

2019 REQUEST FOR INFORMATION
NYS WIC ACCEPTABLE FOODS
Company Identification and Assurances Form

Please complete this form, sign, and submit it with your response.

Company Identification

Date of
Submission: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Company Email: _____ Company Phone: _____

Contact Person: _____ Title: _____

Contact Email: _____ Contact Phone: _____

Company Assurances

For your company's foods to be considered for authorization in the New York State WIC Program, your company must confirm compliance with the following assurances:

- A. The authorized representative certifies that the foods meet the specifications outlined in Section II of the RFI document and that the information submitted in response to this RFI is true.

- B. The authorized representative certifies that the foods submitted in response to this RFI, are currently available in the indicated marketplaces and will not change materially within the next 12 months beginning with the date of this submission, unless indicated on the "Anticipated Changes Form."

- C. The company does not discriminate in the terms, conditions and privileges of employment, against any employee, or against any applicant for employment, because of race, creed, color, sex, national origin, age, disability, marital status or sexual orientation.

- D. The company certifies that the manufacturer is not currently delinquent in the payment of any franchise taxes owed to the State of New York.

By signature herein, the representative confirms compliance with the above assurances.

Authorized Representative's Signature: _____ Date: _____

Print Name: _____

Authorized Representative's Title: _____