

THE STATE OF TEXAS §

COUNTY OF HARRIS §

The Commissioners Court of Harris County, Texas, Met in a regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____,

with the following members present:

- Judge Hidalgo County Judge
- Rodney Ellis Commissioner, Precinct No. 1
- Adrian Garcia Commissioner, Precinct No. 2
- Tom S. Ramsey, P.E. Commissioner, Precinct No. 3
- Lesley Briones Commissioner, Precinct No. 4

and the following members absent: _____,

constituting a quorum, when among other business, the following was transacted:

ORDER AUTHORIZING HARRIS COUNTY PUBLIC HEALTH to accept the grant renewal from Texas Department of State Health Services for the WIC Grant - HHS000804400001.

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Hidalgo	[]	[]	[]
Comm. Ellis	[]	[]	[]
Comm. Garcia	[]	[]	[]
Comm. Ramsey	[]	[]	[]
Comm. Briones	[]	[]	[]

The meeting chair announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that the County Judge is authorized to approve Harris County Public Health to accept from the Texas Health and Human Services Commission grant funds in the amount of \$10,062,560, with no required match, for the FY 2024-25 Women Infants, and Children Program and extend 103 associated positions to September 30, 2025..

The documents are attached hereto and incorporated herein and incorporated as if set out in full word for word. Harris County is authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

**REQUEST FOR SIMULTANEOUS SUBMISSION OF
GRANT AWARD AND REVENUE CERTIFICATION TO
COMMISSIONERS COURT**

Department Name Public Health Services	Department Number 275	Date 8/29/24
Department Contact Name Richard Williams	Department Contact Telephone Number 832-927-7414	
Date to Present the Grant Award to Commissioners Court for Acceptance 9/19/24	Grant Award Amount to be Certified \$10,026,560.00	
Grant Awarding Agency Texas Health and Human Services Commission		

Reason for Simultaneously Submitting Grant Award and Revenue Certification to Commissioners Court
Grant is starting 10/1/24.
Need budget to incur payroll expenses.
Fund: 2601
Department: 27550030
New Project ID: FY25_WIC_ADMIN
Activity: 10001

DEPARTMENT APPROVAL

Richard A. Williams Digitally signed by Richard A. Williams
Date: 2024.08.29 11:36:07 -05'00'

Official/Department Head or Designee Signature

Date

AUDITOR'S OFFICE APPROVAL

Grants Accounting Manager Signature

Date

County Auditor or Chief Assistant County Auditor Signature

Date

From: [Berzins, Philip \(CAO\)](#)
To: [Gilbert, Christy \(CAO\)](#); [Harper, Jennifer \(PHS\)](#)
Subject: HCPH/CAO Application; PHD is provided Agreement for review; Memo ID= 17
Date: Wednesday, July 17, 2024 10:22:24 AM
Attachments: [image001.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)

This email is auto-generated by the HCPH/CAO Application.

***** EVENT DETAILS *****

Application: HCPH/CAO Application
Event Type: PHD is provided Agreement for review
Event Comments: Good morning, This can go on court as is. If you have any questions, let me know. Thanks,

No document(s) uploaded during this session.

***** BASIC MEMO INFO *****

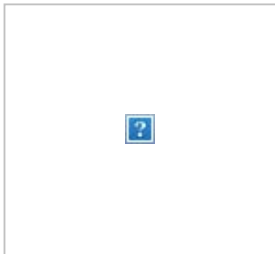
Memo ID= 17
Reference:
Memo From: Jennifer Harper
Memo To: Christy Gilbert
Agreement Required by date: 8/23/2024
Procurement Type: A template is NOT available. Review uploaded doc.
Amount: \$10,062,560.00

Dept Name: Harris County Public Health

Other Party:

Reason: Fiscal Year 2024 ends September 30th.

Scope of Services:



Philip Berzins
Deputy Division Director – Contracts
General Counsel Division
E: philip.berzins@harriscountytexas.gov
C: 281.840.1847
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June 27, 2024

Cecile Erwin Young
Executive Commissioner

Mary Durette, WIC Director
Harris County Public Health & Environmental Services, LA#48

RE: Notice of Award

Health and Human Services Commission (HHSC) Women, Infants and Children (WIC) Local Agency Contract #HHS000804400001.

This is a notification of your organization’s FY 2025 (October 1, 2024 to September 30, 2025) WIC Local Agency funding.

Your organization will be receiving the funding listed below:

Project	Project Contact	Project Total \$	Type of Allocation		
			Admin	Nutrition Education	Breast-feeding
Estimated General Admin Funding*	Elsa Rodriguez elsa.rodriquez2@hhs.texas.gov	\$8,749,491	X	X	X
Peer Counselor	Asia Sartor asia.sartor@hhs.texas.gov	\$731,000			X
Registered Dietitian	Stephanie Holland stephanie.holland1@hhs.texas.gov	\$95,000	X	X	X
Lactation Services	Zoe Adams zoe.adams@hhs.texas.gov	\$92,069			X
Lactation Support Center	Betzabel Botello betzabel.botello@hhs.texas.gov	\$0			X
Dietetic Internship	Melissa Mouton melissa.mouton@hhs.texas.gov	\$50,000		X	
SNAP-Ed Nutrition Education	Christine Least christine.least@hhs.texas.gov	\$22,500		X	
SNAP-Ed Breastfeeding	Anna Garcia anna.garcia@hhs.texas.gov	\$20,000			X
Extra Funding Summer Meal Program	Marissa Gregurek marissa.gregurek@hhs.texas.gov	\$0		X	
Extra Funding TXIN Internet	Tammye Farmer-Holloman tammye.farmerholloman@hhs.texas.gov	\$32,500	X		
Extra Funding Improving Participant Experience	Amber Oltmann amber.oltmann@hhs.texas.gov	\$55,000	X		

Project	Project Contact	Project Total \$	Type of Allocation		
			Admin	Nutrition Education	Breast-feeding
Extra Funding Nutrition Education	Akata Sanghani akata.sanghani@hhs.texas.gov	\$20,000		X	
Extra Funding Other	Tammye Farmer-Holloman tammye.farmerholloman@hhs.texas.gov	\$195,000	X		
Miscellaneous Projects	Tammye Farmer-Holloman tammye.farmerholloman@hhs.texas.gov	\$0	X		
Total		\$10,062,560			

*Actual General Administrative funding amount is accrued monthly based on Funding Formula Rate (FFR)\$13.20: per participant plus any earned incentives.

The Dietetic Internship funding is added based on application only, this funding will be reduced if a selection is not made for your local agency.

This notice does not relieve the agency from seeking additional approvals as required by WIC Policy.

For HHSC to track Local Agency expenditures, please submit a separate WIC invoice for reimbursement of actual allowable costs associated with each project. If the reimbursement requested amount is exceeded, the invoice will be returned to the Local Agency for correction and resubmission.

For questions regarding purchase requests, please contact WICLARRequests@hhs.texas.gov.

For questions or additional information regarding funding, please contact the assigned Project Contact listed in the table above or email the WIC Clinic Services Financial Liaison, Tammye Farmer-Holloman, at tammye.farmerholloman@hhs.texas.gov.

Sincerely,



Edgar Curtis, Texas WIC Director
Health and Human Services Commission

cc: Linda Hidalgo, Harris County Judge

Special Projects Funding and Allowable Costs

Fiscal Year 2025

Note: Not all agencies are approved for all special projects.

Peer Counselor (PC) –The purpose of Peer Counselor funds is to provide local agencies with resources to support staffing and development of Breastfeeding Peer Counselors (PCs) and the tools, equipment and associated costs needed for quality Peer Counselors. See *WIC Policy BF:03.0* for guidance on Breastfeeding Peer Counselors. This funding includes, but is not limited to:

- Salaries and fringe of PCs who assist pregnant and breastfeeding WIC participants.
- Training for PCs:
 - This may include WIC trainings, Peer Counselor monthly meeting, and trainings required by LA’s governing body if the staff sole responsibility is Peer Counseling.
 - If a PC is cross trained and acting in other roles, besides Peer Counseling, within the WIC clinic, trainings required by LA’s governing body should be bill to the Admin. invoice.
- Communication equipment to be used by the PC.
- Travel expenses PCs may incur in the course of performing their job duties or attending training and/or conferences.
- Equipment and supplies used to train PCs or used by PCs to educate clients.
- Any other expenses listed in *WIC Policy AC:17.0*.

If a PC is cross trained and acting in other roles in the WIC clinic, please allocate and bill her time accordingly to those other projects.

Allocations are made based upon the following criteria: number of pregnant and breastfeeding women served, retaining counselors established with previous discretionary funding, prevalence of serving rural and remote locations, and to support improvement of LA breastfeeding support.

Please note that all agencies are required to have a Peer Counselor on staff (*WIC Policy GA:14.0*).

Reimbursement of Peer Counselor Services requires the use of the PC Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and allocate only to the BF category as indicated under the “22. Unit Price” column.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
41		Services performed in accordance with Texas WIC			
42	Last day of the month	contract between Health and Human Services			
43	MM/DD/YY	Commission and INPUT AGENCY NAME			
46				BF	\$\$\$.\$\$
49				TOTAL	\$\$\$.\$\$
50		Contract Term: 10/1/24 - 09/30/25			
51		Contract ID: HHSXXXXXXXXXXXX			
52		Invoice ID: MMY LA## PC			
53					

NOTE: Funding is specific to each project, overbilling any of these projects is not allowed. Reimbursements requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement.

Registered Dietitian (RD) – Use this special funding for reimbursement of staff and contract RD duties and associated costs. Identify the category of expense (ADMIN, NE, or BF) to appropriately allocate funds. The following are examples of approved expenses:

ADMIN Cost Category:

- Developing, implementing, or assisting with the Quality Assurance Program (i.e., ongoing evaluation of individual counseling, nutrition education classes, clinical procedures, etc.)
- Developing and implementing the ADMIN plan for the SNAP-Ed Nutrition projects.
- Registration fees to the Commission on Dietetic Registration for staff RD. (Not an allowable expense for Contract RD unless RD is also the NE Coordinator).
- Attending continuing education opportunities for staff RD only (i.e., professional conference fees) (Not an allowable expense for Contract RD).
- Other non-NE direct service activity, i.e., staff meetings, timesheet preparation, high-risk client scheduling.

NE Cost Category:

- Providing high-risk individual counseling.
- Developing and conducting facilitated discussion nutrition education classes.
- Consultation regarding the appropriate issuance of special formulas.
- Nutrition publications and visual aids for on-the-job use.
- Developing and implementing the NE plan for special projects.
- Assisting with the implementation of Value Enhanced Nutrition Assessment (VENA).
- Providing staff training on nutrition-related topics and nutrition assessment procedures.
- Serving as preceptor for the WIC Certification Specialist Program.
- Assisting with completion of the annual *Nutrition Education and Breastfeeding Plans*.

BF Cost Category:

- Providing assistance to the participants with breastfeeding issues and concerns.
- Providing assistance to the participant with breast pump issues and concerns.

Please note the following:

- All local agencies are required to have an RD on staff or on contract (*WIC Policy GA: 14.0*).
- You must follow *Policy AC: 16.0 – Allowable Costs – Professional Contract Services*, when securing the services of an RD consultant via contract.
- Prior to contracting with the RD, the RD must submit a current copy of his/her registration card from the Commission on Dietetic Registration.

Reimbursement of Registered Dietitian Services requires the use of the RD Invoice template. As indicated below, under “20.” Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework. Reimbursement request can be allocated to ADMIN, NE, and/or BF as indicated under the “22.” Unit Price” column.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT		
41	Last day of the month MM/DD/YY	Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME					
42						Admin	\$\$\$.\$\$
43						NE	\$\$\$.\$\$
44						BF	\$\$\$.\$\$
45						TOTAL	\$\$\$.\$\$
46							
49		Contract Term: 10/1/24 - 09/30/25					
50		Contract ID: HHSxxxxxxxxxxxx					
51		Invoice ID: MMY LA## RD					
52							
53							

NOTE: Funding is specific to each project, overbilling any of these projects is not allowed. Reimbursements requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement.

Lactation Services (Lact.) – The purpose of Lactation Services funds is to provide local agencies with resources to support staffing and development of International Board-Certified Lactation Consultant (IBCLCs) and the tools and equipment needed for quality lactation consultations. This funding can be used for full-time or contract WIC employees. See *WIC Policy AC:16.0* for guidance on requirements for professional contracts.

LS funding may be used for:

- Lactation consultations provided by staff or contract IBCLC and includes breastfeeding promotion and support work that occurs outside of normal working hours if applicable.
- Fees for local agency staff to pursue the IBCLC credential. This includes preparation and exams costs such as: prerequisite courses, prep courses, study materials and fee for the International Board of Lactation Consultant Examiners (IBLCE) exam. See www.iblce.org for more information.
- Supplies that would complement lactation consultations such as nipple shields and shells, nursing bras, breast pump flanges, and supplemental nursing systems.
- Reference books and teaching aids such as breastfeeding dolls, breast models, and any teaching tools or supplies needed to create teaching tools that support breastfeeding education.
- Furniture and supplies to establish a room to be used for lactation consultations and as a private place for mothers to nurse and pump. Examples include comfortable chairs, pillows, stools, side table, lamps, desk and chair for staff, and dividers for privacy.
- Equipment (i.e., webcams) to facilitate breastfeeding teleconsultations.
- Other innovative expenditures that are approved on a case-by-case basis by the State Agency.

LS funds should not be used for general breastfeeding promotion or educational reinforcement items that include a breastfeeding promotion or education message such as pencils, magnets, stickers, water bottles, etc.

Please note the following:

- All local agencies are required to have an IBCLC on staff or on contract (*WIC Policy GA: 14.0*).

- Follow *WIC Policy AC: 16.0 – Allowable Costs – Professional Contract Services*, when securing the services of an IBCLC via contract.

Reimbursement of Lactation Services requires the use of the LS Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and allocate only to the BF category as indicated under the “22. Unit Price” column.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
41	Last day of the month MM/DD/YY	Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME				
42						
43						
44						
45					BF	\$\$\$.\$\$
46						
47						
48		Contract Term: 10/1/24 - 09/30/25		TOTAL	\$\$\$.\$\$	
49		Contract ID: HHSxxxxxxxxxxxx				
50		Invoice ID: MMY LA## Lact				
51						
52						
53						

NOTE: Funding is specific to each project, overbilling any of these projects is not allowed. Reimbursements requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement.

Lactation Support Center (LSC) – LSC funding is used to support operations for the Lactation Support Centers (LSCs). The purpose of the LSCs is to provide education, support, and breastfeeding assistance to pregnant and breastfeeding WIC mothers. The LSCs also serve as training centers for WIC local agency staff and other community health care providers to receive clinical experience in working with breastfeeding mothers.

The LSCs are staffed by a full-time manager, a minimum of one Registered Nurse, IBCLCs and Peer Counselors. Funding is used to support lactation consults with WIC moms and training programs such as the Clinical Lactation Practicum (CLP) which supports preparation for WIC staff to prepare for the IBLCE exam. Funding is also provided for supplies that complement lactation consults such as nipple shields, shells, nursing bras and supplemental nursing systems. LSCs also provide community education and outreach activities to promote and support breastfeeding and the use of the lactation center in the community.

Reimbursement of Lactation Support Centers requires the use of the LSC Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and allocate only to the BF category as indicated under the “22. Unit Price” column.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
41	Last day of the month MM/DD/YY	Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME				
42						
43						
44						
45					BF	\$\$\$.\$\$
46						
47						
48		Contract Term: 10/1/24 - 09/30/25		TOTAL	\$\$\$.\$\$	
49		Contract ID: HHSxxxxxxxxxxxx				
50		Invoice ID: MMY LA## LSC				
51						
52						
53						

NOTE: Funding is specific to each project, overbilling any of these projects is not allowed. Reimbursements requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement.

Dietetic Internship (DI) – This pertains to funding for local agencies that have an employee participating in the Texas WIC Dietetic Internship.

- The intern's regular salary continues to be a WIC allowable expense throughout the eight months of the internship. Continue to pay the employee as you normally would.
- Assistance for hiring a replacement employee:
 - Local Agencies (LA) with staff participating in the Texas WIC Dietetic Internship can request funding in an amount up to 90% of the intern's salary and benefits (this percentage may change from year to year, depending on the State WIC NECS unit director's discretion.)
 - The purpose of the replacement employee funding is to off-set the cost of hiring a temporary replacement to fill-in while the intern is completing the internship for seven months (January through July).
 - In-order-to receive this extra funding, the LA will need to hire a replacement employee, but if a replacement is not hired, the State Agency will not provide this funding.
- Assistance for intern's expenses:
 - Upon request, the State Agency will also provide \$1,500 to the LA exclusively for reimbursing the intern for travel and other expenses related to the internship (books, etc.).
 - If requesting this funding, the LA is required to use this \$1,500 to reimburse the intern for expenses.
 - The LA may provide additional reimbursement to the intern, over the \$1,500, at LA discretion, from the LA's existing budget if funds available.
 - All internship expenses are "WIC Allowable."
- Funding Process:
 - To receive the Dietetic Internship funding described above, complete and submit the financial assistance request form. The dietetic internship director will provide this form to the LA director once an employee is accepted into the internship.
 - Funding of \$50,000 will be included in the WIC Initial funding letter for all applicants to the DI Program. However, once the candidates are selected, the SA will adjust the funding to align with the submitted and approved financial assistance request forms. Local agencies whose applicants were not selected would see a removal of the initial \$50,000 funding in their ensuing Revised Notice of Funding.
 - Bill for the \$1,500 intern expenses (travel, books, etc.) and for the replacement employee funds, on a separate invoice.
 - Label the invoice: "DI" and allocate the expenses to the Nutrition Education (NE) category.

Reimbursement of Dietetic Internship requires the use of the DI Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and allocate to NE category as indicated under the “22. Unit Price” column

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
41	Last day of the month MM/DD/YY	Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME		NE	\$\$\$.\$\$	
42						
43						
44						
45						
49		Contract Term: 10/1/24 - 09/30/25		TOTAL	\$\$\$.\$\$	
50		Contract ID: HHSXXXXXXXXXXXX				
51		Invoice ID: MMY LA## DI				
52						
53						

NOTE: Funding is specific to each project, overbilling any of these projects is not allowed. Reimbursements requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement.

SNAP-Ed - SNAP-Ed projects will focus obesity prevention activities through nutrition education and breastfeeding initiatives for WIC and SNAP-eligible populations. SNAP-Ed funds may be used for expenses detailed in your accepted project budget. These may include salaries and fringe benefits of WIC staff members for time spent planning, developing, or implementing SNAP-Ed activities. SNAP-Ed funds may also be used for nutrition education reinforcement items (\$5 or less per item.) [SNAP-Ed Resources for Local Agencies \(egnyc.com\)](#) contains additional information, including *Texas WIC SNAP-Ed Guidance*, *USDA SNAP-Ed Guidance* and *USDA Financial and Cost Policy*, which includes a detailed list of SNAP-Ed allowable costs. Submit a separate invoice for each project.

Reimbursement of SNAP-Ed requires the use of the SNAP-Ed [Invoice Template](#). As indicated below, under the “20. Description of Goods or Services” column in the “Invoice ID” section, select from the dropdowns; 1) CHOOSE ID name, and 2) the specific “Project:”. Allocation of costs should be one of the cost categories listed under the “22. Unit Price” column as indicated in your accepted project budget.

Step 1) Choose ID.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
41	Last day of the month mm/dd/yy	Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME		Salary	\$\$\$.\$\$	
42				Fringe Benefits	\$\$\$.\$\$	
43				Contracts/SubGrants/Agre	\$\$\$.\$\$	
44				NonCap Equip/Office Supp	\$\$\$.\$\$	
45				Nutritional Edu. Materials	\$\$\$.\$\$	
46				Travel	\$\$\$.\$\$	
47				Bldg Space Lease/Rental	\$\$\$.\$\$	
48				Public Owned Bldg Space	\$\$\$.\$\$	
49				Maintenance/Repair	\$\$\$.\$\$	
50			Contract Term: 10/1/24 - 09/30/25		Insttitl Membership/Subsc	\$\$\$.\$\$
51			Contract ID: HHSXXXXXXXXXXXX		Equipmt/Capital Expendit	\$\$\$.\$\$
52			Invoice ID: MMY LA## SNAP-Ed -	CHOOSE	Indirect Cost	\$\$\$.\$\$
53			CHOOSE	TOTAL	\$0.00	
54		Project: CHOOSE FROM THE D	BF			
55			NE			
56	24. CONTRACTOR CERTIFICATION		code and numb	25. Entered by		

Step 2) Choose Project.
June 2024

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
41	Last day of the month mm/dd/yy	Services performed in accordance with Texas WIC contract between Health and Human Services Commision and INPUT AGENCY NAME Contract Term: 10/1/24 - 09/30/25 Contract ID: HHSxxxxxxxxxxxx Invoice ID: MMY LA## SNAP-Ed - CHOOSE		Salary	\$\$\$.\$\$
42				Fringe Benefits	\$\$\$.\$\$
43				Contracts/SubGrants/Agre	\$\$\$.\$\$
44				NonCap Equip/Office Supp	\$\$\$.\$\$
45				Nutritional Edu. Materials	\$\$\$.\$\$
46				Travel	\$\$\$.\$\$
47				Bldg Space Lease/Rental	\$\$\$.\$\$
48				Public Owned Bldg Space	\$\$\$.\$\$
49				Maintenance/Repair	\$\$\$.\$\$
50				Institl Membership/Subsc	\$\$\$.\$\$
51				Equipmt/Capital Expendit	\$\$\$.\$\$
52				Indirect Cost	\$\$\$.\$\$
53					TOTAL
54	Project:	CHOOSE FROM THE DROP DOWN			
55	24. CONTRACTOR CERTIFICATION	CHOOSE FROM THE DROP DOWN	code and numb	25. Entered by	
56		SNAP-ED-Breastfeeding Initiative (BF)			
57	Contractor Contact Name and Title	SNAP-ED-Nutrition Education Initiative (NE)	code and numb	Date	
58					

NOTE: Funding is specific to each project, overbilling any of these projects is not allowed. Reimbursements requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement. Do not alter cost categories.

EXTRA Funding

- **WIC Summer Meals Program (SMP)** – This special funding is for reimbursement of WIC SMP allowable costs. Funding is designed to assist with incidental expenses that may include hiring temporary staff to help implement the nutrition education support program, purchasing non-consumable supplies such as trash cans, trash can liners, portable tables and chairs, reusable table covers, etc.
- **TXIN Internet** – All internet related costs associated with keeping the TXIN system online with an internet service provider.

Allowable costs include, but are not limited to:

- Internet service fees
 - Cradle points (not paid by the state agency)
 - Fiber optics
 - Wi-Fi
 - MiFi and hotspots (includes cell phone fees if used for hotspots)
 - Cabling, modem, router
- **Extra Nutrition Education (NE)** – The cost of technology, equipment, and reinforcement items associated with providing nutrition education outside of Registered Dietitian and SNAP-Ed nutrition education activities.
 - **Improving the Participant Experience (IPE)** – IPE funding is intended to be used to enhance and redesign clinic spaces with the goal of creating a positive client experience and a unified visual brand for Texas WIC.

Allowable costs include, but are not limited to:

- Paint and flooring
- Furniture
- Canvas Art
- Lighting, ceiling tiles, internal finishes
- Signage (indoor and outdoor)
- Toys

IPE Funded Project Requirements:

- Use State Agency developed design themes which include color palette, furniture style, decor, etc. in your clinic upgrade to align with the goals of the IPE project. Please refer to the Texas WIC Design Guidelines and Catalog, located in Egnyte [Special Projects/IPE](#) .
 - Submit all required project data for each site with FY25 Funding Survey.
 - Provide a justification for clinic enhancements or repairs.
 - Submit floor plans of spaces to be improved.
 - Upload "before" photos of the clinic spaces to your Local Agency Sharing Site folder or email the photos to doreen.laduca@hhs.texas.gov and amber.oltman@hhs.texas.gov.
 - Obtain a professional design consultation with Jordan Michael Design, as needed.
 - Submit IPE project approval requests to WICLARRequests@hhs.texas.gov for projects over \$5,000 and when using items not included in the Texas WIC Design Guidelines and Catalog.
 - Submit "after" photos within 30 days of project completion.
 - Adhere to all WIC accounting policies regarding obtaining state agency/USDA approvals.
 - Encumber all FY25 IPE funds by September 30, 2025.
 - Submit final invoices to the state agency by December 29, 2025.
- **Extra Other** – All costs associated with the following subcategories:
 - **Computers / Cell phones** – Includes the hardware and its immediate peripherals. Does not include ongoing monthly fees.
 - **Conference / Trainings** – Associated with the staff's position description.
 - **One-time IT Services** – Includes IT installation, set-up, repairs. Does not include IT salaries and ongoing IT fees.
 - **Outreach items / Media**
 - **Signature pads, EBT readers / writers**
 - **Two-way texting**
 - **Vehicles** – Includes the purchase of new vehicles and its WIC branded wrapping. Does not include ongoing maintenance, repairs, and parts.

Reimbursement invoices for Extra Funding Projects can be billed on one Extra Funding Invoice. Identify the project (SMP, TXIN Internet, IPE, Extra NE, and Other) by listing the Projects' names under the "22. Unit Price" column along with its corresponding expense under the

“Amount” column. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
41		Services performed in accordance with Texas WIC			
42	<i>Last day of the month</i>	contract between Health and Human Services			
43	MM/DD/YY	Commission and INPUT AGENCY NAME		SMP NE	\$\$\$.\$\$
44				Internet	\$\$\$.\$\$
45				NE	\$\$\$.\$\$
46				IPE	\$\$\$.\$\$
47				Other	\$\$\$.\$\$
49				TOTAL	\$0.00
50		Contract Term: 10/1/24 - 09/30/25			
51		Contract ID: HHSxxxxxxxxxxxx			
52		Invoice ID: MMY LA## EXTRA			
53					

NOTE: Funding is specific to each project, overbilling any of these projects is not allowed. Reimbursements requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement.

All funding is awarded with the understanding that any procurements using these funds will be in compliance with the Texas Grants Management Standards (TXGMS) <https://comptroller.texas.gov/purchasing/grant-management/>, WIC policies, and the Federal Uniform Grant Guidance (UGG) 2 Part 200. This letter is approval for funding only. **Please be advised that funding of your project does not relieve you of the responsibility to seek state agency approval for specific dollar threshold on supplies, equipment and services being procured.** Refer to the WIC Policies located on <https://www.hhs.texas.gov/providers/wic-providers/wic-policy-procedures-manual>.

If your local agency is unable to utilize allocated funds in the special projects within the budgeted year, please contact the program lead.

FY25 TXIN Hardware Specifications and Costs

October 1, 2024

NOTE: All computers should be telehealth capable with Windows 11 Pro.

Business Class Laptop	Cost
Intel i5 (or equivalent - minimum)	
16GB Memory	
256GB solid-state drive (SSD)	
15+ inch FHD (1920 x 1080)	
Ethernet/WiFi/Camera/Microphone	
4-year next business day (NBD) warranty	
4-year accidental damage coverage	\$1900.00

Business Class Desktop	Cost
Intel i5 (or equivalent - minimum)	
16GB Memory	
256GB solid-state drive (SSD)	
Ethernet/WiFi/Camera/Microphone	
4-year next business day (NBD) warranty	\$1200.00

Business Class Tablet	Cost
Intel i5 (or equivalent - minimum)	
16GB Memory	
12+ inch touchscreen	
256GB solid-state drive (SSD)	
Keyboard (detachable, acts as screen cover)	
WiFi/Camera/Microphone	
4-year next business day (NBD) warranty	
4-year accidental damage coverage	\$1900.00

Peripherals	Cost
Tablet dock	\$350.00
Laptop dock	\$350.00
Active stylus	\$90.00
1080P Webcam/microphone	\$70.00
Wireless keyboard and mouse	\$80.00
Laptop/tablet bag	\$100.00
24-inch LCD monitor	\$300.00
Cradlepoint mobile router w/ WIFI	\$750.00
REINER SCT cyberJack USB card reader NOTE: email sales@solisystems.com or rome.jette@solisystems.com to request a quote. Please include a contact name and phone number, Local Agency name and shipping address, and quantity needed.	\$300.00
Wacom STU-430 USB Signature Pad, Pen	\$300.00

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is computer usage < 25%?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does not require annual Cybersecurity training if "Yes"

SECTION II – REASON FOR REQUEST

WIC Grant Renewal Position Extensions

SECTION III – PROPOSED EFFECTIVE DATE

Proposed Effective Date	<u>10/5/24</u>	Date must be the beginning of a pay period. For requests requiring Commissioners Court approval, the earliest effective date will be the first pay period after approval.
Grant Effective Date	From: <u>10/01/2024</u> To: <u>9/30/25</u>	

SECTION IV – POSITION DATA

Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i>	Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i>
Position Title	Number of Positions
Job Code Number	Position Title (30 Spaces Maximum)
Job Code Description	Job Code Number
Position Number	Job Code Description
Company (CS, FC, HC, JV or PA)	Position Number (HRRM Use Only)
Business Unit	Company (CS, FC, HC, JV or PA)
Home Department ID Number	Business Unit
Location	Home Department ID Number
Full Time, Part Time or Temporary	Location
Budgeted Hours	Full Time, Part Time or Temporary
Salary Range Maximum	Budgeted Hours
FLSA Code	Salary Range Maximum
Reports To Position Number	FLSA Code
Fund Code	Reports To Position Number
Funding Department ID Number	Fund Code
Account (Same for all Business Units)	Funding Department ID Number
Business Unit PC (Projects or Grants only)	Account (Same for all Business Units)
Project/Grant (Projects or Grants only)	Business Unit PC (Projects or Grants only)
Activity ID (Projects or Grants only)	Project/Grant (Projects or Grants only)
	Activity ID (Projects or Grants only)

<p style="font-size: 1.2em; font-weight: bold;">Richard A. Williams</p>	<p>Digitally signed by Richard A. Williams Date: 2024.08.05 09:26:00 -05'00'</p>	<p style="font-size: 1.2em; font-weight: bold;">8/5/24</p>
<p>Business Unit Approval (Business Unit Head or Designee)</p>	<p>Date</p>	

CSR, WIC	000155	Customer Service Reps II	10006047	27500	27550030	DEFAULT	F	40.00	19.520000	N	10005602	2601	27550030	PH001	FY24_WIC_ADMIN	10001	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_ADMIN	10001
CSR, WIC	000154	Customer Service Reps I	10006048	27500	27550030	883A000	F	40.00	18.100000	N	10005602	2601	27550030	PH001	FY24_WIC_ADMIN	10002	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_ADMIN	10002
CSR, WIC	000155	Customer Service Reps II	10006049	27500	27550030	883A000	F	40.00	19.520000	N	10005602	2601	27550030	PH001	FY24_WIC_ADMIN	10002	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_ADMIN	10002
CSR, WIC	000155	Customer Service Reps II	10006050	27500	27550030	DEFAULT	F	40.00	19.520000	N	10005602	2601	27550030	PH001	FY24_WIC_ADMIN	10002	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_ADMIN	10002
CSR, WIC	000155	Customer Service Reps II	10006051	27500	27550030	DEFAULT	P	30.00	19.520000	N	10006011	2601	27550030	PH001	FY24_WIC_ADMIN	10001	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_ADMIN	10001
CSR, WIC	000155	Customer Service Reps II	10006055	27500	27550030	883A000	F	40.00	19.520000	N	10005602	2601	27550030	PH001	FY24_WIC_ADMIN	10002	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_ADMIN	10002
Tech, Logistics & Fleet	000144	Courier	10006087	27500	27555020	DEFAULT	F	40.00	29.910000	N	10005595	2601	27550030	PH001	FY24_WIC_ADMIN	10001	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_ADMIN	10001
Spec, Lactation-WIC	000334	Specialist III	10005507	27500	27550030	883A000	F	40.00	42.750000	1	10005536	2601	27550030	PH001	FY24_WIC_LS	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_LS	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005808	27500	27550030	883A000	F	40.00	22.740000	N	10005610	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005810	27500	27550030	883A000	F	40.00	22.740000	N	10005632	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005813	27500	27550030	883A000	F	40.00	22.740000	N	10005611	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005814	27500	27550030	883A000	F	40.00	22.740000	N	10005512	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005816	27500	27550030	DEFAULT	F	40.00	22.740000	N	10005539	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005818	27500	27550030	883A000	F	40.00	22.740000	N	10005614	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005838	27500	27550030	883A000	F	40.00	22.740000	N	10005628	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005847	27500	27550030	883A000	F	40.00	22.740000	N	10005632	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Peer Counselor, WIC	000116	Client Service Specialist	10005848	27500	27550030	883A000	F	40.00	22.740000	N	10005607	2601	27550030	PH001	FY24_WIC_PC	10004	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_PC	10004
Specialist, Reg Dietitian-WIC	000334	Specialist III	10005458	27500	27550030	DEFAULT	F	40.00	42.750000	1	10006010	2601	27550030	PH001	FY24_WIC_RD	10001	9/30/2024	10/5/2024	10/1/2024	9/30/2025	FY25_WIC_RD	10001