Arizona WIC Program authorizes retail grocery stores, pharmacies and commissaries to accept WIC benefits in their stores. To apply to become an authorized WIC Vendor, the store owner or owner representative must:

- 1. Contact the Arizona WIC Program to request an application packet.
- 2. Submit an online request to get access to the Vendor Web site.
- 3. After access is granted, submit an online application and price survey.
- 4. Mail in all required documents.
- 5. After all items are complete, you will be notified of the outcome of your

application.

Visit the Arizona WIC Program Vendor Application information page at:http://azdhs.gov/azwic/vendors/application.htm



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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov, or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.





Look and Feel of the Site

On the right side of the screen is an area for:

- The "EXISTING USER"
 - "USER NAME" and "PASSWORD" this area is for when the user has gained access to the Vendor website to complete the application process.
 - "TROUBLE LOGGING IN?" for existing users, this link will take you to the AZBNP Password Tool; it allows you to change your password, reset your password, edit profile, and unlock your account.



Look and Feel of the Site

On the right side of the screen is an area for:

- "NEW USER?"
 - "REQUEST ACCESS" for the new user who is not currently authorized but wishes to apply to be a Vendor in the WIC Program.



 "NEED HELP?" – this link contains contact information for program requirements and technical issues with the system.

First-time users must request for access by clicking on the "REQUEST ACCESS" button under "NEW USER?".



There are three (3) steps to requesting for access. They are listed on the left side of the screen:

- 1. Questions determine your eligibility
- 2. Apply for Access Fill out the form
- 3. Confirmation Complete the request process

	Vendor WIC v1.1.2	Sign in
	Request for Access	Is your store currently open and operating in Arizona?
	 Questions First, determine your eligibility. 	Yes No
\rightarrow	Apply for Access Then fill-out this form.	
	Confirmation Complete the request process.	

Before you can request for access, you will need to answer four (4) questions. Each question will appear after the previous question is answered.

Vendor WIC v1.1.2		Sign in
Request for Access • Questions First, determine your eligibility.	Do you own or are you a representative of a retail grocery store?	
Vendor WIC (112)		Sign in
Request for Access Questions First, determine your eligibility.	Is your store currently open and operating in Arizona?	
Vendor WIC (VI.1.2)		Sign in
Request for Access	Is your store a viable business open for at least 1 year?	
eligibility.		
Vendor WIC v1.1.2		Sign in
Request for Access	Is your store a full line grocery store?	
 Questions First, determine your eligibility. 	Yes No	

NOTE: The Applicant must meet each criterion in order to move to the next question.

Vendor WIC (v1.1.2)			Sign in
Request for Access	Congratulations! Based on your	answers, you qualify to apply for authorization. Please fill out the form below.	
Questions First, determine your eligibility.	First Name	This field is required.	×
Apply for Access Then fill-out this form.	Middle Initial		
• Confirmation Complete the request process.	Last Name	This field is required.	×
	Email Address	This field is required.	×
	Phone Number	This field is required.	×

Complete the Form.

- Enter:
 - First Name
 - Middle Initial (optional)
 - Last Name
 - Email Address
 - Phone Number

All required fields are in red.



Vendor WIC (11.2)	Sign in
Corporation Name	
Store Name	*
	This field is required.
Address 1	×
	This field is required.
Address 2	
City	
State	
County	
Zip	Cet Cities
	This field is required.
Zip +4	

- Complete the Form (continued).
 - Corporation Name (required if ownership is incorporated or is a Limited Liability Corporation, etc.)
 - Store Name
 - Address

Request for Access	Congratulations! Based o below.	n your answers, you qualify to apply for authorization. Please fill out the form
Questions First, determine your eligibility.	First Name Middle Initial	Riley
 Apply for Access Then fill-out this form. 	Last Name	Jackson
• Confirmation	Email Address	rjackson@jacksonco.ore
Complete the request process.	Phone Number	(602) 542-1886
	Corporation Name	Jackson Food Company, Inc.
	Store Name	Jackson Food Centers
	Address 1	150 North 18th Avenue
	Address 2	
	City	
	State	
	County	
	Zip	85007 1 2> Get C
	County Zip Zip +4	85007 1 2

Note: The City, State, and County fields are grayed out. These will auto-populate once you:

- **1**. Enter the Zip
- 2. Click on the "Get Cities" button

As previously mentioned, to fill the City, State, and County fields, you must:

Select the City from the Matching Locations list

Vendor WIC (VI.1.2)	Matching Lo	cations			×	Sign in
		City	State	County	Zip	
	Select	PHOENIX	AZ	MARICOPA	85007	
	Select	PHOENIX	AZ	MARICOPA	85007	
					Cancel	
		State			Canoci	
		County				
		Zip	85007			Get Cities
		Zip +4				

	City	PHOENIX	
Once you select	State	AZ	
the City, State,	County	MARICOPA	
and County will	Zip	85007	Get Cities
	Zip +4		

Questions	First Name	Riley
irst, determine your eligibility.	Middle Initial	
Apply for Access		
Then fill-out this form.	Last Name	Jackson
Confirmation	Email Address	rjackson2jacksonco.ore X
Complete the request process.		Please enter a valid email address.
	Phone Number	(602) 542-1886
	Corporation Name	Jackson Food Company, Inc.
	Store Name	Jackson Food Centers
	Address 1	150 N. 18th Avenue
	Address 2	
	City	
	State	
	County	
	Zip	85007 Get Cities
	Zip +4	

After you have completed the form, click the "Save & Continue" button at the bottom of the screen.

Once you click on the "Save & Continue" button, you will receive the following message:



Upon receiving access to the system, you will receive an email that contains your:

- 1. User Name
- 2. Password

After you receive your User Name and Password, go back to the website (<u>www.vendor.azwic.gov</u>) to log on to the system.

Logging on to the System

On the right side of the screen, it says "EXISTING USER." Enter your assigned information:

- 1. User Name in the first box
- 2. Your assigned Password in the second box
- 3. Click "LOG IN"



Vendor Web Dashboard

1

VENDOR WIC VI.5.3 Dashboard	Signed in as Student5. Sign out
1. WELCOME TO THE NEW VENDOR WEB SITE! THE ARIZONA WIC PROGRAM IS HAPPY TO LAUNCH THE ENHANCED VERS	SION OF THE ARIZONA WIC VENDOR WEB SITE
9 2. ELECTRONIC SIGNATURE WHEN SUBMITTING YOUR APPLICATION AND PRICE SURVEYS, YOU MUST PAGE.	KNOW YOUR STATE TAX ID. THE STATE TAX ID CAN BE FOUND ON THE OWNER INFORMATION
Ownership 2	Stores / Outlets 3
Enter/Edit Ownership Information	Add a Store (No stores / outlets added)
Submit Application for Authorization (Ownership Information is invalid or incompleted	Review Store Information
Review Submitted Applications (No applications submitted)	Request Store Information Changes
Pricing 4	r Account 5
Submit Vendor Price Survey	Change Your Password
Review Submitted Price Surveys No surveys submitted	Settings
Q Statewide Average	

When you sign in, you will see a Dashboard menu of sections.

- 1. Announcements
- 2. Ownership Section
- 3. Stores/Outlets Section
- 4. Pricing Section
- 5. Account Section

Account Section -Change Password

Before you start to enter any information, you MUST:
Change your Password
Configure Settings

- Zones
- Wholesalers

Start by clicking "Change Your Password."

1	► Account
>	Change Your Password
	Settings

AZBNP Password Tool

This will bring up the AZBNP Password Tool.

In this section, you will be able to:

- Change your Password
- Reset your Password
- Unlock your account, if you are locked out (your account must already be set-up)
- Edit your profile

To change your Password, click "Change my Password."



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AZBNP Password Tool

Enter your :

- 1. User Name
- 2. Assigned Password
- 3. Click "Logon"

	AZBNP PASSWORD TOOL
	Image your password Image your passwo
Inactivity Cour returned to th	nter: After two minutes of inactivity, you will automatically be e Main Menu.
	©2010 Arizona Department of Health Services

AZBNP Tool - Change Password

Set your new Password:

- Enter your NEW Password
- Confirm the Password
- Click "Change Password"

azbnp PA	SSWOR	D TOOL		
	Set your new password			
© Generate	Generate Password			
Enter	Password: Confirm:	•••••		
I	- Excetilient	9		
	Change Password		_	
You will automati	cally be returned to Main Menu al Inactivity Counter: 1:52 Return to Main Menu now	tter 2:00 of inactivity		

AZBNP Tool - Change Password

Your Password has been changed.

You can click "Return to Main Menu now" button.

This will take you back to the start of the Password Tool.

AZBNP PASSWORD TOOL
Your Password has been Changed!
You will automatically be returned to Main Menu in 2:00 Counter: 1:56 Return to Main Menu now
©2010 Arizona Department of Health Services

AZBNP Tool – Edit Profile

Next you will edit your profile.

- Click "Edit my Profile"
- Enter your User Name
- Enter your Password
- Click "Logon"

AZBNP PASSWORD TOOL
Enter your user name and password to edit your password profile User Name: 'jackSon Password: Domain: WIC Logon Logon
You will automatically be returned to Main Menu after 2:00 of inactivity Inactivity Counter: 1:58 Return to Main Menu now
©2010 Arizona Department of Health Services

AZBNP Tool – Edit Profile

To edit your profile:

- 1. Select two (2) Security Questions from the drop-down list and answer them.
- 2. Entering your own question and answer.
- 3. Clicking "Update."

	AZBNP PASSWORD TOOL
	Answer these questions to complete your profile
2	Answer:
	3 Update You will automatically be returned to Main Menu after 2:00 of inactivity Inactivity Counter: 1:39 Return to Main Menu now

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Account Section

After you update your Password and edit your profile, you will need to close the Password Tool.

AZBNP PASSWORD TOOL
You have successfully updated your profile.
You will automatically be returned to Main Menu in 2:00 Counter: 1:44 Return to Main Menu now
©2010 Arizona Department of Health Services

Reopen the Vendor website (http://vendor.azwic.gov) and log in.

Account Settings

Next you will configure the settings for:

- Zones
- Wholesalers

Change Your Password Settings	Account
Settings	Change Your Password
	Settings <

	board	Signed in as rjackson. Sign out
Tasks 1	Configure Vendors into Zone Groupings	
• Settings	Manage Wholesalers at Store Level YES NO C 2	
		3 -> Save

- 1. Zone Grouping If you have multiple stores that have the same pricing structure or a group of stores who have the same pricing structure, you can configure the Zone Settings by clicking "YES." Instructions for setting up the Zones will be covered in the Price Survey section of this manual.
- 2. Managing Wholesalers wholesalers can be configured at the owner level or at the store level.
 - If the wholesalers will be at the owner level (all stores have same wholesaler), click "NO."
 - If the wholesalers will be at the store level (stores have different wholesalers), click "YES."
- **3.** Click "Save" this will take you back to the Dashboard.

Ownership Section

Now you are ready to complete the Ownership section.

In this section, you will be able to complete and edit the Ownership information for the store(s) or outlets, review pending applications, see the status of the applications, submit completed store applications, and see the status of applications submitted.

Start by clicking "Edit Ownership Information."

Ownership

Enter/Edit Ownership Information

Submit Application for Authorization Ownership Information is invalid or incomplete

Review Submitted Applications No applications submitted

Menu Items

sidebar shows the steps that need to be completed for each

section.

As you navigate throughout the system, there will be three (3) menu items on the left side of the screen.

	1	VENDOR WIC (12) Deshboard	2	Signed in as rjackson. Sign out
		Tasks 3	Owner Name	This field is required.
		0 Owner	DBA Name	
		Addresses Officers	Application Year	x III
		Owner Bank	Owner Turne	Ins sea is required.
		0 Owner Contacts	Owner type	This field is required.
		• Confirmation	State Sales Tax ID	This field is required.
Me	enu lte	ems Above:	Federal EIN	
1.	Vend	or WIC - This will	Phone	This field is required.
	take you back to the		Fax	
log-i		screen.	Date when store was purchased by its present owner	The field is consisted
2.	Dash	board - This will	Place of Incorporation or Organization	
	main	Dashboard menu.	Was seller a relative? Does the store owner or any officer retain full o	YES NO r part ownership, equal to or greater than 30%, of a currently authorized WIC Vendor other than the applicant store?
3.	Task scree	Bar - On each n, a list of tasks ppear This	YES NO Does the store owner or any officer serve as an YES NO	officer or manager of a currently authorized WIC vendor other than the applicant store?

VENDOR WIC (120) Dashboard		Signed in as rjæckson. Sign ou
Tasks	Owner Name	X
Ouner Addresses	DBA Name	
Officers	Application Year	This field is required.
Owner Bank	Owner Type	×
Owner Contacts Confirmation	State Sales Tax ID	This field is required.
		This field is required.
	Federal EIN	
	Phone	X This field is required.
	Fax	
	Date when store was purchased by its present owner	This field is required.
	Place of Incorporation or Organization	
	Was seller a relative?	YES NO
	Does the store owner or any officer retain full o	r part ownership, equal to or greater than 30%, of a currently authorized WIC Vendor other than the applicant store?
	Does the store owner or any officer serve as an YES NO	officer or manager of a currently authorized WIC vendor other than the applicant store?
		Save & Continue Save Cancel

Complete the Owner form in its entirety. Mandatory fields are in **RED** and must be answered in order to complete the screens. When the screens are completed, click the "Save & Continue" button at the bottom.

VENDOR WIC VILLO	Dashboard	Signed in as rjackson. Sign out	
Tasks	Owner Name	Jackson Food Company, Inc.	
Owner	DBA Name	Jackson Food Centers	_
Addresses	Application Year	2015	2
0 Officers	Owner Type	2015 2016 2017	
		This field is required.	
Addresses	Application Year	2015	_
0 Officers	Owner Type		3
Owner Bank		TI PARTNERSHIP CORPORATION -SOLE PROPRIETOR	
Owner Contacts	State Sales Tax ID	CO-OP	
Confirmation		OTHER	
	Federal EIN		

Enter the following information:

- 1. Owner Name and the DBA Name
- Select the application year in which you are applying for from the drop-down list. (WIC operates on a federal fiscal year (FFY) that begins October 1 and ends September 30 of the following year. For example, October 1, 2014, through September 30, 2015, is FFY 2015. Therefore, if you are applying to participate in this timeframe, you will select Application Year 2015.)
- 3. Select the Owner Type from the drop-down list.

	Dashboard		Signed in as rjackson. Sign out
Tasks	Owner Name	Jackson Food Company, Inc.	
Quar	DBA Name	Jackson Food Centers	
Addresses	Application Year	2015	
• Officers	Owner Type	CORPORATION	
Owner Bank	State Sales Tax ID	9876-ORE	
Owner Contacts	Federal EIN	51-123456	
Wholesaler	Phone	(602) 542-1886	
Infant Wholesaler	Fax		
Confirmation	Other Phone Type	WORK PHONE	3 -> •
	Other Phone Number	(602) 542-1886 ← 4	
5	Date when store was	02/16/2014	
	owner		
6	Place of Incorporation or Organization	Arizona	

Enter the remaining fields:

- 1. Enter the State Sales Tax ID* (required) and Federal EIN.
- 2. Enter phone (required) and fax numbers.
- 3. Select the "Other Phone Type" from the drop-down <u>only</u> if there is an "Other Phone Number" to add.
- 4. Enter Other Phone Number (required **only** if "Other Phone Type" is selected).
- 5. Enter the date the store was purchased by the owner.
- 6. If the type of ownership is a corporation, enter the Place of Incorporation.
- *NOTE: The State Sales Tax ID is used as your electronic signature; in the future, it must be entered exactly the way it is entered on this page.

VENDOR WIC v1.4.2 Dashboard	Signed in as rjackson. Sign out
Was seller a relative?	YES NO
lf Yes, Relationship	Cousin
Does the store owner or currently authorized WIC YES NO If yes, please specify the	any officer retain full or part ownership, equal to or greater than 30%, of a C Vendor other than the applicant store? e name of the owner, officer and the Name of the store(s)
3 VES NO	any officer serve as an officer or manager of a currently authorized WIC vendor store?
If yes please specify the	name of the owner, officer or manager and the name of the store(s)
	Cancel Save & Continue 4
Next you will answer three (3) que	stions by clicking the correct answer.

All answers are defaulted to NO. You must confirm the correct answer.

- 1. Was seller a relative?
 - If yes, enter the relationship.
- 2. Does the store owner or any officer retain full or part ownership, equal to or greater than 30%, of a currently authorized WIC Vendor other than the applicant store?
 - If yes, please specify the name of the owner, officer, and the name of the store(s).
- 3. Does the store owner or any officer serve as an officer or manager of a currently authorized WIC vendor other than the applicant store?
 - If yes, please specify the name of the owner, officer or manager, and the name of the store(s).
- 4. Click the "Save & Continue" button at the bottom of the page.

Owner Address

Next you will be adding the addresses for the owner; you **MUST** add two (2) addresses:

- Mailing Address
- Street Address

VENDOR WIC (142	Dashboard		Signed in as rjackson. Sign out
Tasks	NOTE: Both a street address and a mailing a	ddress are required, even if they are the same location.	
Owner	Add Address 🗲 1		
Addresses Officers	Owner Addresses		
Owner Bank	Address Type	Address	
Owner Contacts Wholesaler		Car	ncel Save Save & Continue
Infant Wholesaler			
Confirmation			

Click the "Add Address" button at the top.
 Then select the "Address Type" from the drop-down list.



Owner Address

Next enter:

- 1. The Street Address ("Address 1")
- 2. The Zip Code and click the "Get Cities" button.

VENDOR WIC (120)	Dashboard		Signed in as rjackson. Sign out
Tasks	Address	Street Address	
Owner Addresses	Address 1	7534 Spartan Drive	
Officers	Address 2		
Owner Bank Owner Contacts	City State		
• Confirmation	County		
	Zip	85601 X Get Cities 2	
	Zip +4		
			Add Cancel

Owner Address

Next:

1. Select the city from the list.

VENDOR WIC (120	Dashboard					Signed in as rjackson. Sign out
	Matching Loo	cations			×	
Tasks		City	State	County	Zip	
o owner 1	Select	ARIVACA	AZ	PIMA	85601	
Addresses						
0 Officers					Cancel	
Owner Bank	City		_			
Owner Contacts	State					
Confirmation	-					
	County					
	Zip	85601		Get Cities		
	Zip +4					
VENDOR WIC (1142)	Dashboard					Signed in as rjackson. Sign out
Tasks	Address	Street Address				
⊘ Owner	Туре					
Addresses	Address 1	7534 Spartan Drive				
• Officers	Address 2					
Owner Bank	City	ARIVACA				
Owner Contacts	State	AZ				
Wholesaler		, u.				
Infant Wholesaler	County	PIMA				
Confirmation	Zip	85601		Get Cities		
	Zip +4					
						2 Cancel Add

2. Click the "Add" button at the bottom of the page.
Owner Address

After you add the Street Address, the address section will populate.

Next you must add the Mailing Address following the steps on the previous pages.

VENDOR WIC (142	Dashboard		Signed in as	s rjackson. Sign out
Tasks	NOTE: Both a street ad	ddress and a mailing address are required, even if they are the same location	1.	
Owner	Add Address			
Addresses Officers	Owner Addr	resses		
Owner Bank	Address Type	Address		
Owner Contacts	Street Address	7534 Spartan Drive ARIVACA AZ 85601 PIMA	ۮdit	Remove
Wholesaler	Mailing Address	7534 Spartan Drive ARIVACA AZ 85601 PIMA	€ZEdit	marina marine ma
Infant Wholesaler				
• Confirmation			Cancel Save	Save & Continue

After the Mailing Address is added, click the "Save & Continue" button at the bottom of the page.

VENDOR WIC (142)	Dashboard		s	igned in as rjacksor	. Sign out
Tasks	NOTE: Both a street a	address and a mailing address are required, even if they are the same locat	ion.		
Owner	Add Address				
Addresses Officers	Owner Add	resses			
Owner Bank	Address Type	Address			
	Street Address	7534 Spartan Drive ARIVACA AZ 85601 PIMA	C	ZEdit 🗍 🕅 Remo	ve
Owner Contacts Wholesaler	Mailing Address	7534 Spartan Drive ARIVACA AZ 85601 PIMA	C	<mark>2</mark> ∕Edit m Remo	ve
Infant Wholesaler					
• Confirmation			Cancel	Save Save &	Continue

Owner Address – Possible Error Messages

NOTE:

If you do not add both the Street Address and Mailing Address, you will receive the following pop-up messages.

VENDOR WIC VIZO	Dashboard Stopl	Signed I	n as rjackson. Sign out
Tasks	There are errors on the page. Please fix the errors to continue.		
	Fix Errors	← 1	
0 Officers	Street Address 7534 Spartan Drive ARIVACA AZ 85601 PIMA		
Owner Bank			
Owner Contacts		Save & Continue	Save Cancel
O Confirmation			

- 1. You will need to click the "Fix Errors" button.
- 2. Then click "OK" and add the missing type of address following the steps on the previous pages.



After you save and continue from the Address screen, you will be directed to the Officer screen.

In this screen, you will be adding the officers of the corporation OR if the owner is sole proprietor, the information for the owner.

If ownership is shared across two or more officers, each officer must be entered, along with their percent of ownership. The percentage of ownership must equal 100%.

Note: When completing this section, one officer must be identified as the Primary Officer.

To add an Officer:

1. Click the "Add Officer" Button.



Is the person you are entering the primary owner or primary officer of the company? Click the correct answer and enter the person's information.

Remember, all fields in red must be completed.

VENDOR WIC (12) Dashboard		Signed in as rjackson. Sign out
	Primary Officer?	YES NO
 Owner 	First Name	×
Addresses		This field is required.
Officers	м	
Owner Bank		
Owner Contacts	Last Name	Tab fail is realized
Confirmation		into neo la requireo.
	Officer Percent Owned	×
		This field is required.
	Date of Birth	x
		This field is required.
	SSN	×
		This field is required.
	Phone	x
		This field is required.
	Fax	
	Office Divers	
	Other Priorie	
	Address 1	X
		This field is required.
	Address 2	
	City	
	State	
	County	
	Zip	X Get Cities
		This field is required.
	Zip +4	
		Add Cancel

lasks			
	Primary	Officer?	YES NO
 Owner 	Fir	st Name	Riley
Addresses		м	
• Officers		IVII	r
Owner Bank	La	st Name	Jackson
Owner Contacts	Officer Percent	t Owned	58
Wholesaler	Date	of Birth	05/22/1963
Infant Wholesaler		SSN	555661234
Confirmation		Phone	(602) 542-1886
		Fax	(602) 542-1890
	Othe	er Phone	
	Ad	ddress 1	1596 State Avenue
nember, when enterin	l g Ad	ddress 2	
address information,	you	City	
st enter the zip code a	nd	State	
k "Get Cities" to fill the			
State and County	State and County		85601
, state, and county.		Zip +4	

After the information is entered, click the "Add" button to save the information.

VENDOR WIC VI.4.2	Dashboard					Signed in a	s rjackson. Sign out
Tasks	Add Officer						
Owner	Officers						
 Addresses 	Name	SSN	Date of Birth	% Owned	Primary		
• Officers	Riley P Jackson	555661234	05/22/1963	58 %	Yes	ۮdit	Remove
Owner Bank							
Owner Contacts					Ca	ncel Save	Save & Continue
Wholesaler							
Infant Wholesaler							
Confirmation							

Repeat the steps to add additional officers. Remember: The total percentage of ownership must equal 100%.

	WIC V1.4.2	Dashboard					Signed in a	is rjackson. Sign ou
Tasks		Add Officer						
Owner		Officers			↓			
Addresses		Name	SSN	Date of Birth	% Owned	Primary		
Officers		Riley P Jackson	555661234	05/22/1963	58 %	Yes	€ Ædit	mathemove
Owner Bank		Lea Jackson	444553214	10/01/1978	42 %	No	C Edit	marine move
Owner Contacts								
Wholesaler						Ca	ncel Save	Save & Continue
Infant Wholesaler								
• Confirmation								

After the all officers are entered, click the "Save & Continue" button to move to the next screen.

Owner Bank Information

Next you will complete the Owner Banking information. You can select an existing bank from the drop-down list or, if your bank is not displayed, you can add your bank.

To select an existing bank:

- Click the drop-down list.
- Select your bank.



Owner Bank Information

The banking information will auto-fill after you select your bank from the drop-down list.

Next:

- 1. Enter your Account Number.
- 2. If both regular and replacement food instruments will be deposited into this account, select yes; if no, please explain.
- 3. Click "Save & Continue" at the bottom of the page.

	Dashboard		Signed in as rjackson. Sign out
VENDOR WIC (132)	Add New Bank		
	Owner Bank	CHASE BANK	•
 Addresses 	Routing Number	912191221	
 Officers 	Federal ID	860946296	
Owner Bank	Street Address	940 NORTH G AVENUE	
Owner Contacts	City	DOUGLAS	
Wholesaler	State	AZ	
Confirmation	Zip	85607	
	County	COCHISE	
	Zip4		
	Phone		
Г	Fax		
L	1 Account Number	This field is required.	×
г	Will both regular	r and replacement food instruments be deposited only in the above account?	
L	L If No, Explain	This field is required.	×
	Cancel		Save Save & Continue

Adding Owner Bank

If your bank does not appear in the drop-down list, you can add it.

1. Click the "Add New Bank" button.

VENDOR WIC GIA2	Dashboard		Signed in as rjackson.
asks	Add New Bank	~ ~	
	Owner Bank		
 Owner 		This field is required.	
Addresses	Routing Number		
 Officers 			
Owner Bank	Federal ID		
Owner Contacts	Street Address		
Wholesaler	City		
Infant Wholesaler	State		
Confirmation	Zip		
	County		
	Zip4		
	Phone		
	Fax		
	Account Number		-
	Account Number	This field is required.	<u> </u>
	Will both regular and rep	acement food instruments be deposited only in the above account?	
	If No, Explain		×
		This field is required.	

Owner Bank Information

- 1. Enter the banking information (items below in red are mandatory fields)
 - Name of Bank
 - Routing Number
 - Federal ID (optional)
 - Street Address
 - Zip (enter zip, click the "Get Cities" button and select city from list)
 - Phone Number
 - Fax Number (optional)
- 2. Click the "Add" button.

	Dashboard		Signed in as rjackson. Sign out
VENDOR WIC (132)			
Tasks	Bank Name	Spartan Credit Union	
Owner	Dank Hume		
	Routing	11223344	
 Addresses 	Number		
⊘ Officers	Federal ID		
Owner Bank	Address 1	1740 W. Adams Street	
Owner Contacts	Address 2	1	
Wholesaler	City	PHOENIX	-
Infant Wholesaler	City	THOLNIX	
Confirmation	State	AZ	
	County	MARICOPA	
	Zip	85007 Get Cities	
	Zip +4		
	Phone	(602) 542-1886	
	Fax	(602) 542-1890	
	Cancel		2 Add

Owner Bank Information

	Dashboard	Signed in as rjackson. Sign out
ENDOR WIC (199	Add New Bank	
asks	Current Bank	
Owner	Owner bank	Bank of America
Addresses	Routing Number	rf WELLS FARGO DANK US Bank of Oregon
Q Officer	Federal ID	EASY BANK
e onces	Street Address	Bank OF AMERICA Bank Of America
Owner Bank	Street Address	
Owner Contacts	City	y WACKYA BANK
Wholesaler	State	BANKOF AMERICA, N.A. WELLS FARGO BANK NA dron-down list
Infant Wholesaler		- FRONTIER STATE BANK - TAYLOR
Confirmation	Ζip	BONKINI TITISI TANTUNAL BANK - ABO BANK ONE, TUCSON IPMinina (Tassa
	County	y BANK ONE BANK OF AMERICA
	Zip4	WELLS FARGO BANK
		BANK OF AMERICA-TUCSON
	Phone	e DAVIN OF AMERICA Bank of America Global Client Service
	Fax	x Spartan Circlit Union Signed in as rjackson. Sign out
ENDOR WIC (1993)	Dashboard Add New Bank	x Sparlan Circlif Union Signed in as rjackson. Sign out
ENDOR WIC (132) sks	Dashboard Add New Bank Owner Bank	x Spartan Credit Union Signed in as rjackson. Sgm out
Sks	Dashboard Add New Bank Owner Bank Routing Number	x Sourian Credit Union Signed in as rjackson. Sign out Spartan Credit Union 11223344
ENDOR WIC (1992) sks 0 Owner 0 Addresses 0 Owners	Dashboard Add New Bank Owner Bank Routing Number Federal ID	x Bourlan Credit Union Signed in as rjackson. Sign out Spartan Credit Union I1223344 44332211
ENDOR WIC (1997) sks 0 Owner 0 Addresses 0 Officers 0 Owner Bank	Fax Destboard Add New Bank Owner Bank Routing Number Federal ID Street Address	Signed in as rjackson. Sign out Spartan Credit Union Ill 11223344 Ill 44332211 Ill 1740 W. Adams Street Ill
Sks Owner Owners Owner Contacts Owner Contacts	Fax Dashboard Add New Bank Owner Bank Routing Number Federal ID Street Address City	x Signed in as rjackson. Sign out Spartan Credit Union I1223344 44332211 1740 W. Adams Street PHOENIX
boxer conters conters conters conters conters conters	Fax Dashboard Add New Bank Owner Bank Routing Number Federal ID Street Address Gity State	x Signed in as rjackson. Sign out Spartan Credit Union I1223344 44332211 1740 W. Adams Street PHOENIX AZ
boxner contacts wholesater	Fax Dashboard Add New Bank Owner Bank Routing Number Federal ID Street Address City State Zite	Signed in as rjackson. Sign out Signed in as rjackson. Sign out Signed unas ricedt Union 11223344 44332211 1740 W. Adams Street PHOENIX AZ 85007
boxer conternation conternation conternation	Dashboard Dashboard Add New Bank Owner Bank Routing Number Federal ID Street Address City State Zip Citymen	Signed in as rjackson. Sign out Spartan Credit Union 11223344 44332211 1740 W. Adams Street PHOENIX Az 65007 MARICOPA
boxer conternation conternation	Fax Dashboard Add New Bank Owner Bank Routing Number Federal ID Street Address City State Zip County	Signed in as rjackson. Sign out Spartan Credit Union 11223344 44532211 1740 W. Adams Street PHOENIX AZ 65007 MARICOPA
ENDOR WIC (133) sks Owner Addresses Owner Owner Contacts Owner Contacts Wholesater Infant Wholesater Confirmation	Fax Dashboard Add New Bank Owner Bank Routing Number Federal ID Street Address City State data Dashboard County Zip4	x Signed in as rjacksen. Sgn out
ENDOR WIC (133) sks Owner Addresses Omter es Owner Contacts Wholesater Infant Wholesater Confirmation	Fax Dastboard Add New Bank Owner Bank Routing Number Hederal ID Street Address Uty County County Cap4	Signed in as rjackson. Sign out Spartan Credit Union 1122344 44332211 1740 W. Adams Street PHOENIX AZ 65007 MARICOPA (602) 542-1886
ENDOR WIC (100) Sks Sks Owner Addresses Owner Contacts Owner Contacts Owner Contacts Owner Contacts Infant Wholesater Confirmation	Fax Dashboard Add New Bank Ower Bank Ower Bank Routing Number Rederal ID Street Address Otty Street Address Otty County County County Fax County Coun	Signed in as rjackson. Sign out Spartan Credit Union 1122344 44332211 1740 W. Adams Street PHOENIX AZ 85007 MARICOPA (602) 542-1886
ENDOR WIC (100) asks a Owner Addresses b Owner Contacts o Owner Contacts o Wholesater b Infant Wholesater c Confirmation	Fax Dashboard Add New Bank Owner Bank Owner Bank Routing Number Rederal ID Street Address Otty Street Address Otty County Cupt County Cupt Cupt Cupt Cupt Cupt Cupt Cupt Cupt	Signed in as rjackson. Signed in as r
ENDOR WIC (100) sks 3 Owner 4 Addresses 5 Owner Bank 0 Owner Contacts 1 Motolesater 1 Owner Motolesater 2 Confirmation	Fax Dashboard Add New Bank Owner Bank Routing Number Pederal ID Street Address Uty County Cou	signed in as rjackson. Sign of Signed in as rjackson. Sign of Spartan Credit Union 11223344 44332211 1740 W. Adams Street PHOENIX AZ 85007 MARICOPA (602) 542-1886 S9754 S9754 S9754 S9754 2

The fields will auto-populate with the bank information. Next you will:

- 1. Enter your Account Number.
- 2. If both regular and replacement food instruments will be deposited into this account, select yes; if no, please explain.
- 3. Click "Save & Continue" at the bottom of the page.

The next task you will work on is the Owner Contacts. In this section, you will enter the contact person(s) for the owner.

To enter the contact information:

Click "Add Contact"

VENDOR WIC (14.2	VENDOR WIC C14.2 Dashboard				
Tasks	NOTE: Applica	ant must select "Vendor Contra	acts' as one contact type.		
Owner	Add Contact	←			
 Addresses 	Contact	s			
 Officers 	Name	Phone	Email	Contact Type	
Owner Bank					
Owner Contacts					
Wholesaler					Cancel Save Save & Continue
Infant Wholesaler					
Confirmation					

Note: Applicant must select "Vendor Contracts" as one contact type.

- 1. Enter the required information
 - First Name
 - Last Name
 - Phone Number
 - Email Address

$\mathbf{\overline{v}}$	Dashboard				Signed in as rjackson. Sign out
VENDOR WIC VI32					
Tasks					
	First N	ame	×		
 Owner 		This field is required.			
 Addresses 	Last N	ame	×		
 Officers 		This field is required.		1	
Owner Bank	PI	none	×		
Owner Contacts		This field is required.			
Wholesaler	Email Add	ress			

1. Select the "Contact Type" from the drop-down list.

Note: There MUST be a person who is designated for "Vendor Contracts."



Repeat the steps to add additional contacts.

The contacts that have been entered will be displayed.

Once all contacts are entered, click the "Save & Continue" button at bottom of screen.



Owner Wholesaler

Next you will complete the Owner Wholesaler information (this functionality will occur IF the "Manage Wholesaler at Store Level" is "NO" in the Settings in the Account section).

You can select an existing wholesaler from the drop-down list or, if your wholesaler is not displayed, you can add it.

To select an existing wholesaler:

1. Click the drop-down list and select your wholesaler.

VENDOR WIC	Dashboard	Signed in as rjackson. Sign out	
Tasks	Owner Wholesa	alers	
 Owner 	Add Wholesaler		
Addresses	Wholesalers Assigned		
 Officers 		_	_
Owner Bank	Wholesaler	Please select one	L
Owner Contacts	Ň	Please select one W SONORA PRODUCE BASHA'S WAREHOUSE DBA NATIONAL GROCERY	
• Wholesaler	Phone		
Infant Wholesaler	Address 1	RANEEMS WHOLESALE SQS	
Confirmation	Address 2	SGS FAMILY FOODS COSTCO WAREHOUSE TIM MILLER INDEPENDENT DISTRIBUTOR NATURES OWN S Q S FAMILY FOOD LL C	
	City	S Q S FAMILY FOOD LLC GDI	
	State	WAL MART SUPER CENTER SQS FAMILY FOODS	
		RESTAURANT DEPOT AMERISOURCE/BERGEN WHOLESALE	
	Dashboard	Signed in as rjackson. Sign out	
Tasks	Owner Wholes	alers After you select the wholesaler the	٦
Owner	Add Wholesaler	2 After you select the wholesaler, the	
Addresses	Wholesalers Assigned	wholesaler information will auto-populate.	
 Officers 		· · · · · · · · · · · · · · · · · · ·	
Owner Bank	Wholesaler	GDI	
Owner Contacts			
	Phone	8008102615	
U Wholesaler	Address 1	P.O. BOX 92290	
Infant Wholesaler	Address 2		
Confirmation	Address		
	City	ALBUQUERQUE	
	State	NM	
	Zip	87199	
	County	NM	51

Owner Wholesaler

Next you will select the food group(s) that are purchased from the selected wholesaler.

After all items are selected, click the "Save & Continue" button on the bottom of the page.

NDOR WIC (TRA			
	Food Group		
	Selected	Food Group	
	v	BABY FOOD	
		BEANS/PEAS/LENTILS	
		CARROTS	
		CEREAL	
		CHEESE	
		DAIRY	
		EGGS	
		FORMULA	
		FORMULA (NON-INFANT)	
		FRUITS/VEGGIES	
		GOATS MILK	
		INFANT CEREAL	
		INFANT FORMULA	
		INFANT FRUITS/VEGGIE	
		INFANT JUICE	
		JUICE	
		JUICE FROZEN	
		MILK	
		OTHER	
		PEANUT BUTTER	
		SOYMILK	
		TOFU	
		TUNA	
	I	WHOLE GRAINS	

If your wholesaler is not listed in the drop-down list, you can add it by:

Clicking the "Add Wholesaler" button.

Tasks		Owner Wholes	alers	
Ø Ow	vner	Add Wholesaler	~~	
⊘ Ade	Idresses	Wholesalers Assigned		
Ø Off	ficers			
Ø Ow	vner Bank	Wholesaler	Please select one	×
⊘ Ow	vner Contacts		Wholesaler selection is required when no wholesalers have already been assigned to the vendor.	
🖲 Wh	holesaler	Phone		
0 Infa	ant Wholesaler	Address 1		
O Co	Confirmation	Address 2		
		City		
		State		
		Zip		
		County		
		Food Group		

Enter the following information:

- 1. Name of Wholesaler
- 2. Phone
- 3. Address
- 4. Zip and click the "Get Cities" button

VENDOR WIC (142)	Dashboard				Signed in as rjacksor	I. Sign out
Tasks	Owner	Wholesalers				
Owner Addresses	Name	Jackson Food Distrubute	ors 🔶 1			
⊘ Officers 2	Phone	(602) 542-1996				
Owner Bank	3	Address 1	1959 Highland Drive			
Owner Contacts		Address 2				
Wholesaler		City				
Infant Wholesaler		State				
Confirmation		County				
		Zip	85234	← 4	\rightarrow	Get Cities
		Zip +4				
					Carrel	

Select the city from the list

VENDOR WIC 1152	Dashboard					Signed in as rjackson. Sign out
	M	Natching Locations			×	
Tasks	Ow	City	State	County	Zip	
Ø Owner		Select GILBER	T AZ	MARICOPA	85234	
⊘ Addresses	Na					
Ø Officers	Pho				Cancel	
 Owner Bank 		Address 1	1959 Highlan	d Drive		
Owner Contacts		Address 2				
VENDOR WIC (1142)	Dashboard					Signed in as rjackson. Sign out
•						
Tasks	Owner	Wholesalers				
Owner						
 Addresses 	Name	Jackson Food Distrubute	ors			
 Officers 	Phone	(602) 542-1996				
 Owner Bank 		Address 1	1959 Highland Driv	ve		
 Owner Contacts 		Address 2				
Wholesaler		City	GILBERT			
Infant Wholesaler		State	AZ			
Confirmation		County	MARICOPA			
		county				
		Zip	85234			Get Cities
		Zip +4				
						Cancel Add

- The City, State, and County will auto-populate.
- Click the "Add" button to add the new wholesaler to the drop-down list.

State

Zip

County

AZ

85234

MARICOPA

Click the drop-down list and select the wholesaler you added.

VENDOR WIC v1.4.2	Dashboard		Signed in as rjackson. Sign out
Tasks	Owner Wholesa	alers	
Ø Owner	Add Wholesaler		
⊘ Addresses	Wholesalers Assigned		
 Officers 			
Owner Bank	Wholesaler	Please select one	×
Owner Contacts		WALMART SQS FAMILY FOOD	
Wholesaler	Phone	RANEEMS WHOLESALE RANEEMS WHOLESALE	
Infant Wholesaler	Address 1		
Confirmation	Address 2	SQS FAMILY FOODS, LLC COSTCO BUSINESS CENTER	
	City	LIVELY DISTRIBUTING MCLANE	
	Stato	WALMART SHAMROCK FOODS SAM'S CLUB	
	State	ABBOTT NUTRITION (ROSS LAI LIVELY DISTRIBUTION INC.	BS)
	Zip	RENEEMES WHOLESALE RENEEM'S WHOLESALE	
	County	COSTCO WHOLESALE RESTAURANT DEPOT	
	Food Group	LOS POTROS COSTCO RESTAURANT DEPOT	-
		DAIRY MAID FOODS Jackson Food Distrubutors	· · · · · · · · · · · · · · · · · · ·
VENDOR WIC VI.4.2	Dashboard		Signed in as rjackson. Sign out
Tasks	Owner Wholesa	alers	
Owner	Add Wholesaler		
Addresses	Wholesalers Assigned		
 Officers 			
Owner Bank	Wholesaler	Jackson Food Distrubutors	×
Owner Contacts		Wholesaler selection is required whe	n no wholesalers have already been assigned to the vendor.
9 Wholesaler	Phone	6025421996	
Infant Wholesaler	Address 1	1959 Highland Drive	
Confirmation	Address 2		The wholesaler information will
	City	GILBERT	auto-populate.

Select the food group(s) that are purchased from this wholesaler.

	Dashboard			Signed in as rjackson. Sign out
VENDOR WIC WA	Food G	roup		
	Selected	1	Food Group	
	V		BABY FOOD	
			BEANS/PEAS/LENTILS	
			CARROTS	
			CEREAL	
			CHEESE	
			DAIRY	
			EGGS	
_			FORMULA	
			FORMULA (NON-INFANT)	
			FRUITS/VEGGIES	
			GOATS MILK	
	2		INFANT CEREAL	
			INFANT FORMULA	
	2		INFANT FRUITS/VEGGIE	
			INFANT JUICE	
			JUICE	
			JUICE FROZEN	
			MILK	
			OTHER	
	121		PEANUT BUTTER	
			SOYMILK	
			TOFU	
			TUNA	
	Ø		WHOLE GRAINS	
	Cance			Save Save & Continue

- Click the "Save" button if you have additional wholesalers to add.
- Click "Save & Continue" to move to the next screen.

- After you click "Save," you will see a message letting you know the information has been saved.
- Click "OK" to return to the Owner Wholesaler screen.

VENDOR WIC 1142	Dashboard				Signed in as rjackson. Sign out
•	Data Saved				
	Your work has been saved	IL			
				ок	
			INFANT FRUITS/VEGGIE		
			INFANT JUICE		
			JUICE		
	Dashboard				Signed in as rjackson. Sign out
Tasks	Owner Wholes	salers			
⊘ Owner	Add Wholesaler				
Addresses		_			
O Audicesses	Wholesalers Assigned	ł			
 Officers 	C SQS		1		
Owner Bank	SHAMROCK FOO	DS			
 Owner Contacts 					
⊘ Wholesaler	🗹 Jackson Food Dist	trubutors			
 Infant Wholesaler 	<u> </u>				
• Confirmation	Wholesaler	SQS		2	
	Phone	(602) 336-	-8411		
	Address 1	6025 NOF	RTH 27TH AVENUE SUITE #14		
	Address 2				
	City	PHOENIX	<		
	State	AZ			

- The wholesalers that were selected will appear under "Wholesalers Assigned."
- 2. The latest entry will appear in the Wholesaler information part of the screen.

Vendor Infant Wholesaler

Next you will:

- 1. Select your Infant Wholesaler from the list.
- 2. Click the "Save & Continue" button when all Infant Wholesalers are selected.

VENDOR WIC VI32 Tasks	Vendor Inf	ant Wholesaler
Owner		
 Addresses 	Selected	Wholesaler
 Officers 		WINCO FOODS
Owner Bank		AFFILIATED FOODS
		ASSOCIATED FOOD STORES
 Owner Contacts 		BASHAS' WAREHOUSE DBA NATIONAL GROCERY
Wholesaler		CARDINAL HEALTH
Infant Wholesaler		COSTAL PACIFIC DISTRIBUTOR
Confirmation		GDI
		MC KESSON DRUG CO.
		PHOENIX DISTRIBUTION CENTER
		SQS
1	✓	UNIFIED WESTERN GROCERS
		BRYSTOL-MYERS SQUIBB COMPANY - MEAD JOHNSON
		NESTLE, USA
		PBM NUTRITIONALS
		SHS/NUTRICIA
		SOLUS PRODUCTS, LLC
		ABBOTT LABORATORIES/ROSS PRODUCTS DIVISION

Cancel

2

Save Save & Continue

After saving your entries, the Owner Information Confirmation screen is displayed.

Congratulations! You have completed the Owner Information section.

Click the "Continue" button to return to the Dashboard.



After you have entered the Owner Information, you will go back to the Dashboard.

Now you are ready to add a store to the owner.



Stores/Outlets Section

In this section, you will be adding stores to the owner.

Click the "Add a Store" button.

Complete the outlet information by entering the required fields and answering the associated questions.



 Using the drop-down list, select the best option that describes your store.

VENDOR WIC VIA2	Dashboard		Signed in as rjackson. Sign out
	Add Outlet		
Add a new outlet	Select the option that best describes the	Please select one Please select one	×
Contacts Contacts	applicant store:	MATIONAL REGIONAL, OR LOCAL CHAIN SUPER CENTERS PHARMACY	
Addresses	Explain Other	LARGE URBAN INDEP (> \$750.000 GROSS SALES) SMALL URBAN INDEP (< \$750.000 GROSS SALES) LARGE RURAL INDEP (> \$750.000 GROSS SALES)	
Vendor Addresses	Is Store a Super Center?	COMMISSARY	
Hours Outlet Hours of Operation	Is Store a Pharmacy?	YES NO	
 Bank Add a Bank 	Store Name	This field is required.	×
9 Sales	Opening Date	This field is required	*
Dutiet Sales Records	Phone Number		×
/endor General Information		This field is required.	¥
Confirmation	Email Address		
	Fax		
	Other Phone Type	Please select one	
	Other Phone Number		

- 1. Answer the questions
 - Is Store a Super Center?
 - Is Store a Pharmacy?
- 2. Enter:
 - Name of the Store
 - Opening Date
 - Phone Number
 - Email Address
 - Fax Number
 - Other Phone Type
 - Other Phone Number

VENDOR WIC (142)	Dashboard	Signed in as rjackson. Sign out
Addresses	Explain Other	
Vendor Addresses	Is Store a Super	
Hours	Center?	
Outlet Hours of Operation	Is Store a Pharmacy?	YES NO
Bank	Store Name	×
Add a Bank	Store Maine	This field is required.
Sales		
Outlet Sales Records	Opening Date	*
• Vendor 2		This field is required.
Vendor General Inform	Phone Number	×
		This field is required.
Confirmation		
Submit completed application	Email Address	
	Fax	
	Other Phone Type	Please select one
	Other Phone	
	Number	

- 1. Enter (continued):
 - First Name of Store Contact Person
 - Last Name of Store Contact Person
 - Title of the Store Contact Person (select from the dropdown list)
 - Start Date of the Store Contact Person

	ashboard	Signed in as rjackson. Sign o	ut
Submit completed application	First Name		×
		This field is required.	
	Last Name		×
		This field is required.	
	Title	Please select one	
		This field is required.	
	Start Date at Store		×
		This field is required.	

Next answer the questions.

NOTE: All questions default to "NO" so you will need to verify the answer by clicking the appropriate response.

	Dashboard		Signed in as rjackson. Sign out
VENDOR WIC (132)	The applicant store is primarily a convenience store featuring a limited number of brands and relatively low inventory of each item.	YES NO	
	The applicant store features a full, well-stocked line of grocery items with 5 or more varieties to choose from in each staple food category (breads and cereal, fruits and vegetables, meat, fish and poultry, and dairy.	YES NO	
	The applicant store features non-grocery items as its major retail products.	YES NO	
	The applicant store sells gasoline as a major product line.	YES NO	
	The applicant store is a pharmacy that will only provide special infant and medical formulas as requested.	YES NO	
	If the applicant is not a pharmacy, does the store/outlet have an in-store pharmacy?	YES NO	

 Next you will answer the question "Which WIC program(s) (if any) is the outlet currently authorized as a Vendor?"

- Answer "YES" or "NO" to each of the following programs listed.
 - Arizona WIC Program
 - Navajo Nation WIC Program
 - ITCA WIC Program
 - None (if the store does not participate in any of the above WIC Programs, select "YES" for this answer)
- After you have completed this page, click the "Save & Continue" button at the bottom of the screen.



Adding Store Contacts

Next you will add Store Contacts:

- To add a Contact:
 - 1. Click the "Add Contact" button

	Dashboard			Signed in as rjackson. Sign out
VENDOR WIC VI32				
Tasks	Add Contact	←		
 Add Outlet 	Contacts			
Add a new outlet	Name	Phone	Primary Contact	
Contacts				
Contacts				
Addresses	Cancel			Save Save & Continue
Vendor Addresses				
Hours				
Outlet Hours of Operation				
Bank				
Add a Bank				
9 Sales				
Outlet Sales Records				
Vendor				
Vendor General Information				
Confirmation				
Submit completed application				

Adding Store Contacts

- To add a Contact:
 - Is the person you are entering going to be the primary contact for the store? (each store must have one primary contact person)
 - 2. Enter
 - First Name
 - Last Name
 - Title (select the title from the drop-down list)
 - Phone Number
 - 3. Click the "Add" button to save the changes.

VENDOR WIC VIA2	Dashboard	Signed in as rjackson. Sign out
Tasks	Contacts	
Add Outlet Add a new outlet	Primary Contact	
Contacts Contacts	First Name	This field is required.
Addresses Vendor Addresses 2	Last Name	This field is required.
Hours Outlet Hours of Operation	Title	Please select one
 Bank Add a Bank 	Phone Number	Inits incluits required.
 Sales Outlet Sales Records 		This field is required.
Vendor Vendor General Information		3 Cancel Add

Repeat the steps to add additional Contacts

Adding Store Contacts

 Once all the Store Contacts are entered, Click the "Save & Continue" button.

	Dashboard			Sig	ned in as rjackson. Sign out
Tasks	Add Conta	ct			
 Add Outlet 	Contact	S			
Add a new outlet	Name	Phone	Primary Contact		
Contacts	Jackson, Lea	(602) 542-1886	No	🖸 Edit	n Remove
Contacts	Jackson, Riley	(602) 542-1886	Yes	🖸 Edit	n Remove
Addresses					
Vendor Addresses					
Hours	Cancel				Save Save & Continue
Outlet Hours of Operation					
0 Rank					
Add a Bank					
•					
Sales Outlet Sales Records					
• Vendor					
Vendor General Information					
Confirmation					
Commation					

Adding Store Address

Next you will be adding the Addresses for the store/outlet; you MUST add two (2) addresses:

- Mailing Address
- Street Address

	Dashboard		Signed in as rjackson. Sign out
Tasks	Add Address]	
 Add Outlet Add a new outlet 	Address Type	Address	
Contacts Contacts			
Addresses Vendor Addresses	Cancel		Save Save & Continue
Hours Outlet Hours of Operation			

- 1. Click the "Add Address" button at the top.
- 2. Then select the address type from the drop-down list.

VENDOR WIC (153)	Dashboard	Signed in as rjackson. Sign out
Add Outlet Add a new outlet Ocontacts Contacts	Copy Street Address Address Type Please select one Ti Street Address Maiing Address Other Address Address This field is required.]

Adding Store Address

Next enter:

- 1. The street address
- 2. The Zip Code and click the "Get Cities" button.

$\mathbf{\nabla}$	Dashboard		Signed in as rjackson. Sign out
VENDOR WIC (132)			
Tasks	Address	Street Address	
Add Outlet	Туре		
Add a new outlet	Address 1	7534 Spartan Drive	
⊘ Contacts	Address 2		
Contacts			
	City		
• Addresses			
Vendor Addresses	State		
• Hours	County		
Outlet Hours of Operation		2	
	Zip	85601 Get Cities	
Bank	Zin +4		
Add a Bank	210.14		
Sales			
Outlet Sales Records	Cancel		Add

Adding Store Address

Next:

1. Select the city from the list.

	ashboard					Signed in as rjackson. Sign out
VENDOR WIC VIS2	Matching Loc	ations			×	
Tasks		City	State	County	Zip	
1	Select	ARIVACA	AZ	PIMA	85601	
Add Outlet	Center					
Contacts					Cancel	
	City					
Addresses Vendor Addresses	State					
	Juite					
Hours	County					
Oullet Hours of Operation	Zip	85601		Get Cities		
Bank	7in ±4					
Add a Bank	Zib 14					
	ashboard					Signed in as rjackson. Sign out
VENDOR WIC (13.2)						
Tasks						
	Address	Street Address		•		
Add Outlet	Туре					
Add a new outlet	Address 1	7534 Spartan Drive				
⊘ Contacts	Address 2					
Contacts	City					
Addresses	City	ARIVACA				
Vendor Addresses	State	AZ				
• Hours	County	PIMA				
Outlet Hours of Operation	71-	05004		0-1-0-11		
Bank	Zip	85601		Get Cities		
Add a Bank	Zip +4					
Sales Outlet Sales Records	Cancel					
	Cancer					
Vendor						

2. Click the "Add" button.
Adding Store Address

After you add the street address, the Address section will populate.

Next you must add the Mailing Address, even if it is the same as the Street Address.

Click on the "Add Address" Button.

VENDOR WIC 132			
Tasks	Add Address	←	
Add Outlet	Vendor Ad	dresses	
Add a new outlet	Address Type	Address	
Ocontacts Contacts	Street Address	7534 Spartan Drive ARIVACA AZ 85601 PIMA	🖸 Edit 👘 Remove
Addresses Vendor Addresses	Cancel		Save Save & Continue
Hours Outlet Hours of Operation			

Adding Store Address

If the Mailing Address is the same as the street address,

- 1. Click the "Copy Street Address" button. This will autopopulate the fields.
- 2. Select "Mailing Address" from the drop down list.
- 3. Click the "Add Button.

VENDOR WIC (153)	Dashboard			Signed in as rjackson. Sign out
Tasks a Add Outlet Add a new outlet Contacts Contacts	Copy Street Ar Address Type Address 1	ddress Please select one Please select one Street Address Other Address Ts34 Spartan Drive	2	
Addresses Vendor Addresses	Address 2 City	RIVACA		
Outlet Hours of Operation Bank	State A County F	Z		
Add a Bank Sales Outlet Sales Records	Zip 8 Zip +4	5601 Get Cities		
Vendor Vendor General Information				Cancel Add
				3

Adding Store Address

After the Mailing Address is added, click the "Save & Continue" button.



Store Hours of Operation

Next you will enter the hours of operation for your store.

- 1. If your store is open 24 hours, click "YES", and the time fields will gray out.
- 2. Complete the additional information:
 - Retail Square Footage
 - Outlet Storage Square Footage
 - Number of Full-Time Cashiers
 - Number of Part-Time Cashiers
 - Number of Checkout Lanes

$\mathbf{\nabla}$	Dashboard			Signed in as rjackson. Sign out
VENDOR WIC (1.3.2)				
Tasks	Store Hours	of Operation		
Add Outlet Add a new outlet	Pre-fill YES 24/7	NO 1		
Contacts Contacts	Day of Week	Open	Close	Closed
Addresses	Sunday			YES NO
Vendor Addresses	Monday			YES NO
Hours Outlet Hours of Operation	Tuesday			YES NO
Bank	Wednesday	1		YES NO
Add a Bank	Thursday			YES NO
Sales Outlet Sales Records	Friday			YES NO
• Vendor	Saturday			YES NO
Vendor General Information Confirmation	Outlet Retail Square Footage	This field is required.		×
Submit completed application	Outlet Storage Square Footage	This field is required.		×
2	Number of Full- Time Cashiers	This field is required.		×
	Number of Part- Time Cashiers	This field is required.		× .
	Number of Checkout Lanes	This field is serviced		*

Store Hours of Operation

If the store is not open 24 hours a day:

- 1. Select "NO."
- 2. Enter the time the store opens and closes.
- 3. Select "YES" if the store is closed on any specific day.
- 4. Complete the additional information:
 - Outlet Retail Square Footage
 - Outlet Storage Square Footage
 - Number of Full-Time Cashiers
 - Number of Part-Time Cashiers
 - Number of Checkout Lanes

	ashboard			Signed mass just ion. Sign out
Add a new outlet	Pre-fill YES	№ ← 1		3
 Contacts Contacts 	Day of Week	Open 2	Close	Closed
Addresses	Sunday			YES NO
Vendor Addresses	Monday	6:00 AM	11:00 PM	YES NO
Hours Outlet Hours of Operation	Tuesday	6:00 AM	11:00 PM	YES NO
Bank	Wednesday	6:00 AM	11:00 PM	YES NO
Add a Bank	Thursday	6:00 AM	11:00 PM	YES NO
Sales Outlet Sales Records	Friday	6:00 AM	11:00 PM	YES NO
• Vendor	Saturday	6:00 AM	11:00 PM	YES NO
Vendor General Information Confirmation	Outlet Retail Square Footage	This field is required.		×
Submit completed application	Outlet Storage			×
4 –	Square Footage	This field is required.		
	Number of Full-			×
	nine Gashers	This field is required.		
	Number of Part-			×
	nine Gashiers	his field is required.		
	Number of			×
	Checkout Lanes	This field is required.		

Store Hours of Operation

Next answer the questions regarding:

- 1. ADA compliance
- 2. Health inspection violations
 - If yes, please explain.
 - If yes, was your license/permit revoked?
 - If yes, enter the dates the license/permit was revoked.
- 3. Click the "Save & Continue" button at the bottom of the page.



Adding Store Bank Information

Adding the Store Bank information can be done in several different ways, by:

- 1. Adding a bank (if the bank is not listed in the drop-down list)
- 2. Copying from Owner (the Owner Bank information)
- 3. Selecting the bank from the drop-down list

	Dashboard	Signed in as rjackson. Sign out
Tasks	Bank Information	
Add Outlet Add a new outlet	1 Add Bank Copy Owner Bank Info	rmation < 2
Contacts Contacts	Outlet Bank	Please select one 3 I X
 Addresses Vendor Addresses 	Routing Number	
Hours Outlet Hours of Operation	Federal ID	
9 Bank	Street	
Add a Bank	City	
Sales Outlet Sales Records	Zip	
Vendor Vendor General Information	County	
Confirmation	Phone Number	
Submit completed application	Fax	
	Account #	X This field is required.
	Effective Date	This field is required.
	Will both regular and replacement food instruments be deposited only in the above account	YES NO
	If No, Explain	This field is required.

Store Bank Information

If the store/outlet is using the same bank as the owner, then you can click the "Copy from Owner" button.

VENDOR WIC (1.5.3)	Dashboard			Signed in as rjackson. Sign out
Tasks	Bank Information			
Add Outlet Add a new outlet	Add Bank Copy Own	er Bank Information	←	
Contacts Contacts	Outlet Bank	Please select one		×
Addresses Vendor Addresses	Routing Number			
Outlet Hours of Operation	Federal ID			
Bank Add a Bank	Street			
Sales	State			
Outlet Sales Records	Zip			

The Owner Bank information will auto-populate the fields.

VENDOR WIC V1.5.3	Dashboard	Signed in as rjackson. Sign out
Outlet Information Basic Outlet Information	Outlet Bank	Spartan Credit Union
Contacts	Pouting Number	This field is required.
 Addresses 	Federal ID	11223044
Vendor Addresses	Street	1740 W. Adams Street
Hours Outlet Hours of Operation	City	PHOENIX
 Bank Add a Bank 	State	AZ
Sales	Zip	85007
Outlet Sales Records	County	MARICOPA
Vendor Vendor General Information	Fax	6025421890
Confirmation Submit completed application	Account #	23698525
Submit completed application		This field is required.
	Effective Date	X

Store Bank Information

- 1. Enter the Effective Date.
- 2. Will both regular and replacement food instruments be deposited only in the above account?
 - If no, please explain.
- 3. Click the "Save & Continue" button at the bottom of the page.

Da	ashboard	Signed in as rjac	kson. Sign out
VENDOR WIC (11.3.2)		This field is required.	
⊘ Addresses			
Vendor Addresses	Routing Number	11223344	
Hours	Federal ID	44332211	
Outlet Hours of Operation			
	Street	1740 W. Adams Street	
 Bank Add a Bank 	City	PHOENIX	
	N inte		
Sales	State	AZ	
Outlet Sales Records	Zip	85007	
• Vendor	County	MADICODA	
Vendor General Information	County	MARCOFA	
	Account #	987654	×
Confirmation Submit completed application		This field is required.	
	1	04/25/2014	
	Will both regular and		
	instruments be deposited		
	only in the above account	V	
	lf No, Explain	We have a separate account for replacement food instruments.	×
		This field is required.	
	Cancel	Save Sa	we & Continue

Sales Information

Next you will complete the Vendor Sales information for the 1. store/outlet. If the sales information is based upon actual sales, click the "Actual" button. If the sales information is based on estimated sales, click the "Estimated" button. Enter the sales information for: 2. Food \$ Alcohol \$ Tobacco \$ Lottery \$ Fuelage \$ Other \$ General Merchandise \$

VENDOR WIC (153)	Dashboard			5	igned in as rjackson. Sign out
1 0515		Vendor Sales Info	ormation		
Select Outlet Select an outlet to edit		Enter outlet's individual annual gross	Actual Estimated 1		
Outlet Information Basic Outlet Information		receipts/sales Peer Groups	LARGE URBAN INDEP (> \$750,000 GROSS SALES)	V	
Contacts Contacts	Г	Sales	Amount	Previous Price	
Addresses Vendor Addresses		Food \$	S X This field is required.	\$	
Hours Outlet Hours of Operation		Alcohol \$	S X	\$	
Bank Add a Bank		Tobacco \$	S X	\$	
 Sales Outlet Sales Records 		Lottery \$	S X	S	
 Vendor Vendor General Information 		Fuelage \$	\$	\$	
Confirmation Submit completed application		Other \$	S X	\$	
		General Merchandise \$	S X This field is required.	S	
	L	Gross \$	\$ 0.00	Gross \$ will auto-pop	pulate

Sales Information

Vendor Vendor General Information	General Me	rchandise \$ \$ 250000.00	\$	
Confirmation	Gross \$	\$ 1050000.00		
Submit completed application	Fiscal ye above fi	2015 gures 2015		← 1
r	Of the a	nnual food sales (food\$), enter th	e dollar amounts for:	
	Sales	Amount	Previous Price	
	Cash \$	S X This field is required.	\$	
2	Credit \$	\$ * This field is required.	\$	
	SNAP \$	\$ * This field is required.	\$	
	WIC \$	S X	\$	

- 1. Select the fiscal year for the figures entered above.
- 2. Enter the dollar amounts for each category from the annual food sales (food \$) entered above.
 - Cash \$
 - Credit \$
 - SNAP \$
 - WIC \$

Continuing down the page, you will answer the remaining questions:

- 1. Do you think that more than 50% of your annual revenue from the sale of food items come from WIC food instruments?
- 2. If yes, do you plan to provide incentive items to WIC program participants?
- 3. During the last five years, have you ever owned a store that received more than 50% of your annual food sales revenue from WIC food instruments?
- 4. Does the outlet's checkout register use optical scanning devices which record product and price information on the customer's receipts?

VENDOR WIC (153)	Dashboard Signed in as rjackson. Sign out
	Do you think that more than 50% of your annual revenue from the sale of food items come from WIC food instruments?
	NOTE: The Arizona WIC Program completes a six-month assessment of all new Vendors to assure that the status initially assigned is appropriate. Upon completion of the assessment, if the Vendor's food sales from WIC food instruments exceed 50 percent of the total food sales, the Vendor Contract will be terminated unless the outlet is necessary to ensure participant access as specified in Federal Policies.
2	If yes, do you provide or plan to provide incentive items to WIC program participants?
3	During the last five years, have you ever owned a store that received more than 50% of you annual food sales revenue from WIC food instruments?
4	Does the outlet's checkout register use optical scanning devices which record product and price information on the customer's receipts?

- 1. If the outlet's checkout register uses optical scanning devices, enter:
 - The number of POS Terminals
 - The number of Optical Terminals
 - Can the system be programmed to detect WIC authorized vs. non-authorized products?



Using the drop-down arrows, select the answers to each question.

How do you decide how much stock to order?

Please select one	× .	
Please select one		
Tr Conduct an informal 'Walk-through' inventory on a regular basis	7	
Order a certain amount of each item		
Other		
Rely on an automated inventory control system		

How often are the dairy cases restocked?

٢				
L	Please choose one	•	×	
-	Please choose one			
Т	I DAILY			
	TWICE WEEKLY			
	JWEEKLY			
п	low often are the who grocery items restocked :			

How often are the WIC grocery items restocked?

Please choose one Please choose one	· × <
TWICE WEEKLY WEEKLY	
Cancel	Save Save & Continue
	Click "Save & Continue" after you complete the screen.

Complete the Vendor Information screen.

- 1. If the store accepts SNAP Benefits, click "YES."
 - Enter the SNAP Authorization Number.
 - Enter the average SNAP dollar redemption volume/month.

$\mathbf{\nabla}$	Dashboard	Signed in as rjackson. Sign out
VENDOR WIC (132)		
Tasks	Vendor Information	
 Select Outlet 		
Select an outlet to edit	Is the outlet currently authorized to accept Supplemental Nutrition Assistance Program (SNAP)	1
 Outlet Information 	Benefits in Arizona or any other state?	1
Basic Outlet Information	If yes, SNAP Authorization Number	
 Contacts 	If ves, average SNAP dollar redemption	
Contacts	volume/month	
 Addresses 	Has this outlet, its owner, officers, or managers ever YES NO	2
Vendor Addresses	Arizona or any other state?	
⊘ Hours	If yes, give the name of the owners, managers, any	
Outlet Hours of Operation	officers, store(s), location(s) and the reason(s) and date of suspension or disqualification	

- 2. Has this outlet, its owner, officers, or managers ever been suspended or disqualified from SNAP in Arizona or any other state?
 - If yes, give the name of the owners, managers, any officers, store(s), location(s) and the reason(s) and date of suspension or disqualification.

- 1. Has the store owner/manager ever participated in the WIC Program in Arizona or any other state
 - If yes, enter the Store Name.
- 2. Enter Address.
- 3. Enter "Date Of Participation" fields.

V	Dashboard	Signed in as rjackson. Sign out
Addresses Vendor Addresses	Has this outlet, its owner, officers, or managers ever been suspended or disqualified from SNAP in Arizona or any other state?	
Outlet Hours of Operation	Has the store owner/manager ever participated in the WIC Program in Arizona or any other state	
 Bank Add a Bank 	Address 1	
Sales Outlet Sales Records	Address 2	
 Vendor Vendor General Information 	State	
Confirmation Submit completed application	County	Get Cities
	Zip +4	
	3 Date Of Participation to	

- 1. Has the outlet, manager, owner or officer been sanctioned for prior WIC violations?
 - If yes, please describe the incident(s).
- 2. Has the outlet, its owner, officers or managers ever been suspended or disqualified from WIC in Arizona or any other state?
 - If yes, give the name of the owner, officer(s), manager(s) and store(s) location and reason(s) and date(s) of the suspension or disqualification.

▼	Dashboard		Signed in as rjackson. Sign out
Addresses Vendor Addresses	Has this outlet, its owner, officers, or managers ever been suspended or disqualified from SNAP in Arizona or any other state?	YES NO	
Outlet Hours of Operation	Has the store owner/manager ever participated in the WIC Program in Arizona or any other state	YES NO	
Bank Add a Bank	Has the outlet, manager, owner or officer been sanctioned for prior WIC violations?	YES NO	
	If yes, describe		
Outlet Sales Records	Has the outlet, its owner, officers or managers ever been suspended or disqualified from WIC in Arizona	YES NO]
Vendor Vendor General Information	or any other state? If Yes, give the name of the owner, officer(s),		
Confirmation	manager(s) and store(s) location, and the reason(s) and date(s) of the suspension or disqualification		

- 1. During the last six years, have any of the current owner, officers, partners, or managers had a criminal conviction or had a civil judgment entered against them for any of the following activities: fraud, anti-trust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice?
 - If yes, please explain the activities involved, dates, and location (City and State).
- After all questions are answered, click the "Save & Continue" button.

	Dashboard	Signed in as rjacksor	n. Sign out
✓ ENDOR WIC (v1.3.2) ⊙ Addresses	Has this outlet, its owner, officers, or managers ever been suspended or disqualified from SNAP in	YES NO	
vendor Addresses	Arizona or any other state?		
Hours	Has the store owner/manager ever participated in the WIC Program in Arizona or any other state	YES NO	
Outlet Hours of Operation	the thornogram in Anzona or any other state		
Ø Bank	Has the outlet, manager, owner or officer been sanctioned for prior WIC violations?	YES NO	
Add a Bank	If yes describe		
⊘ Sales			
Outlet Sales Records	Has the outlet, its owner, officers or managers ever	YES NO	
• Vendor	been suspended or disqualified from WIC in Arizona or any other state?		
Vendor General Information	If Yes, give the name of the owner, officer(s),		
Confirmation	manager(s) and store(s) location, and the reason(s)		
Submit completed application			
	During the last six years, have any of the current owner, officers, partners, or managers had a	YES NO	
	criminal conviction or had a civil judgment entered against them for any of the following activities:		
	fraud, anti-trust violations, embezzlement theft,		
	records, making false statements, receiving stolen		
	property, making false claims or obstruction of justice?		
	If Yes, please specify the name of the owner, officer		
	or manager and the activities involved. (Please		
	include dates and locations (i.e., City and State))		

Cancel

Adding Store

The next screen will let you know that the store was successfully added.

Click the "Continue" button.

	Dashboard	Signed in as student3. Sign out
Tasks		The store JACKSON FOOD CENTERS #100 has been successfully added
 Add Outlet Add a new outlet 		
 Contacts Contacts 		Continue
 Addresses Vendor Addresses 		
Outlet Hours of Operation		
⊘ Bank Add a Bank		
 Sales Outlet Sales Records 		
 Vendor Vendor General Information 		
• Confirmation Submit completed application		

Adding Multiple Stores

The next screen will display the name of the store that was added.
To add additional stores to this owner:
Click the "Add Vendor" button and follow the steps from the previous pages.
Once all stores are entered, you can submit the applications at the same time.

	Dashboard				Signed in as student3. Sign out
Select Outlet Select an outlet to edit		Add Ven	dor		
Outlet Information Basic Outlet Information		Vendo	rs		
Contacts Contacts		ID N	Name		Opening Date
Addresses Vendor Addresses					
Hours Outlet Hours of Operation					
 Bank Add a Bank 					
 Sales Outlet Sales Records 					
 Vendor Vendor General Information 					
Confirmation Submit completed application					

Adding Stores

Submit completed application

As the stores are entered, they will appear on the list of Vendors.

Click the word "Dashboard" to return to the Dashboard.

Dat	shboard		Signed in as rjackson. Sign out
Tasks	Add Vendor		
 Select Outlet Select an outlet to edit 			
Outlet Information Basic Outlet Information	Vendors		
Contacts	ID Name	Status	Opening Date
Contacts	G Jackson Food Center #100	NOT SUBMITTED	05/25/2014
Addresses Vendor Addresses	C Jackson Food Center #104	NOT SUBMITTED	03/05/2014
O Haura	G Jackson Food Center #105	NOT SUBMITTED	09/25/2014
Outlet Hours of Operation	C Jackson Food Centers #106	NOT SUBMITTED	05/05/2014
 Bank Add a Bank 	G Jackson Food Center #102	NOT SUBMITTED	05/25/2014
 Sales Outlet Sales Records 	C Jackson Food Center #103	NOT SUBMITTED	06/15/2015
Vendor Vendor General Information			
Confirmation			

Submitting Applications

After all stores are entered, you can submit the applications at the same time.

Click "Submit Application for Authorization."



Statement of Application

On the Statement of Application page:

- 1. Read the Statement of Application.
- 2. Check the box next to the Vendor name(s) to be submitted.
- 3. Click the "Save & Continue" button at the bottom of the page.

VENDOR WIC (142) Dashb	ooard				Signed in as rjackson. Sign ou
Tasks	Statemer	nt of Application	1		
Statement Of Application	Jackson Fo	od Company, Inc.	L		
Signature	Please read	carefully and sign below:			
Submission Instructions	The undersigned this application verified, and	aned is authorized to act on behalf of the on, the undersigned has declared that the understands the information contained in	applicant identified on Page 1, who is ap e business is open, fully stocked, and op the vendor enrollment packet.	oplying for authorization to participate in the verational and authorized to accept food stan	Arizona WIC Program. By submitting nps. The undersigned has reviewed,
	This applicat Program. Th	ion is only a request for a WIC Vendor C e Arizona Department of Health Services	ontract, and DOES NOT constitute a Co or its designee may verify the information	ntract nor does it guarantee authorization to on contained in the application during an on-	participate in the Arizona WIC site visit.
	terms 3. I unde disqua 4. I unde may b 5. The ur	and conditions of the WIC Vendor Contr rstand that if any information contained i lifted from participating in the Arizona W rstand that by signing below I hereby au e necessary to verify the information con ndersigned declared that he/she is the st	et. this application is found to be false, the C Program. horize the Arizona WIC Program to perf tained within this application. ore's sole owner of has the delegated le	e application will be denied; or if authorized, o orm, at its sole discretion, any administrative gal authority to sign the application on behalt	can result in being suspended or inquires or background checks which f of the owner.
	Submit	Vendor Name	Authorization Status	Submission Status	Submission Date
1		Jackson Food Center #101	NOT SUBMITTED	READY FOR SUBMISSION	
		Jackson Food Center #102	NOT SUBMITTED	READY FOR SUBMISSION	
2	→ □	Jackson Food Centers #103	NOT SUBMITTED	READY FOR SUBMISSION	
		Jackson Food Centers #104	NOT SUBMITTED	READY FOR SUBMISSION	
		Jackson Food Center #105	NOT SUBMITTED	READY FOR SUBMISSION	
		Jackson Food Center #100	NOT SUBMITTED	READY FOR SUBMISSION	
				3	Cancel Save & Continue

Submitting Application

Next you will sign the Statement of Application. Enter: **First Name** Last Name Title Sales Tax Number Signed in as rjackson. Sign out Dashboard VENDOR WIC (1132) Tasks Statement of Application - Signature Statement Of Application Jackson Food Company, Inc First Name × Submission Instructions his field is required Last Name × his field is required Title × nis field is required Sales Tax Number × he value entered must match the Sales Tax Number associated with this account Click "Save & Continue." Cancel Save & Continu Dashboard Signed in as rjackson. Sign out VENDOR WIC (1.32) Tasks Application Submission Instructions Jackson Food Company, Inc. Statement Of Application Signature Submit the following to the Arizona WIC Program to complete the Vendor Application 1. Proof of ownership (Partnership Agreement, DBA Certificate, Complete Articles of Incorporation, and Articles of Organization) Voided Check Voided check for each outlet (if different than corporate information)

store's current retail health operating permit

Continue

To complete the application, you will need to send in additional documentation. This is listed on the Application Submission Instruction page above.

Click "Continue" to return to the Dashboard.

Dashboard - Ownership

At the Dashboard menu in the Ownership section, you can view the progress of your application.

Edit Ownership Information - Once an application is submitted, the system is locked and you will not be able to edit any information until it is released by the Arizona WIC Program.

Submit Application for Authorization – This shows the number of stores that have been submitted.

Review Submitted Applications - This shows the number of applications that were submitted. Click on this to view the status.



Ente	er/Edit Ownership In	nformation			
Sub	mit Application for A	Authorization	of 1 applications	submitted	
Rev	iew Submitted Appl	ications (1 appl	ication(s) submit	ted	

Click Review Submitted Applications to see which stores have been submitted and the date they were submitted.

	Dashboard	Signed in as rjackson. Sign out
VENDOR WIC VI.3.2		
Tasks	Pending Applications	
Sending Applications	Jackson Food Company, Inc.	
 View Application 		
	Vendor Name	Submission Date
	G Jackson Food Center #101	03/03/2015

Pricing Section

The next section that needs to be completed is the Pricing section. In this section, you will be able to complete, sign, and submit the Food Item Declaration and the Vendor Price Survey.

Click "Submit Vendor Price Survey."



NOTE: If your company has Zone Pricing for your outlets, it will be covered in a later section.

Price Survey - One Vendor

Select the Vendor from the list by clicking on the Vendor Name.



If you have more than one store, creating Zones and Zone Price Surveys will follow.

Food Item Declaration

In this part of the section, you will complete the Food Item Declaration for the outlet you have selected.

All applicants and authorized Vendors must declare their store or house brand for refrigerated milk, eggs, and cheese.

V	Dashboard			Signed in as rjackson. Sign ou		
VENDOR WIC (132)						
Tasks	Food Item	Declaration				
⊘ Select Vendor	Jackson Food	Center #101				
Food Item Declaration	All applicants and	currently authorized Vendors must declare t	heir store or house brand for the follow	wing WIC authorized food items:		
Enter Price Information	Refrigerated	Refrigerated Cow's Milk (Milk) Refrigerated Cow's Milk (Milk) Cheese Eggs Store Brands are defined as: A product that is manufactured and packaged for a particular store or retail chain.				
Statement of Price Submission	Cheese Eggs					
Enter Signature	Store Brands are d					
Confirmation	House Brands are Market Pantry, etc.	defined as: A proprietary brand of merchane .).	dise sold by one retailer (i.e., IGA Spr	ingfield, Shurfine, Western Family, Hy-Top,		
	This declaration wi	II cover the WIC Vendor Contract period effe	ective upon submission of your online	price survey through the end of the Vendor		
	Contract.					
	Item	Description	Size	Store or House Brand Name		
	CHEESE	MOZZARELLA (STRING)	ALL SIZES	×		
				This field is required.		
	CHEESE	MOZZARELLA	ALL SIZES	×		
				This field is required.		
	CHEESE	BLENDED	ALL SIZES	×		
				This field is required.		
	CHEESE	COLBY	ALL SIZES	×		
				This field is required.		
	CHEESE	MONTEREY JACK	ALL SIZES			
				×		

Enter your store's declared items. All fields are mandatory.

Food Item Declaration

When entering the declared brands, please remember:

- Only 16 ounce (1 pound) packages of cheese are allowed ("ALL SIZES" do not apply).
- If you do not carry a specific type of item, enter "Do Not Carry" for brand.

				Signed in as rjackson. Sign out		
VENDOR WIC (1140)	CHEESE	COLBY	ALL SIZES	Do Not Carry		
	CHEESE	MONTEREY JACK	ALL SIZES	Banquet		
	CHEESE	CHEDDAR	ALL SIZES	Banquet		
	EGGS	MEDIUM	ALL SIZES	Do Not Carry		
	EGGS	LARGE	ALL SIZES	Hickmans		
	MILK	WHOLE	ALL SIZES	Shamrock		
	MILK LOW FAT (1%)		ALL SIZES			
			1 QUART	Shamrock		
			1 HALF GALLON	Mountain Dairy		
1			1 GALLON	Mountain Dairy		
	MILK	REDUCED FAT (2%)	ALL SIZES	Shamrock		
	By submitting this underrstand that th Customers when th I agree to sell a rej for reasons beyond official declaration	form, I am declaring that the above-mention iis declaration determines that the store or hey redeem their WIC food instruments. placement item (milk, cheese, or eggs) to the d the store's control, the declared store or I signage provided by the Department in my	ned Store or House Brands for Milk, Ch house brands listed above are the only he WIC customer for the same price as nouse brand item (milk, cheese, or eggs milk cheese, and end cases	teese, and Eggs are identified. I further WIC authorized brands available to WIC the originally declared store or house brand if, s) is not available; and to post and maintain the		

After all store or house brands are entered, click "Save & Continue." This will take you to the Price Survey.

Market Basket

Before you can enter Price Survey on the Vendor website, you must gather the price information for the following WIC authorized food items:

<u>Milk</u> : Declared Store or House Brand Whole <u>and</u> Low Fat (1%)	Gallon Containers
<u>Cheese</u> : Declared Store or House Brand Cheddar <u>and</u> Monterey Jack	1 pound (16 ounce) packages
<u>Eggs</u> : Declared Store or House Brand Large white chicken	1 dozen carton
<u>Juice</u> : Tree Top Apple Any brand frozen orange juice	64 ounce container 11.5 or 12 ounce container
<u>Cereal</u> : Cheerios (plain) <u>and</u> Kix (plain)	14 - 18 ounce package
<u>Peanut Butter</u> : Any brand	16-18 ounce jar
<u>Tuna</u> : Any brand water-packed	5 ounce can
<u>Baby Food</u> : Any brand vegetable	4 ounce container
<u>Infant Formula</u> : Similac Advance with Iron Enfamil ProSobee	12.4 ounce powder 12.9 ounce powder

Price Survey - One Store

Next you will complete the Price Survey.

urvey and Competitive Price	e Analysis			
	Price Survey and Competitive Price Analysis Jackson Food Center #101			
D 10/14	C 1	A . 10		
Brand/Variety	Size	Actual Size		
Store or House (Whole)	1 GALLON	1	\$ X This field is required.	
Store or House (1%)	1 GALLON	1	S X	
Enfamil ProSobee (Powder) LA	12.9 OUNCE, FLUID OR DRY	12.9	\$ X	
Store or House (Cheddar)	1 POUND	1	\$ X	
Store or House (Monterey Jack)	1 POUND	1	S X	
Store or House (Large, White, Chicken)	1 COUNT DOZEN	1	S X	
Tree Top (Apple)	64 OUNCE, FLUID OR DRY	64	S X	
ROZEN Any Brand (Frozen Orange Juice)	11.5 to 12 OUNCE, FLUID OR DRY	This field is required.	S X	
. Cheerios (Plain)	14 to 18 OUNCE, FLUID OR DRY	This field is required.	S X	
F	ROZEN Any Brand (Frozen Orange Juice) Cheerios (Plain)	ROZEN Any Brand (Frozen Orange Juice) 11.5 to 12 OUNCE, FLUID OR DRY Cheerios (Plain) 14 to 18 OUNCE, FLUID OR DRY	ROZEN Any Brand (Frozen Orange Juice) 11.5 to 12 OUNCE, FLUID OR DRY This field is required. Cheerios (Plain) 14 to 18 OUNCE, FLUID OR DRY This field is required. This field is required. X	

- 1. Enter the price for each item.
- 2. For specific items, you are also required to enter the size of the item.

Price Survey – One Store

	Dashboard					Signed	in as rjackson. Sign out
Enter Price Information		Item	Brand/Variety	Size	Actual Size	Item	Price
Statement of Price Submission		MILK	Store or House (Whole)	1 GALLON	1	\$	3.99
Enter Signature		MILK	Store or House (1%)	1 GALLON	1	\$	3.99
Confirmation		INFANT FORMULA	Enfamil ProSobee (Powder)	12.9 OUNCE, FLUID OR DRY	12.9	\$	15.99
		CHEESE	Store or House (Cheddar)	1 POUND	1	\$	4.49
		CHEESE	Store or House (Monterey Jack)	1 POUND	1	\$	4.49
		EGGS	Store or House (Large, White, Chicken)	1 COUNT DOZEN	1	\$	2.49
		JUICE	Tree Top (Apple)	64 OUNCE, FLUID OR DRY	64	\$	3.49
		JUICE FROZEN	Any Brand (Frozen Orange Juice)	11.5 to 12 OUNCE, FLUID OR DRY	12	\$	2.99
		CEREAL	Cheerios (Plain)	14 to 18 OUNCE, FLUID OR DRY	18	\$	3.89
		CEREAL	Kix (Plain)	14 to 18 OUNCE, FLUID OR DRY	18	\$	3.89
		PEANUT BUTTER	Any Brand (Plain/Creamy/Chunky)	16 to 18 OUNCE, FLUID OR DRY	16.3	\$	2.99
		TUNA	Any Brand (Water-Packed)	5 OUNCE, FLUID OR DRY	5	\$	0.99
		BABY FOOD	Any Brand (any vegetable)	4 OUNCE, FLUID OR DRY	4	\$	0.99
		INFANT FORMULA	Similac Advance W/Iron (Powder)	12.4 OUNCE, FLUID OR DRY	12.4	\$	15.99
		Cancel				Sa	ve Save & Continue

After all prices are entered:

Click "Save & Continue." This will take you to the Minimum Stock Requirements.

Minimum Stock Requirements

Next you will review the Arizona WIC Program's Minimum Stock and Variety Requirements.

- 1. To review the document, use the scroll bar on the side to see subsequent pages.
- After you review the document, you must select "YES" to the question, "I agree that I have read the Arizona WIC Program's Minimum Stock Requirements and that this store meets those requirements."
 <u>Note</u>: Your store must have the minimum stock and variety requirements on the shelf or stored onsite at the store's location.
- 3. Click the "Save & Continue" button.



Statement of Price Submission

Now you will submit the Food Item Declaration and Price Survey.

When signing this Statement of Price Submission, you are certifying that:

- You are authorized to act on behalf of the owner of the location(s) listed above;
- You have reviewed the Minimum Stock and Variety Requirements;
- Your store(s) has/have the Minimum Stock and Variety Requirements on the shelf or stored onsite at the stores' location(s); and
- The prices submitted on the Price Survey are true and correct.



- 1. Enter the First Name, Last Name, and Title of the person who completed the Food Item Declaration and Price Survey.
- 2. Enter the Sales Tax Number associated with this account. This entry must be exactly as it was entered in the Owner screen.
- 3. Click the "Save & Continue" button.

Statement of Submission

The Price Survey Submission Complete screen will appear after the "Save and Continue" button is clicked.

		/
VENDOR WIC VIA2	Dashboard	Signed in as rjackson. Sign out
Tasks	Price Survey Submission Cor	mplete
Select Vendor		
Food Item Declaration		Continue
 Enter Price Information 		
O Minimum Stock Requirements		1
O Statement of Price Submission		1
Confirmation		Click "Continue" to return to the Dashboard.

1
Statement of Submission

Submit Vendor Price Survey Complete
Review Submitted Price Surveys 2 survey(s) submitted
Q Statewide Average

At the Dashboard, the Pricing section will show that a Vendor Price Survey was submitted.

Continue submitting the remaining Price Surveys for each store.

The use of Zones allows the user to easily submit Price Surveys when they have a large number of stores that have an identical pricing structure. The user may set up one or more Zones and assign each store(s) to a Zone. The Price Survey data can then be entered one time and applied to all stores within the Zone.

Click on Manage Zones (in the Pricing section).

Manage Zones	No zones created
Submit Zone Pri	e Survey
Review Submitte	d Price Surveys No surveys submitted
Q Statewide Av	rage

NOTE: If you have not previously set up the Zone configurations from the Settings in the Account section, you can do so by clicking on Settings and then click "YES" on "Configure Vendors into Zone Groupings."

To start the process, click the "Manage Zones" button.

lasks	Manage Zones	-
 Assign Vendors To Zones 	Update Vendor's Zones Jackson Food Company, Inc.	
	Assigned To: Select Zone To Filter	
	Zone	Vendor Name
	No Zone Assigned	Jackson Food Center #100
	No Zone Assigned	Jackson Food Center #101
	No Zone Assigned	Jackson Food Center #102
	No Zone Assigned	Jackson Food Center #105
	No Zone Assigned	Jackson Food Centers #103
	No Zone Assigned	Jackson Food Centers #104

1

Cancel

In this screen you will:

Manage Zone Names (add and remove)



You will be able to enter additional Zones as needed.

Once all Zones are entered:

Click the "Save & Continue" button.

	Dashboard	Signed in as rjackson. Sign out
VENDOR WIC (14.0) Tasks Manage Zone Names	Add / Remove Zones Jackson Food Company, Inc.	
Assign Vendors To Zones	Zone Name: Add	
	Remove	

Next you will add the Stores to a Zone.

	Dashboard		Signed in as rjackson. Sign out
Assign Vendors To Zones	Manage Zones		
	Jackson Food Company, Inc. Assigned To: Select Zone To Filter		
	Zone	Vendor Name	
	No Zone Assigned	Jackson Food Center #100	
	JACKSON - NORTH JACKSON - SOUTH	Jackson Food Center #101	
	JACKSON - CENTRAL JACKSON - EAST	Jackson Food Center #102	
	No Zone Assigned	Jackson Food Center #105	
	No Zone Assigned	Jackson Food Centers #103	
	No Zone Assigned	Jackson Food Centers #104	

To add the store to a Zone:

- Click the drop-down list next to the Vendor's Name.
- Select the name of the Zone to which the store will be assigned.

You will do this for each store that is listed.

Once each store has been assigned to a Zone, click "Save."

VENDOR WIC VIA2	Dashboard			Signed in as rjackson. Sign out
Tasks	Manage Z	ones		
Assign Vendors To Zones	Update V Jackson Foo	endor's Zones d Company, Inc.		
	Assigned To:	Select Zone To Filter		
	Zone		Vendor Name	
	JACKSON - N	ORTH	Jackson Food Center #100	
	JACKSON - N	ORTH	Jackson Food Center #101	
	JACKSON - S	OUTH	Jackson Food Center #102	
	JACKSON - C	ENTRAL	Jackson Food Center #105	
	JACKSON - E	AST	Jackson Food Centers #103	
	JACKSON - E	AST V	Jackson Food Centers #104	

You will receive a message that lets you know your work has been saved.

Click "OK."

	Dashboard Data Saved		Signed in as rjackson. Sign out
Tasks	Your work has been saved!	_	
	Jackson Food Company, Inc.	OK	
	Assigned To: Select Zone To Filter		
	Zone	Vendor Name	
	JACKSON - CENTRAL	Jackson Food Center #105	
	JACKSON - EAST	Jackson Food Centers #103	
	JACKSON - EAST	Jackson Food Centers #104	
	JACKSON - NORTH	Jackson Food Center #100	
	JACKSON - NORTH	Jackson Food Center #101	
	JACKSON - SOUTH	Jackson Food Center #102	

Cancel Sav

Now you will be able to view the stores in each Zone by: Clicking the drop-down list and selecting the Zone you want to view.



To return to the Dashboard, click "Dashboard."

The Pricing section will show:

Next to "Manage Zones" that "4 zones created: all vendors in zones"

F	
→	Manage Zones 4 zones created: all vendors in zones
	Submit Zone Price Survey 4 zones: 0 submitted; 0 in progress
	Review Submitted Price Surveys No surveys submitted
	Q Statewide Average

Removing Zones

If you need to remove a Zone, make sure that there are no stores assigned to it, then:

- Click the name of the Zone; this will highlight the name of the zone.
- Click "Remove" and this will remove the Zone from the list.

	Dealth and	
VENDOR WIC	Uashboard	Signed in as ijackson. Sign out
Tasks Manage Zone Names	Add / Remove Zones Jackson Food Company, Inc.	
Assign Vendors To Zones	Zone Name: Add	
	JACKSON - NORTH JACKSON - SOUTH JACKSON - CENTRAL	
	Remove	
	Ca	ancel Save Save & Continue

Price Survey Zone Price Survey

To submit the Zone Price Survey, you will go to the Pricing section on the Dashboard.

Click "Submit Zone Price Survey."

Manage Zone	s 4 zones created:	all vendors in z	ones	
Submit Zone	Price Survey 4 zo	nes: 0 submitted	; 0 in progress	
Review Subm	itted Price Surveys	No surveys s	ubmitted	
Q Statewide	Average			

	Dashboar	1					Jigh	Sign out
Tasks		Select Zone						
Salact Zana		Jackson Food Company,	Inc.					
• Select Zone		Zone Name	Price Survey		In Progress	Submitted	Review Status	Received By State
Food Item Declaration	\rightarrow	C JACKSON - NORTH	DECEMBER ?	15, 2014				
Statement of Price Submission		🖸 JACKSON - SOUTH	DECEMBER ?	15, 2014				
Enter Signature		G JACKSON - CENTRAL	DECEMBER ?	15, 2014				
Confirmation		🖸 JACKSON - EAST	DECEMBER *	15, 2014				

Click the Zone Name that you will complete.

Price Survey Zone Price Survey

Next the Food Item Declaration must be completed for the Zone you have selected.

All applicants and authorized Vendors must declare their store or house brand for refrigerated milk, eggs, and cheese.

	Dashboard			Signed in as rjackson. Sign
sks	Food Item [Declaration		
) Select Zone	JACKSON - NO	DRTH ←		
Food Item Declaration	All applicants and c	urrently authorized Vendors must declare their sto	pre or house brand for the following WIC	authorized food items:
Enter Price Information	Refrigerated	Cow's Milk (Milk)		
Statement of Price Submission	Cheese Eggs			
Enter Signature	Store Brands are de	fined as: A product that is manufactured and pac	kaged for a particular store or retail chai	in.
Confirmation	House Brands are d This declaration will	letined as: A proprietary brand of merchandise so cover the WIC Vendor Contract period effective u	Id by one retailer (i.e., IGA Springfield, S upon submission of your online price sur	Shurtine, Western Family, Hy-Top, Market Pantry, e rvey through the end of the Vendor Contract.
	Item	Description	Size	Store or House Brand Name
	CHEESE	BLENDED	ALL SIZES	×
				This field is required.
	CHEESE	MOZZARELLA (STRING)	ALL SIZES	×
				This field is required.
	CHEESE	MOZZARELLA	ALL SIZES	×
				This field is required.
	CHEESE	COLBY	ALL SIZES	*
				This field is required.
	CHEESE	MONTEREY JACK	ALL SIZES	×
				This field is required.
	CHEESE	CHEDDAR	ALL SIZES	×

Enter your store's declared items. All fields are mandatory.

Food Item Declaration

When entering the declared brands, please remember:

- Only 16 ounce (1 pound) packages of cheese are allowed ("ALL SIZES" do not apply).
- If you do not carry a specific type of item, enter "Do Not Carry" for brand.

	Dashboard			Signed in as rjackson. Sign out		
VENDOR WIC (1980)	CHEESE	COLBY	ALL SIZES	Do Not Carry		
	CHEESE	MONTEREY JACK	ALL SIZES	Banquet		
	CHEESE	CHEDDAR	ALL SIZES	Banquet		
	EGGS	MEDIUM	ALL SIZES	Do Not Carry		
	EGGS	LARGE	ALL SIZES	Hickmans		
	MILK	WHOLE	ALL SIZES	Shamrock		
	MILK	LOW FAT (1%)	ALL SIZES			
			1 QUART	Shamrock		
			1 HALF GALLON	Mountain Dairy		
			1 GALLON	Mountain Dairy		
	MILK	REDUCED FAT (2%)	☑ ALL SIZES	Shamrock		
	By submitting this underrstand that t Customers when	form, I am declaring that the above-mention his declaration determines that the store or they redeem their WIC food instruments.	ned Store or House Brands for Mlik, Ch house brands listed above are the only	leese, and Eggs are identified. I further WIC authorized brands available to WIC		
	I agree to sell a re for reasons beyor official declaratior	placement item (milk, cheese, or eggs) to t d the store's control, the declared store or a signage provided by the Department in my	he WIC customer for the same price as house brand item (milk, cheese, or eggs y milk, cheese, and egg cases.	the originally declared store or house brand if, s) is not available; and to post and maintain the		
				Cancel Save Save & Continue		
 Δfter all store	or hous	e hrands are ei	ntered click "	Save & Continue		

This will take you to the Price Survey.

Price Survey – Zone Price Survey

Next you will complete the Price Survey for the selected Zone.

					1
Dasht	oard			2 _{si}	ned in as rjackson. Sign out
VENDOR WIC v140	JUICE	Tree Top (Apple)	64 OUNCE, FLUID OR DRY	64	S X This field is required.
	JUICE FROZEN	Any Brand (Frozen Orange Juice)	11.5 to 12 OUNCE, FLUID OR DRY	X This field is required.	S X This field is required.
	CEREAL	Cheerios (Plain)	14 to 18 OUNCE, FLUID OR DRY	This field is required.	S X This field is required.
	CEREAL	Kix (Plain)	14 to 18 OUNCE, FLUID OR DRY	This field is required.	S X This field is required.
	PEANUT BUTTER	Any Brand (Plain/Creamy/Chunky)	16 to 18 OUNCE, FLUID OR DRY	This field is required.	S X
	TUNA	Any Brand (Water-Packed)	5 OUNCE, FLUID OR DRY	5	S X
	BABY FOOD	Any Brand (any vegetable)	4 OUNCE, FLUID OR DRY	4	S X This field is required.
	INFANT FORMULA	Similac Advance W/Iron (Powder)	12.4 OUNCE, FLUID OR DRY	12.4	
				Cancel	Save Save & Continue

- 1. Enter the price for each item.
- 2. For specific items, you are also required to enter the size of the item.

Zone Price Survey

$\mathbf{\overline{v}}$	Dashboard					Signed	I in as rjackson. Sign out
VENDOR WIC VI.3.2		ltem	Brand/Variety	Size	Actual Size	Item	Price
Statement of Price Submission	_	MILK	Store or House (Whole)	1 GALLON	1	\$	3.99
Enter Signature		MILK	Store or House (1%)	1 GALLON	1	\$	3.99
Confirmation		INFANT FORMULA	Enfamil ProSobee (Powder)	12.9 OUNCE, FLUID OR DRY	12.9	\$	15.99
		CHEESE	Store or House (Cheddar)	1 POUND	1	\$	4.49
		CHEESE	Store or House (Monterey Jack)	1 POUND	1	\$	4.49
		EGGS	Store or House (Large, White, Chicken)	1 COUNT DOZEN	1	\$	2.49
		JUICE	Tree Top (Apple)	64 OUNCE, FLUID OR DRY	64	\$	3.49
		JUICE FROZEN	Any Brand (Frozen Orange Juice)	11.5 to 12 OUNCE, FLUID OR DRY	12	\$	2.99
		CEREAL	Cheerios (Plain)	14 to 18 OUNCE, FLUID OR DRY	18	\$	3.89
		CEREAL	Kix (Plain)	14 to 18 OUNCE, FLUID OR DRY	18	\$	3.89
		PEANUT BUTTER	Any Brand (Plain/Creamy/Chunky)	16 to 18 OUNCE, FLUID OR DRY	16.3	\$	2.99
		TUNA	Any Brand (Water-Packed)	5 OUNCE, FLUID OR DRY	5	\$	0.99
		BABY FOOD	Any Brand (any vegetable)	4 OUNCE, FLUID OR DRY	4	\$	0.99
		INFANT FORMULA	Similac Advance W/Iron (Powder)	12.4 OUNCE, FLUID OR DRY	12.4	\$	15.99
		Cancel	Canado r Sarano C WITCH (F OWDER)		12.4	Sa Sa	15.99 sve & Continue

After all prices are entered:

Click the "Save & Continue" button at the bottom of the page. This will take you to the Minimum Stock Requirements.

Minimum Stock Requirements

Next you will review the Arizona WIC Program's Minimum Stock and Variety Requirements.

- 1. To review the document, use the scroll bar on the side to see subsequent pages.
- After you review the document, you must select "YES" to the question, "I agree that I have read the Arizona WIC Program's Minimum Stock Requirements and that the stores in this zone meet those requirements."
 <u>Note</u>: Your store must have the minimum stock and variety requirements on the shelf or stored onsite at the store's location.
- 3. Click the "Save & Continue" button.



Statement of Price Submission

Now you will submit the Food Item Declaration and Price Survey. When signing this Statement of Price Submission, you are certifying that:

- You are authorized to act on behalf of the owner of the locations(s) listed above;
- You have reviewed the Minimum Stock and Variety Requirements;
- Your store(s) has/have the Minimum Stock and Variety Requirements on the shelf or stored onsite at the stores' location(s); and
- The prices submitted on the Price Survey are true and correct.



- 1. Enter the First Name, Last Name, and Title of the person completing the Food Item Declaration and Price Survey.
- 2. Enter the Sales Tax Number associated with this account. This entry must be exactly as it was entered in the Owner screen.
- 3. Click the "Save & Continue" button.

Statement of Submission

The Price Survey Submission Complete screen will appear after the "Save and Continue" button is clicked.



Manag	Zones 4 zones created: all vendors in zones
Submi	Zone Price Survey 4 zones: 1 submitted; 0 in progress
Review	Submitted Price Surveys 1 survey(s) submitted
Q Sta	ewide Average

The Pricing section will show that one of the Zone Price Surveys was submitted.

Continue submitting the remaining Zone Price Surveys for each Zone created.

Authorized WIC Vendors are required to notify the Arizona WIC Program 30 days prior to the date that the change will occur.

Changes can be made to Basic Store Information, Address, and Banking information.

To make changes, click on "Request Store Information Changes" in the Stores/Outlets section.

	Add a Store 4 stores / outlets added
	Review Store Information
≯	Request Store Information Changes

Updates to Basic Store Information, such as store name, email address, contact person's first name, last name, title and start date, phone, fax and other phone numbers can be changed.

After changes have been made OR if there are no changes to this information, click "Save & Continue."

VENDOR WIC VIIS Dashboard		Signed in as rjackson. Sign out
asks	New Store Name	Jackson Food Center #101
Select Store	Current Vendor Name	Jackson Food Center #101
Select store to change	New Email Address	
Store Basic Information	Current Email Address	
Change basic store information	New First Name	riley
Address Change Store Address	Current First Name	rlley
8 Bank	New Last Name	jackson
Change Bank information	Current Last Name	jackson
Signature	New Title	OWNER/MANAGER
Confirmation Confirmation of Submission	Current Title	OWNERMANAGER
	New Start Date at Store	01/01/2012
	Current Start Date at Store	01/01/2012
	New Phone Number	(620) 665-1212
	Current Phone Number	(820) 565-1212
	New Fax	
	Current Fax	
	New Other Phone Type	Plesse select one
	Current Other Phone Type	
		Cancel Save & Continue
	Current Other Phone	
	Number	

NOTE: You must click on "Save & Continue" on each screen to move to the next screen, even if you do not have any changes on that screen.

Changes can also be made to the Vendor Addresses.

Click the "Edit" button.

sks	Add Address	
Select Store	Vendor Addresses	
Select store to change	Address Type Address	
Store Basic Information	Street Address 7534 Spartan Drive CHANDLER AZ 85224	4 MARICOPA 🗹 Edit 💼 Remove
nange basic store information	Mailing Address PO Box 1234 CHANDLER AZ 85224 MARI	ICOPA
Address hange Store Address		
	1	Cancel Save Save & Continue
Balik		
dit the address,	then click the "Update" button.	
VENDOR WIC VIS	Dashboard	Signed in as rjackson. Sign out
asks		
 Select Store 	Address Mailing Address Type	
Select store to change	Address 1 PO Box 1234	
Store Basic Information	Address 2	
Address	City CHANDLER	
Change Store Address	State AZ	
Bank Change Bank information	County MARICOPA	
	Zip 85224 Get Cities	1
Confirmation	Zip +4	
Confirmation of Submission		
		Cancel Update
asks	Add Address	
 Select Store 	Vendor Addresses	
	Address Type Address	
Select store to change		24 MARICOPA
Select store to change Store Basic Information	Street Address 7534 Spanan Drive CHANDLER AZ 8522	
Select store to change Store Basic Information Change basic store information	Street Address 7534 Spartan Drive CHANDLER AZ 852. Mailing Address 7534 Spartan Drive CHANDLER AZ 8522.	24 MARICOPA C Edit Remove
Select store to change Store Basic Information Change basic store information Address	Mailing Address 7534 Spartan Drive CHANDLER AZ 8522	24 MARICOPA C Edit Remove
 Select store to change Store Basic Information Change basic store information Address Change Store Address 	Mailing Address 7534 Spartan Drive CHANDLER AZ 8522	24 MARICOPA C Edit TRemove

After the changes are made, click the "Save & Continue" button.

To change Bank information:

Click the drop-down list and select the new bank.



VENDOR WIC VI53	Dashboard	Signed in as rjackson. Sign of
Tasks	New Bank	JP MORGAN CHASE BANK, N.A
Select Store	New Name	JP MORGAN CHASE BANK, N.A
Select store to change	Bank Name	MARINE AIR FEDERAL CREDIT UNION
Store Basic Information	New Account Number	654321
Change basic store information	Account Number	258945987
Address Change Store Address	New Effective Date	03/19/2015
Bank	Effective Date	01/01/2012
Change Bank information		
Signature		Cancel Save Save & Continue

The new bank will auto-populate.

- 1. Enter the New Account Number and Effective Date.
- 2. Click "Save & Continue" at the bottom of the screen.

Now you are ready to submit the changes you have made.

VENDOR WIC VI.5.3	Dashboard	Signed in as rjackson. Sign out
Tasks	Store Change	Acceptance
 Select Store 	Jackson Food Cen	ter #101
Select store to change	Please read carefully	and sign below:
 Store Basic Information 	The undersigned is a	thorized to act on behalf of the applicant identified on Page 1, who is applying for store changes. By submitting this
Change basic store information	application, the under	igned has reviewed, verified, and understands the information contained in the vendor enrollment packet.
Address		
Change Store Address	First Name	×
⊗ Bank Change Bank information	Last Name	This field is required.
 Signature 		This field is required.
Confirmation	Title	×
Confirmation of Submission		This field is required.
		Cancel Save & Continue

Cancel

- Enter the First and Last Name and the title of the person 1. submitting the changes.
- Click the "Save & Continue" button. 2.

VENDOR WIC (1.5.3)	Dashboard	Signed in as rjackson. Sign out
Select Store Select store Select store to change	Thank you for your submission	
Store Basic Information Change basic store information		3 Continue
3. Click the "Co	ontinue" button.	

This will take you back to the Dashboard.

Statewide Average

Vendors are able to view the Statewide Average for Food Instruments.

To view the Statewide Average:

Click the "Statewide Average" link in the Pricing section.

Pricing	
Manage Z Submit Zo Review Su Q Statewi	ones 4 zones created: all vendors in zones ne Price Survey 4 zones: 1 submitted; 0 in progress ubmitted Price Surveys 1 survey(s) submitted ide Average
Tasks Search Search Result	Statewide Average - Search
⊗ View FI Type Detail	2 Search
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Any Questions?

These instructions were created to assist you in applying/updating your application to become an Arizona WIC Vendor.

In addition to submitting your application, you must also submit:

- Proof of ownership (i.e., Partnership agreement, Articles of Incorporation, etc.);
- Store's current retail health operating permit;
- Infant formula invoices (documenting both milk- and soy-based infant formula);
- A voided check;
- One (1) year of business bank statements and records.

If you have any questions, please contact any member of the Vendor Management team; we can be reached at 1-866-737-3935 or by email: josie.mada@azdhs.gov; mary.domingo@azdhs.gov ; olga.eddy@azdhs.gov; or mary.bookman@azdhs.gov.

For technical and system questions, contact the WIC Services Help Desk at 1-855-432-7220, select option 4 (for Vendors).

Thank you for your interest in the Arizona WIC Program.