MARYLAND WIC PROGRAM
VENDOR PRICE LIST

Vendor Name: _____ Vendor ID Number: _____

Contact Name: _____ Phone Number: _____

Enter your HIGHEST prices for the following WIC AUTHORIZED FOODS and send this form to the Maryland WIC Program, 201 W. Preston St., Room 103, Baltimore, MD 21201 or fax this form to (410) 333-5683. You may also send it by email to: siwon.lee@maryland.gov, tiasha.taylor@maryland.gov or maura.shea@maryland.gov. If you have questions or require assistance completing this form, please call 410-767-5433, 410-767-3519, or 410-767-5251.

Mandatory Items

FOOD ITEM	UPC Enter the complete 8, 12, or 13 digit code.	BRAND NAME	SIZE	PRICE
Milk, Whole, 1% or Fat-free, 1 gallon			1 gal.	
Milk, Whole, 1% or Fat-free, 1 quart			1 qt.	
Eggs, Large, 1 dozen			1 doz.	
Cereal, 12 oz or larger, highest cost per ounce			_____oz.	
Juice, 59-64 ounce container			_____oz.	
Juice, Frozen or Shelf-stable Concentrate, 10-12 oz container			_____oz.	
Peanut Butter, 16 - 18 ounce container			_____oz.	
Beans, Canned, 14 - 16 ounce can			_____oz.	
Fish, Canned, 3.75 - 6 oz can, highest cost per ounce			_____oz.	
Cheese, Domestic, 8 oz or larger, highest cost per ounce			_____oz.	
Infant Foods, Fruits or Vegetables, 3.5 - 4 oz			_____oz.	
Infant Foods, Meats, 1st or 2nd stage, 2.5 oz jar			2.5 oz.	
Gerber Dry Infant Cereal	0 1 5 0 0 0 0 0 7	Gerber	_____oz.	
Similac Advance Early Shield, Concentrate, 13 ounce can	0 0 7 0 0 7 4 5 6 9 7 4 1	Ross	13 oz.	
Similac Advance Early Shield, Powder, 12.4 ounce can	0 0 7 0 0 7 4 5 5 9 5 8 2	Ross	12.4 oz.	
Enfamil ProSobee, Concentrate, 13 ounce can	0 3 0 0 8 7 1 1 9 5 4 1 7	Mead Johnson	13 oz.	
Enfamil ProSobee , Powder, 12.9 ounce can	0 3 0 0 8 7 1 2 1 4 4 1 5	Mead Johnson	12.9 oz.	

Vendors Must Stock Two Varieties of the Following Items

Bread, 100% Whole Wheat, 15 - 16 ounce package			_____oz	
Rice, Brown, 14 - 16 oz bag or box			_____oz	
Tortillas, Soft Corn or Whole Wheat, 16 ounce container			16 oz.	

Prices Required If Vendor Stocks These Items

Milk, Whole, 1% or Fat-Free, 1half-gallon			1/2 gal.	
Milk, Lactose Reduced, 1 half-gallon			1/2 gal.	
Milk, Ultra High Temperature (UHT), 1 half-pint (3-Pack)			1/2 pint	
Milk, Dry Powdered, 9.6 ounce container			9.6 oz.	
Milk, Evaporated, 12 ounce can			12 oz.	
Milk, Kosher, Whole, 1% or Fat-free, 1gallon			1 gal.	
Cheese, Kosher Domestic, highest cost per ounce			_____oz	
Juice, 5.5 - 6 ounce container container (6-pack)			_____oz	
Infant Meats, Kosher, 1st or 2nd Stage, 2.5 ounce jar			2.5 oz.	
Soy Beverage, 8th Continent, 1/2 gal			1/2 gal	
Soy Beverage, Pacific Natural, 1qt			1 qt	
Tofu, Azumaya, House, or Nasoya			_____oz	

Signature _____ Title _____ Date _____

If form submitted electronically, it must be digitally signed.

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