



## Contact Information

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The State Office is planning for the FY2021 fiscal year. This survey provides the opportunity for you to request funding for:

- Lactation Services
- Peer Counselors
- Registered Dietitians
- Specials Projects (i.e. Improving the Participant Experience (IPE), Snap-Ed Obesity Prevention, Snap-Ed Go to WIC, and Snap-Ed Breastfeeding).

In addition, this survey asks questions to verify receipt of **NWA calendars** and **Summer Feeding** interest for FY20 (June-August 2020) and FY21 (June-August 2021).

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](mailto:tanya.Latortue@hhsc.state.tx.us) or 512-341-4526. If you have questions about the survey contact Juliette Coronado at [juliette.coronado@hhsc.state.tx.us](mailto:juliette.coronado@hhsc.state.tx.us) or 512-341-4580.

**All agencies need to complete this survey by COB Friday, December 20th.**

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Local Agency Name

Hidalgo County WIC Program

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Local Agency Number

012

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Local Agency Director Name

Clarissa Ramirez

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Local Agency Director Email

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

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## Summer Feeding

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Is your agency interested in participating in the Summer Meals Program in the **summer of 2020** (June-August 2020)? **Note: Interest does not guarantee participation and you will**

be contacted with more information.

- Yes  
 No
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Is your agency interested in participating in the Summer Meals Program in the **summer of 2021** (June 2021-August 2021)? **Note: Interest does not guarantee participation and you will be contacted with more information.**

- Yes  
 No
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### NWA Calendars

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We need your help confirming that you received your NWA calendars for 2020. These questions will gather information about the NWA calendars you ordered.

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Did you order NWA calendars?

- Yes  
 No
- 

Have you received your NWA calendars?

- Yes  
 No
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On what date did you receive the NWA calendars?

11/25/2019

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Now you are going to be asked how many of each type of calendar you received. If you received none of that type, please write "0".

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How many ENGLISH Wall calendars did you receive?

22,000

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How many SPANISH Wall calendars did you receive?

16,000

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How many ENGLISH Pocket calendars did you receive?

22,050

How many SPANISH Pocket calendars did you receive?

16,200

## Funding

For **FY21**, which categories are you requesting funding for? Check all that apply and please indicate the amount needed in the space provided. **Note: Requested funds are not a guarantee and are based on funds available.**

- Lactation Services Funding
- 887,794  Peer Counselor Funding
- 67,948  Registered Dietitian Funding

### Lactation Services

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

N/A

### Peer Counselor

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

To encumber the cost of salaries and fringes for all of our Peer Counselors

### Registered Dietitian

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

To encumber the cost of the salary and fringes for the Registered Dietitian. Requesting additional funding will alleviate utilizing the WIC Admin. funds

## Special Projects

For **FY21**, which of the following special project funds are you applying for? (Check all that apply)

### Note:

- All existing local agencies receiving this funding will need to reapply for FY21.

- **Keep in mind your agencies workload when applying for more than one special project.**

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- Improving the Participant Experience (IPE)
- Snap-Ed Obesity Prevention (i.e. cooking, gardening, physical activity)
- Snap-Ed Go to WIC (expanding the reach of nutrition education in the community and online to increase the value and perception of nutrition services)
- Snap-Ed Breastfeeding Friendly Community Initiatives
- I am not applying for any special projects

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## Improving the Participant Experience (IPE)

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# Thank you for your interest in the Improving the Participant Experience (IPE) project!

The goal of this project is to improve the clinic environment to alleviate pain points, improve the participant experience and create a unified visual brand for Texas WIC.

**This application is for FY21. As you anticipate the enhancements to your clinic(s) over time, refer to the attached catalogue for guidance.**

Please reach out to [kara.nemethy@hhsc.state.tx.us](mailto:kara.nemethy@hhsc.state.tx.us) or call at 512-341-4531 for any questions.

### Funding awarded will be based on agency need and agency's ability to:

- Use State Agency developed design themes including 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 Catalogue Version 3.1 for guidance when applying for IPE funds.
- Demonstrate a need for clinic enhancements or repairs.
- Provide photos of the clinic spaces designated for enhancements.
- Create a knee-to-knee experience for WIC participants.
- Participate in activities requested by the State Agency, including sharing sessions, Texas WIC Express news articles, workgroups, and NBF conference activities.
- Provide quarterly updates and photos demonstrating progress of clinic improvements.
- Provide reports to the State Agency including budget status and results.
- Adhere to WIC accounting policies. Include a budget with estimated itemized costs.
- Spend FY21 funds by September 30, 2021.

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Do you agree to the criteria listed above for FY21 IPE funding?

- Yes
- No

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Project Coordinator

Clarissa Ramirez

Project Coordinator Email

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

Project Coordinator Phone Number

(956) 381-4646

How many clinic sites in your local agency are you requesting IPE funding for?

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Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	1201
Number of Staff at Site	13
Monthly Participation	5876

Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	1202
Number of Staff at Site	6
Monthly Participation	1980

Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	1207
Number of Staff at Site	10
Monthly Participation	3789

Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	1209
Number of Staff at Site	6
Monthly Participation	2064

Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	1217
Number of Staff at Site	7
Monthly Participation	3130

Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	<input type="text" value="1224"/>
Number of Staff at Site	<input type="text" value="7"/>
Monthly Participation	<input type="text" value="2910"/>

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Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	<input type="text" value="1229"/>
Number of Staff at Site	<input type="text" value="8"/>
Monthly Participation	<input type="text" value="2772"/>

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Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	<input type="text"/>
Number of Staff at Site	<input type="text"/>
Monthly Participation	<input type="text"/>

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Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	<input type="text"/>
Number of Staff at Site	<input type="text"/>
Monthly Participation	<input type="text"/>

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Please complete the following information for each clinic site you are requesting IPE funding for.

Site Number	<input type="text"/>
Number of Staff at Site	<input type="text"/>
Monthly Participation	<input type="text"/>

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Please select which interior or exterior finish upgrades your parent agency/landlord/facilities manager **will** allow at this site. (Check all that apply)

- Wall paint
  - Baseboards
  - Flooring such as carpet/tile
  - Furniture
  - Wall art or decals
  - Exterior signage
  - Other (please specify)
- 

What interior or exterior finish upgrades will your parent agency/landlord/facilities manager **not** allow?  
Please explain.

N/A

Please select from below the area/s of your clinic you would include in clinic enhancement. The State Agency is also requesting photos and floor plans of the areas you select as they will be part of the decision process-- email photos and floor plans to [kara.nemethy@hhsc.state.tx.us](mailto:kara.nemethy@hhsc.state.tx.us).

*Please note that enhancements should promote a welcoming, child-friendly environment and any improvements to counseling spaces should promote knee-to-knee conversations.*

- Waiting area/Lobby
- Counseling rooms/Offices
- Floors
- Classroom/s
- Lab Area
- Clinic exterior
- Exterior signage
- Other (please specify)

For each of these areas, please indicate the enhancements you would include. (Check all that apply)

- Wall paint
- Baseboards
- Flooring such as carpet/tile
- Furniture (refer to the Design Guidelines and Catalogue for furniture options)
- Toys (refer to the Design Guidelines and Catalogue for toy options)
- Wall art or decals
- Cabinetry & Millwork
- Other (please specify)

From the areas you selected above, please include the dimensions/square footage of the floor plan you would like to enhance.

The total of square footage of the WIC Clinics is 28,043

#### Goal

One of Texas WIC's strategic goals is to provide a great client experience. How will your clinic enhancements specifically help to improve the client experience? Please provide information about "pain points" your clients may experience currently and that will be addressed with these enhancements.

Please list any additional goals for your agency regarding these funds.

We would like to promote a welcoming, child-friendly environment while continuing to provide exceptional customer service

### Proposed Timeline

You are applying for FY21 IPE Funds. Please include starting and ending dates, milestones, deadlines, etc.

*Note: FY21 funding begins October 1, 2020 and ends September 30, 2021.*

Starting date will be at the start of the fiscal year (October 1, 2020) and throughout the fiscal year (through September 30, 2021); however, goal is to be done within 6 months of the start date, depending on time availability of the project workers.

### Estimated Itemized Budget

List all expenses needed such as supplies, interior finishes and materials, fixtures and hardware, equipment, NE materials, furniture, décor, etc. Include estimated cost per individual item and quantity.

*Note: We recognize that you will not have time to gather exact quotes for the interior/exterior finishes you plan to implement, but please try to provide an estimate of what you may spend. Consider what area of the clinic you will be working on, and the square footage. You may refer to the Design Guidelines and Catalogue Version 3.1 for reference.*

Paint and painting supplies for 7 clinics =  
Baseboards for 7 clinics =  
Furniture for 3 clinics =  
Flooring for 7 clinics =  
Wall art/decals for 7 clinics =  
Toys =

Have you submitted clinic interior/exterior photos and floor plans to the State Agency?

- Yes  
 No

### Snap-Ed Obesity Prevention

**Thank you for your interest in the  
Obesity Prevention (OP) project!**

*The Obesity Prevention project promotes healthy eating and active living through implementation of innovative nutrition education strategies, including interactive gardening, cooking, and physical activities.*

Please reach out to [stephanie.holland1@hhsc.state.tx.us](mailto:stephanie.holland1@hhsc.state.tx.us) or call at 512-341-4577 for any questions.

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Contact (person who will be responsible for the proposed project)

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Contact Email

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Contact Phone

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Contact Address

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What activities do you plan on doing?

- Cooking Demonstrations
- Gardening Activities
- Physical Activity

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What is the title of your proposed project?

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Please describe your proposed project.

Describe the initiative and provide information on how it will be implemented. Include: staffing and clinic locations that will be involved, type of activities, target audience, information on what will be accomplished, the desired outcome, etc.

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Who is the target audience for your project?

The goal of the obesity prevention projects is to decrease the incidence and prevalence of obesity among WIC participants. What are some behaviors or practices you will target when providing your OP activity to your participants?

For example: "Our clinic will focus on increasing cooking skills and self-confidence in the kitchen to our clients."

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List the objectives that will address how the goal will be reached. List the objectives in SMART format.

For example: By the end of the fiscal year, at least 75% of participants in obesity prevention activities will have reported an increase in physical activity. Or by the end of September 2019, at least 75% of participants in obesity prevention activities will have reported an increase in cooking self-confidence."

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How will you evaluate your project to know that it is successful?

Provide information on how you will determine the effectiveness of the initiative. Include the type of data you will collect and how you will collect it.

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Provide a detailed budget with anticipated costs of the items you will need to purchase and/or the number and costs of staff that you would like the grant to pay for. Your budget must include the cost per individual item.

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Which of the following education delivery methods does your project include? (Check all applicable responses.)

- Group Discussion
  - Peer to Peer learning
  - Lecture/classroom style learning
  - Indirect education (handouts, bulletin boards, etc.)
  - Hands-activities or skill building activities
  - Other
-

## Thank you for your interest in the Go to WIC project!

*The Go to WIC project expands the reach of nutrition education in the community and online to increase the value and perception of nutrition services. You may invite other SNAP eligible members from your community to your clinic or go out to provide nutrition education services in the community.*

Please reach out to [juliette.coronado@hhsc.state.tx.us](mailto:juliette.coronado@hhsc.state.tx.us) or call at 512-341-4580 for any questions.

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Contact (person who will be responsible for the proposed project)

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Contact Email

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Contact Phone

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Contact Address

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What is the title of your proposed project?

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Please describe your proposed project.

Describe the initiative and provide information on how it will be implemented. Include: staffing and clinic locations that will be involved, type of activities, target audience, information on what will be accomplished, the desired outcome, etc.

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Who is the target audience for your project?

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The goal of the Go to WIC project is to expand the reach of nutrition education in the community and online to increase the value and perception of nutrition services. What are some behaviors or practices you will target when providing your Go to WIC project to your participants?

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List the objectives that will address how the goal will be reached. List the objectives in SMART format.

For example: By the end of the fiscal year, at least 75% of participants in Go to WIC activities will have reported incorporating family meals and new recipes in their homes.”

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How will you evaluate your project to know that it is successful?

Provide information on how you will determine the effectiveness of the initiative. Include the type of data you will collect and how you will collect it.

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Provide a detailed budget with anticipated costs of the items you will need to purchase and/or the number and costs of staff that you would like the grant to pay for. Your budget must include the cost per individual item.

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Which of the following education delivery methods does your project include? (Check all applicable responses.)

- Group Discussion
  - Peer to Peer learning
  - Lecture/classroom style learning
  - Indirect education (handouts, bulletin boards, etc.)
  - Hands-activities or skill building activities
  - Other
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## Thank you for your interest in the Breastfeeding Friendly Community Initiatives!

*Local agencies will work with community partners to increase breastfeeding initiation and duration through breastfeeding promotion, education and support.*

Please reach out to [michelle.poole@hhsc.state.tx.us](mailto:michelle.poole@hhsc.state.tx.us) or call at 512-341-4555 for any questions.

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Contact (person who will be responsible for the proposed project)

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Contact Email

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Contact Phone

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Contact Address

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What is the title of your proposed project?

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Please describe your proposed project.

Describe the initiative and provide information on how it will be implemented. Include: staffing and clinic locations that will be involved, type of activities, target audience, information on what will be accomplished, the desired outcome, etc.

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Who is the target audience for your project?

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The goal of the Breastfeeding Friendly Community Initiative (BFCI) are to increase initiation and duration of breastfeeding among WIC participants. What are some behaviors or practices you will target when providing your breastfeeding activity to your participants?

For example: "Our clinic will focus....."

List the objectives that will address how the goal will be reached. List the objectives in SMART format.

For example: By the end of the fiscal year, at least 75% of participants in breastfeeding initiative activities will have reported an increase in..... "

How will you evaluate your project to know that it is successful?

Provide information on how you will determine the effectiveness of the initiative. Include the type of data you will collect and how you will collect it.

Provide a detailed budget with anticipated costs of the items you will need to purchase and/or the number and costs of staff that you would like the grant to pay for. Your budget must include the cost per individual item.

Which of the following education delivery methods does your project include? (Check all applicable responses.)

- Group Discussion
- Peer to Peer learning
- Lecture/classroom style learning
- Indirect education (handouts, bulletin boards, etc.)
- Hands-activities or skill building activities
- Other



