

New York State WIC Pharmacy Applicant Pricing Declaration Pharmacy Application

Store Name: _____ Location/Vendor Id #: _____

WIC Pharmacy Applicant Pricing Declaration Instructions

Vendor applicants must:

- Complete a Pharmacy Applicant Pricing Declaration for every store location
- Include store specific shelf pricing (**Corporate pricing is not acceptable**) and
- Include a completed Pricing Declaration with an application

Only complete applications will be approved. Please contact the VMA for assistance.

Information from the Pricing Declaration will determine whether prices charged on WIC allowable foods are reasonable and will be verified against actual shelf prices during an initial monitoring. Reasonable prices are defined as prices within 10 percent of the average prices charged by all vendors within the assigned vendor peer group.

Please include the **actual** shelf price of the WIC formula currently on your store shelves at the time of completion; do not use sale prices

Infant Formula: Enter the current shelf price of the following infant formulas. Either Enfamil Infant Powder or Enfamil Infant Concentrate are required..		
Brand Name	Size	Shelf Price
Enfamil Infant Powder	12.5 oz.	
Enfamil Infant Concentrate	13 oz.	

Signatures	
<i>I authorize that the information provided above correctly reflects the prices of the items carried in my store</i>	
Owner / Corporate Officer	
Signature: _____	Date: ____ / ____ / ____
Print Name: _____	Title: _____