

North Carolina Department of Health and Human Services
Division of Public Health • Women’s and Children’s Health Section
Nutrition Services Branch, Attn: Vendor Unit
MSC 1914 Raleigh, NC 27699-1914
Fax: (919) 870-4895

Local Agency Name: _____

Vendor Number: _____

Vendor Name (Store): _____

CONTRACT EXTENSION AGREEMENT

This CONTRACT EXTENSION AGREEMENT (“Extension”) is dated as of October 1, 2018 (the “Effective Date”), by and between _____ (the “Vendor”) and the Women, Infants and Children (“WIC”) Program of the _____, (“Local WIC Agency”), and the State of North Carolina Department of Health and Human Services, Division of Public Health, hereinafter referred to as the “State WIC Agency”.

WHEREAS the Parties entered into a WIC Vendor Agreement on _____ (the “Original WIC Vendor Agreement”).

WHEREAS the Parties entered into an Amendment (the “Amendment”) to the WIC Vendor Agreement effective October 1, 2017.

WHEREAS the Parties hereby agree to extend the term of the Original WIC Vendor Agreement and the Amendment in accordance with the terms of the Original WIC Vendor Agreement and the Amendment as well as the terms provided herein.

In consideration of the mutual covenants contained herein, the parties mutually covenant and agree as follows:

- The Original WIC Vendor Agreement and the Amendment will end on September 30, 2018.
- The parties agree to extend the Original WIC Vendor Agreement and the Amendment for an addition three (3) month period, which will begin October 1, 2018 and end on December 31, 2018.
- This Extension binds and benefits both Parties and any successors or assigns. This document, the Original WIC Vendor Agreement and the Amendment is the entire agreement between the Parties.

All other terms and conditions of the Original WIC Vendor Agreement and the Amendment remain unchanged.

VENDOR

The undersigned represents that s/he has read, understands, and agrees to the Terms of this Agreement.

Signature of WIC Vendor Owner or Officer

Printed Name and Title of Vendor Owner or Officer/Date

LOCAL WIC AGENCY

The undersigned represents the Local WIC Agency and has the authority to contract for and on behalf of said agency.

Signature of Local WIC Agency Authorized Representative

Printed Name of Local WIC Agency Authorized Representative/Date

Title of Local WIC Agency Authorized Representative

Name of Local WIC Agency

STATE WIC AGENCY

The undersigned represents the State WIC Agency and has the authority to contract for and on behalf of said agency.

Signature of State WIC Agency Director

Date