

General Instructions for Completing Budget Forms DSHS Costs Only Budgeted on Detail Category Pages

(Examples and instructions for completing the Budget Category Detail Templates are in a separate Excel file located under Templates for Cost Reimbursement Budgets located at :

<http://www.dshs.state.tx.us/grants/forms.shtm>

- * Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on Form I -Budget Summary; doing so will populate the budget category detail templates with your organizations name.
- * Complete each budget category detail template. Instructions for completing each budget category detail template are in a separate document. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget template at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template.
- * After you have completed each budget category detail form, go to Form I-Budget Summary and input other sources of funding manually (if any) in Columns 3 - 6 for each budget category.
- * Refer to the table below the budget template table to verify that the amounts distributed ("Distribution Total") in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions ("Distribution Totals") equals the Budget Total.
- * Enter the total amount of "Program Income" anticipated for this program in row "K" under the "Total Budget" column (1). The total program income budgeted will be automatically allocated to each funding source based on the percentage of funding of the total budget. Information on program income is available in the DSHS Contractors Financial Procedures Manual located at the following web site:
<http://www.dshs.state.tx.us/contracts/>

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: **Hidalgo County Health and Human Services WIC Program**

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$119,302	\$119,302	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$38,243	\$38,243	\$0	\$0	\$0	\$0
C. Travel	\$10,641	\$10,641	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$28,126	\$28,126	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$3,688	\$3,688	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$200,000	\$200,000	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$200,000	\$200,000	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$200,000	\$200,000				

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$119,302	\$119,302	Fringe Benefits	\$38,243	\$38,243
	Travel	\$10,641	\$10,641	Equipment	\$0	\$0
	Supplies	\$28,126	\$28,126	Contractual	\$0	\$0
	Other	\$3,688	\$3,688	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$200,000	Budget Total	\$200,000
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project	
Registered Nurse III(P) E = Existing or P = Proposed	N	Hire RN and groom her to become an IBCLC and assist with servicing clients Non WIC participants and WIC	1	RN	\$5,791.67	12	\$69,500	
IBCLC (E)	N	Assist RN at Lactation Center servicing Non WIC & WIC participants	1	IBCLC	\$3,100.57	7	\$21,704	
Registered Nurse Consultant	N	To serve Non WIC & WIC participants at the Lactation Center	1	RN, IBCLC	\$4,013.95	7	\$28,098	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS								\$0
						SalaryWage Total	\$119,302	

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:	
Health Insurance = \$654 x 12 x 1 = \$7,848 Life Insurance = \$5.08 x 12 x 1 = \$61	FICA - 7.65% = \$9,127 Retirement - 12.73% = \$15,187	
Health Insurance = \$296.40 x 7 x 2 = \$4,150 Life Insurance = \$2.29 x 7 x 2 = \$33	Unemployment Comp. - 0.60% = \$752 Workers Comp. - .94% = \$1,121	
Fringe Benefit Rate %		32.0556%
Fringe Benefits Total		\$38,243

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Conference / Workshop Travel Costs						
Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs	
			Days	Employees		
Lactation Support Quartely Meeting x every 3 months	Directors from Lactation Support Meeting meet quartely to discuss updates at the LSC.	Austin ,Tx	3	1	Mileage	
					Airfare	\$1,497
					Meals	\$297
					Lodging	\$756
					Other Costs	\$300
					Total	\$2,850
NBF 2020 Conference	For the IBCLCs to attend the 2020 NBF (Nutrition and Breastfeeding) conference in Austin, TX, July 21-24, 2020	Austin, Tx	4	4	Mileage	\$0
					Airfare	\$0
					Meals	\$588
					Lodging	\$565
					Other Costs	\$780
					Total	\$1,933
ILCA 2020 Conference	For the IBCLCs to attend the 2020 ILCA Conference in Houston, Tex. July 8-11, 2020	Houston ,Tx	4	4	Mileage	
					Airfare	\$1,800
					Meals	\$624
					Lodging	\$1,600
					Other Costs	\$684
					Total	\$4,708
					Mileage	
					Airfare	
					Meals	
					Lodging	
					Other Costs	
					Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

Total for Conference / Workshop Travel

\$9,491

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Travel to do Dr's Office, Hospitals, Community Center's or Clinic's, or other health professional facility who care for women, infant and children. Also, reach out to clients who have the lack of transportation and cannot go to the Lactation Support Center for services, on their behalf. Our main goal is to service our clients.	1983	\$0.580	\$1,150	\$0	\$1,150
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel \$1,150

Other / Local Travel Costs: \$1,150

Conference / Workshop Travel Costs: \$9,491

Total Travel Costs: \$10,641

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Item: 17450 Dual Hygienikit Custom Flange System Sterile 275x 40.42 = \$11,116.00	Dual Hygienikit Custom are provided to the Non WIC Moms who have infants in the hospital with infants who have special need	\$11,116
Item: 974808 Tube, Feeding Ped PVC STR 8FR 16" 50/CS, \$111.49x1/cs=\$111.49	To help newborns who are having breastfeeding problems	\$111
Item: 928732 Wipe, SaniCloth Super Germicide Lg (160/cn 12cn/cs \$7.86 x 60= \$472.00	To clean the multiusers that are at the Lactation Center.	\$472
Item: 937919 Hand Sanitizer Mckesson Premium 18 oz. Ethly Alcohol gel pump 3 cases, 12/case	To prevent germs from spreading	\$144
Item: 194631 Disinfectant Cavicide GI MX- 1000 Gal. 3 x \$26.93= \$54.00	To clean and maintain rooms patient care effectively clean	\$81
Item: N21500 Brown Multifold Towels 400/cs \$14.80 /cs x 40= \$592	To be used in the bathrooms and rooms	\$592
Item: TJ1222A SCA Sr Small Tissue 80/550 20 x 38.07= \$ 761.40	To be used in the bathrooms and rooms	\$761
Item: K21340 Surpass Facial Tissue 30/100) 5x25.20= 126.00	To be at the Lactation Center	\$126
Item: 567 Pens with Lactation Center Logo 2000 x .45= \$900.00 Shipping included	Outreach presentation for the Lactation Center	\$900
Item: Pop 3 Socket with Lactation Logo 2000 x \$.79= \$1580.00 Shipping included	Outreach presentation for the Lactation Center	\$1,580
Item: DMF Dust Mop Frame 6x 3.00= \$18.00	To maintance Lactation Center clean	\$18
Item: K41200 KC workhorse wipers 12/76 25 x \$62 = \$1,116.00	To clean breastpumps and maintain cleanliness	\$1,550
Item: 793745 Staples Thermal Pouches, Business card, 25/pack \$2.56 PK/25 Qty: 6	For outreach at doctor's offices	\$15
Item: HP951 Ink Cartridge Magenta (CN1051AN)\$26 x8 - \$208	Replacement Ink Cartridge for RN IBCLC Printer which she uses to do presentations for training's held at LSC	\$208

Item: HP951 Ink Cartridge Black (CN049AN#140) \$34.76 x10=- \$347.60	Replacement Ink Cartridge for RN IBCLC Printer which she uses to do presentations for trainings at the LSC	\$348
Item: HP 951 Ink Cartridge Cyan (CN050AN) \$25.08 x 10=251	Replacement Ink Cartridge for RN IBCLC Printer which she uses to do presentationsfpr trainings at the LSC	\$251
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$9,852

Total Amount Requested for Supplies:

\$28,126

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: **Hidalgo County Health and Human Services WIC Program**

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$0

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Description of Item <small>(If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit))</small>	Purpose & Justification	Total Cost
Annual Renewal Mobile Lactation Grade plan for the Ipads that is due yearly. 1 x \$1,188.00	This plan is used by the Staff at the Lactation Care Center which they input the client information, lactation visit's, concerns. This is an electronic medical record program that is used on the iPads at the Lactation Support Center.	\$1,188
Printing of Resource information such as pamphlets, handouts, business cards	Printing of handouts for the Lactation Center that are used for outreach	\$2,500
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$3,688

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Total amount of indirect costs allocable to the project:

Amount: \$0

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

SUPPLEMENTAL FORMS INSTRUCTIONS

The budget templates (two per budget category) that follow are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. Applicants that have utilized all the lines on the primary budget template must use the supplemental templates to list detail information for the respective budget category. For example, after all the lines on the primary budget template for Personnel (tab labeled Form I - 1 Personnel) have been used, go to the supplemental template labeled "Form I - 1a Personnel Supp" and if all the lines are used on this template, go to the next template labeled "Form I - 1b Personnel". The amounts on each supplemental template will automatically total and the total from both templates will automatically be inserted on the last line of the primary budget template.

The supplemental budget templates are:

- Form I-1 Personnel Supplemental
- Form I-2 Travel Supplemental
- Form I-3 Equipment Supplemental
- Form I-4 Supplies Supplemental
- Form I-5 Contractual Supplemental
- Form I-6 Other Supplemental

FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SalaryWage Total							\$0

FORM I-1: PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SalaryWage Total							\$0

FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days/Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$0

FORM I-2: TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days/Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$0

FORM I-4: SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Item: HP 951 Ink Cartridge Yellow (CN050AN) \$25.08 x 10=251	Replacement Ink Cartridge for RN IBCLC Printer which she uses to do presentations for trainings at the LSC	\$251
Item: 810894 Aluminum Poster Frame Black 18"x 24" x 10=119.80	Educational Posters of 10 Steps of Breastfeeding that need frames so they can be installed at the LSC	\$120
Item: PNP Breastfeeding The Best Start in Life 500 x.55= \$275 +\$20.00 315	Item that will be used for outreach for the LSC	\$314
Item: 823253 Endust Screen Cleaner Wipes/Cloths, 70/Contanier, 6 Containers/Pack \$47.94 EA/1	To maintain electronic equipment clean	\$48
Item: 829040 Artistic Urban Collection Holder, Black \$24.99 EA/1	To keep and maintain work area (desk) organized	\$25
Item: Staples Electric Pencil Sharpener, Gray/Silver \$12.23 EA/1	To sharpen pencils quickly and efficiently	\$12
Item: 2728674 Fellowes Thermal Pouches, Letter, 100/Pack \$10.68 PK/100 Qty: 4	To keep and maintain documents as durable as possible and organized	\$43
Item: IM16TR046 Royal Sovereign Thermal & Cold Laminator, 9.06" Width, Black/White \$44.99 EA/1	To keep and maintain documents as durable as possible and organized	\$45
Item: 082671 Staples Heavy-Duty 2" 3-Ring View Binder with D-Rings and Four Interior Pockets, White \$10.01 EA/1 Qty: 7	To keep and maintain documents organized	\$70
Item: 374815 Simply Economy 1" 3-Ring View Binder, White \$7.08 EA/1 Qty: 6	To keep and maintain documents organized	\$42
Item: 082618 Staples Standard 1/2" 3-Ring View Binder, White \$2.98 EA/1 Qty: 6	To keep and maintain documents organized	\$18
Item: 0097003S SNS Starter w/ 80ml Bottle \$110.00 EA/1 Qty: 10	Supplemental feeding for special-needs infants	\$1,100
Item: 40103 - Breastmilk Hand Expression Trainer 1 x \$1,660.00 + \$35.08 shipping	For teaching medical professionals and mothers how to hand express	\$1,695

Item: 40104 - Simulated Breast Milk (500ml) 1 x \$50 + \$8.90 shipping	Supplemental feeding for special-needs infants	\$59
Item: 40105 - Breastmilk Hand Expression Trainer Cleaning Pump 1 x \$30 + \$8.89	To clean the breast hand expression trainer after each use	\$39
Item: MW742LL/A Apple 10.2-inch iPad Wi-Fi 7th generation - tablet - 32 GB -10.2" IPS (2160 x 1620) - space gray \$321.88 EA/1 Qty: 5	To run reports and document efficiently	\$1,609
Item: LQH-00001 Tablet-Core i7 865OU / 1.9 GHz - Win 10 Pro - 8 GB RAM - 256 GB SSD NVMe - 12.3" touchscreen 2735 x 1824 - UHD Graphics 620 - WiFi, Bluetooth - platinum - commercial \$1,139.71 EA/1	To run reports and document efficiently	\$1,140

Total Amount Requested for Supplies:

\$6,630

FORM I-4: SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Hidalgo County Health and Human Services WIC Program

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
Item: FMN-00001 Keyboard-with trackpad, accelerometer - English - North American layout - black - commercial - for Surface Pro (Mid 2017), Pro 3, Pro 4 \$98.93 EA/1	To be used with the Tablet-Core i7	\$99
Item: EYV-00009 Microsoft Surface Pen Stylus - 2 buttons - wireless - Bluetooth 4.0 - platinum - commercial \$76.10 EA/1	To be used with the Tablet-Core i7	\$76
Item: MTFP2LL/A Apple - Apple 12.9-inch iPad Pro WI-FI 3rd generation - tablet - 512 Gp-12.9" IPS (2732x2048) Space Gray, \$1,320 EA/2	RN, IBCLC is requesting iPad Pro for the reports that she is running to the State. Also it's for the use of electronic medical record Mobile Lactation Consultant. This software is only available for use on the iPhone or iPad. The iPad Air does not sufficient memory to run the report. Will be able to run breastfeeding stats.	\$2,640
Item:MK0C2AM/A Apple Pencil- Stylus for 10.5 - inch iPad pro; 12.9 inch iPad Pro' 9.7-inch I Pad(6th generation)' 9.7 inch iPad Pro, \$99 EA/2	To be used with iPad Pro	\$198
Item: 103302111 ZAGG-ZAGG Slim Book go Keyboard and folio case- backlit -Bluetooth - for Apple 12.9 -inch iPad Pro (3rd generation)**, \$105 EA/2	Folio case for the iPad Pro	\$209

Total Amount Requested for Supplies:

\$3,222

FORM I-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: **Hidalgo County Health and Human Services WIC Program**

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: **\$0**

FORM I-5: CONTRACTUAL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: **Hidalgo County Health and Human Services WIC Program**

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: **\$0**

