

# Special Projects Funding and Allowable Costs

**Fiscal Year 2027**

**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 a PC program. See [Policy BF: 03.0 Breastfeeding Peer Counselor](#) for guidance on PCs. 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 meetings, and trainings required by LA's governing body if the staff's sole responsibility is Peer Counseling.
  - If a PC is cross-trained and acting in roles in addition to Peer Counseling within the WIC clinic, trainings required by the LA's governing body should be billed to the Admin invoice.
- Communication equipment to be used by the PC.
- Travel expenses PCs incur while performing their job duties or attending training or conferences.

Equipment and supplies to train PCs or used by PCs to educate clients. See [Policy AC: 17.0 Allowable Costs - Breastfeeding Peer Counselors](#). If a PC is cross-trained and acting in other roles in the WIC clinic, please allocate and bill time accordingly to actual time spent on those other projects.

Funding awards 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 efforts.

Please note that all agencies are required to have a Peer Counselor on staff. See [Policy GA:14.0 Staffing Standards](#)

**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 | <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 |                              |                                                 |              |                |            |
| 45 |                              |                                                 |              |                |            |
| 46 |                              |                                                 |              | BF             | \$\$\$.    |
| 47 |                              |                                                 |              |                |            |
| 48 |                              |                                                 |              |                |            |
| 49 |                              |                                                 |              |                |            |
| 50 |                              | Contract Term: 10/1/26 - 09/30/27               |              | 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 including salary. 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 Obesity Prevention 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 client-centered nutrition education classes.
- Consultation regarding the appropriate issuance of noncontract formulas.
- Developing client-centered education materials.
- Developing and implementing NE related special projects.
- Assisting with the implementation of nutrition counseling.
- Providing staff training on nutrition-related topics and nutrition assessment procedures.
- Serving as a 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 participants with breast pump issues and concerns.

**Please note the following:**

- All local agencies are required to have an RD on staff or on contract. See [Policy GA:14.0 Staffing Standards](#).
- You must follow [Policy AC:16.0 Allowable Cost - 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.
- For additional information on allowable expenditures, see [Policy AC:33.0 Nutrition Education Expenditures](#) and [AC:34.0 Breastfeeding Expenditures](#).

**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<br>MM/DD/YY | Services performed in accordance with Texas WIC<br>contract between Health and Human Services<br>Commission and INPUT AGENCY NAME |              | Admin          | \$\$\$.\$\$ |
| 42 |                                   |                                                                                                                                   |              | NE             | \$\$\$.\$\$ |
| 43 |                                   |                                                                                                                                   |              | BF             | \$\$\$.\$\$ |
| 44 |                                   |                                                                                                                                   |              | TOTAL          | \$0.00      |
| 45 |                                   |                                                                                                                                   |              |                |             |
| 46 |                                   | Contract Term: 10/1/26 - 09/30/27                                                                                                 |              |                |             |
| 47 |                                   | Contract ID: HHSXXXXXXXXXXXX                                                                                                      |              |                |             |
| 48 |                                   | Invoice ID: MMY LA## RD                                                                                                           |              |                |             |
| 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.

**Lactation Services (LS)** – The purpose of LS 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 [Policy GA:14.0 Staffing Standards](#).

See [Policy AC:16.0 Allowable Cost - Professional Contract Services](#) You can find more information on allowable expenses for LS funds in [Policy AC:34.0 Breastfeeding Expenditures](#) and [Memo 22-039 Revisions to Texas WIC Policy AC:34.0](#). Design improvements should follow the Texas WIC Design Guidelines and Catalog located in Egnyte: [IPE](#).

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 exam costs such as prerequisite courses, prep courses, study materials, and fee for the International Board of Lactation Consultant Examiners (IBLCE) exam. See [ibclce.org](http://ibclce.org) for more information.
- Breastfeeding aids for the WIC client that directly supports her ability to breastfeed successfully including, but not limited to nipple shields, breast shells, and supplemental nursing systems.
- Breastfeeding accessories for the WIC client that, while not directly aiding in the removal of breastmilk, may facilitate breastfeeding including, but not limited to breast pump plug and car adapters, nursing bras, nursing pads, human milk storage bags, nursing camisoles, and cover-ups.
- 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. Refer to [Policy AC:07.0 Property Management](#) for items that cost more than \$10,000. 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 See [Policy GA:14.0 Staffing Standards](#).
- Follow [Policy AC:16.0 Allowable Cost - 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 | <b>MM/DD/YY</b>              | Commission and INPUT AGENCY NAME                |              |                |                    |
| 46 |                              |                                                 |              | <b>BF</b>      | <u>\$\$\$.\$\$</u> |
| 47 |                              |                                                 |              |                |                    |
| 50 |                              | Contract Term: 10/1/26 - 09/30/27               |              | <b>TOTAL</b>   | \$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 consultation with WIC moms and training programs such as the Clinical Lactation Practicum (CLP) which provides breastfeeding didactic and hands-on training for WIC staff. 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 | <b>MM/DD/YY</b>              | Commission and INPUT AGENCY NAME                |              |                |                    |
| 46 |                              |                                                 |              | <b>BF</b>      | <u>\$\$\$.\$\$</u> |
| 47 |                              |                                                 |              |                |                    |
| 50 |                              | Contract Term: 10/1/26 - 09/30/27               |              | <b>TOTAL</b>   | \$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 with 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.
  - 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. If a replacement employee is unable to be hired the funding can also be used for overtime pay for current staff, but this should be a last resort.
- 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 |                              | Services performed in accordance with Texas WIC |              |                |             |
| 42 | <i>Last day of the month</i> | contract between Health and Human Services      |              |                |             |
| 43 | <b>MM/DD/YY</b>              | Commission and INPUT AGENCY NAME                |              |                |             |
| 46 |                              |                                                 |              | NE             | \$\$\$.\$\$ |
| 47 |                              |                                                 |              |                |             |
| 50 |                              | Contract Term: 10/1/26 - 09/30/27               |              | TOTAL          | \$0.00      |
| 51 |                              | Contract ID: HHSxxxxxxxxxxxx                    |              |                |             |
| 52 |                              | Invoice ID: MMY LA## DIntern                    |              |                |             |
| 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.

**Obesity Prevention (OP) and Breastfeeding Initiative (BFI) Projects-** These projects aim to expand nutrition and breastfeeding education for the WIC-eligible population through targeted obesity prevention activities. Funds from the Obesity Prevention and Breastfeeding Initiative may be used in accordance with your approved project budget and in alignment with [Policy AC:33.0 Nutrition Education Expenditures](#) and [AC:34.0 Breastfeeding Expenditures](#).

**Allowable expenses may include:**

- Salaries and fringe benefits for WIC staff engaged in planning, developing, or implementing activities.
- Nutrition and breastfeeding education materials.
- Nutrition education reinforcement items that are of nominal value and are reasonable and necessary to meet the goals of the project.

**Participating local agencies are required to:**

- Submit quarterly reports with budget updates and project outcomes.
- Attend planned sharing sessions.
- Provide an article to the *Texas WIC Express* upon request.

**Reimbursement of OP and BFI requires the use of the OP and BFI Invoice Template. Each project has its own template. As indicated below, under the “20. Description of Goods or Services” column in the “Invoice ID” section, verify the specific “Project,” then allocate to the NE or BF category as indicated under the “22. Unit Price.”**

|    |                                   |                                                 |              |                |             |
|----|-----------------------------------|-------------------------------------------------|--------------|----------------|-------------|
| 40 | 19. SERVICE / DEL DATE            | 20. DESCRIPTION OF GOODS OR SERVICES            | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT  |
| 41 | Last day of the month<br>MM/DD/YY | Services performed in accordance with Texas WIC |              |                |             |
| 42 |                                   | contract between Health and Human Services      |              |                |             |
| 43 |                                   | Commission and INPUT AGENCY NAME                |              |                |             |
| 46 |                                   |                                                 |              | NE             | \$\$\$.\$\$ |
| 47 |                                   |                                                 |              |                |             |
| 50 |                                   | Contract Term: 10/1/26 - 09/30/27               |              | TOTAL          | \$0.00      |
| 51 |                                   | Contract ID: HHSxxxxxxxxxxxx                    |              |                |             |
| 52 |                                   | Invoice ID: MMY LA## OP                         |              |                |             |
| 53 |                                   |                                                 |              |                |             |
| 40 | 19. SERVICE / DEL DATE            | 20. DESCRIPTION OF GOODS OR SERVICES            | 21. QUANTITY | 22. UNIT PRICE | 23. AMOUNT  |
| 41 | Last day of the month<br>MM/DD/YY | Services performed in accordance with Texas WIC |              |                |             |
| 42 |                                   | contract between Health and Human Services      |              |                |             |
| 43 |                                   | Commission and INPUT AGENCY NAME                |              |                |             |
| 46 |                                   |                                                 |              | BF             | \$\$\$.\$\$ |
| 47 |                                   |                                                 |              |                |             |
| 50 |                                   | Contract Term: 10/1/26 - 09/30/27               |              | TOTAL          | \$0.00      |
| 51 |                                   | Contract ID: HHSxxxxxxxxxxxx                    |              |                |             |
| 52 |                                   | Invoice ID: MMY LA## BFI                        |              |                |             |
| 53 |                                   |                                                 |              |                |             |

**NOTE:** Funding is specific to each project; overbilling any of these projects is not allowed. Reimbursement requests for allowable costs over the awarded amount must be included in the Admin Invoice for reimbursement if earned funding is available.

## OTHER Funding

- **WIC Summer Nutrition Education Program (SNEP)** – Since 2015, Texas WIC has partnered with the Texas Department of Agriculture (TDA) to offer WIC families nutritious summer meals and additional opportunities for nutrition education. Food sponsors supply the meals; WIC sites serve the meals.

This special funding is for reimbursement of WIC SNEP allowable costs. SNEP allowable costs include incidental expenses such as hiring temporary staff to help implement this nutrition education support program and/or purchasing non-consumable supplies, such as nutrition education items, trash cans, trash can liners, portable tables and chairs, reusable table covers, and more.

- **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
- **Other Nutrition Education (NE)** – The cost of technology, equipment, and nutrition education reinforcement items associated with providing nutrition education outside of Registered Dietitian nutrition education activities. These expenses should be in alignment with Policy [AC 33.0 Nutrition Education Expenditures](#).

**Improving the Participant Experience (IPE)** – IPE funding is intended to be used to improve the client experience in the clinic. These funds should be used to help ensure clients receive WIC services in a safe, clean, easy to locate clinic with adequate space and efficient clinic flow. When renovations and repairs are needed, LAs must incorporate the unified visual brand using the Texas WIC Design Guidelines and Catalog which includes design themes such as color palette, furniture style, decor, etc. to align with the goals of the IPE project. Please refer to the Texas WIC Design Guidelines and Catalog, located in Egnyte: [IPE](#)

Allowable costs include, but are not limited to:

- Paint and flooring
- Furniture
- Canvas Art
- Lighting, ceiling tiles, internal finishes
- Signage (indoor and outdoor)
- In-clinic nutrition related activities for children

**For activities that are considered renovations**, please follow guidance in [Policy AC:07.0 Property Management](#) and [AC:18.0 Allowable Costs – Facility Renovation](#)

**IPE Funded Project Requirements:**

- Submit all required project data for each site with FY27 Funding Survey.
- Provide a justification for clinic enhancements or repairs which reflect the need to create a safe, clean environment to provide WIC services.
- Submit floor plans for 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 \$10,000 and when requesting items not included in the Texas WIC Design Guidelines and Catalog.
  - Signage, vehicle and window wraps and wall murals require design approval regardless of cost.
- Submit "after" photos within 30 days of project completion.

- Adhere to all WIC accounting policies to obtain State Agency/USDA approval which include but are not limited to [Policy AC:07.0 Property Management](#), [AC:15.0 Allowable Costs - Non-Professional Contract Services](#) [AC:18.0 Allowable Costs – Facility Renovation](#) and [GA:25.0 The Essentials of Texas WIC Hospitality](#)
- Complete all purchases and receive the items using FY27 IPE funds by September 30, 2027. **Submit final invoices to the state agency by November 29, 2027.**
- **Additional 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 WIC branded wrapping for new and existing vehicles. 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, Other NE, and Additional 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 | Last day of the month<br>MM/DD/YY | Services performed in accordance with Texas WIC contract between Health and Human Services Commission and INPUT AGENCY NAME |              | SNEP-NE        | \$\$\$.\$\$ |
| 42 |                                   |                                                                                                                             |              | TXIN Internet  | \$\$\$.\$\$ |
| 43 |                                   |                                                                                                                             |              | IPE            | \$\$\$.\$\$ |
| 44 |                                   |                                                                                                                             |              | Other-NE       | \$\$\$.\$\$ |
| 45 |                                   |                                                                                                                             |              | Add'l Other    | \$\$\$.\$\$ |
| 46 |                                   |                                                                                                                             |              |                |             |
| 47 |                                   |                                                                                                                             |              |                |             |
| 48 |                                   |                                                                                                                             |              |                |             |
| 49 |                                   |                                                                                                                             |              |                |             |
| 50 |                                   |                                                                                                                             |              | TOTAL          | \$0.00      |
| 51 |                                   | Contract Term: 10/1/26 - 09/30/27                                                                                           |              |                |             |
| 52 |                                   | Contract ID: HHSxxxxxxxxxx                                                                                                  |              |                |             |
| 53 |                                   | Invoice ID: MMY LA## OTHER                                                                                                  |              |                |             |
| 54 |                                   |                                                                                                                             |              |                |             |

**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) , WIC policies, and the Federal Uniform Grant Guidance (UGG) 2 CFR 200. **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.