Appendix D: FDP State Agency File Upload Templates v1 02192021



| Suite or Unit | City | State | Zip Code | County |
| :---: | :---: | :---: | :---: | :---: |
| Text | Text | Picklist | Text | Text |
| 100 | 40 | 2 | 10 | 40 |
| 100 | McLean | VA | 20155 | Fairfax |
| No | No | No | No | No |
| Suite or Unit Number of the vendor's address | City of the vendor's address | State of the vendor's address | Zip Code (Zip or Zip $+4)$ of the vendor's address | County of the vendor's address |
| N/A | N/A | 2-digit code of the State | N/A | N/A |
| Field Left blank intentionally | Field Left blank intentionally | Field Left blank intentionally | $\begin{aligned} & \mathrm{XXXXX} \\ & \text { XXXXX-XXXX } \end{aligned}$ | Field Left blank intentionally |


| No Physical Address | Location Description | Latitude | Longitude |
| :--- | :--- | :--- | :--- |
| Boolean | Text | Number | Number |
| 3 | 255 | 10-digit, 6 decimal places | 10-digit, 6 decimal places |
| Yes | In parking lot | 123.110101 |  |
| No | No | No | 1464.345055 |
| Indicates if the store <br> does not have an exact <br> address or easily <br> definable physical <br> location. | The description of the <br> store's exact location <br> if no exact address can <br> be provided. | The latitude coordinates <br> for address. | The longitude coordinates <br> for this address. |
| N/A |  |  |  |


| Unauthorized Store | Peer Group | Initial Auth Date | Food Delivery Method |
| :--- | :--- | :--- | :--- |
| Boolean | Picklist | Date | Picklist |
| 3 | lustom Policy Setting <br> will be entered from <br> State agency data <br> entry/input. | Date Length | See Valid Values below |
| No | Other (See Picklist <br> Values below) | $10 / 10 / 2020$ | Retail |
| No | No | No | Yes |
| Indicates if this store <br> was investigated by <br> the SA but is not a <br> WIC authorized store. <br> Poer group values can be <br> created in Policy Settings <br> and will contain custom from State agency <br> data entry/input. | The date of the <br> vendor's initial | The food delivery method <br> this entity operates under to <br> ensure WIC participants have <br> access to supplemental <br> foods. |  |
| N/A | Custom picklist values <br> will be entered from <br> State agency data <br> entry/input. | N/A | Rotail, Direct Distribution, <br> Home Delivery |
| Field Left blank <br> intentionally | Custom picklist values <br> will be entered from <br> State agency data <br> entry/input. | Date muse be in the <br> m/dd/yy format | Field Left blank <br> intentionally |


| Retail Category | Contractor | Online Ordering Options | Num of Store Registers |
| :---: | :---: | :---: | :---: |
| Picklist | Text | Picklist | Number |
| See Valid Values below | 40 | See Valid Values below | 4 |
| Farmers' Market | Pharmacy | Delivery | 2 |
| No | No | No | No |
| The category of food delivery entity within the retail food delivery system. | The type of food delivery entity within either the home or direct distribution food delivery system. | Multi-picklist: can have more than 1 value selected | The number of cash registers at the store location. |
| Regular Vendor, A50 for profit, A50 nonprofit, Pharmacy only exempt infant formula/nutrionals, Commissary, Farmer, Farmers' market | Pharmacy, Non-Profit, Other Contractor | In-store or curbside pickup, Delivery, Transaction in the presence of cashier, Online transaction, | N/A |
| Required if Food Delivery Method= 'Retail' | Required if Food Delivery Method= 'Direct Distribution' or 'Home Delivery' | Field Left blank intentionally | Field Left blank intentionally |



| Status | Assessed For <br> Participant Access | Participant Access <br> Reasons | Denial Reason |
| :--- | :--- | :--- | :--- |
| Picklist | Boolean | Picklist | Picklist |
| See Valid Values <br> below | See Valid Values <br> below | See Valid Values <br> below |  |
| Authorized | No | Failed to meet <br> business integrity <br> selection criterion | Other |
| Yes | No | No | No |
| The current status of <br> the vendor's <br> agreement. | Indicates if this <br> vendor was assessed <br> for participant access <br> during this fiscal year. | The reason(s) the <br> vendor was <br> determined necessary <br> for participant access. | The reason why the <br> store's application was <br> denied. |
| Authorized, <br> Authorized with CMP, <br> Authorized for <br> participant access, <br> Authorized with <br> disaster waiver(s), <br> Disqualified (and <br> agreement <br> terminated), <br> Agreement expired, <br> Agreement <br> terminated, <br> Application pending, <br> Application denied, <br> Never authorized | N/A | Failed to meet <br> business integrity <br> selection criterion, <br> Failed to meet <br> competitive price <br> selection criterion, <br> Failed to meet State <br> agency selection <br> criterion, Current <br> SNAP <br> disqualification/CMP <br> for hardship, Serving <br> a mandatory sanction <br> from another WIC <br> State agency | Failed to meet federal <br> selection criteria, <br> Failed to meet State <br> agency selection <br> criteria, Attempted to <br> circumvent a sanction, <br> Submitted application <br> outside of timeframe, <br> Withdrew application <br> Lim Criteria, Other |
| Field Left blank <br> intentionally | Field Left blank <br> intentionally | Field Left blank <br> intentionally | Field Left blank <br> intentionally |


| Other Denial Reason | Agreement Start Date | Agreement End Date | Agreement <br> Termination Date |
| :--- | :--- | :--- | :--- |
| Text | Date | Date | Date |
| 100 | Date Length | Date Length | Date Length |
| Test Denial Reason test | $1 / 1 / 2020$ | $1 / 1 / 2020$ | $1 / 1 / 2020$ |
| No | No |  |  |
| Nhe specific reason the <br> store's application was <br> denied if "Other" was <br> cited as a denial <br> reason. | Agreement Start Date | Agreement End Date | Agreement <br> Termination Date |
| Required when Denial <br> reason= 'Other' | N/A |  | No |
| Field Left blank <br> intentionally | Date muse be in the <br> m/dd/yy format | Date muse be in the <br> m/dd/yy format | Date muse be in the |
| m/dd/yy format |  |  |  |$|$|  |
| :--- |


| Termination Reason | Other Termination Reason | Num of Stores <br> Owned | Num of Other WIC <br> Vendors |
| :--- | :--- | :--- | :--- |
| Picklist | Text | Number | Number |
| See Valid Values below | 100 | 7 |  |
| Other | Test Other Termination <br> Reason | 1 | 7 |
| No | No | No |  |
| The reason why the <br> vendor agreement was <br> terminated. | The specific reason the <br> vendor's agreement was <br> terminated if "Other" was <br> cited as a termination <br> reason. | The total number of <br> stores owned by the <br> same ownership. | The number of <br> other WIC <br> authorized vendors <br> by the same |
| ownership. |  |  |  |$|$| No |
| :--- |


| Field Name | FNS WIC ID | State WIC ID | Fiscal Year | Auth on Oct 1 |
| :---: | :---: | :---: | :---: | :---: |
| Appendix D: FDP S Field Type | ate Agency | File Upload Templates | 102192021 |  |
|  | ID | Text | Text | Boolean |
| Field Length | 18 | 32 | 4 | 3 |
| Example Data | $\begin{aligned} & \text { a2Q2J00000k } \\ & \text { MQKX } \end{aligned}$ | 1234 | 2015 | Yes |
| Is Mandatory for Annual Data or Training Upload? | Yes | No | Yes | No |
| Field Description | Unique Salesforce identifier for the vendor record | The State agency generated ID for this record. | The federal fiscal year for this record. | Indicates if this vendor was authorized by the SA as of October 1 of the fiscal year. |


| Valid Values |  | N/A |  | N/A |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |


| Num of RMVs <br> Completed This <br> Year | High Risk |
| :--- | :--- |
| Number | Boolean |
| 2 | Yes |
| 2 | No |
| No | Indicates if this <br> vendor was <br> identified as high risk <br> this fiscal year. |
| The number of <br> routine <br> monitoring visits <br> (RMVs) <br> conducted <br> during this fiscal <br> year. | \begin{tabular}{l}
\end{tabular} |


| N/A | N/A |
| :--- | :--- |
|  |  |
| Field Left blank |  |
| intentionally | Field Left blank <br> intentionally |

High Risk Reasons

Picklist
See Valid Values below

Other - New Vendor
No

High risk reasons that were identified for this vendor.

Redemption - Extremely small amount of variation in food instrument prices, Redemption - Large percent of food instruments redeemed at same price, Redemption - Unusually high average food instrument prices,
Redemption - Redeemed prices are higher than their price list,
Volume - Large percent of high-priced food instruments,
Volume - Volume of WIC business,
Volume - Large increase of dollar volume of food instruments redeemed over time,
Volume - Large percent of the area's total WIC redemptions,
Volume - WIC sales are an unusually high percentage of vendor's total sales, Volume - High WIC to SNAP redemption ratio, Volume - WIC and SNAP Program sales are an unusually high percentage of total sales,
Participant - Participant/other complaints,
Participant - Large number of participants redeeming food instruments outside of their health service area,
Participant - Large number of participants redeeming food instruments who are considered to be at high health risk,
Non-EBT - Large number of food instruments with consecutive serial numbers,
Non-EBT - Large percentage of manually issued food instruments,
Non-EBT - Excessive number of returned checks due to errors,
Other - Past history of violations and disqualifications,
Other - Associations with known violators,
Other - Multiple ownerships which include known violators,
Other - Short on authorized food items or no inventory,
Other - New Vendor,
Other - Random Selection,
Other - Multiple ownerships which include known violators,
Other - Short on authorized food items or no inventory,
Other - New Vendor,
Other - Random Selection

Multi-picklist: can have more than 1 value selected

| State Risk Reasons | Training Date 1 |
| :--- | :--- |
| Text | Date |
| 50 | Date Length |
| Some other State agency reason - small amount <br> of variation in food instrument prices | $12 / 12 / 2010$ |
| No | Yes |
| Any SA specific high risk reasons that were <br> identified for this vendor. |  |


| N/A | N/A |
| :--- | :--- |


| Training Type 1 | Training Format 1 | Training Date 2 | Training Type 2 |
| :--- | :--- | :--- | :--- |
| Picklist | Picklist | Date | Picklist |
| See Valid Values <br> below | See Valid Values below | Date Length | See Valid Values <br> below |
| Interactive | Interactive - On-site cashier <br> training | $12 / 12 / 2010$ | Non Interactive |
| Yes | Yes | Yes | Yes |
| The type of training <br> provided (e.g., <br> Interactive, or non- <br> interactive training?) | Please select the answer that <br> best describes the training <br> format. | Training Date | The type of training <br> provided (e.g., <br> Interactive, or non- <br> interactive training?) |


| Interactive, Non <br> Interactive | Interactive - On-site cashier <br> training, <br> Interactive - Off-site <br> classroom training, <br> Interactive <br> - Train-the-trainer sessions, <br> Not interactive - Newsletter, <br> Not interactive - Video, <br> Not interactive - Webinar, <br> Not interactive - Other |  |  |
| :--- | :--- | :--- | :--- |
|  |  |  |  |


| Training Format 2 |
| :--- |
| Picklist |
| See Valid Values <br> below |
| Not interactive - <br> Video |
| Yes |
| Please select the <br> answer that best <br> describes the training <br> format. |


| Not interactive - |
| :--- |
| Video |
|  |
|  |
|  |
| Field Left blank |
| intentionally |

Appendix D: FDP State Agency File Upload Templates v1 02192021

| Field Name | FNS WIC ID | State WIC ID | Year | Month | Non-CVB amount |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Field Type | ID | Text | Number | Picklist | Number |
| Field Length | 18 | 32 | 4 | See Valid Values <br> below | 9-digit, 2 decimal places |
| Example Data | a2Q2J00000kMQKX | 1234 | 2020 | JAN | 200.50 |
| Is Mandatory <br> for <br> Redemption <br> Upload? | Yes | No | Yes | No |  |
| Field <br> Description <br> identifier for the <br> vendor record | The State <br> agency <br> generated ID for <br> this record. | The calendar year <br> for the transaction <br> data provided. | The calendar month <br> for the transaction <br> data provided. | The total value of all Non- <br> CVB redemptions in the <br> calendar month. |  |
| Valid Values | N/A | N/A | N/A | January, <br> February, <br> March, <br> April, <br> May, <br> June, <br> July, <br> August, <br> September, <br> October, | November, <br> December |


| Formatting/ | Not required for <br> new Food Delivery <br> Validation <br> Entities | Required for all <br> Food Delivery <br> Entities with an <br> Agreement Start <br> date and for <br> Retail Food <br> Delivery Entities | Field left blank <br> intentionally | Field left blank <br> intentionally | Field left blank intentionally |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |


| CVB amount |
| :--- |
| Number |
| 9-digit, 2 decimal places |
| 100.50 |
| No |
| The total value of all CVB |
| redemptions in the |
| calendar month. |
| N/A |
|  |

Appendix D: FDP State Agency File Upload Templates v1 02192021

| Field Name | FNS WIC ID | State WIC ID | Investigation Start Date | Investigation End <br> Date |
| :--- | :--- | :--- | :--- | :--- |
| Field Type | ID | Text | Date | Date |
| Field Length | 18 | 32 | Date Length | Date Length |
| Example | a2Q2J00000kMQKX | 21323 | $1 / 1 / 2020$ | $1 / 1 / 2020$ |
| Is Mandatory for <br> Investigation or <br> Claim Collection <br> Upload? | Yes | No | Yes | No |
| Field Description | Unique Salesforce <br> identifier for the <br> vendor record | The State <br> agency <br> generated ID for <br> this record. | Investigation Start Date | Investigation End Date |
| Valid Values | N/A | N/A | N/A |  |


| Investigation Status | Reason Closed | Investigation Outcome | Num of Compliance <br> Buys |
| :--- | :--- | :--- | :--- |
| Picklist | Text | Boolean | Number |
| See Valid Values below | 255 | 3 | 2 |
| Open | Store Closed | Yes | 2 |
| Yes | No | No | No |
| The current status of the <br> investigation. Please note <br> the "Closed" status <br> indicates that the <br> investigation was closed, <br> but not completed per <br> 246.12(j)(4). | The reason the <br> investigation <br> was closed but <br> not completed. | Indicates if there was a <br> Sanction or No <br> Sanction outcome. | The total number of <br> compliance buys <br> conducted in the <br> investigation. |
| Open, Completed, <br> Closed. | store closed, <br> store <br> voluntarily <br> withdrew, store <br> DQ'ed by SNAP | N/A |  |
| Field Left blank <br> intentionally | Field Left <br> blank <br> intentionally | Sanction, No Sanction | Field Left blank <br> intentionally |


| Inventory Audit Completed | Claim Amount | Admin Review Requested |
| :---: | :---: | :---: |
| Boolean | Number | Boolean |
| 3 | 8-digit, 2 decimal places | 3 |
| Yes | 2300.99 | Yes |
| No | No | No |
| Indicates if an inventory audit was conducted as part of the investigation. | The total amount of all claims established in this investigation. | Indicates if an Admin Review has been requested |
| N/A | N/A | N/A |
| Field Left blank intentionally | Field Left blank intentionally | Field Left blank intentionally |


| Administrative Review Status or <br> Outcome | Judicial Review Requested | Judicial Review Status or <br> Outcome |
| :--- | :--- | :--- |
| Picklist | Boolean | Picklist |
| See Valid Values below | 3 | See Valid Values below |
| Pending | No | Pending |
| No | No |  |
| Indicates the status of the Admin Review | Indicates if a Judicial <br> Review has been <br> requested | Indicates the status of the Judicial <br> Review |
| Pending, Upheld, Overturned, Modified | N/A |  |
| Required, if ARR is Yes | Optional. Only available if <br> AR.Administrative Review <br> Outcome is valued. | Required, if JRR= Yes |


| Collections 1- Date Received | Amount | Collections 2- Date Received | Amount |
| :--- | :--- | :--- | :--- |
| Date | Number(9,2) | Date | Number(9,2) |
| Date Length | 9-digit, 2 decimal places | Date Length | 9-digit, 2 decimal places |
| $02 / 02 / 2020$ | No | No2/02/2020 | 10000.23 |
| No |  |  | No |
| The date the Collections was <br> received | The amount collected in <br> this payment. | The date the Collections was <br> received | The amount collected in <br> this payment. |
| N/A | N/A |  |  |


| Field Name | FNS WIC ID | State WIC ID | Investigation Start Date |
| :---: | :---: | :---: | :---: |
| Field Type | ID | Text | Date |
| Field Length | 18 | 32 | Date Length |
| Appendix | : FDP State Agency F | le Upload Ter | mplates v1 |
| Example Data | a2Q2J00000kMQKX | 21323 | 1/1/2020 |
| Is Mandatory for Violations Upload? | Yes | No | Yes |
| Field Description | Unique Salesforce identifier for the vendor record | The State agency generated ID for this record. | Investigation Start Date |
| Valid Values | N/A | N/A | N/A |


| Formatting/ <br> Validation <br> Notes |  | Field left blank intentionally | Field left blank <br> intentionally |
| :--- | :--- | :--- | :--- |
|  |  |  | Used to <br> identify <br> Investigation |


| Violation | State Violation | Num of Violations | Pattern <br> Established |
| :---: | :---: | :---: | :---: |
| Picklist | Picklist | Number | Boolean |
| See Valid Values below | Custom Policy Setting will be entered from State agency data entry/input. | 2 | 3 |
| 22192021 |  |  |  |
| Vendor Overcharge | Other (See Picklist Values below) | 2 | Yes |
| Yes | No | Yes | No |
| The violations that result in mandatory vendor sanctions as outlined in 246.12(I)(1)(i-iv). | The vendor violations not specified in 246.12(I)(1)(i-iv), but included in the SA's sanction schedule. SA violations are defined in the Policy Settings area. | The total number of times this violation has been found during this investigation. | Indicates if a pattern of violations has been established for this violation. |
| Trafficking <br> Selling firearms, ammunition, explosives, and/or controlled substances <br> Selling alcohol and/or tobacco products Claiming reimbursement in excess of the store's documented inventory <br> Overcharging <br> Receiving, transacting, and/or redeeming through unauthorized channels <br> Charging for supplemental food not received by the participant <br> Providing credit and/or non-food items (other than alcohol, tobacco products, cash, firearms, ammunition, explosives, or controlled substances Providing unauthorized food items Charging for supplemental foods provided in excess of those in the benefit balance Providing prohibited incentive items State agency violation Providing prohibited incentive items State agency violation | Custom picklist values will be entered from State agency data entry/input. | N/A | N/A |


| Num of violations is updated when new violations <br> of the same type occur | Custom picklist values <br> will be entered from <br> State agency data <br> entry/input. | Field left blank <br> intentionally | Field left blank <br> intentionally |
| :--- | :--- | :--- | :--- |


| Notification <br> Sent | Documented Non- <br> notification |
| :--- | :--- |
| Boolean | Boolean |
| 3 | 3 |
|  |  |
| Yes |  |
| No |  |


| Field left blank <br> intentionally | Field left blank <br> intentionally |
| :--- | :--- |
|  |  |

Appendix D: FDP State Agency File Upload Templates v1 02192021

| Field Name | FNS WIC ID | State WIC ID | Inv Start Date | Investigation Origin | WIC Sanction Type | SNAP Sanction Type |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Field Type | ID | Text | Date | Picklist | Picklist | Picklist |
| Field Length | 18 | 32 | Date Length | See Valid Values below | See Valid Values below | See Valid Values below |
| Example | a2Q2J00000kMQKX | 21323 | 9/10/2020 | WIC | State agency sanction | Permanent |
| Is Mandatory for Sanctions Upload? | Yes | No | Yes | Yes | No | No |
| Field Description | Unique Salesforce identifier for the vendor record | The State agency generated ID for this record. | Investigation Start Date | The originating Program (either SNAP or WIC) for this sanction. | The WIC sanction type being documented in this record. | The SNAP sanction type assessed by FNS SNAP. |
| Valid Values | N/A | N/A | N/A | WIC, SNAP | Mandatory federal disqualification, CMP in lieu of disqualification, State agency sanction | SNAP reciprocal disqualification, CMP for hardship |


| Formatting/ <br> Validation <br> Notes | Field left blank <br> intentionally | Field left blank <br> intentionally | Used to lookup <br> the existing <br> investigation <br> else create a <br> new one | Where the sanction <br> originated or <br> authority to issue the <br> sanction is traced | If origin= WIC, this <br> field is required | If origin= SNAP, this <br> field is required |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |


| State Sanction | Disqualification <br> Date | Disqualification Length | Date referred to <br> SNAP | Date referred to <br> WIC | CMP Amount | Administrative Fine <br> Amount |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Picklist | Date | Picklist | Date | Date | Number |  |
| Custom Policy <br> Setting will be <br> entered from <br> State agency <br> data <br> entry/input. | Date Length | See Valid Values below | Date Length | Date Length | 9-digit, 2 decimal places | 9-digit, 2 decimal places |
| Other (See <br> Picklist Values <br> below) | $10 / 10 / 2020$ | 10 | Number |  |  |  |
| No | No |  |  |  |  |  |

$\left.\begin{array}{|l|l|l|l|l|l|l|}\hline \begin{array}{l}\text { Custom } \\ \text { picklist values } \\ \text { will be } \\ \text { entered from } \\ \text { State agency } \\ \text { data } \\ \text { intentionally }\end{array} & & \text { Number of months } & & \begin{array}{l}\text { Field left blank } \\ \text { entry/input. }\end{array} & & \\ \text { intentionally }\end{array} \begin{array}{l}\text { Field left blank } \\ \text { intentionally }\end{array} \begin{array}{l}\text { Field left blank } \\ \text { intentionally }\end{array}, \begin{array}{l}\text { Field left blank } \\ \text { intentionally }\end{array}\right]$

