



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
WIC PROGRAM**

***CONFLICT OF INTEREST WITH VENDORS***

I certify that I do not have any individuals related to me that have any financial interest in any store authorized to accept WIC benefits.

I will not show any favoritism, by oral or written communication, posters, handouts or media presentations, toward any WIC authorized vendor. I will not endorse any WIC authorized vendor or discourage WIC participants from using a specific WIC authorized vendor.

I will not engage in any promotions for a WIC authorized vendor.

I will not receive any gratuities including cash, food, or coupons from any WIC authorized vendor or vendor applicant.

I agree to promptly report any threat to or violation of this conflict of interest policy to the State WIC Director.

By providing your digital signature below, this document will serve as a certified original.

By signing this agreement, I agree to comply with the above statements for WIC authorized vendors or vendor applicants.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Disclosure: If a potential conflict of interest exists, please provide the following information:

Store Name: \_\_\_\_\_

Address and City: \_\_\_\_\_

Relationship to Owner, Manager, etc: \_\_\_\_\_

\_\_\_\_\_