



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Invitation to Bid RFX#3160001437

The Mississippi State Department of Health (MSDH) wishes to purchase nutritional products for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The bid will be for a period of twenty-four months (two years) beginning **July 1, 2017 through June 30, 2019**. The agency reserves the right to extend this bid for a period of from one month up to twelve months (one month up to one year) effective July 1, 2019 through June 30, 2020, with the mutual agreement of the manufacturer. ***This bid will be an “All or Nothing” Bid. Only one bidder/manufacturer will be awarded both the Milk based and Soy based formula.***

The infant formula purchased will be distributed exclusively to WIC recipients by this agency or its contract agents. In no instance will any formula be sold or otherwise provided to individuals not eligible for the WIC Program. This program is supported in whole by the Federal government, USDA. The current funding level is more than \$75 million per year.

In the event that during the bid period the U.S. Department of Agriculture, the federal administrative agency, reduces the amount of funding to the WIC Program or otherwise restricts WIC Program participation or operation, the Mississippi State Department of Health will remain responsible for making only those purchases allowable under Federal regulations.

The Mississippi State Department of Health will designate an agent, whose responsibility will be to order, store, distribute, and pay for those items purchased each year in accordance with the contract established as a result of this bid. The agent is the winner of the MSDH WIC yearly Food Bid. The current agent is SUPERVALU and is under contract through June 30, 2017 with a possible one-year extension. Orders are normally placed by the designated agent on a weekly basis. All orders placed by the designated agent are shipped directly to their facility for distribution to the MSDH WIC facilities. Orders placed by the agent would adhere to the bidder/manufacturer's payment terms. The agent will work with and provide, to the winner of the MSDH Infant Formula bid, access to books, records and documents for audit purposes which relate to WIC product sales in a time frame agreeable for both parties and up to 90 days after the end of the Infant Formula contract. The agent will order appropriate quantities at the end of the contract so no product should be returned to the manufacturer.

The MSDH may also purchase products independent of this bid. If this occurs, these orders are normally for the Ready to Feed products and are normally shipped directly to our WIC Warehouse facility in Jackson, MS. Orders placed directly by the MSDH will adhere to the State of MS procurement laws which require payment terms of net 45 days.

If the can size changes during the contract period, the ounce price will remain the same as stated in this bid.

Transition Process utilized by MSDH if changing from current contractor to new contractor:

Designated agent (currently SUPERVALU) will place order for all standard formula products from the new contractor at the beginning of the new contract period (July 1, 2017). It will take approx. two weeks for all WIC Food Centers to be stocked with the new products.

All new infants that are certified for the first time will receive a voucher for formula. The voucher will specify previous contractor's formula and new contractor's formula. This will allow the infant to receive formula if the new products have not been received at that particular WIC Food Center for the first month's issuance, also not requiring a return visit to the clinic for a new voucher/FPA for next month's formula issuance of the new product.

Infants already certified and receiving the previous contractor's products will continue on that formula until supply is depleted or until October 1, 2017. All infants will be transitioned from the previous contractor's products to new contractor's products in a three month time period.

WIC Food Centers are responsible to maintain formula stock based on usage. No excessive amount of stock is permitted to accumulate.

Each bidder must sign the enclosed "Certification Concerning Debarment and Suspension," Attachment A. The prospective bidder's company name is to be listed at the top where it states "Agency's Name" and an authorized signature and date is required at the bottom of the page where it states "Agency's Executive Director Signature & Date".

The successful bidder must abide by the following provisions: **"Use of WIC Service Marks"** Manufacturer acknowledges that the WIC Acronym and the WIC Logo are service marks owned by the Department of Agriculture (USDA), and that all rights therein and goodwill pertaining thereto belong exclusively to USDA. Manufacturer shall not use these service marks in any manner on its goods or their containers or packaging or on tags or labels affixed thereto. Manufacturer also shall not use the WIC Logo in advertising or other promotional materials (collectively: "advertising").

Manufacturer shall not use the WIC Acronym in advertising in any manner that is likely to cause confusion, mistake, or deception as to the affiliation, connection, or association of Manufacturer with the WIC Program, or as to the sponsorship or approval of Manufacturer's goods, services, advertising, or commercial activities, including nutritional message(s) by the WIC Program,

USDA, or the State agency. Manufacturer shall include the following statement with any use of the WIC Acronym in advertising: "WIC is a registered service mark of the U.S. Department of Agriculture for USDA's Special Supplemental Nutrition Program for Women, Infants and Children."

E-Verify Compliance - Contractor/Seller represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act (Senate Bill 2988 from the 2008 Regular Legislative Session) and will register and participate in the status verification system for all newly hired employees. The term "employee" as used herein means any person that is hired to perform work within the State of Mississippi. As used herein "status verification system" means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor/Seller agrees to maintain records of such compliance and upon request of the State, provide a copy of each such verification to the State. Contractor/Seller further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Contractor/Seller understands and agrees that any breach of these warranties may subject Contractor/Seller to the following: (a) termination of this Agreement and Ineligibility for any state or public contract in Mississippi for up to three (3) years, with notice of such (b) the loss of any license, permit, certification or other document granted to Contractor/Seller by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year, or (c) both. In the event of such termination/cancellation, Contractor/Seller would also be liable for any additional costs incurred by the State due to contract cancellation or loss of license or permit.

E-Payments – Payments by The Mississippi State Department of Health shall be made and remittance information provided electronically as directed by The State of Mississippi. These payments shall be deposited into the bank account of the Contractor's choice. The state may, at its sole discretion, require the Contractor to submit invoices and supporting documentation electronically at any time during the term of this Agreement. Contractor understands and agrees that the State is exempt from the payment of taxes. All payments shall be in United States currency.

Applicable Law – This purchase shall be governed by and construed in accordance with the laws of the State of Mississippi, excluding its conflicts of law provisions, and any litigation with respect thereto shall be brought in the courts of the State of Mississippi. The vendor shall comply with applicable federal, state and local laws and regulations.

Bids will be submitted as follows:

The first section is for iron fortified concentrated milk-based formula, with a quantity of 6,000 cases packed 24/13 oz. cans per case or 12,000 cases packed 12/13 oz. cans per case, or 12,892 cases packed 12/12.1 oz. cans per case to be purchased during the contract period plus or minus ten percent. The stated quantities of ready-to-feed and powder are estimated and will be used to determine the lowest total bid. Purchases of the ready-to-feed and powder formulas are not guaranteed to be at the estimated level. Lactose free products and products with fatty acids, DHA/AHA, must be bid as regular milk-based formula.

The next section is for iron-fortified concentrated soy formula, with a quantity of 6,000 cases packed 24/13 oz. cans per case or 12,000 cases packed 12/13 oz. cans per case or 12,800 cases packed 12/12.1 oz. cans per case to be purchased during the contract period plus or minus ten percent. The stated quantities of ready-to-feed and powder are estimated and will be used to determine the lowest total bid. Purchases of ready-to-feed and powder formulas are not guaranteed to be at the estimated level.

Prospective bidders must be willing to conduct all WIC - related business directly with the WIC Central Office, in accordance with program protocol. Company representatives should not meet directly with district or local level staff, or provide coupons, company imprinted products, or free samples directly to WIC clients or district/local staff.

For the duration of this bid, each can of concentrate, powder, and ready to feed formula supplied will carry normal commercially available labels, with the additional caveat "Not for Retail Sale," or the equivalent. Attached is a sample of the current labeling in use. "Stickers" will not be acceptable labeling. This requirement has been added to preclude the possibility of any Mississippi WIC formula entering the wholesale or retail markets. Use of the above caveat is recommended for ready-to-feed but is not required.

Attachments B – G-2 included, relate to the participation and infant formula usage data, and the standardized number of ounces per physical form of infant formula to be used in evaluating the WIC standard formula bid. The provided information does not necessarily reflect the actual issuance and redemption that will occur under this contract.

The contract may be canceled for cause by the agency with prior 30 days written notice of intent to cancel. The contractor will be required to honor all purchase orders that were prepared and dated prior to the date of expiration or cancellation if received by the contractor within a period of 30 days following the date of expiration or cancellation. Cancellation by the Mississippi State Department of Health does not relieve the contractor of any liability arising out of a default or nonperformance. Cancelling a contract for cause may include, but is not limited to, cost exceeding current market prices, request for increase in prices during the contract period, failure to perform to contract conditions.

If the agency is closed for any reason, including but not limited to: acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters (the "Force Majeure Events"), which closure prevents the opening of bids at the advertised date and time, all bids received shall be publicly opened and read aloud on the next business day that the agency shall be open and at the previously advertised time. The new date and time of the bid opening, as determined in

accordance with this paragraph, shall not be advertised and all bidders, upon submission of a bid proposal, shall be deemed to have knowledge of and shall have agreed to the provisions of this paragraph. Bids shall be received by the agency until the new date and time of the bid opening as set forth herein. **The agency shall not be held responsible for the receipt of any bids for which the delivery was attempted and failed due to the closure of the agency as a result of a Force Majeure Event.** Each bidder shall be required to ensure the delivery and receipt of its bid by the agency prior to the new date and time of the bid opening.

The agency reserves the right to define equals, to reject any or all bids and waive all informalities. Bid terms are welcome; however, they will not be used as criteria for awarding the bid. Bids must be submitted on all products manufactured by the company submitting the bid showing the case prices.

Prospective bidders are to contact Jennifer Dotson at (601) 576-7627 or by e-mail at Jennifer.Dotson@msdh.ms.gov if there are any questions regarding this bid. Bidders will have until 5:00 P.M. CST, Friday, March 17, 2017 to submit their questions. MSDH responses to all bidders questions will be issued by Friday, March 24, 2017 to all prospective bidders. The Final clarification by MSDH (if requested from bidders) for any response that was issued by MSDH on March 24, 2017 will be issued by Friday, March 31, 2017.

Prior to the time specified for the bid opening, sealed bids along with other documentation required must be hand delivered or mailed to **Mississippi State Department of Health, PURCHASING DEPARTMENT, ROOM 137A, THE UNDERWOOD BUILDING, 570 E. WOODROW WILSON, JACKSON, MISSISSIPPI 39216 OR POST OFFICE BOX 1700, JACKSON, MS 39215-1700.** Bids must be received, dated and time stamped prior to **2:00 P.M. CST, Wednesday, April 12, 2017** at which time bids will be opened. No bids will be accepted after the established bid opening time. **Bids will be opened and read at 2:00 P.M. CST in Suite 134 Conference Room, Underwood Building, 570 E. Woodrow Wilson, Jackson, Mississippi.**

In addition, bidders should also submit a bid on-line in the State of Mississippi electronic procurement system, MAGIC. In order to submit bids, bidders must be registered as a vendor in MAGIC system and have an I.D. number and password assigned at the time of registration. Help for registering in MAGIC can be found at www.mmrs.state.ms.us.

The name of the bidder, description and pricing for the iron-fortified milk based formula and brand(s) listed at the bottom of the page, description and pricing for the iron-fortified soy based formula and brand(s) listed at the bottom of the page, and the grand total of the bid will be read aloud.

No conference call in number will be available for this bid opening.

All bidders are invited and encouraged to attend the bid opening to review the submitted bids. After the close of the bid opening, the bids will be considered to be in the evaluation process and will not be available for review by bidders.

No facsimile (FAX) bids will be accepted. The cover letter must be signed by a person with authority to bind the bidder and must accompany your bid. Failure to comply with this

provision, any other provision of this Invitation to Bid, or any provision of State or Federal Law or regulation regarding the submission of bids will cause the bid to be rejected.

Only one copy of the bidders response is required. Pages 6,7,8,9 and 10 are required as part of the bid response.

Submitted bids/responses will be available for review at the bid opening.

Approval for any award of this ITB has to be obtained by the MSDH from the State of MS Public Procurement Review Board. Any award notice, successful or unsuccessful, will be provided in written form and sent to all participants of the ITB.

Bidders may contact Jennifer Dotson at 601-576-7627 or by e-mail at Jennifer.Dotson@msdh.ms.gov for verification of receipt of their bid.

CERTIFICATION

This certifies that this company is registered with the Food and Drug Administration and that the formulas manufactured and bid comply with FDA requirements and are in compliance with the Infant Formula Act of 1980 and all regulations and amendments thereto.

Name of Company: _____

Name of Bidder: _____

Signature of Bidder: _____

Date Signed: _____

Contact Telephone Number: _____

Please indicate on the outside of envelope:

“WIC FORMULA BID”

Bid Due: 2:00 P.M. CST Wednesday, April 12, 2017

RFx#3160001437

Iron-Fortified Milk Based Infant Formula

| QUANTITY | PACK SIZE | TYPE | CASE PRICE | TOTAL |
|---------------------------------------|-------------------------------------------------------------------------------------|---------------|----------------------------------|----------------------------------|
| 6,000 or 12,000 or 12,892 | 24/13 oz or 12/13 oz Or 12/12.1 oz. | Concentrate | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ |
| 200 or 280 | 6/32 oz. or 4/4 x 8.45 oz. | Ready to Feed | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 3,490,000 | 6/12 oz or 6/12.4 oz or 6/12.5oz or 6/12.7 oz or 6/12.9 oz. | Powder | \$ _____ | \$ _____ |

Brand (s) included: _____

Bidder: _____ **Bidder's Initials** _____ **Date** _____

Iron-Fortified Soy Based Formula:

| QUANTITY | PACK SIZE | TYPE | CASE PRICE | TOTAL |
|---------------------------------------|-------------------------------------------------|---------------|----------------------------------|----------------------------------|
| 6,000 or 12,000 or 12,800 | 24/13 oz or 12/13 oz or 12/12.1 oz. | Concentrate | \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ |
| 25 or 35 | 6/32 oz or 4/4 x 8.45 oz. | Ready to Feed | \$ _____ \$ _____ | \$ _____ \$ _____ |
| 290,000 | 6/12 oz or 6/12.4 oz or 6/12.9 oz. | Powder | \$ _____ | \$ _____ |

Brand (s) included: _____

Bidder: _____ **Bidder's Initials** _____ **Date** _____

INFANT FORMULA BID TOTAL

Iron-Fortified Milk & Soy Based Formula Bid Grand Total:

\$ _____

Bidder: _____ **Bidder's Initials** _____ **Date** _____

Agency's Name

Certification Concerning Debarment and Suspension

In accordance with Debarment and Suspension Executive Order No. 12549, the Provider and the Department hereby certify as follows:

- (1) The department as primary participant certifies to the best to its knowledge and belief, that it and its principals:
 - (A) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (B) Have not within a three-year period preceding this proposal been convicted of or has a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - (C) Are not presently indicated for or otherwise criminally or civilly charged by a government entity (Federal, State, or Local) with commission of any of the offense enumerated in a paragraph (1)(B) of this certification; and
 - (D) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or Local) terminated for cause or default.
- (2) The prospective Provider of lower tier participant certifies, by signature below, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

Whereas the prospective Provider or lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation.

Agency's Executive Director Signature & Date

WIC Standard Food Packages for Women and Children

| Foods for 1 month | Children 1 – 2 years (whole milk) | Children 2 -4 years (fat free or 1% milk) | Pregnant Woman (single fetus) or Fully Breastfeeding Woman (single infant) | Postpartum Woman or Minimally Breastfeeding Woman | Pregnant Woman (multiple fetuses). Or Partially Breastfeeding Woman (one infant) Or Pregnant Woman who is Mostly Breastfeeding | Fully Breastfeeding (Multiple infants) |
|------------------------------------------------|-----------------------------------|-------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Federal food pkg number | 4 | 4 | 5 | 6 | 7 | 7 x1.5) |
| Milk | 13quarts | 13 quarts | 19 quarts | 13 quarts | 24 quarts | 36 quarts |
| Cheese | 1 pound | 1 pound | 1 pound | 1 pound | 1 pound | 1.5 pound |
| Eggs | 1 dozen | 1 dozen | 1 dozen | 1 dozen | 2 dozen | 3 dozen |
| Juice | 128 ounces | 128 ounces | 144 ounces | 96 ounces | 144 ounces | 216 ounces |
| Cereal | 36 ounces | 36 ounces | 36 ounces | 36 ounces | 36 ounces | 54 ounces |
| Dried beans/peas | 16 ounces or | 16 ounces or | 16 ounces and | 16 ounces or | 16 ounces and | 32 ounces with 18 ounces Peanut butter or |
| Peanut butter | 18 ounces | 18 ounces | 18 ounces | 18 ounces | 18 ounces | 16 ounces beans/peas with 36 ounces Peanut butter |
| Fish | n/a | n/a | n/a | n/a | 30 ounces | 45 ounces |
| Fruits and vegetables | \$8.00 value | \$8.00 value | \$11.00 value | \$11.00 value | 11.00 value | \$16.50 value |
| Whole wheat bread or other whole grain product | 2 pounds | 2 pounds | 1 pound | n/s | 1 pound | 1.5 pound |

WIC Medical Food Packages for Women and Children
Food Package 3 – Medical Documentation Required

| Foods for 1 month | Children 1 -4 years of age | Pregnant Woman Or Partially Breastfeeding Woman | Postpartum Woman Or Minimally Breastfeeding Woman | Exclusively Breastfeeding Woman (single or multiple children) Or Pregnant (multiple fetuses) Or Partially Breastfeeding Woman (multiple infants) |
|--------------------------------------|----------------------------------|-------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Formula* | Up to 910 oz. (reconstituted) | Up to 910 oz. (reconstituted) | Up to 910 oz. (reconstituted) | Up to 910 oz. (reconstituted) |
| Milk | 13 qts. | 19 qts. | 13 qts. | 24 qts. |
| Cheese | 1 lb. | 1 lb. | 1 lb. | 1 lb. |
| Eggs | 1 dozen | 1 dozen | 1 dozen | 2 dozen |
| Juice | 128 oz. | 144 oz. | 96 oz. | 144 oz. |
| Cereal | 36 oz. | 36 oz. | 36 oz. | 36 oz. |
| Dried beans/peas | 16 oz. or | 16 oz. and | 16 oz. or | 16 oz. and |
| Peanut butter | 18 oz. | 18 oz. | 18 oz. | 18 oz. |
| Fish | n/a | n/a | n/a | 30 oz. |
| Fruits and Vegetables | \$8.00 value | \$11.00 | \$11.00 | \$11.00 |
| Whole Wheat bread or alternate | 2 lbs. | 1 lbs. | n/a | 1 lb. |

*Formula issuance must be based on prescribed amount of formula indicated on the Medical Request Form. For issuance of complimentary foods, oral intake evaluation on the form must be completed to reflect any foods that can be consumed by the participant.

Guidelines for Ordering Medical Food or Formula for Women and Children Over One Year

Women and children authorized for Food Package 3 may need nutritional food products beyond the “routine” package.

Updated 6/2014

| |
|------------------------------------------------------------------|
| WIC Infant Food Packages <u>Medical</u> Formula |
|------------------------------------------------------------------|

Food Pkg. 3 - Medical Documentation Required

| |
|-------------------------------------------------------------------|
| <u>Fully Formula Fed</u> Infants on <u>Medical</u> Formula |
|-------------------------------------------------------------------|

| Formula Type <u>Medical Formula</u> <u>Fully Formula Fed</u> | 0-3 mo. Formula only | 4-5 mo. Formula only | 6-12 mo. 24 oz. infant cereal, 128 oz. infant fruits and vegetables | Medically Fragile <u>no</u> cereal and <u>no</u> infant fruits or vegetables |
|----------------------------------------------------------------------------------|-------------------------|-------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Neosure ,pwd (13.1oz.) | 10 cns. | 11 cns. | 8 cns. | 11 cns. |
| Neosure, RTF (2oz.) | 52 – 8 pks | 56 – 8 pks | 40 – 8 pks | 56 – 8 pks |
| Enfacare pwd (12.8 oz.) | 10 cns. | 11 cns. | 8 cns. | 11 cns. |
| Nutramigen pwd(12.6oz.) | 10 cns. | 11 cns. | 8 cns. | 11 cns. |
| Nutramigen Conc(13oz.) | 31 cans. | 34 cns. | 24 cns. | 34 cns. |
| Alimentum pwd(12.1 oz.) | 11 cns | 12 cns. | 8 cns. | 12 cns. |
| Alimentum RTF(32 oz.) | 26 cns | 28 cns | 20 cns | 28 cns |
| Pregestimil pwd(16oz.) | 7 cns. | 8 cns. | 6 cns. | 8 cns |
| Neocate pwd (14 oz.) | 9 cns. | 10 cns. | 7 cns. | 10 cns. |
| Elecare pwd (14.1 oz.) | 9 cns. | 10 cns. | 7 cns. | 10 cns. |
| Similac PM 60/40(14.1 oz.) | 8 cns. | 9 cns. | 6 cns. | 9 cns. |
| Enfamil 24 RTF (2 oz.) | 69 - 6 pks. | 75 – 6 pks. | 53 – 6 pks | 75 - 6 pks |
| Pregestimil 24, RTF (2 oz) | 69 - 6 pks. | 75 – 6 pks. | 53 – 6 pks | 75 - 6 pks |

Food Pkg. 3 - Medical Documentation Required

| Partially Breastfed Infants on Medical Formula | | | | | |
|--------------------------------------------------------------------|------------------------------------------------------------------------|-------------|------------|----------------------------------------------------------------------------|--------------------------------------|
| Formula Type | 0-1 mo. | 1-3 mo. | 4-5 mo. | 6-12 mo. | Medically Fragile |
| <u>Medical Formula</u> <u>Partially Breastfed</u> | Only 1 cn. of powder formula allowed in 1 st month (30 dys) | | | No inf. cereal 24 oz. inf cereal, 128 oz. inf fruits & vegetables | No infant fruits or vegetables |
| Neosure, powder | 1 cn. | 5 cns. | 6 cns. | 4 cns. | 6 cns |
| Neosure, 2 oz RTF | 0 | 24 - 8 pks | 28 - 8 pks | 20 - 8 pks | 28 - 8 pks |
| Enfacare, pwd | 1 cn. | 5 cns. | 6 cns. | 4 cns. | 6 cns |
| Nutramigen LGG - pwd. | 1 cn. | 5 cans. | 6 cns. | 4 cns. | 6 cns. |
| Nutramigen, conc | NA | 14 cns. | 17 cns. | 12 cns. | 17 cns. |
| Alimentum pwd. 12.1 oz. | 1 cn | 5 cns. | 6 cns. | 4 cns. | 6 cns. |
| Alimentum 32 oz. RTF | 0 | 12 cns | 14 cns | 10 cns | 14 cns |
| Pregestimil, pwd | 1 cn. | 3 cns. | 4 cns. | 3 cns. | 4 cns. |
| Neocate, pwd | 1 cn. | 4 cns. | 5 cns. | 4 cns. | 5 cns. |
| Elecare, pwd | 1 cn. | 4 cns. | 5 cns. | 4 cns. | 5 cns. |
| Similac PM 60/40, pwd | 1 cn. | 4 cns. | 5 cns. | 3 cns. | 5 cns. |
| Enfamil 24 RTF (2 oz.) | 0 | 32 - 6 pks. | 37 - 6 pks | 26 - 6 pks | 37 - 6 pks |
| Pregestimil 24 RTF (2 oz.) | 0 | 32 - 6 pks. | 37 - 6 pks | 26 - 6 pks | 37 - 6 pks |

***Medically fragile infants ≥ 6 mo. that cannot consume complementary foods may receive formula at the same amount allowed in the 4-5 months of age period in lieu of baby foods. This requires medical documentation from physician.**

WIC PARTICIPATION REPORT

FFY 2017

Attachment E-1

| DISTRICT AGENCIES | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17 | Jul-17 | Aug-17 | Sep-17 | TOTAL | Average | Gain/Loss |
|-----------------------------------------------|---------------|---------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------------|----------|-----------|
| DISTRICT I | 8,006 | 7,868 | | | | | | | | | | | 15,874 | | |
| DISTRICT II | 9,249 | 9,124 | | | | | | | | | | | 18,373 | | |
| DISTRICT III | 6,877 | 6,843 | | | | | | | | | | | 13,720 | | |
| DISTRICT IV | 7,064 | 6,793 | | | | | | | | | | | 13,857 | | |
| DISTRICT V | 9,644 | 9,433 | | | | | | | | | | | 19,077 | | |
| DISTRICT VI | 6,531 | 6,501 | | | | | | | | | | | 13,032 | | |
| DISTRICT VII | 5,340 | 5,219 | | | | | | | | | | | 10,559 | | |
| DISTRICT VIII | 7,924 | 7,771 | | | | | | | | | | | 15,695 | | |
| DISTRICT IX | 9,815 | 9,616 | | | | | | | | | | | 19,431 | | |
| DISTRICT AGENCIES TOTAL | 70,450 | 69,168 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 139,618 | 0 | 0 |
| NON PROFIT AGENCIES | | | | | | | | | | | | | | | |
| Aaron Henry Community Health Center | 1,331 | 1,336 | | | | | | | | | | | 2,667 | | |
| Coastal Family Health Center | 2,269 | 2,221 | | | | | | | | | | | 4,490 | | |
| Delta Health Center - Bolivar Co. | 145 | 17 | | | | | | | | | | | 162 | | |
| Family Health Care Clinic (Brandon) Agency 15 | 639 | 613 | | | | | | | | | | | 1,252 | | |
| Family Health Care (Laurel) Agency 21 | 1,256 | 1,244 | | | | | | | | | | | 2,500 | | |
| G. A. Carmichael Family Health Center | 2,122 | 2,078 | | | | | | | | | | | 4,200 | | |
| Greater Meridian Health Clinic | 674 | 680 | | | | | | | | | | | 1,354 | | |
| Jackson Hinds Comprehensive Health Center | 2,120 | 2,258 | | | | | | | | | | | 4,378 | | |
| Jefferson Community Health Center | 127 | 134 | | | | | | | | | | | 261 | | |
| Mallory Community Health Center - Lexington | 468 | 458 | | | | | | | | | | | 926 | | |
| North MS Primary Health Care | 303 | 290 | | | | | | | | | | | 593 | | |
| Northeast MS Health Care (Byhalia) | 530 | 514 | | | | | | | | | | | 1,044 | | |
| UMC | 474 | 486 | | | | | | | | | | | 960 | | |
| NON PROFIT AGENCIES TOTAL | 12,458 | 12,329 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24,787 | 0 | 0 |
| STATE TOTAL | 82,908 | 81,497 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 164,405 | 0 | 0 |
| Month closed? Y/N | N | N | N | N | N | N | N | N | N | N | N | N | | | |

Average and Gain/Loss columns are based on closed months only.
Gain/Loss is a comparison of the first and last closed months.

WIC PARTICIPATION REPORT
FFY 2016
(final)

Attachment E-2

| DISTRICT AGENCIES | | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | TOTAL | Average | Gain/Loss |
|-----------------------------------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------------|---------------|---------------|
| DISTRICT I | | 8,202 | 8,174 | 7,918 | 7,907 | 7,937 | 7,868 | 7,709 | 7,748 | 7,937 | 7,867 | 8,033 | 8,122 | 95,472 | 7,956 | -30 |
| DISTRICT II | | 9,930 | 9,748 | 9,430 | 9,271 | 9,119 | 9,044 | 8,955 | 9,177 | 9,290 | 9,200 | 9,258 | 9,348 | 111,770 | 9,314 | -582 |
| DISTRICT III | | 7,524 | 7,386 | 7,196 | 7,210 | 7,093 | 7,053 | 6,945 | 7,029 | 7,070 | 6,964 | 6,954 | 7,001 | 85,425 | 7,119 | -523 |
| DISTRICT IV | | 7,206 | 7,071 | 6,895 | 6,969 | 6,824 | 6,862 | 6,736 | 6,832 | 6,958 | 6,876 | 7,095 | 7,153 | 83,477 | 6,956 | -53 |
| DISTRICT V | | 11,264 | 10,981 | 10,572 | 10,500 | 10,309 | 10,223 | 9,968 | 10,237 | 10,476 | 10,215 | 10,013 | 9,952 | 124,710 | 10,393 | -1,312 |
| DISTRICT VI | | 6,756 | 6,642 | 6,593 | 6,571 | 6,558 | 6,622 | 6,600 | 6,629 | 6,723 | 6,690 | 6,727 | 6,693 | 79,904 | 6,659 | -63 |
| DISTRICT VII | | 5,738 | 5,617 | 5,355 | 5,294 | 5,165 | 5,260 | 5,143 | 5,254 | 5,361 | 5,330 | 5,460 | 5,470 | 64,447 | 5,371 | -268 |
| DISTRICT VIII | | 8,556 | 8,457 | 8,219 | 8,060 | 8,085 | 8,191 | 7,934 | 7,845 | 7,909 | 7,719 | 7,860 | 8,028 | 96,863 | 8,072 | -528 |
| DISTRICT IX | | 10,763 | 10,501 | 9,955 | 9,669 | 9,658 | 9,786 | 9,388 | 9,390 | 9,522 | 9,489 | 9,797 | 9,926 | 117,850 | 9,821 | -837 |
| DISTRICT AGENCIES TOTAL | | 75,939 | 74,577 | 72,133 | 71,551 | 70,748 | 70,909 | 69,378 | 70,141 | 71,252 | 70,350 | 71,197 | 71,743 | 859,918 | 71,660 | -4,196 |
| NON PROFIT AGENCIES | | | | | | | | | | | | | | | | |
| Aaron Henry Community Health Center | | 1,425 | 1,422 | 1,417 | 1,442 | 1,408 | 1,396 | 1,381 | 1,388 | 1,371 | 1,333 | 1,337 | 1,371 | 16,691 | 1,391 | -54 |
| Coastal Family Health Center | | 1,498 | 1,541 | 1,618 | 1,744 | 1,835 | 1,881 | 1,961 | 2,002 | 2,069 | 2,118 | 2,258 | 2,288 | 22,813 | 1,901 | 790 |
| Delta Health Center - Bolivar Co. | | 500 | 497 | 483 | 476 | 483 | 483 | 484 | 489 | 489 | 481 | 453 | 297 | 5,615 | 468 | -203 |
| Family Health Care Clinic (Brandon) Agency 15 | | 706 | 728 | 706 | 670 | 674 | 686 | 658 | 642 | 604 | 555 | 616 | 635 | 7,880 | 657 | -71 |
| Family Health Care (Laurel) Agency 21 | | 1,256 | 1,233 | 1,220 | 1,194 | 1,214 | 1,196 | 1,198 | 1,212 | 1,229 | 1,237 | 1,256 | 1,297 | 14,742 | 1,229 | 41 |
| G. A. Carmichael Family Health Center | | 2,173 | 2,188 | 2,160 | 2,169 | 2,120 | 2,129 | 2,094 | 2,116 | 2,163 | 2,193 | 2,227 | 2,196 | 25,928 | 2,161 | 23 |
| Greater Meridian Health Clinic | | 816 | 789 | 795 | 759 | 695 | 752 | 790 | 771 | 834 | 817 | 786 | 751 | 9,355 | 780 | -65 |
| Jackson Hinds Comprehensive Health Center | | 2,158 | 2,193 | 2,148 | 2,132 | 2,130 | 2,149 | 2,085 | 2,023 | 2,018 | 1,920 | 1,868 | 2,048 | 24,872 | 2,073 | -110 |
| Jefferson Comprehensive Health Center | | 134 | 139 | 131 | 133 | 142 | 129 | 139 | 137 | 140 | 133 | 129 | 132 | 1,618 | 135 | -2 |
| Mallory Community Health Center - Lexington | | 492 | 482 | 474 | 450 | 448 | 450 | 440 | 437 | 419 | 434 | 472 | 478 | 5,476 | 456 | -14 |
| North MS Primary Health Care | | 243 | 228 | 233 | 254 | 254 | 255 | 259 | 262 | 276 | 280 | 299 | 294 | 3,137 | 261 | 51 |
| Northeast MS Health Care (Byhalia) | | 541 | 517 | 508 | 524 | 519 | 501 | 498 | 497 | 494 | 498 | 534 | 537 | 6,168 | 514 | -4 |
| UMC | | 456 | 474 | 454 | 454 | 456 | 457 | 451 | 426 | 425 | 437 | 500 | 507 | 5,497 | 458 | 51 |
| NON PROFIT AGENCIES TOTAL | | 12,398 | 12,431 | 12,347 | 12,401 | 12,378 | 12,464 | 12,438 | 12,402 | 12,531 | 12,436 | 12,735 | 12,831 | 149,792 | 12,483 | 433 |
| STATE TOTAL | | 88,337 | 87,006 | 84,480 | 83,952 | 83,126 | 83,373 | 81,816 | 82,543 | 83,783 | 82,786 | 83,932 | 84,574 | 1,009,710 | 84,143 | -3,763 |
| Month closed? Y/N | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |

Average and Gain/Loss columns are based on closed months only.
Gain/Loss is a comparison of the first and last closed months.

**MS WIC PROGRAM
ISSUANCE DATA
JULY _ DECEMBER 2016**

Attachment F

Mississippi WIC Program Formula Distributed to Participants

| Formula Description | Jul-16 | 16-Aug | 16-Sep | 16-Oct | 16-Nov | 16-Dec |
|------------------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| ALIMENTUM PWD., 12.1 OZ. | 862 | 1131 | 2444 | 2868 | 3329 | 3437 |
| ALFAMINO JUNIOR, PWD., 14.1 OZ. | 14 | 14 | 14 | 14 | | |
| ALFAMINO INFANT, PWD., 14.1 OZ. | 18 | 9 | 10 | 35 | 45 | 89 |
| BOOST KID ESSENTIAL, 1.0, VAN, RTF, 8 OZ | 2031 | 1566 | 1853 | 2062 | 1756 | 1738 |
| BOOST KID ESSENTIAL, 1.5, VAN, RTF, 8 OZ | | | | | | |
| ELECARE JR, VANILLA, POWDER, 14.1 OZ. | 1156 | 602 | 598 | 573 | 573 | 509 |
| ELECARE, INFANT, UNFLAV, PWD, 14.1 OZ. | 1295 | 728 | 771 | 810 | 782 | 774 |
| ENFACARE (22 CAL), POWDER, 12.8 OZ | 3789 | 4002 | | 4351 | 4240 | 4533 |
| ENFAMIL 24 CAL, RTF, 6 - 2 OZ. | 3072 | 2652 | 2527 | 2439 | 2418 | 2475 |
| ENFAMIL A.R., POWDER, 12.9 OZ. | 20546 | 7826 | 1038 | 20505 | 20108 | 20590 |
| ENFAMIL GENTLEASE, POWDER, 12.4 OZ. | 3233 | 3402 | | 3685 | 3829 | 4063 |
| ENFAMIL PREMIUM INFANT, CONCENTRATE, 13 | 25469 | 27243 | 26186 | 26494 | 26533 | 26300 |
| ENFAMIL PREMIUM INFANT, POWDER, 12.5 OZ. | 84605 | 83117 | 74152 | 55513 | 50385 | 69945 |
| ENFAMIL PROSOBEE, POWDER, 12.9 OZ. | 6965 | 5736 | 12222 | 12363 | 12130 | 11880 |
| KETOCAL 4;1, POWDER, 11 OZ. | | | | | | |
| NEOCATE JUNIOR, UNFLAVORED, POWDER, 14 O | 52 | 69 | 52 | 26 | 101 | 121 |
| NUTRAMIGEN LIPIL CONC, 13 OZ. | 827 | 823 | 891 | 708 | 948 | 777 |
| NUTRAMIGEN W/ENFLORA, PWD, 12.6 OZ. | 5432 | 5475 | | 5685 | 5889 | 6048 |
| NUTREN JR W/FIBER, VAN, RTF, 8.45 OZ | 321 | 321 | 214 | 214 | 214 | 214 |
| NUTREN JR, VAN, RTF, 8.45 OZ, | 721 | 884 | 835 | 828 | 645 | 902 |
| PEDIASURE ENTERAL W/FIBER, VANILLA, 8 OZ | 215 | 1325 | 1078 | 1034 | 851 | 1048 |
| PEDIASURE ENTERAL, VANILLA, RTF, 8 OZ. | 513 | 413 | 719 | 513 | 794 | 763 |
| PEDIASURE W/FIBER, VAN, RTF, 8 OZ. | 2395 | 2428 | 2532 | 2605 | 2745 | 2334 |
| PEDIASURE, RTF, VAN, 8 OZ. | 5117 | 6556 | 5531 | 7509 | 7503 | 8024 |
| PERIFLEX INFANT, PWD., 14 OZ. | 8 | 8 | 8 | 8 | 8 | 6 |
| PEPTAMEN JR, VAN, W/FIBER, RTF, 8.45 OZ. | | | | | | |
| PEPTAMEN JR., VAN., RTF, 8.45 OZ. | 535 | 822 | 666 | 407 | 488 | 500 |
| PEPTAMIN JR., UNFLAVORED, RTF, 8.45 OZ. | 107 | 214 | 107 | 107 | 127 | 207 |
| PHENEX 1, POWDER, 14.1 OZ. | | | | | | |
| PHENEX 2, POWDER, 14.1 OZ. | 10 | 20 | 20 | 10 | 10 | 10 |
| PREGESTIMIL, 24 CALORIE, RTF 6 - 2 OZ. | 267 | | | | | |
| PREGESTIMIL LIPIL POWDER, 16 OZ. | 67 | 65 | 61 | 57 | 67 | 65 |
| SIMILAC 60/40 POWDER, 14.1 OZ. | 73 | 84 | 75 | 86 | 91 | 90 |
| SIMILAC NEOSURE, POWDER, 13.1 OZ. | 1499 | 1859 | 1758 | 1903 | 1909 | 1706 |

WIC Infant Food Packages

Standard Formulas

| <u>Formula Name</u> | <u>Container size/product form and code</u> |
|---------------------|---------------------------------------------|
| Enfamil Premium - | 13 oz. conc. (201), 12.5 oz pwdr.(204) |
| Enfamil Prosobee - | 13 oz. conc. (221), 12.9 oz. pwdr. (223) |
| Enfamil AR - | NA in conc., 12.9 oz. pwdr (495) |
| Enfamil Gentlease - | NA in conc., 12.4 oz. pwdr. (130) |

Fully Formula Fed Infants on Standard Formulas

| <u>Standard Formula</u> | (0 – 3 mo.) | (4 – 5 mo.) | (6 – 12 mo.) | *Medically Fragile |
|--------------------------|--------------|--------------|----------------------------------------------------------------------|--------------------|
| <u>Fully Formula Fed</u> | Formula only | Formula only | 24 oz. infant cereal, Formula only 128 oz. inf fruit/veggies | |
| Pwd. | 9 cns. | 10 cns. | 7 cns. | 10 cns |
| Conc. | 31 cns. | 34 cns. | 24 cns. | 34 cns |

Attachment G-2

| <u>Partially Breastfed Infants on Standard Formulas</u> | | | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|---------------------------|----------------------------------------------------------------------|---------------------------------------|
| <u>Standard Formulas</u> <u>Partially Breastfed</u> | 0 – 1 mo. Only 1 can powder formula allowed 1 st mo. (30 days) | 1 – 3 mo. Formula only | 4 – 5 mo. Formula only | 6 – 12 mo. 24 oz. infant cereal, 128 oz. inf fruit /veggies | *Medically Fragile Formula Only |
| Pwd. | 1 cn. | 4 cns. | 5 cns. | 4 cns. | 5 cns |
| Conc. | NA | 14 cns. | 17 cns. | 12 cns. | 17 cns |

*Medically fragile infants ≥ 6 months of age that cannot consume complementary foods may received standard formula at the same amount allowed in the 4 – 5 month age period in lieu of baby foods. This requires medical documentation from a physician.

| <u>Exclusively Breastfed Infants (receiving <u>no</u> formula)</u> | | | |
|---------------------------------------------------------------------------|-----------|-----------|---------------------------------------------------------------------------------------------|
| | 0 – 3 mo. | 4 – 5 mo. | 6 – 12 mo. |
| Receiving No Formula | no pkg. | no pkg. | 24 oz. infant cereal 256 oz. infant fruits and/or vegetables and 77.5 oz. infant meat |