

Instructions: Offeror to complete columns A, B, E, and F, and name of offeror, authorized signature, title and date.

Attachment III									
New Mexico Department of Health, Arkansas Department of Health and North Carolina Department of Health and Human Services									
WIC Infant Formula Rebate Initiative									
QUOTE SHEET 2018									
(for a single milk-based infant formula)									
A	B	C	D	E	F	G	H	I	
Physical Form, Product Brand Name, and Unit Size	Reconstituted Fluid Ounces per Unit	Total Monthly Reconstituted Ounces for Bid by Physical Form*	Total Monthly Units C/B	Wholesale Price per Unit**	Rebate per Unit	Net price per unit E-F	Monthly net price D*G	% rebate F/E	
Powder (12.4 oz. - 12.7 oz.) Brand Name / Unit Size		Total Powder							
		47,792,650	#DIV/0!			0.000	#DIV/0!	#DIV/0!	
Concentrate (12.1 oz. - 13 oz.) Brand Name / Unit Size		Total Concentrate							
		710,851	#DIV/0!			0.000	#DIV/0!	#DIV/0!	
Ready-to-Feed (32 oz. - 48 oz.) Brand Name / Unit Size		Total Ready-to-Feed							
		119,290	#DIV/0!			0.000	#DIV/0!	#DIV/0!	
						Total Monthly Net Price	#DIV/0!		
* From Attachment II of the RFP, Standardized Number of Reconstituted Fluid Ounces by Physical Form, Column (E)									
** Lowest national wholesale price per unit for a full truckload as of March 23, 2018									
The signature below certifies:									
a) that the infant formula manufacturer is registered with the Secretary of Health and Human Services under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 et. seq.);									
b) that the infant formula manufacturer's milk-based and soy-based infant formulas comply with the Federal Food, Drug, and Cosmetic Act and regulations issued pursuant to the Act;									
c) that as of March 23, 2018, the manufacturer's lowest national wholesale prices per unit for a full truckload are as specified in Column (E) above; and									
d) that the offeror agrees to pay a rebate on all milk-based and soy-based infant formula products subject to this RFP and issued by the States.									
Name of Offeror _____									
Authorized Signature _____									
Title _____									
Date _____									

