

Department of Health and Senior Services
Agency Nutrition Services

BUDGET PAGE

County of _____ Health Department

The contractor shall be reimbursed for each participant provided service at a rate of \$14.00 per participant served.

Contract Dollars

1. WIC Breastfeeding (Special Breastfeeding Funding 1, Attachment E)*	\$00.00
2. WIC Breastfeeding Peer Counselling (Special BFPC Funding 2, Attachment E)*	\$00.00
3. Breastfeeding Friendly Incentive (Special Breastfeeding Funding 3)*	\$00.00
4. WIC Conference (Special Funding 5)*	\$00.00
5. Administrative Services (Special Funding 6)*	\$00.00
6. User Acceptance Testing (UAT) (Special Funding 9, Attachment F)*	\$00.00

*only for approved LWP's