



# HIDALGO COUNTY AUDITOR'S OFFICE

2808 SOUTH BUSINESS HIGHWAY 281  
EDINBURG, TEXAS 78539-6243

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www.hidalgocounty.us/294/Auditors-Office

October 14, 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 Commission. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$50,000.00	Award No. HHS001503400008 WIC Breastfeeding Initiative Program 031 FY26

CERTIFIED BY:

  
\_\_\_\_\_  
Letty Chavez  
County Auditor

10/9/2025  
\_\_\_\_\_  
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-101048 ✓

WIC 40. A.

**CC REGULAR AGENDA SPECIAL MTG**

**Meeting Date:** 10/14/2025 ✓

**Submitted For:** Clarissa Ramirez, WIC ✓

**Submitted By:** Esmeralda Medina ✓

**Department:** WIC

**CAPTION**

- ✓ 1. WIC Breastfeeding Initiative - Program 031 (1292):
- ✓ A. Requesting approval to accept the Health and Human Services Commission Contract No.HHS001503400008 award in the amount \$50,000.00 for the contract period of October 1, 2025, through September 30, 2026. ✓
- ✓ B. Requesting approval of Certification of Revenues in the amount of \$50,000.00 as certified by the County Auditor for the FY26 Breastfeeding Initiative and appropriation of the same.

**BACKGROUND**

**Fiscal Impact**

**CALENDAR YEAR:** 2025 ✓

**ACCT. #:** 5-1292-441-00-350-031-6-XXX ✓ ✓

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

**BUDGETARY IMPACT:**

100% Federally Funded Program: 031 ✓

**Attachments**

Revised Notice of Award  
COR Request  
BA-FY26-031

**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Veronica Ortiz	10/03/2025 10:34 AM
Final Approval		
Form Started By: Esmeralda Medina		Started On: 10/02/2025 09:00 AM

**REVIEWED**  
By Maria.Munoz at 8:43 am, Oct 08, 2025



October 1, 2025 ✓

**Cecile Erwin Young**  
Executive Commissioner

Clarissa Ramirez, WIC Director  
Hidalgo County, LA#12

**RE: Revised Notice of Award**

Health and Human Services Commission (HHSC) Women, Infants and Children (WIC) Local Agency Contract #HHS001503400008.

This is a revised notification of your organization’s FY 2026 (October 1, 2025, to September 30, 2026) WIC Local Agency funding. Please refer to the Surplus Pages Workbook, which will be provided to you via email, to identify the Federal Award Identification Number (FAIN) for this award.

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*	Natalia Kobidze <a href="mailto:natalia.kobidze1@hhs.texas.gov">natalia.kobidze1@hhs.texas.gov</a>	\$11,712,853	X	X	X
Peer Counselor	Asia Sartor <a href="mailto:asia.sartor@hhs.texas.gov">asia.sartor@hhs.texas.gov</a>	\$1,180,060			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	Zoe Adams <a href="mailto:zoe.adams@hhs.texas.gov">zoe.adams@hhs.texas.gov</a>	\$33,660			X
Lactation Support Center	Betzabel Botello <a href="mailto:betzabel.botello@hhs.texas.gov">betzabel.botello@hhs.texas.gov</a>	\$350,000			X
Obesity Prevention	Stephanie Holland <a href="mailto:stephanie.holland1@hhs.texas.gov">stephanie.holland1@hhs.texas.gov</a>	\$0		X	
✓ Breastfeeding Initiative	Anna Garcia <a href="mailto:anna.garcia@hhs.texas.gov">anna.garcia@hhs.texas.gov</a>	\$50,000			X
Summer Nutrition Education Program	Marissa Gregurek <a href="mailto:marissa.gregurek@hhs.texas.gov">marissa.gregurek@hhs.texas.gov</a>	\$0		X	
TXIN Internet	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$22,500	X		

Project	Project Contact	Project Total \$	Type of Allocation		
			Admin	Nutrition Education	Breast-feeding
Improving Participant Experience	Doreen La Duca <a href="mailto:doreen.laduca@hhs.texas.gov">doreen.laduca@hhs.texas.gov</a>	\$0	X		
Nutrition Education	Akata Sanghani <a href="mailto:akata.sanghani@hhs.texas.gov">akata.sanghani@hhs.texas.gov</a>	\$25,000		X	
Other	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$138,000	X		
Strategic Projects	Tammye Farmer-Holloman <a href="mailto:tammye.farmerholloman@hhs.texas.gov">tammye.farmerholloman@hhs.texas.gov</a>	\$0	X		
<b>Total</b>		<b>\$13,572,073</b>			

\*Actual General Administrative funding amount is accrued monthly based on Funding Formula Rate (FFR)\$15.46: per participant plus any earned incentives.

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 [WICLARequests@hhs.texas.gov](mailto:WICLARequests@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,



Faith Sandberg-Rodriguez,  
Associate Commissioner, Early Family Nutrition & Development  
Health and Human Services Commission

cc: Richard F. Cortez, Hidalgo County Judge



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

# F1292 Certification of Revenue for FY26 WIC - Breastfeeding Initiative

1 message

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

Thu, Oct 2, 2025 at 9:20 AM

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

Cc: Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Maria Munoz <maria.munoz@auditor.co.hidalgo.tx.us>, Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>, Roy Gonzalez <roy.gonzalez@auditor.co.hidalgo.tx.us>, Rosemary Vasquez <rosemary.vasquez1@wic.co.hidalgo.tx.us>

Good morning Roy,



The WIC Department would like to request a Certification of Revenues for AI-101048 for the WIC Breastfeeding Initiative program with an accumulating total of \$50,000.00

**REVIEWED**

By Maria.Munoz at 8:43 am, Oct 08, 2025

✓ **1. WIC Breastfeeding Initiative - Program OXX - (1292):**

✓ 5-1292-331-12-350-OXX-6-XXX

✓ \$50,000.00

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



LA 12 HHS001503400008 FY26 Revised Initial NOA OPBI.pdf  
298K



Roy Gonzalez &lt;roy.gonzalez@auditor.co.hidalgo.tx.us&gt;

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**Re: Breastfeeding Initiative program number**

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**Maria Munoz** <maria.munoz@auditor.co.hidalgo.tx.us>

Fri, Oct 3, 2025 at 9:53 AM

To: Esmeralda Medina &lt;esmeralda.medina@wic.co.hidalgo.tx.us&gt;

Cc: Minerva Diaz &lt;Minerva.diaz@auditor.co.hidalgo.tx.us&gt;, Roy Gonzalez &lt;roy.gonzalez@auditor.co.hidalgo.tx.us&gt;

Good morning Esmer,

The program number that will be used for the new program, "Breastfeeding Initiative," will be as follows:

Expenditure account: 5-1292-441-00-350-031-6-XXX

Revenue account: 5-1292-331-12-350-031-6-000

If you have any questions, please feel free to contact me.

Thank you,

--

***María A. Muñoz****Accountant IV**Hidalgo County Auditor's Office*

2808 S. Business Hwy. 281

Edinburg, TX 78539

(956)318-2511 Ext. 4671

[maria.munoz@auditor.co.hidalgo.tx.us](mailto:maria.munoz@auditor.co.hidalgo.tx.us)CONFIDENTIALITY NOTICE  
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# Special Projects Funding and Allowable Costs

Fiscal Year 2026 ✓

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	last day of the month MM/DD/YY	Services performed in accordance with Texas WIC		BF	\$\$\$.\$\$
42		contract between Health and Human Services			
43		Commission and INPUT AGENCY NAME			
47					
48					
50		Contract Term: 10/1/25 - 09/30/26		TOTAL	\$0.00
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. If the LA exceeds the project funding, the LA may consider including those costs as part of their administrative funds invoice.

✓ **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 nutrition counseling
- 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		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		Admin	\$\$\$.\$\$
44				NE	\$\$\$.\$\$
45				BF	\$\$\$.\$\$
46					
47					
48					
49		Contract Term: 10/1/25 - 09/30/26		TOTAL	\$0.00
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. If the LA exceeds the project funding, the LA may consider including those costs as part of their administrative funds invoice.

✓ **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 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		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			
47				BF	\$\$\$.\$\$
48					
50		Contract Term: 10/1/25 - 09/30/26		TOTAL	\$0.00
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. If the LA exceeds the project funding, the LA may consider including those costs as part of their administrative funds invoice.

- ✓ **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 Registered Nurse/IBCLC, 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		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			
47				BF	\$\$\$.\$\$
48					
50		Contract Term: 10/1/25 - 09/30/26		TOTAL	\$0.00
51		Contract ID: HHSXXXXXXXXXXXX			
52		Invoice ID: MMY LA## LSC			
53					

**NOTE:** Funding is specific to each project, overbilling any of these projects is not allowed. If the LA exceeds the project funding, the LA may consider including those costs as part of their administrative funds invoice.

**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			
42				NE	\$\$\$.\$\$
43					
44					
45		Contract Term: 10/1/25 - 09/30/26		TOTAL	\$0.00
46		Contract ID: HHSXXXXXXXXXXXX			
47		Invoice ID: MMY LA## DI			
48					
49					
50					
51					
52					
53					

**NOTE:** Funding is specific to each project, overbilling any of these projects is not allowed. If the LA exceeds the project funding, the LA may consider including those costs as part of their administrative funds invoice.

**SNAP-Ed** - SNAP-Ed projects will expand the reach of nutrition and breastfeeding education to the SNAP-eligible population through obesity prevention activities. 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 materials and nutrition education reinforcement items (\$7 or less per item.) [SNAP-Ed Resources for Local Agencies \(egnyte.com\)](http://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.

Local agencies participating in SNAP-Ed initiatives are required to submit monthly invoices, complete monthly and quarterly reports, contribute to project evaluation, attend quarterly trainings and meet with the SNAP-Ed team, as needed.

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 SERVICE	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/Agreements	\$\$\$.\$\$
44				NonCap Equip/Office Supplies	\$\$\$.\$\$
45				Nutritional Edu. Materials	\$\$\$.\$\$
46				Travel	\$\$\$.\$\$
47				Bldg Space Lease/Rental	\$\$\$.\$\$
48				Public Owned Bldg Space	\$\$\$.\$\$
49				Maintenance/Repair	\$\$\$.\$\$
50		Contract Term: 10/1/25 - 09/30/26		Insttl Membership/Subscription	\$\$\$.\$\$
51		Contract ID: HHSXXXXXXXXXXXX		Equipmt/Capital Expenditure	\$\$\$.\$\$
52		Invoice ID: MMY LA## SNAP-Ed - CHOOSE		Indirect Cost	\$\$\$.\$\$
53				TOTAL	\$0.00
54		Project: CHOOSE FROM THE D CHOOSE			
55	24. CONTRACTOR CERTIFICATION		Area code and number	25. Entered by	
56					
57	Contractor Contact Name and Title		Area code and number	Date	
58					

Step 2) Choose Project.

40	19. SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICE	21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
41	Last day of the month mm/dd/yy	Services performed in accordance with Texas		Salary	\$\$\$.\$\$	
42		contract between Health and Human Services		Fringe Benefits	\$\$\$.\$\$	
43		Commission and INPUT AGENCY NAME		Contracts/SubGrants/Agree	\$\$\$.\$\$	
44				NonCap Equip/Office Suppli	\$\$\$.\$\$	
45				Nutritional Edu. Materials	\$\$\$.\$\$	
46				Travel	\$\$\$.\$\$	
47				Bldg Space Lease/Rental	\$\$\$.\$\$	
48				Public Owned Bldg Space	\$\$\$.\$\$	
49				Maintenance/Repair	\$\$\$.\$\$	
50			Contract Term: 10/1/25 - 09/30/26		Instlt Membership/Subscri	\$\$\$.\$\$
51			Contract ID: HHSxxxxxxxxxxxx		Equipmt/Capital Expenditu	\$\$\$.\$\$
52			Invoice ID: MMY LA## SNAP-Ed - CHOOSE		Indirect Cost	\$\$\$.\$\$
53					TOTAL	\$0.00
54			Project: CHOOSE FROM THE DROP DOWN			
55	24. CONTRACTOR CERTIFICATION	CHOOSE FROM THE DROP DOWN	nd num	25. Entered by		
56		SNAP-ED-Breastfeeding Initiative (BF)				
57	Contractor Contact Name and Title	SNAP-ED-Nutrition Education Initiative (NE)	nd num	Date		
58						
	26. I approve this invoice for payment and		aid. (1) The goods and services covered by the document			

**NOTE:** Funding is specific to each project, overbilling any of these projects is not allowed. If the LA exceeds the project funding, the LA may consider including those costs as part of their administrative funds invoice. Do not alter cost categories.

✓ **Other Funding**

- **WIC Summer Nutrition Education Program (SNEP)** – This special funding is for reimbursement of WIC SNEP allowable costs. Funding is designed to assist with incidental expenses, including hiring temporary staff to help implement the nutrition education support program and purchasing non-consumable supplies, such as trash cans, trash can liners, portable tables and chairs, reusable table covers, etc., to support meal service.
- ✓ • **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 (include cell phone fees if used for hotspots)
  - Cabling, modem, router
- ✓ • **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 FY26 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](mailto:doreen.laduca@hhs.texas.gov) and [amber.oltman@hhs.texas.gov](mailto:amber.oltman@hhs.texas.gov).
- Attend preliminary project meeting prior to starting work.
- Obtain a professional design consultation with Jordan Michael Design, as needed.
- Submit IPE project approval requests to [WICLARRequests@hhs.texas.gov](mailto:WICLARRequests@hhs.texas.gov) for projects over \$5,000 and when requesting 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 purchases using FY26 IPE funds by September 30, 2026. Submit final invoices to the state agency by November 29, 2026.

- ✓ • **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 or services.
  - **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, parts, etc.

Reimbursement invoices for Other Funding Projects can be billed on one Other Funding Invoice. Identify the project (SNEP, TXIN Internet, IPE, 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	SERVICE / DEL DATE	20. DESCRIPTION OF GOODS OR SERVICE	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			
44				SNEP	\$\$\$.\$\$
45				Internet	\$\$\$.\$\$
46				IPE	\$\$\$.\$\$
47				NE	\$\$\$.\$\$
48				Other	\$\$\$.\$\$
49					
50		Contract Term: 10/1/25 - 09/30/26		TOTAL	\$0.00
51		Contract ID: HHSXXXXXXXXXXXX			
52		Invoice ID: MMY LA# Other			
53					

**NOTE:** Funding is specific to each project, overbilling any of these projects is not allowed. If the LA exceeds the project funding, the LA may consider including those costs as part of their administrative funds invoice.

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.

# FY26 TXIN Hardware Specifications

October 1, 2025

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

<b>Business Class Laptop</b>
Intel i7 (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

<b>Business Class Desktop</b>
Intel i7 (or equivalent - minimum)
16GB Memory
256GB solid-state drive (SSD)
Ethernet/WiFi/Camera/Microphone
4-year next business day (NBD) warranty

<b>Business Class Tablet</b>
Intel i7 (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

<b>Peripherals</b>
Tablet dock
Laptop dock
Active stylus
1080P Webcam/microphone
Wireless keyboard and mouse
Laptop/tablet bag
24-inch LCD monitor
Cradlepoint mobile router w/ WIFI
REINER SCT cyberJack USB card reader
NOTE: email <a href="mailto:sales@solisystems.com">sales@solisystems.com</a> or <a href="mailto:rome.jette@solisystems.com">rome.jette@solisystems.com</a> to request a quote. Please include a contact name and phone number, Local Agency name and shipping address, and quantity needed.
Wacom STU-430 USB Signature Pad, Pen

DATE: October 14, 2025 ✓

DEPARTMENT HEAD: Clarissa Ramirez

**2025**  
Appropriation  
AI-101048



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 5-1292-441-00-350-031-6-XXX BF Initiative ✓

Contact Person: Esmer Medina 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	
✓ 5-1292-441-00-350-031-6-113	✓ BF INITIATIVE-REG F/T EMPLOYEES	36,900.00	36,900.00
5-1292-441-00-350-031-6-211	BF INITIATIVE-HEALTH INSURANCE	4,690.00	4,690.00
5-1292-441-00-350-031-6-212	BF INITIATIVE-LIFE INSURANCE	25.00	25.00
5-1292-441-00-350-031-6-220	BF INITIATIVE-FICA	2,823.00	2,823.00
5-1292-441-00-350-031-6-230	BF INITIATIVE-RETIREMENT	5,379.00	5,379.00
5-1292-441-00-350-031-6-250	BF INITIATIVE-UNEMPLOYMENT COMP	55.00	55.00
5-1292-441-00-350-031-6-610	BF INITIATIVE-GENERAL SUPPLIES	128.00	128.00
			50,000.00
✓ 5-1292-331-12-350-031-6-000	✓ BF INITIATIVE-REVENUES	50,000.00	✓ 50,000.00
	<b>TOTAL BUDGET INCREASE (DECREASE)</b>	<b>50,000.00</b>	✓

**REASON:** To appropriate the Breastfeeding Initiative FY2026 (October 1, 2025 to September 30, 2026) grant funding awarded by the United States Department of Agriculture (USDA), pass through by the Texas Health & Human Services Commission (HHSC), contract #HHS001503400008. ✓

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

**REVIEWED**  
By Maria.Munoz at 8:43 am, Oct 08, 2025