STATE OF NEVADA

JIM GIBBONS
Governor

MICHAEL J. WILLDEN
Director

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Administrator

TRACEY D. GREEN, M.D.
State Health Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
PUBLIC HEALTH AND CLINICAL SERVICES
Women, Infants and Children Program (WIC)
4126 Technology Way, Suite 102
Carson City, Nevada 89706
775-684-5942 office 775-684-4246 fax

MEMORANDUM

DATE: August 20, 2010

TO: Nevada Retail Grocery Chains and Independent Grocers

FROM: The State of Nevada, Women, Infants and Children Program (WIC)

SUBJECT: Retail Integration

As many of you know, Nevada's WIC program applied for and received funding under the auspices of Public Law 115-5, the American Recovery and Reinvestment Act of 2009 (ARRA) administered by the United States Department of Agriculture, Food and Nutrition Service. An integral component of the ARRA grant award provides funding to all participating Nevada WIC retail grocery chains and independent grocers who apply and are approved to migrate to a fully integrated online cash register system. The resulting environment will accommodate WIC retail transactions using the current J.P. Morgan, Chase (JPM) online WIC electronic benefits transfer (EBT) system.

In a fully integrated online environment, vendors will realize a number of improvements, such as: 1) a streamlined WIC transaction process eliminating the current requirement of duplicate scanning, 2) the removal of the existing "stand-beside" WIC point of sale devices in favor of the standard credit card terminals currently in use for automated transactions, and 3) improved customer service by reducing the amount of time necessary to process a WIC transaction, in addition to eliminating the stigma associated with an easily identifiable WIC purchase, thus enhancing the dignity with which WIC participants receive their food prescription.

Our goal is to achieve 100% statewide integration. To accomplish this goal, as mentioned earlier, funding is now available to your organization for reimbursement of the verified expenses incurred to integrate, up to the approved grant amount. Grant awards of up to $40,000 are available to you for this purpose. We encourage all chains and independents to apply using the process outlined below.

The integration model for Nevada's WIC program is based on the environment designed for the Chickasaw Nation by J.P. Morgan, Chase, anticipated to go online in September. The current version of the industry standard integration specifications is attached (See Exhibit A. Note, this is a working document and is subject to revision). Additionally, meetings with Nevada WIC, JPM and interested vendors will be scheduled to discuss items of common interest. These meetings will also provide the opportunity for dialog between vendors who may be farther along in the integration process.

Interested parties must complete and submit the attached Retail Integration Grant Application and Questionnaire, along with a detailed project plan that includes timelines, specific tasks to achieve full integration, benchmarks and a project budget. Please submit the completed application and plan by 5:00pm PDT, September 30, 2010.

An approved "State of Nevada Registration/Substitute IRS Form W-9" must be completed and sent to the State Controller's office *separate from this application*, in order to obtain an approved vendor number. This number is a prerequisite to the receipt of federal reimbursement funds.

The W-9 form is included in this packet, and the form may be accessed via the following link:
http://controller.nv.gov/IFS_Files/KTLVEN-01_Registration_Substitute_IRS_Form-W-9.pdf

Please submit completed grant applications to:

State of Nevada
Women, Infants and Children Program (WIC)
c/o Erin Hegarty
4126 Technology Way, Suite 102
Carson City, NV 89706
Phone: 775-684-3206
ehegarty@health.nv.gov

Please submit signed W-9 Forms to:

State Controller's Office
555 E Washington Ave Ste 4300
Las Vegas NV 89101-1071
Fax: 702-486-3813

Please use this form as the cover of your submittal:

Grant Submittal Checklist:

- ☐ **Vendor Integration Application and Questionnaire**
- ☐ **Retail Vendor Contact Information**
- ☐ **Detailed Project Plan**
  - ✓ **Tasks**
  - ✓ **Dependencies**
  - ✓ **Benchmarks**
  - ✓ **Verifiable Cost Elements**
- ☐ **Substitute IRS Form W-9 (submitted separately to the State Controller's Office)**

Address labels have been included for your convenience.

Return Address:

State of Nevada
Women, Infants and Children Program
(WIC)
c/o Erin Hegarty
4126 Technology Way, Suite 102
Carson City, NV 89706

RE: WIC EBT Grant Application

Vendor Integration Application and Questionnaire

Date: _____

Retailer/Corporate Name & Address: _____

_____

Grant Request Amount: $_____

Anticipated Project Start Date: _____ Project End Date: _____

Authorized Requestor's Name: _____

Authorized Requestor's Title: _____

Authorized Requestor's Signature: _____

List all retail stores to be integrated:

1. _____

   _____

2. _____

   _____

3. _____

   _____

Use additional page if more room is needed

Retail Vendor Contact Information

Retail Vendor Contact Information			
WIC 's Retailer Contact (Owner and / or Corporate Contact)	Name Email Phone # Fax #		
Retailer's Point of Sale Information Technology Contact	Name Email Phone # Fax #		
POS/Cash Register System Information – Information about your Cash Register System			
Software Developer / Provider (i.e. IBM, NCR)		Website	
		Scanning ☐Yes ☐ No	Has Internet connection? ☐Yes ☐ No
Software Program Name		Version:	
POS Payment System		Version:	
Electronic Payment Processor (i.e. First Data, JPMorgan, 5/3)		Link Name (i.e. Buypass, MPS, Concorde)	
Point Of Sale Vendor Contact Information – the vendor from which you obtain your POS software			
Retailer's Point of Sale Software Vendor Contact	Name		
	Email		
	Phone #		
	Fax #		
	Company		
	Website		

PROJECT PLAN

Please attach to this section:

- **Detailed Project Plan**
  - ✓ **Tasks**
  - ✓ **Dependencies**
  - ✓ **Benchmarks**
  - ✓ **Verifiable Cost Elements**

Return Address:

State Controller's Office
555 E Washington Ave Ste 4300
Las Vegas NV 89101-1071

RE: W-9 Form

STATE OF NEVADA
REGISTRATION
SUBSTITUTE IRS FORM W-9

Mail or fax to:
STATE CONTROLLER'S OFFICE
555 E WASHINGTON AVE STE 4300
LAS VEGAS NV 89101-1071
PHONE: 702/486-3810 or 702/486-3856
FAX: 702/486-3813

Asterisked (*) sections are mandatory and require completion.

1. *NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name	Doing Business As (DBA)

2. *ADDRESS/CONTACT INFORMATION

Address A – Physical address of ☐ Company Headquarters ☐ Individual's Residence Is this a US Post Office deliverable address? ☐ Yes ☐ No			Address B ☐ Additional Remittance – PO Box, Lockbox or another physical location.		
Address			Address		
Address			Address		
City	State	Zip Code	City	State	Zip Code
E-mail Address			E-mail Address		
Phone Number	Fax Number		Phone Number	Fax Number	
Primary Contact			Primary Contact		

3. *ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only **one** organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). **For proprietorship, provide SSN or EIN, not both.**

☐ Individual **(SSN)** ☐ Sole Proprietorship **(SSN or EIN)** ☐ Partnership **(EIN)** ☐ Corporation **(EIN)** ☐ Government **(EIN)** ☐ Tax Exempt/Nonprofit **(EIN)**	☐ LLC How does LLC report to IRS? ☐ Disregarded Entity ☐ Partnership ☐ Corporation	**SSN** Name associated with SSN: **EIN** New TIN? ☐ No ☐ Yes – Provide previous TIN & effective date. Previous TIN: Date:

OTHER INFORMATION Check **all** that apply.

☐ Doctor or Medical Facility ☐ Attorney or Legal Facility	☐ In-State (Nevada) ☐ DBE Certificate #:

4. ELECTRONIC FUNDS TRANSFER PREFERENCE Do you want payments to be directly deposited into your bank account?
☐ Yes – Complete the following information **and** provide a copy of a voided imprinted check for the account. If there are no checks for the account, restate the bank information on letterhead. **A deposit slip will not be accepted.** For a savings account, provide a signed letter with the bank information. Information on this form and the support documentation must match. Allow 10 working days for activation.
☐ No - Go directly to section 5 – **IRS Form W-9 Certification and Signature**.

The information is for address ☐ A ☐ B ☐ Both		
Bank Name	Bank Account Type ☐ Checking ☐ Savings	**Select only one:** Send Direct Deposit Remittance Advices by ☐ US mail ☐ E-mail to ***E-mail address must be 30 characters or less.***
Transit Routing Number	Bank Account Number	

5. *IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev October 2007).

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature	Print Name & Title of Person Signing Form	Date

FOR STATE CONTROLLER'S OFFICE USE ONLY		**Name of State agency contact & phone number:**
Primary 1099 Vendor ☐ Entered By	1099 Indicator ☐ Yes ☐ No Date	Comments