

Puerto Rico Department of Health  
WIC Program  
San Juan, Puerto Rico

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P&P 6.05 Attachment-2

**“COMPETITIVE PRICES LIST”  
AND CERTIFICATON OF ADHERENCE TO COMPETITIVE PRICES**

Application Number:  
Store name:  
Municipality:  
Postal Address Line 1:  
Address Line 2:  
Municipality, State, Zip Code:  
Vendor Peer Group, Classification:  
Application status:

The analysis of prices of shelf prices in the authorization process compares the prices submitted by you on the Shelf price list of products approved by WIC program against the maximum price calculated for each product in the peer group. The result of these prices concluded that one or more prices submitted by you in your application are not competitive for the products that are reflected in the following table:

<b>Product Description</b>	<b>Brand</b>	<b>Package</b>	<b>Shelf Price submitted by applicant</b>	<b>Maximum Competitive Price for the peer group</b>

To be authorized you must certify that you will match the prices in this list according to the competitive prices determined by the WIC Program for your peer group. By checking ‘Yes’, you agree to change the price of the products reflected in the list to not exceed the competitive price which is the maximum allowed for the product in its peer group. If you select ‘No’, the status of this application will change from ‘Pre-Selected’ to ‘Non-Selected’ on grounds of ‘Non competitive prices’.

Please complete and sing the following information:

Yes, I will adhere to these competitive prices.

No, I decline to match these prices.

\_\_\_\_\_  
Name of the authorized representative

\_\_\_\_\_  
Signature of the authorized representative

\_\_\_\_\_  
Date

Please complete the information and return to the Inspector during the inspection visit.