

# 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 PRIC | 23. AMOUNT  |
|-----------------------------------|---|--------------|-----------|-------------|
| Last day of the month<br>MM/DD/YY | Services performed in accordance with Texas W<br>contract between Health and Human Services<br>Commission and INPUT AGENCY NAME |              | BF        | \$\$\$.\$\$ |
|                                   | Contract Term: 10/1/22 - 09/30/23<br>Contract ID: HHSxxxxxxxxxxxx<br>Invoice ID: MMY LA## PC                                    |              | 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 | Last day of the month<br>MM/DD/YY | Services performed in accordance with Texas W contract between Health and Human Services Commission and INPUT AGENCY NAME |              | Admin          | \$\$\$.\$\$ |
| 42 |                                   |   |              | NE             | \$\$\$.\$\$ |
| 43 |                                   |   |              | BF             | \$\$\$.\$\$ |
| 44 |                                   |   |              |                |             |
| 45 |                                   |   |              |                |             |
| 46 |                                   |   |              |                |             |
| 49 |                                   |   |              | TOTAL          | \$\$\$.\$\$ |
| 50 |                                   | Contract Term: 10/1/22 - 09/30/23   |              |                |             |
| 51 |                                   | Contract ID: HHSxxxxxxxxxxxx  |              |                |             |
| 52 |                                   | Invoice ID: MMY LA## RD   |              |                |             |
| 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 |                        | Services performed in accordance with Texas WIC |              |                |             |
| 42 | Last day of the month  | contract between Health and Human Services      |              |                |             |
| 43 | MM/DD/YY               | Commission and INPUT AGENCY NAME                |              |                |             |
| 46 |                        |   |              |                |             |
| 47 |                        |   |              | BF             | \$\$\$.\$\$ |
| 50 |                        | Contract Term: 10/1/22 - 09/30/23               |              |                |             |
| 51 |                        | Contract ID: HHSxxxxxxxxxxxx                    |              | TOTAL          | \$\$\$.\$\$ |
| 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 |                              | Services performed in accordance with Texas WIC |              |                |             |
| 42 | <i>Last day of the month</i> | contract between Health and Human Services      |              |                |             |
| 43 | <b>MM/DD/YY</b>              | Commission and INPUT AGENCY NAME                |              |                |             |
| 46 |                              |   |              |                |             |
| 47 |                              |   |              | BF             | \$\$\$.\$\$ |
| 50 |                              | Contract Term: 10/1/22 - 09/30/23               |              |                |             |
| 51 |                              | Contract ID: HHSXXXXXXXXXXXX                    |              | TOTAL          | \$\$\$.\$\$ |
| 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 |                              | Services performed in accordance with Texas WIC |              |                |             |
| 42 | <i>Last day of the month</i> | contract between Health and Human Services      |              |                |             |
| 43 | <b>MM/DD/YY</b>              | Commission and INPUT AGENCY NAME                |              |                |             |
| 44 |                              |   |              |                |             |
| 45 |                              |   |              | Admin          | \$\$\$.\$\$ |
| 49 |                              |   |              | NE             | \$\$\$.\$\$ |
| 50 |                              | Contract Term: 10/1/22 - 09/30/23               |              |                |             |
| 51 |                              | Contract ID: HHSXXXXXXXXXXXX                    |              | TOTAL          | \$\$\$.\$\$ |
| 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<br>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/wdkOII6TAG>.

**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<br>mm/dd/yy | Services performed in accordance with Texas WIC contract between Health and Human Services Commision and <i>INPUT AGENCY NAME</i><br><br>Contract Term: 10/1/21 - 09/30/22<br>Contract ID: HHSxxxxxxxxxxxxx<br>Invoice ID: MMY LA## SNAP-Ed -<br>Project: CHOOSE FROM THE |              | Salary/Benefits                         | \$\$\$.\$\$ |
| 42 |                                   |   |              | Admin Training Functions                | \$\$\$.\$\$ |
| 43 |                                   |   |              | Equip/Office Supplies                   | \$\$\$.\$\$ |
| 44 |                                   |   |              | Operating Costs                         | \$\$\$.\$\$ |
| 45 |                                   |   |              | Educational Reinforceme<br>& Incentives | \$\$\$.\$\$ |
| 46 |                                   |   |              | TOTAL                                   | \$\$\$.\$\$ |
| 47 |                                   |   |              |   |             |
| 48 |                                   |   |              |   |             |
| 49 |                                   |   |              |   |             |
| 50 |                                   |   |              |   |             |
| 51 | 24. CONTRACTOR CERTIFICATION      |   |              |   |             |
| 52 | Contractor Contact Name and Title |   |              | 25. Entered by                          |             |
| 53 |                                   |   |              |   |             |
| 54 |                                   |   |              |   |             |
| 55 |                                   |   |              |   |             |
| 56 |                                   |   |              |   |             |
| 57 |                                   |   |              |   |             |

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<br>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<br>& Incentives | \$\$\$.\$\$ |  |
| 46 |   |   |                                       |   |             |  |
| 47 |   |   |                                       |   |             |  |
| 48 |   |   | Contract Term: 10/1/21 - 09/30/22     |   |             |  |
| 49 |   |   | Contract ID: HHSxxxxxxxxxxxx          |   |             |  |
| 50 |   |   | Invoice ID: MMY LA## SNAP-Ed - CHOOSE |   |             |  |
| 51 |   | Project: CHOOSE FROM THE DROP DOWN              |                                       | TOTAL                                   | \$\$\$.\$\$ |  |
| 52 |   |   |                                       |   |             |  |
| 53 |   |   |                                       |   |             |  |
| 54 |   |   |                                       |   |             |  |
| 55 | 24. CONTRACTOR CERTIFICATION  | CHOOSE FROM THE DROP DOWN                       | code and number                       | 25. Entered by                          |             |  |
| 56 |   | SNAP-ED-Obesity Prevention (NE)                 |                                       |   |             |  |
| 57 | Contractor Contact Name and Title                                     | SNAP-ED-Nutrition on the Go (NE)                | code and number                       | Date                                    |             |  |
| 58 |   | SNAP-ED-Breastfeeding-Friendly Initiative (BF)  |                                       |   |             |  |
|    |   | SNAP-ED-Peer Text (BF)                          |                                       |   |             |  |
|    |   | SNAP-ED-Health Care Provider Campaign (BF)      |                                       |   |             |  |
|    | 26. I approve this voucher for payment                                |   |                                       |   |             |  |
|    | 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 |                              | Services performed in accordance with Texas WIC |              |                |             |
| 42 | <i>Last day of the month</i> | contract between Health and Human Services      |              |                |             |
| 43 | <b>MM/DD/YY</b>              | Commission and <b>INPUT AGENCY NAME</b>         |              | SFP            | \$\$\$.\$\$ |
| 44 |                              |   |              | Internet       | \$\$\$.\$\$ |
| 45 |                              |   |              | IPE            | \$\$\$.\$\$ |
| 46 |                              |   |              | Other          | \$\$\$.\$\$ |
| 47 |                              |   |              |                |             |
| 48 |                              |   |              |                |             |
| 49 |                              |   |              |                |             |
| 50 |                              | Contract Term: 10/1/22 - 09/30/23               |              | TOTAL          | \$\$\$.\$\$ |
| 51 |                              | Contract ID: HHSXXXXXXXXXXXX                    |              |                |             |
| 52 |                              | Invoice ID: <b>MMYY LA## EXTRA</b>              |              |                |             |

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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.