



HIDALGO COUNTY AUDITOR'S OFFICE

2808 SOUTH BUSINESS HIGHWAY 281
EDINBURG, TEXAS 78539-6243

PHONE: (956) 318-2511 FAX: (956) 318-2577
www.hidalgocounty.us/294/Auditors-Office

April 29, 2025

The Honorable Richard F. Cortez, Hidalgo County Judge
The Honorable David L. 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, Letty Chavez, 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	PURPOSE
\$400,000.00	Award No. HHS000804500001 WIC Administrative Program 001 FY25

CERTIFIED BY:



Letty Chavez
County Auditor

4/23/2025

Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92ND D.C. FERNANDO MANCIAS JUDGE, 93RD D.C. J. R. "BOBBY" FLORES JUDGE, 139TH D.C. ROSE GUERRA REYNA JUDGE, 206TH D.C. MARLA CUELLAR JUDGE, 275TH D.C. JUAN R. ALVAREZ JUDGE, 332ND D.C. NOE GONZALEZ JUDGE, 370TH D.C. LETICIA LOPEZ JUDGE, 389TH D.C. L. KENO VASQUEZ JUDGE, 398TH D.C. ORLANDO ESQUIVEL JUDGE, 430TH D.C. RENEE R. BETANCOURT JUDGE, 449TH D.C. JOSE "JOE" RAMIREZ JUDGE, 464TH D.C. NEREIDA LOPEZ-SINGLETERRY JUDGE, 476TH D.C.

AI-99138 ✓

WIC 40.0.

CC REGULAR AGENDA SPECIAL MTG

Meeting Date: 04/29/2025 ✓

Submitted For: Clarissa Ramirez, WIC

Submitted By: Esmeralda Medina

Department: WIC

CAPTION

WIC ADMIN - Program 001 (1292):

1. Requesting approval of the Certification of Revenue by the County Auditor in the amount of ✓\$400,000.00 and appropriation of the same.

BACKGROUND

Fiscal Impact

CALENDAR YEAR: 2025 ✓

ACCT. #: 5-1292-441-00-350-001-5-XXX ✓

FUNDS AVAILABLE Y/N?: Y ✓

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Funds available.

Attachments

COR

Appropriation

Form Review

Inbox

Budget & Management

Final Approval

Form Started By: Esmeralda Medina

Reviewed By

Veronica Ortiz

Date

04/22/2025 08:59 AM

Started On: 04/17/2025 08:48 AM



Roy Gonzalez <roy.gonzalez@auditor.co.hidalgo.tx.us>

F1292 Certification of Revenue for FY25 WIC ✓

1 message

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

Thu, Apr 17, 2025 at 9:40 AM

To: Letty Chavez <letty.chavez@auditor.co.hidalgo.tx.us>

Cc: Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Roy Gonzalez <roy.gonzalez@auditor.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>, Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Azael Munoz <azael.munoz@wic.co.hidalgo.tx.us>

Good morning,

The WIC department would like to request a Certification of Revenues for AI-99138 for the following program with an accumulating total of **\$400,000.00**. ✓

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

5-1292-331-12-350-001-5-XXX

\$400,000.00

If you require anything further, let us know.

Respectfully,

Esmeralda Medina

Division Manager, Grants Accounting

Hidalgo County WIC

3105 W. University Dr.

Edinburg, TX 78539

(956) 381-4646 Ext:4043

Esmeralda.medina@wic.co.hidalgo.tx.us

BA-FY25-001.pdf
216K

\$ 67,000.00
\$ 5,000.00
\$ 179,000.00
\$ 70,000.00
\$ 20,000.00
\$ 5,000.00
\$ 24,000.00
\$ 30,000.00
\$ 400,000.00

REVIEWED
By Maria Munoz at 1:32 pm, Apr 23, 2025



Roy Gonzalez <roy.gonzalez@auditor.co.hidalgo.tx.us>

1292-WIC Request to Appropriate Funds

3 messages

Esmeralda Medina <esmeralda.medina@wic.co.hidalgo.tx.us> Tue, Apr 15, 2025 at 8:41 AM

To: Letty Chavez <letty.chavez@auditor.co.hidalgo.tx.us>
Cc: Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Azael Munoz <azael.munoz@wic.co.hidalgo.tx.us>, Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Roy Gonzalez <roy.gonzalez@auditor.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>



Good morning,

The WIC Department would like to request an appropriation in the amount of \$400,000.00. Currently, we have a surplus of \$1,086,439.21 (please see the attached Surplus Page for reference).

The requested funds are needed to cover operating expenses such as rent, longevity pay, insurance, telephone, supplies and a few other object codes.

Please let us know if we can appropriate the requested funds so that we can begin the process as soon as possible.

Respectfully,

Esmeralda Medina

Division Manager, Grants Accounting
Hidalgo County WIC
3105 W. University Dr.
Edinburg, TX 78539

(956) 381-4646 Ext:4043
Esmeralda.medina@wic.co.hidalgo.tx.us

5. Feb - LA12 FFY25 Hidalgo County dba Hidalgo County Health & Human Services.xlsx
1477K

Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us> Wed, Apr 16, 2025 at 11:27 AM

To: Esmeralda Medina <esmeralda.medina@wic.co.hidalgo.tx.us>
Cc: Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Letty Chavez <letty.chavez@auditor.co.hidalgo.tx.us>, Azael Munoz <azael.munoz@wic.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>, Roy Gonzalez <roy.gonzalez@auditor.co.hidalgo.tx.us>



Esmer,

Yes, WIC may appropriate an additional \$400,000. Please note the average rate of participation should be maintained at 57,500 in order to not fall in a deficit. If in three months it appears to be falling into a deficit we would need to reevaluate and deobligate in order to not overspend. Please prepare the necessary agenda. Let me know if you have any questions.

[Quoted text hidden]

--

Minerva Diaz

Grants Accounting Supervisor

Hidalgo County Auditor's Office

2808 S. Business HWY 281

Edinburg, TX 78539

Phone (956) 318-2511 Ext. 4675

Fax (956) 318-2577

minerva.diaz@auditor.co.hidalgo.tx.us

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

Wed, Apr 16, 2025 at 11:30 AM

To: Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>

Cc: Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Letty Chavez <letty.chavez@auditor.co.hidalgo.tx.us>, Azael Munoz <azael.munoz@wic.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>, Roy Gonzalez <roy.gonzalez@auditor.co.hidalgo.tx.us>

Good morning Minerva,

Understood and will do.

Thank you,

Esmeralda Medina

Division Manager, Grants Accounting

Hidalgo County WIC

[3105 W. University Dr.](#)

[Edinburg, TX 78539](#)

(956) 381-4646 Ext:4043

Esmeralda.medina@wic.co.hidalgo.tx.us

[Quoted text hidden]

DATE: April 17, 2025

DEPARTMENT HEAD: Clarissa Ramirez ✓

DEPARTMENT NAME: WIC ✓

ACCOUNT NUMBER: 5-1292-441-00-350-001-5-XXX WIC ADM ✓

Contact Person: Esmer Medina Ph#: (956)381-4646

2025
Appropriation
AI-99138



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	
5-1292-441-00-350-001-5-115 ✓	WIC ADM-LONGEVITY PAY ✓	\$ 67,000.00	67,000.00
5-1292-441-00-350-001-5-430 ✓	WIC ADM-REPAIR & MAINT SRV ✓	\$ 5,000.00	5,000.00
5-1292-441-00-350-001-5-441 ✓	WIC ADM-LAND & BLDG RENT ✓	\$ 179,000.00	179,000.00
5-1292-441-00-350-001-5-520 ✓	WIC ADM-INSURANCE ✓	\$ 70,000.00	70,000.00
5-1292-441-00-350-001-5-531 ✓	WIC ADM-TELEPHONE ✓	\$ 20,000.00	20,000.00
5-1292-441-00-350-001-5-532 ✓	WIC ADM-WIRELESS DEVICES ✓	\$ 5,000.00	5,000.00
5-1292-441-00-350-001-5-610 ✓	WIC ADM-GENERAL SUPPLIES ✓	\$ 24,000.00	24,000.00
5-1292-441-00-350-001-5-622 ✓	WIC ADM-ELECTRICITY ✓	\$ 30,000.00	30,000.00
		\$ 400,000.00	
5-1292-331-12-350-001-5-000 ✓	WIC ADM REVENUES ✓		400,000.00 ✓
TOTAL BUDGET INCREASE (DECREASE)			400,000.00 ✓

REASON:

To appropriate additional funding for the WIC General Admin FY25 (October 1, 2024, to September 30, 2025) 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

REVIEWED
By Maria Munoz at 1:33 pm, Apr 23, 2025



June 27, 2024 ✓

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 2025 (October 1, 2024 to September 30, 2025) 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
001	Estimated General Admin Funding*	Elsa Rodriguez elsa.rodriquez2@hhs.texas.gov	\$11,712,849 ✓	X	X	X
002	Peer Counselor	Asia Sartor asia.sartor@hhs.texas.gov	\$1,281,000			X
012	Registered Dietitian	Stephanie Holland stephanie.holland1@hhs.texas.gov	\$60,000	X	X	X
013	Lactation Services	Zoe Adams zoe.adams@hhs.texas.gov	\$50,000			X
017	Lactation Support Center	Betzabel Botello betzabel.botello@hhs.texas.gov	\$350,000			X
	Dietetic Internship	Melissa Mouton melissa.mouton@hhs.texas.gov	\$0		X	
	SNAP-Ed Nutrition Education	Christine Least christine.least@hhs.texas.gov	\$0		X	
028	SNAP-Ed Breastfeeding	Anna Garcia anna.garcia@hhs.texas.gov	\$50,000			X
020	Extra Funding Summer Meal Program	Marissa Gregurek marissa.gregurek@hhs.texas.gov	\$13,548		X	
022	Extra Funding TXIN Internet	Tammye Farmer-Holloman tammye.farmerholloman@hhs.texas.gov	\$54,868	X		
	Extra Funding Improving Participant Experience	Amber Oltmann amber.oltmann@hhs.texas.gov	\$0	X		

	Project	Project Contact	Project Total \$	Type of Allocation		
				Admin	Nutrition Education	Breast-feeding
027	Extra Funding Nutrition Education	Akata Sanghani akata.sanghani@hhs.texas.gov	\$60,000		X	
024	Extra Funding Other	Tammye Farmer-Holloman tammye.farmerholloman@hhs.texas.gov	\$398,000	X		
	Miscellaneous Projects	Tammye Farmer-Holloman tammye.farmerholloman@hhs.texas.gov	\$0	X		
	Total		\$14,030,265			

*Actual General Administrative funding amount is accrued monthly based on Funding Formula Rate (FFR)\$14.72: per participant plus any earned incentives.

The Dietetic Internship funding is added based on application only, this funding will be reduced if a selection is not made for your local agency.

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 reimbursement requested amount is exceeded, the invoice will be returned to the Local Agency for correction and resubmission.

For questions regarding purchase requests, please contact 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.

Sincerely,



Edgar Curtis, Texas WIC Director
Health and Human Services Commission

cc: Richard F. Cortez, Hidalgo County Judge

AI-96454

WIC 38. B.

CC REGULAR AGENDA SPECIAL MTG

Meeting Date: 09/17/2024

Submitted For: Clarissa Ramirez, WIC

Submitted By: Esmeralda Medina

Department: WIC

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 \$9,500,000.00 for the contract period of October 1, 2024, through September 30, 2025.

B. Requesting approval of the Certification of Revenue in the amount of \$9,500,000.00 as approved by the County Auditor for the FY25 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 \$1,281,000.00 for the contract period of October 1, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenues in the amount of \$1,281,000.00 as certified by the County Auditor for the FY25 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, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenues in the amount of \$60,000.00 as certified by the County Auditor for the FY25 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, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenues in the amount of \$50,000.00 as certified by the County Auditor for the FY25 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 \$350,000.00 for the contract period of October 1, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenues in the amount of \$350,000.00 as certified by the County Auditor for the FY25 Lactation Support Center and appropriation of the same.

6. WIC Extra Funding Summer Meal Program - Program 020 (1292):

A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS000804500001 award in the amount \$13,548.00 for the contract period of October 1, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenues in the amount of \$13,548.00 as certified by the County Auditor for the FY25 Summer Food Program and appropriation of the same.

7. 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 \$54,868.00 for the contract period of October 1, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenue in the amount of \$54,868.00 as certified by the County Auditor for the FY25 Extra Funding TXIN Internet and appropriation of the same.

8. 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 \$398,000.00 for the contract period of October 1, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenue in the amount of \$398,000.00 as certified by the County Auditor for the FY25 Extra Funding Other and appropriation of the same.

9. WIC Extra Funding Nutrition Education - Program 027 (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, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenue in the amount of \$60,000.00 as certified by the County Auditor for the FY25 Extra Funding Nutrition Education and appropriation of the same.

10. WIC SNAP-Ed Breastfeeding - Program 028 (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, 2024, through September 30, 2025.

B. Requesting approval of Certification of Revenues in the amount of \$50,000.00 as certified by the County Auditor for the FY25 SNAP-Ed Breastfeeding and appropriation of the same.

BACKGROUND

WIC Program will begin applying step increases in calendar year 2025 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 2025.

Fiscal Impact

CALENDAR YEAR: 2024

ACCT. #: 4-1292-441-00-350-0XX-5-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

100% Federally Funded Programs: 001, 002, 012, 013, 017, 020, 022, 024, 027 & 028.

Attachments

Notice of Award

Special Projects

BA-FY25-001

BA-FY25-002

BA-FY25-012
BA-FY25-013
BA-FY25-017
BA-FY25-022
BA-FY25-024
BA-FY25-027
BA-FY25-028
BA-FY25-020
COR Request

Form Review

Inbox

Budget & Management

Final Approval

Form Started By: Esmeralda Medina

Reviewed By

Veronica Ortiz

Date

09/12/2024 08:39 AM

Started On: 08/21/2024 11:20 AM

Special Projects Funding and Allowable Costs

Fiscal Year 2025

Note: Not all agencies are approved for all special projects.

Peer Counselor (PC) –The purpose of Peer Counselor funds is to provide local agencies with resources to support staffing and development of Breastfeeding Peer Counselors (PCs) and the tools, equipment and associated costs needed for quality Peer Counselors. See *WIC Policy BF:03.0* for guidance on Breastfeeding Peer Counselors. 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 LA breastfeeding support.

Please note that all agencies are required to have a Peer Counselor on staff (*WIC Policy GA:14.0*).

Reimbursement of Peer Counselor Services requires the use of the PC Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and allocate only to the BF category as indicated under the “22. Unit Price” column.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT
41		Services performed in accordance with Texas WIC			
42	Last day of the month	contract between Health and Human Services			
43	MM/DD/YY	Commission and INPUT AGENCY NAME			
46				BF	\$\$\$.\$\$
49				TOTAL	\$\$\$.\$\$
50		Contract Term: 10/1/24 - 09/30/25			
51		Contract ID: HHSXXXXXXXXXXXX			
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.
- 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 requires the use of the RD Invoice template. 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. 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					
42						Admin	\$\$\$.\$\$
43						NE	\$\$\$.\$\$
44						BF	\$\$\$.\$\$
45						TOTAL	\$\$\$.\$\$
46							
49		Contract Term: 10/1/24 - 09/30/25					
50		Contract ID: HHSxxxxxxxxxxxx					
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 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 requires the use of the LS Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and 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	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				
42						
43						
44						
45					BF	\$\$\$.\$\$
46						
47						
48		Contract Term: 10/1/24 - 09/30/25		TOTAL	\$\$\$.\$\$	
49		Contract ID: HHSxxxxxxxxxxxx				
50		Invoice ID: MMY LA## Lact				
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 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 Lactation Support Centers requires the use of the LSC Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and 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	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				
42						
43						
44						
45					BF	\$\$\$.\$\$
46						
47						
48		Contract Term: 10/1/24 - 09/30/25		TOTAL	\$\$\$.\$\$	
49		Contract ID: HHSxxxxxxxxxxxx				
50		Invoice ID: MMY LA## LSC				
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.

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.
 - Funding of \$50,000 will be included in the WIC Initial funding letter for all applicants to the DI Program. However, once the candidates are selected, the SA will adjust the funding to align with the submitted and approved financial assistance request forms. Local agencies whose applicants were not selected would see a removal of the initial \$50,000 funding in their ensuing Revised Notice of Funding.
 - 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 the Nutrition Education (NE) category.

Reimbursement of Dietetic Internship requires the use of the DI Invoice template. As indicated below, under “20. Description of Goods and Service” column, if possible, please use the indicated Invoice ID framework and allocate to NE 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	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		Contract Term: 10/1/24 - 09/30/25		TOTAL	\$\$\$.\$\$	
50		Contract ID: HHSXXXXXXXXXXXX				
51		Invoice ID: MMY LA## DI				
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.

SNAP-Ed - SNAP-Ed projects will focus obesity prevention activities through nutrition education and breastfeeding initiatives for WIC and SNAP-eligible populations. SNAP-Ed funds may be used for expenses detailed in your accepted project budget. These may include salaries and fringe benefits of WIC staff members for time spent planning, developing, or implementing SNAP-Ed activities. SNAP-Ed funds may also be used for nutrition education reinforcement items (\$5 or less per item.) [SNAP-Ed Resources for Local Agencies \(egnyte.com\)](https://egnyte.com) contains additional information, including *Texas WIC SNAP-Ed Guidance*, *USDA SNAP-Ed Guidance* and *USDA Financial and Cost Policy*, which includes a detailed list of SNAP-Ed allowable costs. Submit a separate invoice for each project.

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 as indicated in your accepted project budget.

Step 1) Choose ID.

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: 10/1/24 - 09/30/25		Insttitl Membership/Subsc
51		Contract ID: HHSXXXXXXXXXXXX		Equipmt/Capital Expendit	\$\$\$.\$\$
52		Invoice ID: MMY LA## SNAP-Ed -	CHOOSE	Indirect Cost	\$\$\$.\$\$
53			CHOOSE	TOTAL	\$0.00
54		Project: CHOOSE FROM THE D	BF		
55			NE		
56	24. CONTRACTOR CERTIFICATION		code and numb	25. Entered by	

Step 2) Choose Project.

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 Commision and <i>INPUT AGENCY NAME</i> Contract Term: 10/1/24 - 09/30/25 Contract ID: HHSxxxxxxxxxxxx Invoice ID: MMY LA## SNAP-Ed - CHOOSE		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				Institl Membership/Subsc	\$\$\$.\$\$
51				Equipmt/Capital Expendit	\$\$\$.\$\$
52				Indirect Cost	\$\$\$.\$\$
53					TOTAL
54	Project:	CHOOSE FROM THE DROP DOWN			
55	24. CONTRACTOR CERTIFICATION	CHOOSE FROM THE DROP DOWN	code and numb	25. Entered by	
56		SNAP-ED-Breastfeeding Initiative (BF)			
57	Contractor Contact Name and Title	SNAP-ED-Nutrition Education Initiative (NE)	code and numb	Date	
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. Do not alter cost categories.

EXTRA Funding

- **WIC Summer Meals Program (SMP)** – This special funding is for reimbursement of WIC SMP allowable costs. Funding is designed to assist with incidental expenses that may include hiring temporary staff to help implement the nutrition education support program, purchasing non-consumable supplies such as trash cans, trash can liners, portable tables and chairs, reusable table covers, etc.
- **TXIN Internet** – All internet related costs associated with keeping the TXIN system online with an internet service provider.
 - Allowable costs include, but are not limited to:
 - Internet service fees
 - Cradle points (not paid by the state agency)
 - Fiber optics
 - Wi-Fi
 - MiFi and hotspots (includes cell phone fees if used for hotspots)
 - Cabling, modem, router
- **Extra Nutrition Education (NE)** – The cost of technology, equipment, and reinforcement items associated with providing nutrition education outside of Registered Dietitian and SNAP-Ed nutrition education activities.
- **Improving the 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.

Allowable costs include, but are not limited to:

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

IPE Funded Project Requirements:

- Use State Agency developed design themes which include color palette, furniture style, decor, etc. in your clinic upgrade to align with the goals of the IPE project. Please refer to the Texas WIC Design Guidelines and Catalog, located in Egnyte [Special Projects/IPE](#) .
 - Submit all required project data for each site with FY25 Funding Survey.
 - Provide a justification for clinic enhancements or repairs.
 - Submit floor plans of spaces to be improved.
 - Upload "before" photos of the clinic spaces to your Local Agency Sharing Site folder or email the photos to doreen.laduca@hhs.texas.gov and amber.oltman@hhs.texas.gov.
 - Obtain a professional design consultation with Jordan Michael Design, as needed.
 - Submit IPE project approval requests to WICLARRequests@hhs.texas.gov for projects over \$5,000 and when using items not included in the Texas WIC Design Guidelines and Catalog.
 - Submit "after" photos within 30 days of project completion.
 - Adhere to all WIC accounting policies regarding obtaining state agency/USDA approvals.
 - Encumber all FY25 IPE funds by September 30, 2025.
 - Submit final invoices to the state agency by December 29, 2025.
- **Extra Other** – All costs associated with the following subcategories:
 - **Computers / Cell phones** – Includes the hardware and its immediate peripherals. Does not include ongoing monthly fees.
 - **Conference / Trainings** – Associated with the staff's position description.
 - **One-time IT Services** – Includes IT installation, set-up, repairs. Does not include IT salaries and ongoing IT fees.
 - **Outreach items / Media**
 - **Signature pads, EBT readers / writers**
 - **Two-way texting**
 - **Vehicles** – Includes the purchase of new vehicles and its WIC branded wrapping. Does not include ongoing maintenance, repairs, and parts.

Reimbursement invoices for Extra Funding Projects can be billed on one Extra Funding Invoice. Identify the project (SMP, TXIN Internet, IPE, Extra NE, 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			
43	MM/DD/YY	Commission and INPUT AGENCY NAME		SMP NE	\$\$\$.\$\$
44				Internet	\$\$\$.\$\$
45				NE	\$\$\$.\$\$
46				IPE	\$\$\$.\$\$
47				Other	\$\$\$.\$\$
48				TOTAL	\$0.00
49		Contract Term: 10/1/24 - 09/30/25			
50		Contract ID: HHSxxxxxxxxxxxx			
51		Invoice ID: MMY LA## EXTRA			
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.

All funding is awarded with the understanding that any procurements using these funds will be in compliance with the Texas Grants Management Standards (TXGMS) <https://comptroller.texas.gov/purchasing/grant-management/>, 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 supplies, equipment and 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.

FY25 TXIN Hardware Specifications and Costs

October 1, 2024

NOTE: All computers should be telehealth capable with Windows 11 Pro.

Business Class Laptop	Cost
Intel i5 (or equivalent - minimum)	
16GB Memory	
256GB solid-state drive (SSD)	
15+ inch FHD (1920 x 1080)	
Ethernet/WiFi/Camera/Microphone	
4-year next business day (NBD) warranty	
4-year accidental damage coverage	\$1900.00

Business Class Desktop	Cost
Intel i5 (or equivalent - minimum)	
16GB Memory	
256GB solid-state drive (SSD)	
Ethernet/WiFi/Camera/Microphone	
4-year next business day (NBD) warranty	\$1200.00

Business Class Tablet	Cost
Intel i5 (or equivalent - minimum)	
16GB Memory	
12+ inch touchscreen	
256GB solid-state drive (SSD)	
Keyboard (detachable, acts as screen cover)	
WiFi/Camera/Microphone	
4-year next business day (NBD) warranty	
4-year accidental damage coverage	\$1900.00

Peripherals	Cost
Tablet dock	\$350.00
Laptop dock	\$350.00
Active stylus	\$90.00
1080P Webcam/microphone	\$70.00
Wireless keyboard and mouse	\$80.00
Laptop/tablet bag	\$100.00
24-inch LCD monitor	\$300.00
Cradlepoint mobile router w/ WIFI	\$750.00
REINER SCT cyberJack USB card reader NOTE: email sales@solisystems.com or rome.jette@solisystems.com to request a quote. Please include a contact name and phone number, Local Agency name and shipping address, and quantity needed.	\$300.00
Wacom STU-430 USB Signature Pad, Pen	\$300.00