



# HARRIS COUNTY, TEXAS

Office of Management and Budget 1001 Preston; Suite 500 Houston, TX 77002 713-274-1135

Grants Coordination Section - Conveyance Form Application ☐ Award ☒

Department Name / Number

DUNs

Grant Title

Public Health Services - 275	JFMKAENLGN81	WIC - '22/23
<b>Funding Source:</b> U.S. Department of Agriculture: CFDA# 10.557		<b>Grant Agency:</b> Texas Health and Human Services Commission
<b>Program Year:</b> 40 th		<b>Program Ending:</b>
<b>Grant Begin Date:</b> 10/01/2022		<b>Grant End Date:</b> 09/30/2023
<b>Grant Org. Key:</b>		<b>If applicable, Prior Year Org. Key:</b> 10000100000114%

### Grant Description:

Funded by the U.S. Department of Agriculture via the Texas Health and Human Services Commission, the objectives of the Women, Infants and Children (WIC) Program are to provide low-income pregnant, breastfeeding and postpartum women, infants, and children up to age five who are determined to be at nutritional risk, with supplemental nutritious foods, nutrition education, and referrals to health care providers, at no cost to the clients.

	Total Budget	Grant Funded	County Funded
Salary & Benefits	\$5,638,517.00	\$5,638,517.00	\$0.00
Non-Labor	\$2,495,876.00	\$2,495,876.00	\$0.00
Sub Tot. Incremental Cost	\$8,134,393.00	\$8,134,393.00	\$0.00
Indirect Cost	\$0.00	\$0.00	\$0.00*
<b>TOTALS</b>	<b>\$8,134,393.00</b>	<b>\$8,134,393.00</b>	<b>\$0.00</b>

\* under development

Full Time Equivalent Positions

99.00

Date Guidelines are Available

% of Positions Paid by Grant

100.00 %

Grant Submittal Deadline Date

### Grant Discussion:

The application for this award was not presented to Commissioners Court for approval. The budget for the WIC award is based on cost reimbursement, but scaled for other factors such as the unit cost, number of participants served, incentives met, and other services such as breastfeeding. The award provides for up to \$8,134,393 for a twelve-month budget period for WIC operations. PHS has discretion as to how it will allocate these funds, which are typically allocated primarily to salaries and services. Note: The allocations shown on this form are estimates based on previous budgets.

### County Funded Cost Projection

Year	Required	Discretionary
2023	-	-
2024	-	-
2025	-	-
2026	-	-
2027	-	-

Completed by :

Cadow, Eric

Date :

Reviewed by :

Date :

ORDER OF COMMISSIONERS COURT  
Authorizing Request to Approve a Funding Notification

The Commissioners Court of Harris County, Texas, convened at a meeting of said Court at the Harris County Administration Building in the City of Houston, Texas, on \_\_\_\_\_, 2022, with all members present except \_\_\_\_\_.

A quorum was present. Among other business, the following was transacted:

**ORDER AUTHORIZING REQUEST TO APPROVE A FUNDING NOTIFICATION  
FROM THE TEXAS HEALTH AND HUMAN SERVICES COMMISSION**

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:

Vote of the Court	<u>Yes</u>	<u>No</u>	<u>Abstain</u>
Judge Hidalgo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ellis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Garcia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Ramsey, P.E.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comm. Cagle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The County Judge thereupon 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 County Judge is hereby authorized to execute for and on behalf of Harris County a Request to approve a Funding Notification from the Texas Health and Human Services Commission for the purpose of notifying the County of funding for FY 2023. The Funding Notification is incorporated herein as though fully set forth word for word.

All Harris County officials and employees are authorized to do any and all things necessary or convenient to accomplish the purposes of this order.

**INTERNAL SIGNATURE PAGE**

FOR FUNDING NOTIFICATION FROM THE TEXAS HEALTH AND HUMAN  
SERVICES COMMISSION AWARD # HHS000804400001

**Approved:**

By: \_\_\_\_\_  
Lina Hidalgo  
County Judge  
Date Signed: \_\_\_\_\_

**Approved as to Form:**

Christian D. Menefee  
County Attorney

By: Sam Kirchhoff  
Sam Kirchhoff  
Assistant County Attorney  
CA File: 22GEN3273

**Approved:**

By: \_\_\_\_\_  
Barbie L. Robinson, MPP, JD, CHC  
Executive Director  
Harris County Public Health  
Date Signed: \_\_\_\_\_



July 1, 2022

Dr. Ericka Brown, 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 2023 (October 1, 2022 to September 30, 2023) 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 <a href="mailto:elsa.rodriquez2@hhs.texas.gov">elsa.rodriquez2@hhs.texas.gov</a>	\$7,203,280	X	X	X
Peer Counselor	Asia Sartor <a href="mailto:asia.sartor@hhs.texas.gov">asia.sartor@hhs.texas.gov</a>	\$653,000			X
Registered Dietitian	Stephanie Holland <a href="mailto:stephanie.holland1@hhs.texas.gov">stephanie.holland1@hhs.texas.gov</a>	\$95,000	X	X	X
Lactation Services	Ngoc Huynh <a href="mailto:ngoc.huynh@hhs.texas.gov">ngoc.huynh@hhs.texas.gov</a>	\$107,970			X
Lactation Support Center	Betzabel Botello <a href="mailto:betzabel.botello@hhs.texas.gov">betzabel.botello@hhs.texas.gov</a>	-			X
Innovation Center	Juliette Coronado <a href="mailto:Juliette.Coronado@hhs.texas.gov">Juliette.Coronado@hhs.texas.gov</a>	-	X	X	
Dietetic Internship	Melissa Mouton <a href="mailto:melissa.mouton@hhs.texas.gov">melissa.mouton@hhs.texas.gov</a>	\$45,123		X	
SNAP-Ed Nutrition on the Go	Beatrice Watson (NGO) <a href="mailto:beatrice.watson@hhs.texas.gov">beatrice.watson@hhs.texas.gov</a>	-		X	
SNAP-Ed Health Care Providers	Lindsey Gray (HCP) <a href="mailto:Lindsey.Gray@hhs.texas.gov">Lindsey.Gray@hhs.texas.gov</a>	-		X	
SNAP-Ed Peer Text	Asia Sartor (Peer Text) <a href="mailto:asia.sartor@hhs.texas.gov">asia.sartor@hhs.texas.gov</a>	-			X
SNAP-Ed Obesity Prevention	Stephanie Holland <a href="mailto:stephanie.holland1@hhs.texas.gov">stephanie.holland1@hhs.texas.gov</a>			X	

Project	Project Contact	Project Total	Type of Allocation		
			Admin.	Nutrition Education	Breast-feeding
SNAP-Ed Breastfeeding	Ngoc Huynh <a href="mailto:ngoc.huynh@hhs.texas.gov">ngoc.huynh@hhs.texas.gov</a>	\$26,720			X
Extra Funding Summer Food Program	Beatrice Watson <a href="mailto:beatrice.watson@hhs.texas.gov">beatrice.watson@hhs.texas.gov</a>	-	X		
Extra Funding TXIN Internet	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$3,300	X		
Extra Funding Improving Participant Experience	Kara Nemethy <a href="mailto:kara.nemethy@hhs.texas.gov">kara.nemethy@hhs.texas.gov</a>	-	X		
Extra Funding Other	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	-	X		
Other Projects	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	-	X		
<b>Total FY2023 Funding:</b>		<b>\$8,134,393</b>			

\* Actual General Administrative funding amount is accrued monthly based on Funding Formula Rate (FFR): \$12.69 per participant plus any earned incentives.

For HHSC to track Local Agency expenditures, please submit a separate WIC invoice for reimbursement of actual (i.e., incurred), allowable costs associated with each project. If the allocation amounts on special projects are exceeded, the invoice will be returned to the Local Agency for correction and resubmission.

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

For questions regarding purchase requests, please contact Belinda Saunders at [belinda.saunders@hhs.texas.gov](mailto:belinda.saunders@hhs.texas.gov) or [WICLARRequests@hhs.texas.gov](mailto: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](mailto:tammye.farmerholloman@hhs.texas.gov).

Sincerely,



Edgar Curtis  
Texas WIC Director  
Health and Human Services Commission

cc: Linda Hidalgo, Harris County Judge

## POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health 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 additional office space required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

### SECTION II – REASON FOR REQUEST

Extend Grant Funded Positions

### SECTION III – PROPOSED EFFECTIVE DATE

Proposed Effective Date	<u>09/24/2022</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>10/1/2022</u> To: <u>9/30/2023</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>	
		Number of Positions	
Position Description (Title)	See Attached Position List	Position Description (Title-30 Spaces Max)	
Job Code Description		Job Code Description	
Position Number		Position Number (HRRM Use Only)	
Company (CS, FC, HC, JV or PA)	HC	Company (CS, FC, HC, JV or PA)	
Business Unit	27500	Business Unit	
Home Department ID Number	27550030	Home Department ID Number	
Location		Location	
Full Time, Part Time or Temporary		Full Time, Part Time or Temporary	
Budgeted Hours		Budgeted Hours	
Salary Range Maximum		Salary Range Maximum	
FLSA Code		FLSA Code	
Reports To Position Number	100006011	Reports To Position Number	
Fund Code	2601	Fund Code	
Funding Department ID Number	27550030	Funding Department ID Number	
Account (Same for all Business Units)	510010	Account (Same for all Business Units)	510010
Business Unit PC (Projects or Grants only)	PH001	Business Unit PC (Projects or Grants only)	
Project/Grant (Projects or Grants only)	100001000001141	Project/Grant (Projects or Grants only)	
Activity ID (Projects or Grants only)	10001	Activity ID (Projects or Grants only)	
Resource Type (Not currently used)		Resource Type (Not currently used)	

**Richard Williams**

Digitally signed by Richard Williams  
DN: cn=Richard Williams, o=Harris County Public Health, ou=Financial Services,  
email=Richard.Williams@phs.hctx.net, c=US  
Date: 2022.08.22 14:19:23 -05'00'

**08/22/2022**

Business Unit Approval (Business Unit Head or Designee)

Date



Position Number	Title	Business Unit	Home Department ID Number	Funding Department ID Number	Fund	Account	FLSA Code	Salary Range Maximum	FTE	Job Code	Job Code Description	Reports To	Location	Reg/T	Emp/Part	Budgeted Hours	Project	Activity	New Activity Code	PC Bus	Effective Date	Grant Start Date	Grant End Date	New project Id
10005359	Director, Prgm-WIC	27500	27550030	27550030	2601	510010	1	68.01	1.000000	000527	Director III	10024059	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005458	Specialist, Vacant	27500	27550030	27550030	2601	510010	1	39.71	1.000000	000334	Specialist III	10005355	DEFAULT	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005464	Mgr, Tech-WIC	27500	27550030	27550030	2601	510010	1	32.15	0.000000	000531	Manager II	10024059	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005510	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	0.000000	000283	Nutritionist I	10005613	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005512	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	1.000000	000283	Nutritionist I	10005624	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005514	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	1.000000	000283	Nutritionist I	10005628	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005515	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	1.000000	000283	Nutritionist I	10005628	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005516	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	1.000000	000283	Nutritionist I	10005604	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005517	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	1.000000	000283	Nutritionist I	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005518	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	1.000000	000283	Nutritionist I	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005535	Dietician Spec, WIC	27500	27550030	27550030	2601	510010	1	49.07	1.000000	000284	Nutritionist II	10024059	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005536	BF Coord, WIC	27500	27550030	27550030	2601	510010	1	49.07	1.000000	000284	Nutritionist II	10005664	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005538	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	0.000000	000283	Nutritionist I	10006011	DEFAULT	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005539	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	1.000000	000283	Nutritionist I	10005535	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_RD
10005602	Supv, Call Ctr-WIC	27500	27550030	27550030	2601	510010	1	26.56	1.000000	000544	Supervisor II	10005664	883A000	R	F	40.00	100001000001141	10001	10003	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005604	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	32.15	1.000000	000545	Supervisor III	10005632	883A000	R	F	40.00	100001000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005605	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	26.56	0.000000	000544	Supervisor II	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005607	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	26.56	1.000000	000544	Supervisor II	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005609	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	32.15	1.000000	000545	Supervisor III	10005535	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005610	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	32.15	1.000000	000545	Supervisor III	10005628	DEFAULT	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005611	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	32.15	1.000000	000545	Supervisor III	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005612	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	32.15	1.000000	000545	Supervisor III	10005628	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005613	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	26.56	0.000000	000544	Supervisor II	10005628	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005614	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	26.56	0.000000	000544	Supervisor II	10005606	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005624	Supv, Site Nutr-WIC	27500	27550030	27550030	2601	510010	1	26.56	1.000000	000544	Supervisor II	10005628	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005628	Supv, Field Nutr-WIC	27500	27550030	27550030	2601	510010	1	32.15	1.000000	000545	Supervisor III	10005664	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005632	Supv, Field Nutr-WIC	27500	27550030	27550030	2601	510010	1	32.15	1.000000	000545	Supervisor III	10005664	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005650	Training Coord, WIC	27500	27550030	27550030	2601	510010	N	35.77	0.000000	000138	Coordinator III	10004541	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005664	Asst Director, Prgm-WIC	27500	27550030	27550030	2601	510010	1	54.22	1.000000	000509	Assistant Director II	10024059	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005828	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005612	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005829	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005832	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005517	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005834	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005517	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005835	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005610	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005844	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005604	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005849	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	15.43	0.000000	000279	Nutrition Assistant I	10005604	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005855	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005856	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005611	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005862	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005517	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005864	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	0.000000	000280	Nutrition Assistant II	10006011	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005869	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005607	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005870	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	24.49	1.000000	000281	Nutrition Assistant III	10005607	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005875	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005628	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005880	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005632	883A000	R	F	40.00	100001000001141	10001		PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10005887	Clerk, Clinic WIC	27500	27550030	27550030	2601	510010	N	19.44	1.000000	000280	Nutrition Assistant II	10005604	883A000	R	F	40.00								

10006041	CSR, WIC	27500	27550030	27550030	2601	510010	N	18.00	1.000000	000155	Customer Service Reps II	10005602	883A000	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006043	CSR, WIC	27500	27550030	27550030	2601	510010	N	16.68	1.000000	000154	Customer Service Reps I	10005602	883A000	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006044	CSR, WIC	27500	27550030	27550030	2601	510010	N	18.00	1.000000	000155	Customer Service Reps II	10005602	DEFAULT	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006045	CSR, WIC	27500	27550030	27550030	2601	510010	N	16.68	1.000000	000154	Customer Service Reps I	10005602	883A000	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006048	CSR, WIC	27500	27550030	27550030	2601	510010	N	16.68	1.000000	000154	Customer Service Reps I	10005602	883A000	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006049	CSR, WIC	27500	27550030	27550030	2601	510010	N	18.00	1.000000	000155	Customer Service Reps II	10005602	883A000	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006050	CSR, WIC	27500	27550030	27550030	2601	510010	N	18.00	1.000000	000155	Customer Service Reps II	10005602	DEFAULT	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006055	CSR, WIC	27500	27550030	27550030	2601	510010	N	18.00	0.000000	000155	Customer Service Reps II	10006011	883A000	R	F	40.00	1000010000001141	10001	10002	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN
10006087	Tech, Logistics & Fleet	27500	27555020	27550030	2601	510010	N	27.71	1.000000	000144	Courier	10005595	DEFAULT	R	F	40.00	1000010000001141	10001	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN	
10005808	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	1.000000	000267	Medical Assistant II	10005610	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005810	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	1.000000	000116	Client Service Specialist	10005607	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005813	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	1.000000	000116	Client Service Specialist	10005612	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005814	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	1.000000	000116	Client Service Specialist	10005624	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005816	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	0.000000	000267	Medical Assistant II	10006011	DEFAULT	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005818	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	1.000000	000116	Client Service Specialist	10005628	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005838	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	0.000000	000116	Client Service Specialist	10006011	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005847	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	0.000000	000116	Client Service Specialist	10006011	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005848	Peer Counselor, WIC	27500	27550030	27550030	2601	510010	N	21.01	0.000000	000116	Client Service Specialist	10006011	883A000	R	F	40.00	1000010000001143	10001	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_PC
10005507	Spec, Lactation-WIC	27500	27550030	27550030	2601	510010	1	39.71	1.000000	000334	Specialist III	10005536	883A000	R	F	40.00	1000010000001144	10004	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_LS	
10005520	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	0.000000	000283	Nutritionist I	10006011	883A000	R	F	40.00	1000010000000775	10001	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN	
10005521	Nutritionist, WIC	27500	27550030	27550030	2601	510010	1	27.71	0.000000	000283	Nutritionist I	10006011	883A000	R	F	40.00	1000010000000775	10001	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN	
10006047	CSR, WIC	27500	27550030	27550030	2601	510010	N	18.00	0.000000	000155	Customer Service Reps II	10006011	DEFAULT	R	F	40.00	1000010000000775	10001	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN	
10006051	CSR, WIC	27500	27550030	27550030	2601	510010	N	18.00	0.000000	000155	Customer Service Reps II	10006011	DEFAULT	R	F	40.00	1000010000000775	10001	PH001	9/24/2022	10/1/2022	9/30/2023	FY23_WIC_ADMIN	



# Special Projects Funding and Allowable Costs

## Fiscal Year 2023

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

**Peer Counselor (PC)** – A PC's qualifications must include: (1) previously or currently enrolled in WIC, (2) have breastfed or is currently breastfeeding at least one of her children, and (3) completes appropriate training prior to serving as PC to participants. 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 breastfeeding rates.

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

**Reimbursement of PC Services should be submitted on its own unique invoices. As indicated below, under "20. Description of Goods and Service" column, if possible, please use the indicated Invoice ID framework and allocated only to the BF category as indicated under the "22. Unit Price" column.**

19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SER	21. QUANTITY	UNIT PRICE	23. AMOUNT
Last day of the month MM/DD/YY	Services performed in accordance with Texas W contract between Health and Human Services Commission and INPUT AGENCY NAME  Contract Term: 10/1/22 - 09/30/23 Contract ID: HHSxxxxxxxxxxxx Invoice ID: MMY Y LA## PC		BF  TOTAL	\$\$\$.\$\$  \$\$\$.\$\$

**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 such as projects related to Innovation Centers.
- 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 should be submitted on its own unique invoices. 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 SERVICE	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
41		Services performed in accordance with Texas W			
42	Last day of the month	contract between Health and Human Services		Admin	\$\$\$.\$
43	MM/DD/YY	Commission and INPUT AGENCY NAME		NE	\$\$\$.\$
44				BF	\$\$\$.\$
45				TOTAL	\$\$\$.\$
46					
49		Contract Term: 10/1/22 - 09/30/23			
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](http://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 should be submitted on its own unique invoices. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework. 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					
46				BF	\$\$\$.\$\$
47					
50		Contract Term: 10/1/22 - 09/30/23		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSXXXXXXXXXXXX			
52		Invoice ID: MMY LA## Lact			
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 LSC should be submitted on its own unique invoices. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework. 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					
46				BF	\$\$\$.\$\$
47					
50		Contract Term: 10/1/22 - 09/30/23		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSxxxxxxxxxxxx			
52		Invoice ID: MMY LA## LSC			

**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.

**Innovation Centers (IC)** - Innovation Center funds are used to implement Local Agency and State Agency driven projects that have been discussed and approved by the State Agency. Partial funds are **required** to fund a full-time designated Innovation Lead for the IC. Clinic enhancements/repairs or renovations must be approved by the State Agency and follow the Texas WIC Design Guidelines. Selected innovation centers should follow their approved project expenditures to carry out IC specific projects. Any changes to project expenditures should be discussed with the State Agency. Reimbursement requests must identify the category of expense (Admin, or NE) to appropriately allocate funds.

**Reimbursement of Innovation Centers should be submitted on its own unique invoices. 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 and/or NE category(ies) 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				Admin	\$\$\$.\$\$
45				NE	\$\$\$.\$\$
49					
50		Contract Term: 10/1/22 - 09/30/23		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSxxxxxxxxxxxx			
52		Invoice ID: MMY LA## IC			

**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 eight months (January through August).
  - 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.
    - The funds are provided during the mid-year adjustment.
    - 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 Nutrition Education (NE).

**Reimbursement of Innovation Centers should be submitted on its own unique invoices. 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 and/or NE category(ies) 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		NE	
42		contract between Health and Human Services			
43		Commission and INPUT AGENCY NAME			
46					
47					
50		Contract Term: 10/1/22 - 09/30/23		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSxxxxxxxxxxxx			
52		Invoice ID: MMY LA## DI			
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 Projects** - SNAP-Ed projects will focus on obesity prevention, nutrition education, breastfeeding initiatives, or peer counseling services for SNAP and WIC eligible populations. SNAP-Ed funding may be used to pay for staff members who plan, develop or implement the nutrition education or breastfeeding support activities. SNAP-Ed funds may also be used for nutrition education reinforcements (\$5 or less per item) and expenses related to the project as detailed in your accepted project budget. A detailed list of SNAP-Ed allowable costs can be found in Section 3: Financial and Cost Policy of the SNAP-Ed Plan Guidance FY2022 document.

This document can be found here: <https://snaped.fns.usda.gov/program-administration/guidance-and-templates>.

The awarded amount is a not to exceed amount. For the State Agency to track these expenditures, please bill on the SNAP-Ed project invoice. Select the SNAP-Ed project you are billing for and record the expenses for any of the categories provided. A copy of the invoice is available for download here: <https://txwic.egnyte.com/fl/wdkOIl6TAG>.

**Reimbursement of SNAP-ED require 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 drop-downs; 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.**

Step 1)

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		Salary/Benefits	\$\$\$.\$\$
42		contract between Health and Human Services		Admin Training Functions	\$\$\$.\$\$
43		Commision and <b>INPUT AGENCY NAME</b>		Equip/Office Supplies	\$\$\$.\$\$
44				Operating Costs	\$\$\$.\$\$
45				Educational Reinforceme	\$\$\$.\$\$
46				& Incentives	\$\$\$.\$\$
47		Contract Term: 10/1/21 - 09/30/22			
48		Contract ID: HHSxxxxxxxxxxxx			
49		Invoice ID: MMY LA## SNAP-Ed -	CHOOSE		
50		Project: CHOOSE FROM THE	CHOOSE		
51		OP			
52		NOG			
53		BF			
54		Peer			
55		HCP			
56	24. CONTRACTOR CERTIFICATION		code and number	25. Entered by	
57	Contractor Contact Name and Title		code and number	Date	



## Step 2)

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		Salary/Benefits	\$\$\$.\$\$
42		contract between Health and Human Services		Admin Training Functions	\$\$\$.\$\$
43		Commision and <b>INPUT AGENCY NAME</b>		Equip/Office Supplies	\$\$\$.\$\$
44				Operating Costs	\$\$\$.\$\$
45				Educational Reinforcement & Incentives	\$\$\$.\$\$
46		Contract Term: 10/1/21 - 09/30/22			
47		Contract ID: HHSXXXXXXXXXXXX			
48		Invoice ID: MMY Y LA## SNAP-Ed - CHOOSE		TOTAL	\$\$\$.\$\$
49		Project: CHOOSE FROM THE DROP DOWN			
50	24. CONTRACTOR CERTIFICATION	CHOOSE FROM THE DROP DOWN	code and number	25. Entered by	
51		SNAP-ED-Obesity Prevention (NE)			
52	Contractor Contact Name and Title	SNAP-ED-Nutrition on the Go (NE)	code and number	Date	
53		SNAP-ED-Breastfeeding-Friendly Initiative (BF)			
54		SNAP-ED-Peer Text (BF)			
55	26. I approve this voucher for payment	SNAP-ED-Health Care Provider Campaign (BF)	it and unpaid. (1) The goods and services covered by the document comply		

**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.

## EXTRA Funding

- **WIC Summer Food Service Program (SFSP)** – This special funding is for reimbursement of WIC SFSP allowable costs. Funding is designed to assist with incidental expenses that may include hiring temporary staff to help implement the program, purchasing non-consumable supplies such as trash cans, trash can liners, portable tables and chairs, reusable table covers, etc. Please process WIC Invoices for reimbursement under SFSP and allocate only to Administrative costs.
- **TXIN Internet** – All costs associated with keeping the TXIN system online with an internet service provider. These expenses are to be allocated only to Administrative (Admin) costs.
- **Improving 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. The Texas WIC Design Guidelines and Catalog **must** be used to implement design themes in clinics. Professional design consultations are available and may be required. All IPE recipients will be given access to the Texas WIC IPE SharePoint site where you can share photos, floor plans and project updates.

Allowable costs include, but are not limited to:

- Clinic enhancements/ repairs or renovations (note: all renovations must be approved)
- Paint and flooring
- Furniture
- Artwork
- Lighting, ceiling tiles, internal finishes

- Signage
- Toys
- Exterior repairs

**IPE Funding Requirements - LAs will be requested to provide:**

- Photos of the clinic spaces designated for enhancements.
- Clinic floor plan.
- Details of work plan for each space.
- Budget with estimated itemized cost.
- Quarterly updates and photos demonstrating progress of clinic improvements.
- Reports to the State Agency including budget status and results.

**Reimbursement invoices for Extra Funding Projects can be billed on one Extra Funding Invoice. Identify the project (SFP, Internet, IPE, and Other) by listing the Projects' names under the "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	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		SFP	\$\$\$.\$\$
42				Internet	\$\$\$.\$\$
43				IPE	\$\$\$.\$\$
44				Other	\$\$\$.\$\$
45				TOTAL	\$\$\$.\$\$
46		Contract Term: 10/1/22 - 09/30/23 Contract ID: HHSxxxxxxxxxxxx Invoice ID: MMY LA## EXTRA			
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**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.

Funds are awarded with the understanding that any procurements using these funds will be in compliance with the state Texas Grants Management Standards (TXGMS)/Uniform Grants Management Standards (UGMS), 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 materials/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.