



Contact Information

WIC may have additional funds available for FY2020. Requested funds are not a guarantee and are based on funds available. If you have funding questions please contact Tanya LaTortue at tanya.Latortue@hhsc.state.tx.us. If you have questions about the survey contact Juliette Coronado at juliette.coronado@hhsc.state.tx.us.

The deadline to complete this survey is COB Friday, November 22.

Local Agency Name

Hidalgo County WIC Program

Local Agency Number

012

Local Agency Director Name

Clarissa Ramirez

Local Agency Director Email

clarissa.ramirez@wic.co.hidalgo.tx.us

Staff Information

We are requesting staff information from each local agency to determine FY21 funding distribution. Each local agency is required to complete the following information and upload the excel file attached in your initial funding email.

How many IBCLC's do you have on staff?

- Full- time IBCLC
 - Part-time IBCLC
 - Contract IBCLC
 - IBCLC Waiver
-

How many Peer Counselors do you have on staff?

- Full- time PC
- Part-time PC
- PC Waiver
-

How many Registered Dietitians do you have on staff?

- Full- time RD
- Part-time RD
- Contract RD
- RD Waiver
-

Please upload the excel spreadsheet attached in your initial email indicating the percentage of time each IBCLC, PC, and RD at your local agency spends on staff tasks such as administration, high risk counseling, formula approvals, etc.

Funding

Are you planning to return any funds for FY20 (i.e. Lactation Services, PC, RD, Wireless, IT Support)?

- Yes
- No
-

Which categories are you planning to return funds to for FY20? Check all that apply and please indicate amount in the space provided.

- Lactation Services Funding
- Peer Counselor Funding
- Registered Dietitian Funding
- Wireless Internet Services
- IT Support Cost
-

Are you requesting any additional funds for FY20 (i.e. Lactation Services, PC, RD)? **Note:** Funding will only be available if agencies decide to return funds. Please anticipate that there will not be a change in your funding for these categories.

- Yes
- No
-

For FY20, which categories are you requesting additional funding for? Check all that apply and please indicate additional amount needed in the space provided.

Example: Your FY20 funding letter has \$20,000 allocated to RD funds, but you are requesting an additional \$6,000. Write \$6,000 in the space provided.

- Lactation Services Funding
- Peer Counselor Funding
- Registered Dietitian Funding

Lactation Services

Please explain and include a detailed estimate of what is needed.

Peer Counselor

Please explain and include a detailed estimate of what is needed.

Registered Dietitian

Please explain and include a detailed estimate of what is needed.

To encumber the cost of fringes due to the slight increase. With the request of additional funding, this will alleviate utilizing the WIC admin funds.

If additional funds become available for FY20, are you requesting other funding (i.e. Clinic improvements, NBF Conference, etc)?

- Yes
- No

FY20

What items, projects or initiatives are you requesting funding for? Check all that apply and please indicate the amount needed in the space provided. **Note:** Clinic improvements such as flooring, paint, furniture, etc need to align with the WIC Design Catalogue.

- Clinic Improvements
- NBF Conference (registration and travel)
- 3rd Party Texting
- Other Funding

Clinic Improvements

Please explain and provide a detailed estimate of what is needed. **Note:** Clinic improvements such as flooring, paint, furniture, etc need to align with WIC Design Catalogue.

Purchase of guest chairs to replace worn chairs, in alignment with the WIC Design Catalogue.

NBF Conference (registration and travel)

Please explain and provide a detailed estimate of what is needed.

Registration for Coordinators (NE, BF, 2 Area Coordinators and WIC Director) and WIC Staff (5 RD's/Nutritionists) = \$1950
Hotel = 6 rooms x 3 nights = \$3,705.30; Meals = \$1290.00

3rd Party Texting

Please explain and include a detailed estimate of what is needed.

Other Funding

Please explain and include a detailed estimate of what is needed.

A new mobile unit is needed to replace the existing 2010 mobile unit. The existing mobile unit continues to have various mechanical issues, and our clients are either serviced at other clinics or are waiting for the unit to be out of the shop before being seen. The mobile unit travels to various rural areas, including colonias, in Hidalgo County.

You are about to submit your survey response. Please do not select the right arrow until you are sure of your responses. If you need to make edits, please use the back button. Once you move on past this page, you will not be able to make changes unless you contact the survey administrator for a new link.

