

# COUNTY of HIDALGO



**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)

September 19, 2023

The Honorable Richard F. 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 commissioner's 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, Interim County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Office of 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  
\$9,365,000.00

PURPOSE  
Award No. HHS000804500001  
WIC Administrative Program 001 FY24

CERTIFIED BY:

  
Linda Fong, CPFO

09/18/2023  
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, 139<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    MARLA CUELLAR JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 370<sup>TH</sup> D.C. OVERSEER    LETICIA LOPEZ JUDGE, 389<sup>TH</sup> D.C.    L. KENO VASQUEZ JUDGE, 398<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 430<sup>TH</sup> D.C.    RENEE R. BETANCOURT JUDGE, 449<sup>TH</sup> D.C.    JOSE "JOE" RAMIREZ JUDGE, 464<sup>TH</sup> D.C.    YSMAEL FONSECA JUDGE, 476<sup>TH</sup> D.C.

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AMOUNT  
\$1,030,826.00

PURPOSE  
Award No. HHS000804500001  
WIC Peer Counselor Program 002 FY24

CERTIFIED BY:

  
Linda Fong, CPFO

09/18/2023  
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, 139<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    MARLA CUELLAR JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 370<sup>TH</sup> D.C.    LETICIA LOPEZ JUDGE, 389<sup>TH</sup> D.C.    L. KENO VASQUEZ JUDGE, 398<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 430<sup>TH</sup> D.C.    RENEE R. BETANCOURT JUDGE, 449<sup>TH</sup> D.C.    JOSE "JOE" RAMIREZ JUDGE, 464<sup>TH</sup> D.C.    YSMAEL FONSECA JUDGE, 476<sup>TH</sup> D.C.

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AMOUNT	PURPOSE
\$60,000.00	Award No. HHS000804500001 WIC Registered Dietician Program 012 FY24

CERTIFIED BY:

  
\_\_\_\_\_  
Linda Fong, CPFO

09/18/2023  
\_\_\_\_\_  
Date

**HIDALGO COUNTY DISTRICT JUDGES**

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AMOUNT  
\$50,000.00

PURPOSE  
Award No. HHS000804500001  
WIC Lactation Services Program 013 FY24

CERTIFIED BY:

  
Linda Fong, CPFO

09/18/2023  
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, 139<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    MARLA CUELLAR JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 370<sup>TH</sup> D.C.    LETICIA LOPEZ JUDGE, 389<sup>TH</sup> D.C.    L. KENO VASQUEZ JUDGE, 398<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 430<sup>TH</sup> D.C.    RENEE R. BETANCOURT JUDGE, 449<sup>TH</sup> D.C.    JOSE "JOE" RAMIREZ JUDGE, 464<sup>TH</sup> D.C.    YSMAEL FONSECA JUDGE, 476<sup>TH</sup> D.C.

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AMOUNT  
\$289,000.00

PURPOSE  
Award No. HHS000804500001  
WIC Lactation Support Center Program 017 FY24

CERTIFIED BY:

  
Linda Fong, CPFO

09/18/2023  
Date

### HIDALGO COUNTY DISTRICT JUDGES

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AMOUNT  
\$21,000.00

PURPOSE  
Award No. HHS000804500001  
WIC Extra Funding-TXIN Internet Program 022 FY24

CERTIFIED BY:

  
Linda Fong, CPFO

09/18/2023  
Date

**HIDALGO COUNTY DISTRICT JUDGES**

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AMOUNT  
\$28,000.00

PURPOSE  
Award No. HHS000804500001  
WIC Extra Funding Other Program 024 FY24

CERTIFIED BY:

  
\_\_\_\_\_  
Linda Fong, CPFO

09/18/2023  
\_\_\_\_\_  
Date

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AI-92439

WIC 16. A.

**CC REGULAR AGENDA SPECIAL MTG**

**Meeting Date:** 09/19/2023

**Submitted For:** Clarissa Ramirez, WIC

**Submitted By:** Esmeralda Medina

**Department:** WIC

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**CAPTION**

1. WIC ADMIN - Program 001 (1292): A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$9,365,000.00 for the contract period of October 1, 2023, through September 30, 2024. B. Requesting approval of the Certification of Revenue in the amount of \$9,365,000.00 as approved by the County Auditor for the FY 24 Admin Funding and appropriation of the same. 2. WIC Peer Counselor - Program 002 (1292): A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$1,030,826.00 for the contract period of October 1, 2023, through September 30, 2024. B. Requesting approval of Certification of Revenues in the amount of \$1,030,826.00 as certified by the County Auditor for the FY 24 BF Peer Counselor and appropriation of the same. 3. WIC Registered Dietitian - Program 012 (1292): A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$60,000.00 for the contract period of October 1, 2023, through September 30, 2024. B. Requesting approval of Certification of Revenues in the amount of \$60,000.00 as certified by the County Auditor for the FY 24 Registered Dietitian and appropriation of the same. 4. WIC Lactation Services - Program 013 (1292): A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$50,000.00 for the contract period of October 1, 2023, through September 30, 2024. B. Requesting approval of Certification of Revenues in the amount of \$50,000.00 as certified by the County Auditor for the FY 24 Lactation Services and appropriation of the same. 5. WIC Lactation Support Center - Program 017 (1292): A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$289,000.00 for the contract period of October 1, 2023, through September 30, 2024. B. Requesting approval of Certification of Revenues in the amount of \$289,000.00 as certified by the County Auditor for the FY 24 Lactation Support Center and appropriation of the same. 6. WIC Extra Funding TXIN Internet - Program 022 (1292): A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$21,000.00 for the contract period of October 1, 2023, through September 30, 2024. B. Requesting approval of Certification of Revenue in the amount of \$21,000.00 as certified by the County Auditor for the FY 24 Extra Funding TXIN Internet and appropriation of the same. 7. WIC Extra Funding Other - Program 024 (1292): A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$28,000.00 for the contract period of October 1, 2023, through September 30, 2024. B. Requesting approval of Certification of Revenue in the amount of \$28,000.00 as certified by the County Auditor for the FY 24 Extra Funding Other and appropriation of the same.

**BACKGROUND**

WIC Program will begin applying step increases in calendar year 2024 to be in compliance with CCP for all eligible employees. In addition, the WIC Program will also be applying the cost of living adjustment that the Hidalgo County adopts for calendar year 2024.

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**Fiscal Impact**

**CALENDAR YEAR:** 2023

**ACCT. #:** 3-1292-441-00-350-0XX-4-XXX

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

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

**BUDGETARY IMPACT:**

100% Federally Funded Programs:  
001, 002, 012, 013, 017, 022 & 024.

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**Attachments**

Notice of Award  
Special Projects  
BA PC FY24  
BA RD FY24  
BA LAC SVCS FY24  
BA LAC CENTER FY24  
BA EXTRA FND OTHER FY24  
BA EXTRA FND TXIN INTERNET FY24  
BA ADMIN FY24

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**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Veronica Ortiz	09/13/2023 04:36 PM
Final Approval		
Form Started By: Esmeralda Medina		Started On: 09/12/2023 03:26 PM



Monica Valdez <monica.avaldez@auditor.co.hidalgo.tx.us>

# F1292 Certification of Revenue for FY24 WIC

1 message

**Azael Munoz** <azael.munoz@wic.co.hidalgo.tx.us> Thu, Sep 14, 2023 at 2:47 PM  
To: Luis Salinas <luis.salinas@auditor.co.hidalgo.tx.us>, Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>, Monica Valdez <monica.avaldez@auditor.co.hidalgo.tx.us>  
Cc: Damaris San Miguel <damaris.sanmiguel@co.hidalgo.tx.us>, Jonathan Sanchez <jonathan.sanchez@co.hidalgo.tx.us>, Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Esmeralda Medina <esmeralda.medina@wic.co.hidalgo.tx.us>

Good afternoon Monica,

I want to request a Certification of Revenues for AI-92439 for the following programs with an accumulating total of \$10,843,826.00.

**1. WIC ADMIN-Program 001 - (1292):**  
3-1292-331-12-350-001-4-XXX  
\$9,365,000.00

**2. WIC Peer Counselor- Program 002**  
3-1292-331-12-350-002-4-XXX  
\$1,030,826.00

**3. WIC Registered Dietitian 012 - (1292):**  
3-1292-331-12-350-012-4-XXX  
\$60,000.00

**4. WIC - Lactation Services - Program 013 - (1292):**  
3-1292-331-12-350-013-4-XXX  
\$50,000.00

**5. WIC Lactation Support Center- Program 017 - (1292):**  
3-1292-331-12-350-017-4-XXX  
\$289,000.00

**6. Extra Funding TXIN Internet - Program 022 (1292):**  
3-1292-331-12-350-022-4-XXX  
\$21,000.00

**7. Extra Funding Other - Program 022 (1292):**  
3-1292-331-12-350-024-4-XXX  
\$28,000.00

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) 292-7000 Ext:4045

\$ 9,365,000.00
\$ 1,030,826.00
\$ 60,000.00
\$ 50,000.00
\$ 289,000.00
\$ 21,000.00
\$ 28,000.00
<b>\$ 10,843,826.00</b>





**BA ADMIN FY24.pdf**

221K



Monica Valdez <monica.avaldez@auditor.co.hidalgo.tx.us>

## F1292 Certification of Revenue for FY24 WIC

3 messages

**Azael Munoz** <azael.munoz@wic.co.hidalgo.tx.us>

Thu, Sep 14, 2023 at 2:47 PM

To: Luis Salinas <luis.salinas@auditor.co.hidalgo.tx.us>, Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Maria Munoz

<maria.munoz@auditor.co.hidalgo.tx.us>, Monica Valdez <monica.avaldez@auditor.co.hidalgo.tx.us>

Cc: Damaris San Miguel <damaris.sanmiguel@co.hidalgo.tx.us>, Jonathan Sanchez <jonathan.sanchez@co.hidalgo.tx.us>, Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Esmeralda Medina <esmeralda.medina@wic.co.hidalgo.tx.us>

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3-1292-331-12-350-001-4-XXX

\$9,365,000.00

**2. WIC Peer Counselor- Program 002**

3-1292-331-12-350-002-4-XXX

\$1,030,826.00

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

3-1292-331-12-350-012-4-XXX

\$60,000.00

**4. WIC - Lactation Services - Program 013 - (1292):**

3-1292-331-12-350-013-4-XXX

\$50,000.00

**5. WIC Lactation Support Center- Program 017 - (1292):**

3-1292-331-12-350-017-4-XXX

\$289,000.00

**6. Extra Funding TXIN Internet - Program 022 (1292):**

3-1292-331-12-350-022-4-XXX

\$21,000.00

**7. Extra Funding Other - Program 022 (1292):**

3-1292-331-12-350-024-4-XXX

\$28,000.00

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) 292-7000 Ext:4045**



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 **BA ADMIN FY24.pdf**  
221K

Thu, Sep 14, 2023 at 3:16 PM

**Esmeralda Medina** <esmeralda.medina@wic.co.hidalgo.tx.us>

To: Monica Valdez <monica.avaldez@auditor.co.hidalgo.tx.us>

Cc: Luis Salinas <luis.salinas@auditor.co.hidalgo.tx.us>, Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>, Damaris San Miguel <damaris.sanmiguel@co.hidalgo.tx.us>, Jonathan Sanchez <jonathan.sanchez@co.hidalgo.tx.us>, Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Azael Munoz <azael.munoz@wic.co.hidalgo.tx.us>

Good afternoon,

Attached please find a revised appropriation for Program 001.

Respectfully,

*Esmeralda Medina*

Accountant

Hidalgo County WIC

3105 W. University Dr.


Edinburg, TX 78539

(956) 381-4646 Ext:4043

[Esmeralda.medina@wic.co.hidalgo.tx.us](mailto:esmeralda.medina@wic.co.hidalgo.tx.us)

[Quoted text hidden]

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 **BA-FY24-001 ADM Revised.pdf**  
221K

Fri, Sep 15, 2023 at 8:43 AM

**Monica Valdez** <monica.avaldez@auditor.co.hidalgo.tx.us>

To: Azael Munoz <azael.munoz@wic.co.hidalgo.tx.us>

Hi Azael,

I noticed a typo on the email can you fix it so it says program 024

**7. Extra Funding Other - Program 022 (1292):**

3-1292-331-12-350-024-4-XXX

\$28,000.00

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

I hope you have a nice day.

Thank you,

On Thu, Sep 14, 2023 at 2:47 PM Azael Munoz <azael.munoz@wic.co.hidalgo.tx.us> wrote:

[Quoted text hidden]

--  
**Monica Valdez**

Accountant II

Hidalgo County Auditor's Office

2808 S. Business HWY 281

Edinburg, TX 78539

Phone (956) 318-2511 Ext.4635

Fax (956) 318-2577

[Monica.avaldez@auditor.co.hidalgo.tx.us](mailto:Monica.avaldez@auditor.co.hidalgo.tx.us)



June 30, 2023

**Cecile Erwin Young**  
Executive Commissioner

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

**RE: 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 2024 (October 1, 2023 to September 30, 2024) WIC Local Agency funding.

Your organization will be receiving the funding listed below:

Project	Project Contact	Project Total \$	Type of Allocation		
			Admin	Nutrition Education	Breast-feeding
Estimated General Admin Funding*	Elsa Rodriguez <a href="mailto:elsa.rodriquez2@hhs.texas.gov">elsa.rodriquez2@hhs.texas.gov</a>	\$10,967,106	X	X	X
Peer Counselor	Asia Sartor <a href="mailto:asia.sartor@hhs.texas.gov">asia.sartor@hhs.texas.gov</a>	\$1,030,826			X
Registered Dietitian	Stephanie Holland <a href="mailto:stephanie.holland1@hhs.texas.gov">stephanie.holland1@hhs.texas.gov</a>	\$60,000	X	X	X
Lactation Services	Tammye Farmer-Holloman (interim) <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$50,000			X
Lactation Support Center	Betzabel Botello <a href="mailto:betzabel.botello@hhs.texas.gov">betzabel.botello@hhs.texas.gov</a>	\$289,000			X
Innovation Center	Juliette Coronado <a href="mailto:Juliette.Coronado@hhs.texas.gov">Juliette.Coronado@hhs.texas.gov</a>	\$0	X	X	
Dietetic Internship	Melissa Mouton <a href="mailto:melissa.mouton@hhs.texas.gov">melissa.mouton@hhs.texas.gov</a>	\$0		X	
SNAP-Ed Nutrition on the Go	Allison McAdow (NGO) <a href="mailto:allison.mcadow@hhs.texas.gov">allison.mcadow@hhs.texas.gov</a>	\$0		X	
SNAP-Ed Health Care Providers	Anna Garcia (HCP) <a href="mailto:anna.garcia@hhs.texas.gov">anna.garcia@hhs.texas.gov</a>	\$0		X	
SNAP-Ed Peer Text	Asia Sartor (Peer Text) <a href="mailto:asia.sartor@hhs.texas.gov">asia.sartor@hhs.texas.gov</a>	\$0			X
SNAP-Ed Obesity Prevention-NE	Allison McAdow <a href="mailto:allison.mcadow@hhs.texas.gov">allison.mcadow@hhs.texas.gov</a>	\$0		X	

Project	Project Contact	Project Total \$	Type of Allocation		
			Admin	Nutrition Education	Breast-feeding
SNAP-Ed Breastfeeding	Anna Garcia <a href="mailto:anna.garcia@hhs.texas.gov">anna.garcia@hhs.texas.gov</a>	\$0			X
Extra Funding Summer Food Program	Marissa Gregurek <a href="mailto:marissa.gregurek@hhs.texas.gov">marissa.gregurek@hhs.texas.gov</a>	\$0	X		
Extra Funding TXIN Internet	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$21,000	X		
Extra Funding Improving Participant Experience	Amber Oltmann <a href="mailto:amber.oltmann@hhs.texas.gov">amber.oltmann@hhs.texas.gov</a>	\$0	X		
Extra Funding Other	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$28,000	X		
Other Projects	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$0	X		
<b>Total</b>		<b>\$12,445,932</b>			

\*Actual General Administrative funding amount is accrued monthly based on Funding Formula Rate (FFR): 13.76 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 2024

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.**

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICE	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
41		Services performed in accordance with Texas			
42	<i>Last day of the month</i>	contract between Health and Human Services			
43	<i>MM/DD/YY</i>	Commission and INPUT AGENCY NAME			
46				BF	<u>\$\$\$.\$\$</u>
49				TOTAL	<u>\$\$\$.\$\$</u>
50		Contract Term: 10/1/23 - 09/30/24			
51		Contract ID: HHSxxxxxxxxxx			
52		Invoice ID: MMY LA## PC			
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.

**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 SERVICES	21. QUANTIT	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		Admin	\$\$\$.\$\$
43	MM/DD/YY	Commission and INPUT AGENCY NAME		NE	\$\$\$.\$\$
44				BF	\$\$\$.\$\$
45				TOTAL	\$\$\$.\$\$
46					
49		Contract Term: 10/1/23 - 09/30/24			
50		Contract ID: HHSXXXXXXXXXXXXXX			
51		Invoice ID: MMY LA## RD			
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: 10/1/23 - 09/30/24		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSxxxxxxxxxxxx			
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 <b>INPUT AGENCY NAME</b>			
46				BF	\$\$\$.\$\$
47					
50		Contract Term: 10/1/23 - 09/30/24		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSXXXXXXXXXXXXXX			
52		Invoice ID: MMY LA## LSC			
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.

**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 conduct 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				Admin	\$\$\$.\$\$
45				NE	\$\$\$.\$\$
49					
50		Contract Term: 10/1/23 - 09/30/24		TOTAL	\$\$\$.\$\$
51		Contract ID: HHSXXXXXXXXXXXXXX			
52		Invoice ID: MMY LA## IC			
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.

**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 seven months (January through July).
  - 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 Dietetic Internship 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 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 MM/DD/YY	Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME		NE	\$\$\$.\$\$
42					
43					
44					
45					
49					
50		Contract Term: 10/1/23 - 09/30/24		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** - 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 the salaries and fringe benefits of WIC staff members who plan, develop, or implement SNAP-Ed 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 FY2023 [document](#).

Reimbursement of SNAP-Ed requires 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 dropdowns; 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 mm/dd/yy	Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME		Salary	\$\$\$.\$\$	
42				Fringe Benefits	\$\$\$.\$\$	
43				Contracts/SubGrants/Agre	\$\$\$.\$\$	
44				NonCap Equip/Office Supp	\$\$\$.\$\$	
45				Nutritional Edu. Materials	\$\$\$.\$\$	
46				Travel	\$\$\$.\$\$	
47				Bldg Space Lease/Rental	\$\$\$.\$\$	
48				Public Owned Bldg Space	\$\$\$.\$\$	
49				Maintenance/Repair	\$\$\$.\$\$	
50				Contract Term: 10/1/23 - 09/30/24	Instltl Membership/Subsc	\$\$\$.\$\$
51				Contract ID: HHSxxxxxxxxxxxx	Equipmt/Capital Expendit	\$\$\$.\$\$
52				Invoice ID: MMY LA## SNAP-Ed - CHOOSE	Indirect Cost	\$\$\$.\$\$
53	Project: CHOOSE FROM THE D	TOTAL	\$0.00			
54	24. CONTRACTOR CERTIFICATION		code and numb	25. Entered by		
55	Contractor Contact Name and Title		code and numb	Date		
56						
57						
58						

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 INPUT AGENCY NAME		Salary	\$\$\$.\$\$	
42				Fringe Benefits	\$\$\$.\$\$	
43				Contracts/SubGrants/Agre	\$\$\$.\$\$	
44				NonCap Equip/Office Supp	\$\$\$.\$\$	
45				Nutritional Edu. Materials	\$\$\$.\$\$	
46				Travel	\$\$\$.\$\$	
47				Bldg Space Lease/Rental	\$\$\$.\$\$	
48				Public Owned Bldg Space	\$\$\$.\$\$	
49				Maintenance/Repair	\$\$\$.\$\$	
50				Contract Term: 10/1/23 - 09/30/24	Instltl Membership/Subsc	\$\$\$.\$\$
51				Contract ID: HHSxxxxxxxxxxxx	Equipmt/Capital Expendit	\$\$\$.\$\$
52				Invoice ID: MMY LA## SNAP-Ed - CHOOSE	Indirect Cost	\$\$\$.\$\$
53	Project: CHOOSE FROM THE DROP DOWN	TOTAL	\$0.00			
54	24. CONTRACTOR CERTIFICATION	CHOOSE FROM THE DROP DOWN	code and numb	25. Entered by		
55	Contractor Contact Name and Title	SNAP-ED-Obesity Prevention (NE) SNAP-ED-Nutrition on the Go (NE) SNAP-ED-Breastfeeding-Friendly Community SNAP-ED-Peer Text (BF) SNAP-ED-Health Care Provider Campaign (B)	code and numb	Date		
56						
57						
58						

**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 Program (SFP)** – This special funding is for reimbursement of WIC SFP 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 SFP and allocate only to **Administration** 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.
- **Extra Nutrition Education (NE)** - All costs associated with providing nutrition education outside of Registered Dietitian and SNAP-Ed nutrition education 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:

- Paint and flooring
- Furniture
- Canvas Art
- Lighting, ceiling tiles, internal finishes
- Signage (indoor and outdoor)
- Toys

**Please note:** Clinic renovations, repairs and enhancements require State Agency approval.

**IPE Funding Requirements:** LAs will be requested to provide:

- Photos of the clinic spaces designated for enhancements.
  - Before photos are required when requesting project approval.
  - After photos required within 30 days of project completion.
- Design consultation (as needed).
- Clinic floor plans.
- Details of work plan for each space.
- Budget with estimated itemized cost.
- Quarterly updates 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 "22.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	MM/DD/YY	Commission and INPUT AGENCY NAME		Internet	\$\$\$.\$\$
44				IPE	\$\$\$.\$\$
45				Other	\$\$\$.\$\$
46				TOTAL	\$\$\$.\$\$
47					
48					
49					
50		Contract Term: 10/1/23 - 09/30/24			
51		Contract ID: HHSXXXXXXXXXXXX			
52		Invoice ID: MMY LA## EXTRA			
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: September 19, 2023

**2023**

**Appropriation  
AI-92439**



DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-002-4-XXX WIC P/C PRG

Contact Person: Azael D. Munoz Ph#: (956)381-4646

**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
3-1292-441-00-350-002-4-113	WIC P/C PRG-REG F/T EMPLOYEES	632,646.00
3-1292-441-00-350-002-4-115	WIC P/C PRG-LONGEVITY PAY	14,280.00
3-1292-441-00-350-002-4-211	WIC P/C PRG-HEALTH INSURANCE	238,062.00
3-1292-441-00-350-002-4-212	WIC P/C PRG-LIFE INSURANCE	1,282.00
3-1292-441-00-350-002-4-220	WIC P/C PRG-FICA	49,490.00
3-1292-441-00-350-002-4-230	WIC P/C PRG-RETIREMENT	83,461.00
3-1292-441-00-350-002-4-250	WIC P/C PRG-UNEMPLOYMENT COMP	3,882.00
3-1292-441-00-350-002-4-532	WIC P/C PRG-WIRELESS DEVICES	1,500.00
3-1292-441-00-350-002-4-550	WIC P/C PRG-PRINTING & BINDING	1,000.00
3-1292-441-00-350-002-4-581	WIC P/C PRG-TRAVEL IN COUNTY	1,000.00
3-1292-441-00-350-002-4-583	WIC P/C PRG-TRAVEL OUT OF COUNTY	1,200.00
3-1292-441-00-350-002-4-584	WIC P/C PRG-REGISTRATION FEES	1,000.00
3-1292-441-00-350-002-4-610	WIC P/C PRG-GENERAL SUPPLIES	2,023.00
3-1292-331-12-350-002-4-000	WIC P/C PRG-REVENUES	1,030,826.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>1,030,826.00</b>

**REASON:** To appropriate the WIC Peer Counselor (Breastfeeding) FY2024 (October 1, 2023 to September 30, 2024) grant funding awarded by the United States Department of Agriculture (USDA), pass through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

\$ 1,030,826.00	\$ 2,023.00	\$ 1,000.00	\$ 1,200.00	\$ 1,000.00	\$ 1,000.00	\$ 1,500.00	\$ 3,882.00	\$ 83,461.00	\$ 49,490.00	\$ 1,282.00	\$ 238,062.00	\$ 14,280.00	\$ 632,646.00
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DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

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

DATE: September 19, 2023

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-012-4-XXX WIC REG DIETITIAN

Contact Person: Azael D. Munoz Ph#: (956)381-4646

**2023**  
Appropriation  
AI-92439



**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
3-1292-441-00-350-012-4-113	WIC REG DIETITIAN-REG F/T EMPLOYEES	36,862.00
3-1292-441-00-350-012-4-211	WIC REG DIETITIAN-HEALTH INSURANCE	10,821.00
3-1292-441-00-350-012-4-212	WIC REG DIETITIAN-LIFE INSURANCE	58.00
3-1292-441-00-350-012-4-220	WIC REG DIETITIAN-FICA	4,434.00
3-1292-441-00-350-012-4-230	WIC REG DIETITIAN-RETIREMENT	7,477.00
3-1292-441-00-350-012-4-250	WIC REG DIETITIAN-UNEMPLOYMENT COMP	348.00
3-1292-331-12-350-012-4-000	WIC REG DIETITIAN-REVENUES	60,000.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>60,000.00</b>

**REASON:**

To appropriate the WIC Registered Dietitian FY2024 (October 1, 2023, to September 30, 2024) grant funding awarded by the United States Department of Agriculture (USDA), passed through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

\$ 36,862.00
\$ 10,821.00
\$ 58.00
\$ 4,434.00
\$ 7,477.00
\$ 348.00
<b>\$ 60,000.00</b>

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

/ /  
DATE

ATTEST COUNTY CLERK

DATE: September 19, 2023

DEPARTMENT HEAD: Clarissa Ramirez

**2023**  
Appropriation  
AI-92439



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-013-4-XXX WIC LACTATION SVCS

Contact Person: Azael D. Munoz Ph#: (956)381-4646

**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
3-1292-441-00-350-013-4-113	WIC LACTATION SVCS-REG F/T EMPLOYEES	33,576.00
3-1292-441-00-350-013-4-211	WIC LACTATION SVCS-HEALTH INSURANCE	7,575.00
3-1292-441-00-350-013-4-212	WIC LACTATION SVCS-LIFE INSURANCE	40.00
3-1292-441-00-350-013-4-220	WIC LACTATION SVCS-FICA	3,186.00
3-1292-441-00-350-013-4-230	WIC LACTATION SVCS-RETIREMENT	5,373.00
3-1292-441-00-350-013-4-250	WIC LACTATION SVCS-UNEMPLOYMENT COMP	250.00
3-1292-331-12-350-013-4-000	WIC LACTATION SVCS-REVENUES	50,000.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>50,000.00</b>

**REASON:**

To appropriate the WIC Lactation Services FY2024 (October 1, 2023, to September 30, 2024) grant funding awarded by the United States Department of Agriculture (USDA), passed through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

\$ 33,576.00
\$ 7,575.00
\$ 40.00
\$ 3,186.00
\$ 5,373.00
\$ 250.00
<b>\$ 50,000.00</b>

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

/ /  
DATE

ATTEST COUNTY CLERK

DATE: September 19, 2023

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-017-4-XXX WIC LAC CENTER

Contact Person: Azael D. Munoz Ph#: (956)381-4646

**2023**  
Appropriation  
AI-92439



**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
3-1292-441-00-350-017-4-113	WIC LAC CENTER-REG F/T EMPLOYEES	151,334.00
3-1292-441-00-350-017-4-115	WIC LAC CENTER-LONGEVITY PAY	1,920.00
3-1292-441-00-350-017-4-211	WIC LAC CENTER-HEALTH INSURANCE	33,545.00
3-1292-441-00-350-017-4-212	WIC LAC CENTER-LIFE INSURANCE	181.00
3-1292-441-00-350-017-4-220	WIC LAC CENTER-FICA	11,724.00
3-1292-441-00-350-017-4-230	WIC LAC CENTER-RETIREMENT	19,771.00
3-1292-441-00-350-017-4-250	WIC LAC CENTER-UNEMPLOYMENT COMP	920.00
3-1292-441-00-350-017-4-441	WIC LAC CENTER-LAND & BLDG RENT	31,000.00
3-1292-441-00-350-017-4-531	WIC LAC CENTER-TELEPHONE	2,000.00
3-1292-441-00-350-017-4-610	WIC LAC CENTER-GENERAL SUPPLIES	36,605.00
3-1292-331-12-350-017-4-000	WIC LAC CENTER-REVENUES	289,000.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>289,000.00</b>

**REASON:**

To appropriate the WIC Lactation Services Center FY2024 (October 1, 2023 to September 30, 2024) 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

\$ 151,334.00
\$ 1,920.00
\$ 33,545.00
\$ 181.00
\$ 11,724.00
\$ 19,771.00
\$ 920.00
\$ 31,000.00
\$ 2,000.00
\$ 36,605.00
<b>\$ 289,000.00</b>

DATE: September 19, 2023

DEPARTMENT HEAD: Clarissa Ramirez

**2023**  
Appropriation  
AI-92439



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-022-4-XXX WIC EXTRA FUNDING TXIN INTERNET

Contact Person: Azael D. Munoz Ph#: (956)381-4646

**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
3-1292-441-00-350-022-4-532	WIC EXTRA FND-WIRELESS DEVICES	10,000.00
3-1292-441-00-350-022-4-534	WIC EXTRA FND-INTERNET	11,000.00
3-1292-331-12-350-022-4-000	WIC EXTRA FND-REVENUES	21,000.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>21,000.00</b>

**REASON:**

To appropriate the Extra Funding TXIN Internetr FY24 ( October 1, 2023, to September 30, 2024) grant funding awarded by the United States Department of Agriculture (USDA), passed through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

**\$10,000.00**

**\$11,000.00**

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**\$21,000.00**

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DEPARTMENT HEAD SIGNATURE

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APPROVED COMMISSIONERS' COURT

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DATE

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ATTEST COUNTY CLERK

DATE: September 19, 2023

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 3-1292-441-00-350-024-4-XXX WIC EXTRA FUNDING OTHER

Contact Person: Azael D. Munoz Ph#: (956)381-4646

**2023**  
Appropriation  
AI-92439



**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
3-1292-441-00-350-024-4-583	WIC EXTRA FUND OTHER-TRAVEL OUT OF COUNTY	10,000.00
3-1292-441-00-350-024-4-584	WIC EXTRA FUND OTHER-REGISTRATION FEES	10,000.00
3-1292-441-00-350-024-4-610	WIC EXTRA FUND OTHER-GENERAL SUPPLIES	8,000.00
3-1292-331-12-350-024-4-000	WIC EXTRA FUNDING OTHER REVENUES	28,000.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>28,000.00</b>

**REASON:**

To appropriate the WIC Extra Funding Other FY24 (October 1, 2023, to September 30, 2024) grant funding awarded by the United States Department of Agriculture (USDA), passed through by the Texas Health & Human Services Commission (HHSC), contract #HHS000804500001

\$ 10,000.00
\$ 10,000.00
\$ 8,000.00
<b>\$ 28,000.00</b>

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

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DATE

ATTEST COUNTY CLERK