



# OREGON STATE WIC PROGRAM



## VENDOR AGREEMENT AMENDMENT

### Minimum Stock Requirement Exception

**Instructions:**

- Fill out \*STARRED\* information
- Sign the form and please keep a copy for your records
- Fax form to (971) 673-0071 or mail to PO Box 14550, Portland, OR 97232, Attn: Vendor Team
- We will inform you of our decision within 30 days; if approved, we will send the signed form to you to attach to your contract.

**\*VENDOR INFO:**

**\*Name** \_\_\_\_\_ **\*Vendor ID #** \_\_\_\_\_

**\*STORE (PHYSICAL) ADDRESS AND TELEPHONE:**

**\*Physical Address:** \_\_\_\_\_

**\*City/State/Zip:** \_\_\_\_\_ **\*Phone # ( )** \_\_\_\_\_

**\*PUT A CHECK NEXT TO THE FOODS YOU ARE REQUESTING AN EXCEPTION FOR:**

<input type="checkbox"/> Similac Advance (12.9oz powder)	<input type="checkbox"/> Infant Cereal (boxed)
<input type="checkbox"/> Isomil Advance (12.9oz powder)	<input type="checkbox"/> Baby food: fruits/vegetables/meats
<input type="checkbox"/> Peanut Butter (16-18oz)	<input type="checkbox"/> Other:

**STOP, but don't forget to sign on the other side of the form**

**(This part of the form is for state agency use only)**

**EXCEPTION CONSIDERATIONS:**

Does vendor redemption data support vendor request? (attach report)      Yes      No

Number of infants using formula in the vendor's zip code: \_\_\_\_\_

Local Agency input regarding vendor request for exception (*optional*): \_\_\_\_\_

**EXCEPTION DETERMINATION**

WIC authorizes an exception for the following:

<input type="checkbox"/> Similac Advance (12.9oz powder)	<input type="checkbox"/> Infant Cereal (boxed)
<input type="checkbox"/> Isomil Advance (12.9oz powder)	<input type="checkbox"/> Baby food: fruits/vegetables/meats
<input type="checkbox"/> Peanut Butter (16-18oz)	<input type="checkbox"/> Other:

**No exception granted**

**EFFECTIVE DATE, TERMINATION DATE OF AMENDMENT**

1. This is an Amendment to the Vendor Agreement dated \_< date>\_ between the State of Oregon, Department of Human Services, Health Services, WIC Program, hereinafter referred to as DHS, and the Vendor, as indicated.
2. This Amendment is in effect as of the date of DHS's authorized agent's signature and, except where participation under the Agreement may be suspended or terminated under Part 3 of the Agreement, shall continue in effect until the last day of the contract, unless superseded by a new or modified Amendment, or until the Vendor and/or the contract is terminated. All previous Amendments between Vendor and DHS concerning the WIC Program are superseded and replaced by this Amendment.
3. This Amendment can be rescinded upon complaints from WIC shoppers that the Vendor is not responding to customer need relating to the subject food or formula.
4. Despite the Amendment, Vendor agrees to stock needed WIC items within seven (7) days of a request notification from state or local WIC office.

Vendor agrees, as evidenced by the signature(s) of the individual(s) who have legal authority to individually or jointly represent the Vendor, to continue to abide by all other requirements of the underlying Vendor Agreement. If corporate ownership requires additional signatures, it is the obligation of the Vendor to obtain such necessary signatures.

<b>VENDOR SIGNATURE</b>	
Name:	Title:
Signature:	Date:

<b>AUTHORIZED AGENT FOR DHS SIGNATURE</b>	
Name:	Title:
Signature:	Date: