



Procedure: Closing of a WIC Store

Functional Area: I Vendor and Farmer Management

Section: A

Approval Date: 11/18/2016

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Purpose

Identify the steps to follow if a WIC store closes

Outline of Process

Notify the State Agency of any closing of a store. The current agreement ends upon a store closing.

1. Confirm the closing with the retailer with a phone call and the effective date of the closing.
 2. Follow-up with a letter, example page 2, and a form, example page 3, to the vendor documenting the closing of the store. The vendor will complete the form and return it to the local agency vendor manager.
 3. Retain a copy of the letter and completed form in the vendor's file.
 4. Send a copy of documentation to the state WIC office.
 5. State Agency will terminate the vendor in the WIC computer system.
 6. The vendor number assigned to that vendor cannot be used again for any other vendor and will also be terminated.
 7. Request the return of the WIC vendor stamp immediately upon the store closing.
 8. During clinic, inform each participant affected by the store closing of the other stores at which they may shop.
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(Date)

(Name and Address of Retailer)

Dear (Name of Retailer):

I am writing to you regarding the Nebraska WIC Program. As discussed in our conversation on (date), (store's name and address) will close on (date). The Nebraska WIC Program Retail Vendor Agreement terminates immediately upon a store closing. Therefore your contract with the Nebraska WIC Program expires (date of store closing).

Please complete the enclosed form and return it to our office by (date). This will provide written confirmation of the termination of the agreement and documentation necessary for our files.

Please return the WIC vendor stamp to our office upon your store closing.

We appreciate your cooperation as a WIC vendor. If you wish to be considered again as a WIC retailer, please contact our local WIC agency at (phone number) or our State WIC office at (402) 471-2781.

Sincerely,

(Name)

(Title)

Enclosure

xc: State WIC Vendor Management Coordinator

"This institution is an equal opportunity provider".

I _____, of (store name and address) understand the Nebraska WIC Program Retail Vendor Agreement expires with the closing of a store.

(Store name and address) will close on (date). Therefore the agreement with the Nebraska WIC Program will terminate on (date of closing).

Signature

Date

xc: State WIC Vendor Management Coordinator