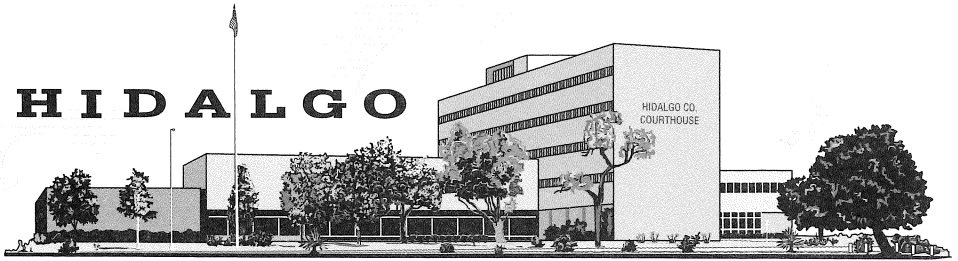


# COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE  
Hidalgo County Administration Building  
2808 South Business Highway 281  
Edinburg, Texas 78539-6243  
PHONE: (956) 318-2511  
FAX: (956) 318-2577  
WEBSITE: [www.co.hidalgo.tx.us/auditor](http://www.co.hidalgo.tx.us/auditor)

February 7, 2023

The Honorable Richard Cortez, Hidalgo County Judge  
The Honorable David Fuentes, Commissioner, Precinct No. 1  
The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2  
The Honorable Everardo "Ever" Villarreal, Commissioner, Precinct No. 3  
The Honorable Ellie Torres, Commissioner, Precinct No. 4

## RE: Certification of Revenue

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:

The county auditor shall certify to the commissioners court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose of spending the grant or aid money for its intended purpose.

I, Linda Fong, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Office of the Health and Human Services. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT  
\$303,536.00

PURPOSE  
Award No. HHS000804500001  
Revised Funding Notification  
WIC Administrative Program 001 FY23

CERTIFIED BY:

  
Linda Fong, CPFO

02/03/2023  
Date

### HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY  
JUDGE, 92<sup>ND</sup> D.C.

FERNANDO MANCIAS  
JUDGE, 93<sup>RD</sup> D.C.

J. R. "BOBBY" FLORES  
JUDGE, 138<sup>TH</sup> D.C.

ROSE GUERRA REYNA  
JUDGE, 204<sup>TH</sup> D.C.

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MARIO E. RAMIREZ, JR.  
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NOE GONZALEZ  
JUDGE, 370<sup>TH</sup> D.C.  
OVERSEER

LETICIA LOPEZ  
JUDGE, 389<sup>TH</sup> D.C.

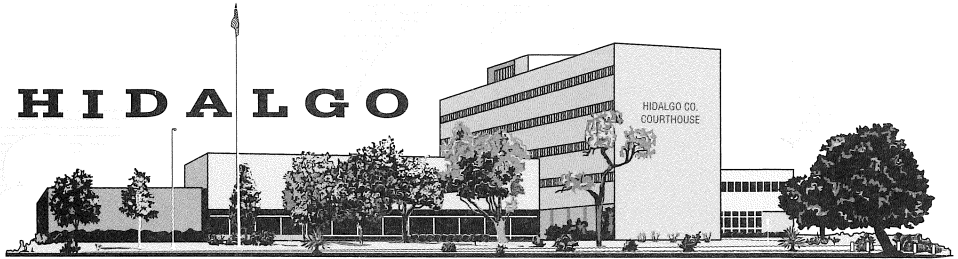
L. KENO VASQUEZ  
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ISRAEL RAMON, JR.  
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RENEE R. BETANCOURT  
JUDGE, 449<sup>TH</sup> D.C.

JOE RAMIREZ  
JUDGE, 464<sup>TH</sup> D.C.

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I, Linda Fong, Interim County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT  
\$ 7,500.00

PURPOSE  
Award No. HHS000804500001  
Revised Funding Notification  
WIC Registered Dietitian Program 012 FY23

CERTIFIED BY:

  
Linda Fong, CPFO

02/03/2023

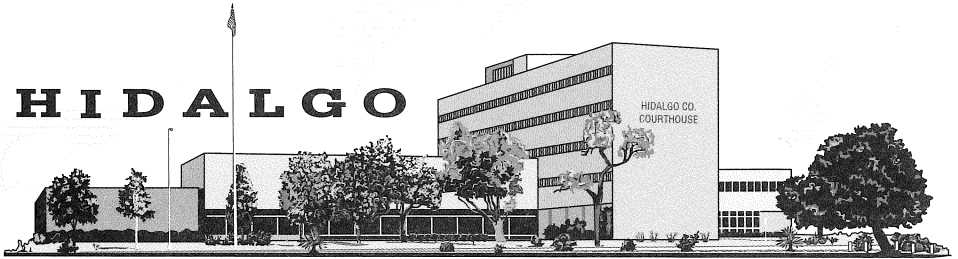
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AMOUNT  
\$349,000.00

PURPOSE  
Award No. HHS000804500001  
Revised Funding Notification  
WIC Improving Participant Experience Program 023 FY23

CERTIFIED BY:

  
Linda Fong, CPFO

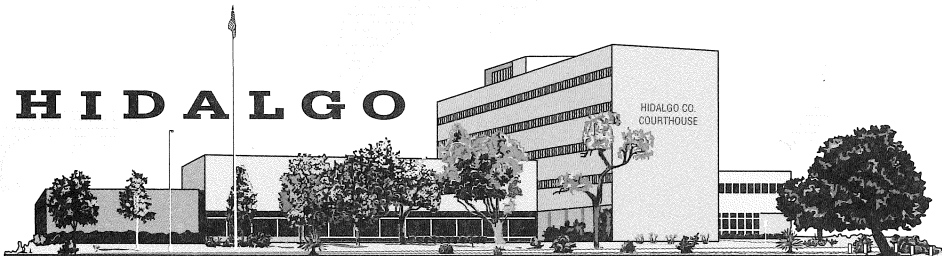
02/03/2023  
Date



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I, Linda Fong, Interim County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT  
\$58,176.00

PURPOSE  
Award No. HHS000804500001  
Revised Funding Notification  
WIC Extra Funding – Other Program 024 FY23

CERTIFIED BY:

  
Linda Fong, CPFO

02/03/2023

Date

### HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY  
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RENEE R. BETANCOURT  
JUDGE, 446<sup>TH</sup> D.C.

JOE RAMIREZ  
JUDGE, 484<sup>TH</sup> D.C.

AI-89408

WIC 39. B.

**CC REGULAR AGENDA SPECIAL MTG**

**Meeting Date:** 02/07/2023

**Submitted By:** Margarita Gonzalez, WIC

**Department:** WIC

---

**CAPTION**

WIC - Admin-Program 001-(1292)

1, Approval to accept the Additional Revised WIC Local Agency Funding Notification FY 2023 (October 1,2022 to September 30, 2023) from the Health and Human Services Commission (HHSC) Women, Infant and Children (WIC) Local Agency Contract #HHS000804500001 In the amount of \$303,536.00

2. Requesting Approval of Certification of Revenues in the amount \$303,536.00 as certified by the County Auditor, and appropriation of the same.

WIC- Registered Dietitian - Program 012-(1292)

3. Requesting approval to accept the Registered Dietitian FY 2023 Additional Funding Notification in the amount of \$7,500.00.

4. Requesting approval of Certification of Revenue in the amount \$7,500.00 as certified by the County Auditor, and appropriation of the same.

WIC - Extra Funding Improving Participant Experience Clinic IPE Program 023- (1292)

5. Requesting approval to accept the Extra Improving Participant Experience FY 2023 Additional Funding Notification in the amount of \$ 349,000.00

6. Requesting approval of Certification of Revenue in the amount of \$349,000 as certified by the County Auditor, and appropriation of the same.

WIC Extra Funding Other Program-024 (1292)

7. Requesting approval to accept the WIC Extra Funding -Other Program FY2023 Additional Funding Notification in the amount of \$58,176.00.

8. Requesting approval of Certification of Revenue in the amount of \$58,176.00 as certified by the County Auditor and appropriation of the same.

**BACKGROUND**

---

**Fiscal Impact**

**CALENDAR YEAR:** 2023

**ACCT. #:** 3-1292-441-00-350-0XX-3-XXX

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:** N

**BUDGETARY IMPACT:**

No Budgetary Impact : 100% Federally Funded

Programs: 001, 012, 023, 024

---

**Attachments**

FY2023 Notification of Award

WIC Budget AI-898408 Extra Funding Worksheet

WIC-BA- AI-89408 1-31-23

RD-BA-1-31-2023

IPE -B.A.1-31-2023

WIC Extra Funding -Other BA AI-89408

---

**Form Review**

**Inbox**

Budget & Management

Final Approval

Form Started By: Margarita Gonzalez

**Reviewed By**

Veronica Ortiz

**Date**

02/01/2023 04:31 PM

Started On: 01/25/2023 12:59 PM



Javier Flores <javier.flores@auditor.co.hidalgo.tx.us>

### F1292 Certification of Revenue for FY23 WIC

1 message

**Azael Munoz** <azael.munoz@wic.co.hidalgo.tx.us> Tue, Jan 31, 2023 at 1:10 PM  
 To: Linda Fong <linda.fong@auditor.co.hidalgo.tx.us>, Letty Chavez <letty.chavez@auditor.co.hidalgo.tx.us>, Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>, Javier Flores <javier.flores@auditor.co.hidalgo.tx.us>, Damaris San Miguel <damaris.sanmiguel@co.hidalgo.tx.us>  
 Cc: Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Margarita Gonzalez <mague.gonzalez@wic.co.hidalgo.tx.us>, Esmeralda Medina <esmeralda.medina@wic.co.hidalgo.tx.us>

Good afternoon Javier,

The WIC department will like to request a Certification of Revenues for AI-89408 for the following programs with an accumulating total of **\$718,212.00**.

**1. WIC ADMIN-Program 001 - (1292):**

3-1292-331-12-350-001-3-XXX  
\$303,536.00

**2. WIC Registered Dietitian 012 - (1292):**

3-1292-331-12-350-012-3-XXX  
\$7,500.00

**3. WIC - Extra Funding Improving Participant Experience Clinic IPE Program 023- (1292):**

3-1292-331-12-350-023-3-XXX  
\$349,000.00

**4. WIC - Extra Funding Other 024- (1292):**

3-1292-331-12-350-024-3-XXX  
\$58,176.00

0 \*

303,536.00+

7,500.00+

349,000.00+

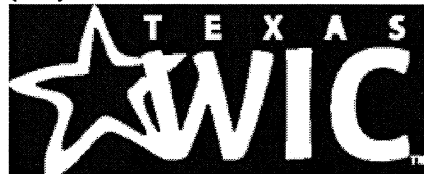
58,176.00+

718,212.00\*

Please do not hesitate to reach out to me if I can help you further.

I hope you have a nice day.

**Azael D. Munoz**  
 Accountant III  
 Hidalgo County WIC  
 3105 W. University Dr.  
 Edinburg, TX 78539  
 (956) 381-4646 Ext:4045





**January 24, 2023**

Clarissa Ramirez, WIC Director  
Hidalgo County dba Hidalgo County Health & Human Services, LA# 12

**RE: Revised Notice of Award**

Health and Human Services Commission (HHSC) Women, Infants and Children (WIC) Local Agency Contract #HHS000804500001

This is a notification of your organization’s FY 2023 (October 1, 2022 to September 30, 2023) **revised** WIC Local Agency funding.

Your organization will be receiving the funding listed below:

<b>Project</b>	<b>Project Contact</b>	<b>Current Funding (\$)</b>	<b>2Q Reallocation Amount (\$)</b>	<b>FY2023 Revised Project Total (\$)</b>
Estimated General Admin Funding*	Elsa Rodriguez <a href="mailto:elsa.rodriguez2@hhs.texas.gov">elsa.rodriguez2@hhs.texas.gov</a>	\$10,137,517	\$303,536	\$10,441,053
Peer Counselor	Asia Sartor <a href="mailto:asia.sartor@hhs.texas.gov">asia.sartor@hhs.texas.gov</a>	\$1,030,826	\$0	\$1,030,826
Registered Dietitian	Stephanie Holland <a href="mailto:stephanie.holland1@hhs.texas.gov">stephanie.holland1@hhs.texas.gov</a>	\$60,000	\$7,500	\$67,500
Lactation Services	Ngoc Huynh <a href="mailto:ngoc.huynh@hhs.texas.gov">ngoc.huynh@hhs.texas.gov</a>	\$50,000	\$0	\$50,000
Lactation Support Center	Betzabel Botello <a href="mailto:betzabel.botello@hhs.texas.gov">betzabel.botello@hhs.texas.gov</a>	\$289,000	\$0	\$289,000
Innovation Center	Debbie Lehman <a href="mailto:debbie.lehman@hhs.texas.gov">debbie.lehman@hhs.texas.gov</a>	\$0	\$0	\$0
Dietetic Internship	Melissa Mouton <a href="mailto:melissa.mouton@hhs.texas.gov">melissa.mouton@hhs.texas.gov</a>	\$0	\$0	\$0
SNAP-Ed Nutrition on the Go	Allison McAdow (NGO) <a href="mailto:allison.mcadow@hhs.texas.gov">allison.mcadow@hhs.texas.gov</a>	\$0	\$0	\$0
SNAP-Ed Health Care Providers	Anna Garcia (HCP) <a href="mailto:anna.garcia@hhs.texas.gov">anna.garcia@hhs.texas.gov</a>	\$0	\$0	\$0
SNAP-Ed Peer Text	Anna Garcia (Peer Text) <a href="mailto:anna.garcia@hhs.texas.gov">anna.garcia@hhs.texas.gov</a>	\$0	\$0	\$0
SNAP-Ed Obesity Prevention-NE	Allison McAdow <a href="mailto:allison.mcadow@hhs.texas.gov">allison.mcadow@hhs.texas.gov</a>	\$0	\$0	\$0

SNAP-Ed Breastfeeding	Anna Garcia <a href="mailto:anna.garcia@hhs.texas.gov">anna.garcia@hhs.texas.gov</a>	\$0	\$0	\$0
Extra Funding Summer Food Program	Beatrice Watson <a href="mailto:beatrice.watson@hhs.texas.gov">beatrice.watson@hhs.texas.gov</a>	\$20,000	\$0	\$20,000
Extra Funding TXIN Internet	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$18,720	\$0	\$18,720
Extra Funding Improving Participant Experience	Doreen LaDuca <a href="mailto:doreen.laduca@hhs.texas.gov">doreen.laduca@hhs.texas.gov</a>	\$0	\$349,000	\$349,000
Extra Funding Nutrition Education	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$0	\$0	\$0
Extra Funding Other	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$0	\$58,176	\$58,176
Other Projects	Shirley Ellis <a href="mailto:shirley.ellis@hhs.texas.gov">shirley.ellis@hhs.texas.gov</a>	\$0	\$0	\$0
<b>Total</b>		<b>\$11,606,063</b>	<b>\$718,212</b>	<b>\$12,324,275</b>

\*Actual General Administrative funding amount is accrued monthly based on Funding Formula Rate (FFR): \$13.75 per participant plus any earned incentives.

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

For HHSC to track Local Agency expenditures, please submit a separate WIC invoice for reimbursement of actual allowable costs associated with each project. If the allocation amounts on special projects are exceeded, any subsequent amount billed will be charged to your administrative WIC Funding.

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: Richard F. Cortez, Hidalgo County Judge

# 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
<i>Last day of the month</i> MM/DD/YY	Services performed in accordance with Texas W contract between Health and Human Services Commission and INPUT AGENCY NAME		BF	\$\$\$.\$\$
	Contract Term: 10/1/22 - 09/30/23 Contract ID: HHSxxxxxxxxxxxx Invoice ID: MMY Y 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 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				TOTAL	\$\$\$.\$\$
45					
46		Contract Term: 10/1/22 - 09/30/23			
49		Contract ID: HHSxxxxxxxxxxxx			
50		Invoice ID: MMY Y LA## RD			
51					
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		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>			
46				BF	\$\$\$.\$\$
47					
50		Contract Term: 10/1/22 - 09/30/23		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSxxxxxxxxxxxx			
52		Invoice ID: <b>MMYY LA## Lact</b>			
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 <b>INPUT AGENCY NAME</b>			
46				<b>BF</b>	<b>\$\$\$.\$\$</b>
47					
50		Contract Term: <b>10/1/22 - 09/30/23</b>		<b>TOTAL</b>	<b>\$\$\$.\$\$</b>
51		Contract ID: <b>HHSxxxxxxxxxxxx</b>			
52		Invoice ID: <b>MMYY LA## LSC</b>			

**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 <b>INPUT AGENCY NAME</b>			
44				<b>Admin</b>	<b>\$\$\$.\$\$</b>
45				<b>NE</b>	<b>\$\$\$.\$\$</b>
49					
50		Contract Term: <b>10/1/22 - 09/30/23</b>		<b>TOTAL</b>	<b>\$\$\$.\$\$</b>
51		Contract ID: <b>HHSxxxxxxxxxxxx</b>			
52		Invoice ID: <b>MMYY LA## IC</b>			

**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		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>			
46				<b>NE</b>	\$\$\$-\$\$
47					
50		Contract Term: <b>10/1/22 - 09/30/23</b>		<b>TOTAL</b>	\$\$\$-\$\$
51		Contract ID: <b>HHSxxxxxxxxxxxx</b>			
52		Invoice ID: <b>MMYY LA## DI</b>			
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		Services performed in accordance with Texas WIC		Salary/Benefits	\$\$\$.\$\$
42	<i>Last day of the month</i>	contract between Health and Human Services		Admin Training Functions	\$\$\$.\$\$
43	<i>mm/dd/yy</i>	Commision and <b>INPUT AGENCY NAME</b>		Equip/Office Supplies	\$\$\$.\$\$
44				Operating Costs	\$\$\$.\$\$
45				.....	
46				Educational Reinforceme	\$\$\$.\$\$
47				& Incentives	
48		Contract Term: 10/1/21 - 09/30/22			
49		Contract ID: HHSxxxxxxxxxxxx			
50		Invoice ID: MMY LA## SNAP-Ed -			
51		<b>Project: CHOOSE FROM THE</b>		TOTAL	\$\$\$.\$\$
52		CHOOSE			
53		CHOOSE			
54		OP			
55	24. CONTRACTOR CERTIFICATION	NOG	code and number	25. Entered by	
56		BF			
57	Contractor Contact Name and Title	Peer	code and number	Date	
58		HCP			

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

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.

DATE: January 31, 2023

DEPARTMENT HEAD: Clarissa Ramirez

**2023**  
Appropriation  
AI-89408



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-001-3-XXX WIC ADM

Contact Person: M. Gonzalez Ph#: (956)381-4646 ext.4042

**SUBJECT:** Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
3-1292-441-00-350-001-3-350	WIC ADM-OTHER SRV	5,000.00
3-1292-441-00-350-001-3-421	WIC ADM-DISPOSAL	3,000.00
3-1292-441-00-350-001-3-430	WIC ADM-REPAIR & MAINT SRV	59,378.00
3-1292-441-00-350-001-3-441	WIC ADM-LAND & BLDG RENT	62,779.00
3-1292-441-00-350-001-3-531	WIC ADM-TELEPHONE	20,000.00
3-1292-441-00-350-001-3-532	WIC ADM-WIRELESS DEVICES	6,000.00
3-1292-441-00-350-001-3-610	WIC ADM-GENERAL SUPPLIES	110,379.00
3-1292-441-00-350-001-3-622	WIC ADM-ELECTRICITY	37,000.00
3-1292-331-12-350-001-3-000	WIC ADM REVENUES	303,536.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>303,536.00</b>

**REASON:**

To appropriate the WIC General Admin. FY2023 revised notice of award (October 1, 2022, to September 30, 2023) grant funding awarded by the United States Department of Agriculture (USDA), pass through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

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0 *
5,000.00+
3,000.00+
59,378.00+
62,779.00+
20,000.00+
6,000.00+
110,379.00+
37,000.00+
303,536.00*

```

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

DATE: January 31, 2023

DEPARTMENT HEAD: Clarissa Ramirez

**2023**

Appropriation  
AI-89408



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-012-3-XXX WIC REG DIETITIAN

Contact Person: M. Gonzalez Ph#: (956)381-4646 ext.4042

SUBJECT: **Budget Amendments** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
3-1292-441-00-350-012-3-113	WIC REG DIETITIAN-REG F/T EMPLOYEES	7,480.00
3-1292-441-00-350-012-3-212	WIC REG DIETITIAN-LIFE INSURANCE	20.00
3-1292-331-12-350-012-3-000	WIC REG DIETITIAN-REVENUES	7,500.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>7,500.00</b>

**REASON:**

To appropriate the WIC Registered Dietitian FY2023 revised notice of award (October 1, 2022, to September 30, 2023) grant funding awarded by the United States Department of Agriculture (USDA), passed through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST COUNTY CLERK

0 \*

7,480.00+

20.00+

7,500.00\*

DATE: January 31, 2022

DEPARTMENT HEAD: Clarissa Ramirez

**2023**  
Appropriation  
AI-89408



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-023-3-XXX WIC-IPE EXTRA FUNDING

Contact Person: M. Gonzalez Ph#: (956)381-4646 ext.4042

**SUBJECT:** Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
3-1292-441-00-350-023-3-430	WIC EXTRA FUNDING IPE-REPAIR & MAINT SRV	349,000.00
3-1292-331-12-350-023-3-000	WIC EXTRA FUNDING IPE REVENUES	349,000.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>349,000.00</b>

**REASON:** To appropriate the WIC IPE EXTRA FUNDING revised notice of award FY2023 second amendment (October 1, 2022, to September 30, 2023) grant funding awarded by the United States Department of Agriculture (USDA), passed through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500023

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

ATTEST COUNTY CLERK

DATE: January 31, 2023

DEPARTMENT HEAD: Clarissa Ramirez

**2023**

Appropriation  
AI-89408



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-024-3-XXX WIC EXTRA FUNDING OTHER

Contact Person: M.Gonzalez Ph#: (956)381-4646 ext. 4042

**SUBJECT:** Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
3-1292-441-00-350-024-3-583	WIC EXTRA FUND OTHER-TRAVEL OUT OF COUNTY	10,000.00
3-1292-441-00-350-024-3-584	WIC EXTRA FUND OTHER-REGISTRATION FEES	10,000.00
3-1292-441-00-350-024-3-610	WIC EXTRA FUND OTHER-GENERAL SUPPLIES	38,176.00
3-1292-331-12-350-024-3-000	WIC EXTRA FUNDING OTHER REVENUES	58,176.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>58,176.00</b>

**REASON:**

To appropriate the WIC Extra Funding Other FY23 revised notice of award ( October 1, 2022, to September 30, 2023) grant funding awarded by the United States Department of Agriculture (USDA), passed through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST COUNTY CLERK

0 \*

10,000.00+

10,000.00+

38,176.00+

58,176.00\*