

FFY 2020

WIC Local Agency Plan (LAP) Instructional Guide

Missouri
WIC

Eat Healthy. Stay Well.

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GENERAL INFORMATION

WIC local agency (LA) staff are assigned one of the following roles to access the WIC Local Agency Plan (LAP) application:

1. **WIC AGENCY** – Allows access to all areas of the LAP, including personnel and salary information; or
2. **WIC DATA ENTRY** – Allows access to all areas of the LAP, *except* personnel and salary information.

An Automated Security Access Processing (ASAP) request **must** be completed for any new user requiring access to the LAP. Instructions for completing the ASAP request are located at <http://health.mo.gov/living/families/wic/wiclwp/pdf/asap-instructions-for-lap.pdf>. Once the ASAP request is reviewed and approved, the requester will receive an email with login information to access the LAP.

The WIC Operations Manual (WOM) contains policies that are used to help with the LAP application. Links to those WOM policies can be found throughout this instructional guide. In addition, help links can be found on each screen of the LAP to identify the information that is needed and where that information may be found.

The WIC LA must complete a LAP as outlined in [WOM Policy ER# 1.02700 Local Agency Plan](#). The LAP helps an agency financially plan for the upcoming fiscal year. Once the LAP is reviewed and approved, it becomes an operational budget that works in conjunction with the monthly invoicing system.

Many entries from the previous year's LAP will carry forward to the new federal fiscal year (FFY) LAP. Please be sure to review, edit, update, or delete entries as needed. The new FFY LAP cannot be edited after submission.

A submitted LAP lacking any of the required information will be rejected. Final approval of the LAP is completed by the state agency (SA). **Submitted LAPs are due by August 31st.**

The LA should focus on one, two, or at most three goals in the plan. This allows agencies to develop short- and long-term objectives and strategies to meet those goals.

The questions used by the technical assistance (TA) staff in the LAP approval process can be found on the Approvals screen. These questions may be used by the LA as a final review prior to LAP submission.

IN-KIND COSTS

Section 13.6 of the WIC Local Agency Nutrition Services Contract Scope of Work requires the contractor to document and report when non-WIC program funds are used to meet contract requirements or to provide services. ***These funds must be for allowable expenses, be included in the LAP budget, and reported in the monthly billing as in-kind expenditures.***

Enter all allowable WIC approved costs in each section of the LAP. Enter the amount to be paid with non-federal funds in the appropriate in-kind fields. The following LAP screens include fields to report in-kind funding: Nutrition Sessions; Employee Totals; and Line Items. In-kind entered on these screens also displays on the Local Agency Costs and Total Budget/Special Funding screens.

Suggested Documents to Complete the LAP

- Previous year's LAP
- Caseload reports
- Census for county and state (for agencies on the state border, include neighboring state's counties for a regional view)
- Statistical data reports
- Admin Cost Reports for recent months
- Agency internal payroll, benefits, and time accounting documents
- Health/Life insurance and Workers Comp invoices
- Agency internal accounting reports and invoices related to agency operations
- Nutrition plans and lessons
- Copies of current contracts, MOUs, written agreements
- Staff lists and credentials
- Conferences and training calendar for the upcoming year
- Required attachments for the LAP
 - Breast Pump Loan Agreement
 - Breast Pump Loan Policy
 - Complaint and Grievance Policy
 - Interpretive Services Policy
 - Outreach Plan
 - Social Media policy if social media is used to promote WIC
 - Immunization Memorandum of Agreement (MOA) if your agency is a non-local health department agency
 - Cost Allocation Plan or Indirect Rate Agreement if the agency uses indirect costs

TO ACCESS THE LAP

(current and past FFYs)

To access the LAP:

- Go to the Missouri WIC webpage located at <https://health.mo.gov/living/families/wic/>;
- Click on the “**Read More**” button found under the Local Agency section;
- Click on the “**Read More**” button found under the Forms, Policies, and Procedures section;
- Under the heading Forms, click on the drop-down arrow in the Online Applications section; and
- Click on the link labeled “**LAP-Local Agency Plan**”; or
- Click on the following hyperlink:
<https://wicapp.dhss.mo.gov/pls/apex/f?p=117:LOGIN:3428640961927901>

Log in to the LAP using the username and password you received when your ASAP request was approved. After logging into the LAP, the Agency Select screen displays. To begin working on the current FFY LAP, select your agency ID number from the drop-down menu and click the “**Access Next Year’s WIC LAP**” button.

To view past years’ LAPs, select your agency ID number from the drop-down menu. To the right of Submitted/Approved LAP(s), select the year you want to view, and then click the “**Access (YEAR) LAP**” button.

To familiarize yourself with the application, find the box titled Example LAPs. From the drop-down menu, select an agency size (small, medium, or large) and click the “**View Example LAP**” button to review a completed example LAP. To practice making entries in the LAP, click the “**Edit Example LAP**” button.

CHANGES TO THE FFY 2020 LAP

A mandatory upgrade was done to the system. This upgrade has changed the appearance of some screens, but the functionality of each screen remains the same. In addition, an entry line for contracted services was added to the Special Funding 3 line item.

Each section below provides guidance for entering information in each LAP screen.

AGENCY INFORMATION

Local agency information from the LAP is posted on the SA WIC website for location and contact information. Make sure it is accurate when the LAP is submitted.

To enter Agency Information:

- Enter the legal business name of the LA contracting with the SA to provide WIC services;
- Enter the LA's complete physical street address, which may be used for shipping and, if needed, a post office box for receiving mail;
- Enter the LA's city and zip code;
- Enter the contact phone number for the LA using a 10-digit format (xxx)-xxx-xxxx;
- Enter the contact phone number (and extension, if applicable) to reach the WIC agency using a 10-digit format (xxx)-xxx-xxxx. This number is used as the LA contact number on the SA's WIC website;
- Enter an emergency contact name and number that can be used any time of day by SA staff to contact the LA in the event of an emergency. Review [WOM Policy ER# 3.00500 Disaster/Emergency Preparedness Plan](#). *This information is mandatory, but not listed on the website, and is generally a cell phone number,*
- Enter the secure fax number for the WIC clinic;
- Enter the days and hours when applicants and participants can receive WIC services. Include any special instructions, such as "call for an appointment". If the site is administrative only, note "no onsite services available";
- Enter the name of the LA Administrator or the organization's executive responsible for the WIC contract and the email address for the person listed as the administrator;
- Indicate whether the LA uses social media to promote WIC services or activities;
- Indicate whether the LA provides hospital certifications. (A hospital certification is done at a hospital to enroll mothers and infants in WIC. Mothers and infants receive assistance with signing up for WIC at the hospital before they go home.);
- Indicate whether the LA site is located at a Head Start agency;
- Indicate if the main site and/or satellite sites have only one person performing all activities for certification, including issuing benefits; and
- Indicate whether the LA will bill for indirect costs. Information to assist LAs to decide whether or not to bill for indirect costs can be found in [WOM Policy ER# 1.04500 Line Item: Indirect Costs](#).

Agency Information

* Agency Name: Happy Agency Health Department
 * Street Address: 123 Main St P.O. Box: 83
 * City: Anywhere State: MO * Zip: 12345
 * Agency Phone: 555-111-1111
 WIC Phone: 555-111-2222 Ext.:
 * Emergency Contact: Mary Green * Emergency Contact Phone: 555-111-3333
 Fax: 555-111-4444
 * WIC Main Office Hours of Operation: 8:00-5:00 M-Thur, 7:30-5:30 Friday. Closed 12:00-1:00 daily for lunch. Walk-ins welcome.
 * Administrator: Mary Green * E-mail: mgreen@hhd.mo.gov
 * Does your agency use social media to promote WIC (Facebook, Twitter, SnapChat, Instagram, LinkedIn, YouTube, etc.)? Yes No
 * Offers Hospital Certifications Yes No
 * Head Start Yes No
 * Does your agency have a site(s) where only one staff person will do the entire participant certification, including issuing food benefits? Satellite(s) only Main site and Satellite(s)
 * Does your agency want to use Indirect funds? Yes No

SATELLITES

Satellite clinic information is posted on the SA's WIC website. Make sure it is accurate when the LAP is submitted.

To enter new Satellite information:

- Enter the name of the satellite site and the SA assigned satellite site ID#;
- Enter the satellite site's complete physical street address, which may be used for shipping and, if needed, a post office box for receiving mail;
- Enter the satellite site's city and zip code;
- Enter the contact number for the satellite site using the 10-digit phone number (Format = (xxx)-xxx-xxxx). This number will show as a contact number on the SA's WIC website;
- Enter the days and hours when applicants and participants can receive WIC services. Include any special instructions such as "call for an appointment." If the site is administrative only, note "no onsite services available";
- Indicate whether the satellite site provides hospital certifications;
- Indicate whether the satellite site is located at a Head Start agency;
- On the previous screen (Agency Information), if you answered the question "Does your agency have a site(s) where only one staff person will do the entire participant certification, including issuing food benefits?" with "Main site and Satellite(s)" or "Satellite(s) only", this question will also appear on the Satellites screen. Indicate whether the satellite site has only one person performing all activities for certification, including issuing benefits; and

- When all information is entered, click the **“Add Satellite”** button.

Satellites

Help WIC_Satellites

Satellite ID	Satellite Name	Street Address	City	State	Zip Code	Phone	Ext.	WIC Satellite Clinic Days and Hours of Operation	Hospital Certifications	Head Start	Single Staff
<input type="checkbox"/> 30001	Happy Health Satell	345 Main Street	Sometown	MO	54321	573-555-5555		First Tuesday of every month 1	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> 30002	Second Smile Satell	678 Side Street	Alltown	MO	98765	573-666-6666		9:00 a.m. - 6:00 p.m. Monday and Wednesday	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

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Delete **Update**

Satellite Site Input

* Name: * Satellite ID:

* Street Address:

* City: State: MO * Zip Code:

* Phone Number: Ext.:

* WIC Satellite Clinic Days and Hours of Operation:

* Offers Hospital Certifications No Yes

* Head Start Yes No

* Does this satellite have only one staff person who will do the entire participant certification, including issuing food benefits? Yes No

Add Satellite
Back **Next**

To update Satellite site information:

- Check the box in the first column for the row that is being updated. Update any of the required information; and
- Click the **“Update”** button to save changes before moving on to another screen. Otherwise, changes entered will be lost.

To delete Satellite site information:

- Check the box to the left of the row that will be deleted; and
- Click the **“Delete”** button.

Satellites

Help WIC_Satellites

Satellite ID	Satellite Name	Street Address	City	State	Zip Code	Phone	Ext.	WIC Satellite Clinic Days and Hours of Operation	Hospital Certifications	Head Start	Single Staff
<input type="checkbox"/> 30001	Happy Health Satell	345 Main Street	Sometown	MO	54321	555-111-5555		First Tuesday of every month 1	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> 30002	Second Smile Satell	678 Side Street	Alltown	MO	98765	555-111-6666 x		9:00 a.m. - 6:00 p.m. Monday and Wednesday	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No

Delete **Update**

ATTACHMENTS

The Attachments screen contains documents that become a permanent part of the LAP for audit and historical purposes.

Required attachments are:

- Breast Pump Loan Agreement and Breast Pump Loan Policy;
 - [WOM Policy 6.05100 Breast Pump Policy](#)
 - Two separate attachments
 - Deposit amount must be no greater than \$50 and noted if collected
 - Links to samples in the WOM policy
- Complaint and Grievance Policy;
 - This policy is for applicants/participants/authorized representatives
 - Having a staff policy is optional
 - Contact your TA staff for assistance
- Interpretive Services Policy;
 - [WOM Policy 1.05700 Local Responsibility: Civil Rights Compliance and Public Notification](#) includes interpretative services
 - Include how the service is contacted
 - Specific instructions on how to use the service
 - This service must be at no cost to the participant
 - Contact your TA staff for assistance
- Outreach Plan;
 - [WOM Policy ER# 1.02100 Outreach](#)
 - Elaborate on details of the plan (give specifics)
 - Needs identification data in the LAP can help identify population needs
 - Contact your TA staff for assistance

If applicable to the LA, other required attachments may include:

- Contracts/MOU/Written Agreements;
 - [WOM Policy ER# 1.04800 Local WIC Provider Outside Contracting](#)
 - Needs to be a current contract at start of the LAP
 - FFY is from October 1 to September 30
- Cost Allocation Plans/Indirect Rate Agreement;
 - [WOM Policy ER# 1.04500 Line Item: Indirect Costs](#)
 - Needed if your agency marked yes to the question “Does your agency want to use indirect funds?” on the Agency Information screen
 - Few agencies use this option
- Immunization MOA;
 - [WOM Policy ER# 1.01800 Participant Referrals](#)
 - Used by non-local health department agencies
- Nutrition Lesson Plan;
 - [WOM Policy ER# 2.06400 Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation](#)
 - [Health and Nutrition Assessment Handbook](#)

- [Nutrition Education Lesson Plan](#) is found in the Online Applications menu
 - Sheets are labeled at the bottom of the spreadsheet
- Separation of Duties;
 - [WOM Policy 1.07000 Program Integrity](#)
 - Documented plan identifying the controls established to ensure program integrity is maintained
- Social Media Policy;
 - [WOM Policy ER# 1.02150 Social Media Communications and Outreach](#)
 - Social media policy is required when social media is used to promote WIC services/activities
 - Contact your TA staff for assistance

If you use “Other” for the document type, ensure the document name reflects the type of document uploaded (e.g., Document Name: Common Area Maintenance; Document Type: Other).

A LAP without the required documents attached cannot be approved. You may go to previous years’ LAPs and view the documents from those years. If using a previous year’s documents, ensure the documents are updated and the document names are updated to reflect the current FFY.

To add an attachment:

- Enter a name for the document in the Document Name field;
- Select a Document Type from the drop-down menu;
- Use the Browse feature to find the Document Path Name. When you click the “**Browse**” button, a window will open allowing you to locate and select the file to upload from your computer; and
- Click the “**Save Attachment**” button to add the document to the LAP.

LAP Attachments

[Help](#)
No documents have been attached.

Missing Required Attachment(s)
 Interpretive Services Policy
 Breast Pump Loan Agreement
 Breast Pump Loan Policy
 Complaint & Grievance Policy
 Outreach Plan

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Document Name Document Type

Document Path Name

Once the document is uploaded, it will appear in a table under the LAP Attachments heading. The table contains a “View” button which allows you to view the uploaded document, the Document Name column, the Document Type column, and a Delete column.

LAP Attachments

[Help](#)

	Document Name	Document Type	Delete
View	FFY ## Outreach Plan	Outreach Plan	×
View	Happy Health Complaint and Grievance procedures	Complaint & Grievance Policy	×
View	Happy Health Social Media Policy	Social Media Policy	×
View	Interpretive Services	Interpretive Services Policy	×
View	Loan Policy	Breast Pump Loan Policy	×
View	Loan agreement	Breast Pump Loan Agreement	×
View	Nutrition Contract	Contracts	×
View	Satellite MOU	MOU/Written Agreements	×

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Document Name Document Type

Document Path Name

To delete the uploaded document from the LAP, click the X in the Delete column. The document will be automatically deleted.

As you attach required documents to the LAP, they will be removed from the Missing Required Attachment(s) list.

LAP Attachments

[Help](#)

	Document Name	Document Type	Delete
View	Happy Health Social Media Policy	Social Media Policy	×
View	Interpretive Services	Interpretive Services Policy	×

1 - 2

Missing Required Attachment(s)

Breast Pump Loan Agreement
 Breast Pump Loan Policy
 Complaint & Grievance Policy
 Outreach Plan

1 - 4

Document Name Document Type

Document Path Name

NEEDS IDENTIFICATION

The Needs Identification screen is a tool for tracking statewide concerns and identifying goals and nutrition sessions for the current contract year. The Needs Identification screen shows data for all years in the current 5-year plan. The previous year's data is added each year to the 5-year plan. This data will assist in developing and tracking long-term goals, objectives, strategies, and outcomes.

SA percent and LA percent columns, on the Needs Identification screen, are reported by the Missouri WIC Information Network System (MOWINS). The Needs Identification screen shows current service and potential eligibles and is also used to identify potential gaps in service to participants by ethnic background and program category. Evaluation of this data is essential for ongoing civil rights and equal access to service compliance.

The Needs Identification data have five areas: Health, Behavioral, Administrative, Language Preference, and Potential Eligibles. Comparative SA and LA data identify needs that the LA will or will not address. Comments are entered in the comments field (e.g., the reason the need will be/not be an objective) for all health indices excluding Prematurity, Low Birth Weight, and Large for Gestational Age.

HEALTH INDICES

Breastfeeding Anytime

% of total infants that were ever breastfed

Breastfeeding Duration 6 months

% of total infants that were breastfeeding at 6 months

Breastfeeding Duration 12 months

% of total infants that were breastfeeding at 12 months

RF 113 - Obese (C) 2 - 5 years of age

Age	Cut-Off Value
2-5 years	$\geq 95^{\text{th}}$ percentile Body Mass Index (BMI) or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts (1,2) (available at: www.cdc.gov/growthcharts).*

**The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk. See Clarification for more information.*

Data Source - % of Children 2 - 5 years of age assigned RF 113 between July 1 and June 30 of Fiscal Year.

RF 114 - Overweight or At Risk of Overweight (I, C)

Weight Classification	Age	Definition/Cut-off value
Overweight	2 - 5 years	≥85 th and < 95 th percentile Body Mass Index (BMI)-for-age or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts (1,2).*
At Risk of Overweight	< 12 months (infant of obese mother)	Biological mother with a BMI ≥ 30 at the time of conception or at any point in the first trimester of pregnancy.**
	≥12 months (child of obese mother)	Biological mother with a BMI ≥ 30 at the time of certification.** (If the mother is pregnant or has had a baby within the past 6 months, use her preconceptional weight to assess for obesity since her current weight will be influenced by pregnancy-related weight gain.)
	Birth to 5 years (infant or child of obese father)	Biological father with a BMI ≥ 30 at the time of certification.**
<p>* The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk. See Clarification for more information.</p> <p>** BMI must be based on self-reported weight and height by the parent in attendance (i.e., one parent may not "self report" for the other parent) or weight and height measurements taken by staff at the time of certification.</p> <p>Note: The 2000 CDC 2 – 20 years growth charts are available at: www.cdc.gov/growthcharts.</p>		

Data Source - % of Infants and Children assigned RF 114 between July 1 and June 30 of Fiscal Year.

RF 201 - Low Hemoglobin (Hgb) /Low Hematocrit (Hct) (P, B, N, I, C)

- Infants: 6 - 12 months of age: < 11.0/33.0 Hgb/Hct;
- Children: 1 < 2 years of age: < 11.0/32.9 Hgb/Hct;
- Children: 2 to 5 years of age: < 11.1/33.0 Hgb/Hct;
- Pregnant women, breastfeeding and nonbreastfeeding women
 - 1st trimester 0 to 13 weeks of gestation, 2nd trimester 14 to 26 weeks gestation, 3rd trimester 27 to 40 weeks gestation.

	1 st Trimester	2 nd Trimester	3 rd Trimester
Smoking	Hgb <	Hgb <	Hgb <
Nonsmokers	11.0	10.5	11.0
Up to < 1 pack/day	11.3	10.8	11.3
1- 2 packs/day	11.5	11.0	11.5
> 2 packs/day	11.7	11.2	11.7

	1 st Trimester	2 nd Trimester	3 rd Trimester
Smoking	Hct <	Hct <	Hct <
Nonsmokers	33.0	32.0	33.0
Up to < 1 pack/day	34.0	33.0	34.0
1 - 2 packs/day	34.5	33.5	34.5
> 2 packs/day	35.0	34.0	35.0

Data Source - % of Women, Infants, and Children assigned RF 201 between July 1 and June 30 of Fiscal Year.

RF 101 - Underweight (P, B, N)

- Pregnant women: Prepregnancy BMI < 18.5;
 - Breastfeeding and nonbreastfeeding women < 6 months postpartum: Pre-pregnancy or current BMI < 18.5;
- Breastfeeding women ≥ 6 months postpartum: Current BMI < 18.5.

Data Source - % of Women assigned RF 101 between July 1 and June 30 of Fiscal Year.

RF 111 - Overweight (P, B, N)

- Prenatal women: Pre-pregnancy BMI ≥ 25;
- Breastfeeding and nonbreastfeeding women < 6 months postpartum: Pre-pregnancy BMI ≥ 25;
- Breastfeeding women ≥ 6 months postpartum: Current BMI ≥ 25.

Data Source - % of Women assigned RF 111 between July 1 and June 30 of Fiscal Year.

RF 131 - Low Maternal Weight Gain – Prenatal with one fetus

- Low weight gain at any point in pregnancy, such that using an Institute of Medicine (IOM)-based weight gain grid, a pregnant woman’s weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category (1), as follows:

Prepregnancy Weight Classification	BMI	Total Weight Gain Range (lbs.)
Underweight	< 18.5	28-40
Normal Weight	18.5 to 24.9	25-35
Overweight	25.0 to 29.9	15-25
Obese	≥ 30.0	11-20
Multi-fetal Pregnancies	See Justification for more information.	

Note: A BMI table is attached to assist in determining weight classifications. Also, until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification for a more detailed explanation.)

- Low maternal weight gain is defined as follows: A low rate of weight gain, such that in the 2nd and 3rd trimesters, for singleton pregnancies is as follows:

Prepregnancy Weight Classification	BMI	Total Weight Gain (lbs.)/Week
Underweight	< 18.5	< 1
Normal Weight	18.5 to 24.9	< 0.8
Overweight	25.0 to 29.9	< 0.5
Obese	≥ 30.0	< 0.4
Multi-fetal Pregnancies	See Justification for more information.	

Note: A BMI table is attached to assist in determining weight classifications. Also, until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification for a more detailed explanation.)

Data Source - % of Prenatal Women with one fetus assigned RF 131 between July 1 and June 30 of Fiscal Year.

RF 133 - High Maternal Weight Gain (P, B, N)

- Prenatal women (singleton pregnancy);
- Weight plots at any point above the top line of the appropriate weight gain range for the respective prepregnancy weight category:

Pregnancy Weight Classification	BMI	Total Weight Gain (lbs.)
Underweight	< 18.5	> 40
Normal Weight	18.5 to 24.9	> 35
Overweight	25 to 29.9	> 25
Obese	≥ 30	> 20
Multi-fetal Pregnancies:	See Justification for more information	

- Breastfeeding or nonbreastfeeding women (most recent pregnancy only). Total gestational weight gain exceeding the upper limit of the IOM’s recommended range based on Body Mass Index (BMI) for singleton pregnancies as follows:

Pregnancy Weight Classification	BMI	Total Weight Gain (lbs.)/Week
Underweight	< 18.5	> 1.3
Normal Weight	18.5 to 24.9	> 1
Overweight	25 to 29.9	> 0.7
Obese	≥ 30	> 0.6
Multi-fetal Pregnancies:	See Justification for more information	

Note: A BMI is attached to assist in determining weight classification. Also, until research supports the use of different BMI cut-offs to determine weight categories for adolescent pregnancies, the same BMI cut-offs will be used for all women, regardless of age, when determining WIC eligibility. (See Justification for a more detailed explanation.)

Data Source - % of Women assigned RF 133 between July 1 and June 30 of Fiscal Year.

RF 141 - Low Birth Weight and Very Low Birth Weight (I, C < 24 months)

- Infants and Children <24 months of age and birth weight \leq 5 lb. 8 oz.;
- Infants and Children < 24 months of age and birth weight \leq 3 lb. 5 oz.

Data Source - % of Infants and Children < 24 months assigned RF 141 between July 1 and June 30 of Fiscal Year.

RF 142 - Preterm or early term delivery (I, C < 24 months of age)

- Preterm: Delivery of an infant born \leq 36 6/7 weeks gestation;
- Early Term: Delivery of an infant born \geq 37 0/7 and \leq 38 6/7 weeks gestation.

Data Source - % of Infants and Children < 24 months assigned RF 142 between July 1 and June 30 of fiscal year.

RF 153 - Large for Gestational Age (Infants)

- Birth weight \geq 9 pounds (\geq 4000 g); or
- Presence of large for gestational age. Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.

Data Source - % of Infants assigned RF 153 between July 1 and June 30 of Fiscal Year.

BEHAVIORAL INDICES**RF 371 - Maternal Smoking (P, B, N)**

- Any smoking of tobacco products, i.e., cigarettes, pipes, or cigars as reported on the Health Information tab.

Data Source - % of Women assigned RF 371 between July 1 and June 30 of Fiscal Year.

RF 372 - Alcohol and Substance Use (P, B, N)

- For Pregnant Women:
 - Any alcohol use.
 - Any illegal substance use and/or abuse of prescription medications.
 - Any marijuana use in any form.
- For Breastfeeding and Nonbreastfeeding Postpartum Women:
 - Alcohol use:
 - High risk drinking: Routine consumption of >8 drinks per week or >4 drinks on any day.
 - Binge drinking: Routine consumption of >4 drinks within 2 hours. Note: A serving or standard sized drink is: 12 oz. beer; 5 oz. wine; or 1½ fluid ounces 80 proof distilled spirits (e.g., gin, rum, vodka, whiskey, cordials, or liqueurs).
 - Any illegal substance use and/or abuse of prescription medications.
 - Any marijuana use in any form (breastfeeding women only).

Data Source - % Women assigned RF 372 between July 1 and June 30 of Fiscal Year.

RF 904 - Environmental Tobacco Smoke (ETS) Exposure (P, B, N, I, C)

- Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.* ETS is also known as passive, secondhand, or involuntary smoke. Household Smoking field on the Demographics tab is checked yes, after the LA certifying staff has asked if anyone living in the household smokes inside the home.

*ETS is a mixture of the smoke given off by a burning cigarette, pipe, or cigar (sidestream smoke), and the smoke exhaled by smokers (mainstream smoke).

Data Source - % of Women, Infants, and Children assigned RF 904 between July 1 and June 30 of Fiscal Year.

ADMINISTRATIVE INDICES

Enrollment in WIC during the First Trimester

Data Source - % of total prenatal entry into WIC during the first trimester between July 1 and June 30 of Fiscal Year.

Prenatal Care Began during the First Trimester

Data Source - % of WIC Prenatals whose prenatal care began during the first trimester between July 1 and June 30 of Fiscal Year.

Race & Ethnicity

Data Source - # and % Race & Ethnicity from MOWINS data.

Caucasian, Black/African American, Asian, Native American, Pacific Islander, Hispanic, Reporting 2 or more races.

LANGUAGE PREFERENCE

Data Source - # and % Spoken Language Preference and # and % Read Language Preference. Albanian, Arabic, Bosnian, Chinese, Farsi, French, German, Italian, Russian, Somali, Spanish, Vietnamese, Other.

POTENTIAL ELIGIBLES

Contracted Monthly Caseload

Monthly Caseload Number contracted at the beginning of the year.

Average Monthly Caseload Served

Calculated average based on Total Caseload for the year thus far, divided by the number of months so far in this FFY.

% Served of Contracted

Calculated by dividing the Average Monthly Caseload Served by the Contracted Monthly Caseload.

MO HealthNet Prenatals Not on WIC

Number of Prenatal MO HealthNet Participants not on WIC for the last MO HealthNet Reported Year. Click on the link to open a report table with numbers for all counties.

EVALUATIONS

Each year, the previous year's objectives are evaluated and the results are explained. **For each objective in the previous year's LAP, provide the evaluation method and explain measurable results of the evaluation.** The results must be objective data and measurable as defined in the previous year's plan.

Steps in the review process:

1. Compare current and previous year's data which are relevant to the objectives (Crystal Reports, Needs Identifications, Customer Survey Results, etc.).
 - a. Did the data result in an increase, decrease, or no change?
2. Provide explanations when interpreting data.
 - a. Explain measurable results for the objective.
 - b. Explain how strategies were or were not effective.
 - c. List evaluation method used (Crystal Reports, Needs Identifications, Customer Survey Results, etc.)

To enter an Evaluation:

- On the Evaluations screen, select the **“View/Enter Evaluation”** link; this will display the WIC Annual Evaluations screen;

WIC Annual Evaluations

[Help](#) Only one Objective per box.

Goal	Objective	Person Responsible	
Improve breastfeeding rates of Missouri WIC participants.	Increase BF Initiation Rates by 1% each year.	Jane Smith	View/Enter Evaluation
Improve customer service of Missouri WIC participants.	Target New Prenatals for WIC Outreach	Ellen Jones	View/Enter Evaluation

[Back](#) | [Next](#)

At the top is the goal and objective description. The previous year's evaluation will be displayed in the next table listing the FFY, evaluation comment from that year, and the LA employee who completed the evaluation.

- In the Current Year's Evaluation table, enter the evaluation method used and explain measurable results of the objective. From the Person Responsible column, expand the dropdown menu and select the name of the nutritionist completing the evaluation; and
- Click the **“Save”** button to save your entry.

Goal Description
Improve breastfeeding rates of Missouri WIC participants. [Toggle to Needs Identification](#)

Objective Description
Increase BF Initiation Rates by 1% each year.

WIC Annual Objective Evaluation

FFY	Provide evaluation method and explain measurable results of this objective	Completed By
2017		

1-1

Current Year's Evaluations

[Help](#)

Current Year's Evaluation

Completed By: <Select One>

[Back](#) [Next](#)

[Save](#)

A message will appear at the top of the screen “Current year's evaluation updated.” to confirm the entry has been saved (scroll up to see the message if needed).



- To access the previous year's annual evaluation of goals, go to the Goals/Objectives/Strategies screen and click on the **“Goal Summary”** button.

WIC Goals

Goal Summary

[Help](#)

Goal	Start Date	Continued Date	Completed or Dropped Date	Why Dropped	
Improve breastfeeding rates of Missouri WIC participants.	10/01/2010				View/Enter Objectives
Improve health outcomes of Missouri WIC participants.	10/01/2010				View/Enter Objectives
Improve customer service of Missouri WIC participants.	10/01/2010				View/Enter Objectives

1 - 3

Add New Goal

- Select Goal to Add -

[Back](#) [Next](#)

- On the Goal Summary screen, click the “**Details**” button next to the goal to be reviewed. This screen will show a history of the previous evaluations of the 5-year plan.

Goal Summary

[Return to Goals](#)

Details	Agency ID	Goal	Started	Revised	Completed	Dropped or Revised
	10	Improve breastfeeding rates of Missouri WIC participants.	01-OCT-10			
	10	Improve health outcomes of Missouri WIC participants.	01-OCT-10			
	10	Improve customer service of Missouri WIC participants.	01-OCT-10			

GOALS

A goal is a statement of broad direction or purpose and is general in nature, with one or more related objectives. A goal is really about the final impact or outcome that the program wants to accomplish.

All LAs will be required to have a breastfeeding goal, which is to “**Improve breastfeeding rates of Missouri WIC participants**” and it will automatically display as Goal #1.

The LA can select from 2 additional broad goals:

- Improve health outcomes of Missouri WIC participants; and/or
- Improve customer service to Missouri WIC participants.

Once a goal is added, it cannot be deleted. If a goal is added by error, enter “error” in the “Why Dropped” field.

- Determine if the LA will need to continue an existing goal, revise the goal for the next fiscal year, or if the goal will be dropped all together. Ensure the correct dates are entered.

To enter Goals information:

WIC Goals

[Goal Summary](#)

[Help](#)

Goal	Start Date	Continued Date	Completed or Dropped Date	Why Dropped	
Improve breastfeeding rates of Missouri WIC participants.	10/01/2010				View/Enter Objectives
Improve health outcomes of Missouri WIC participants.	10/01/2010				View/Enter Objectives
Improve customer service of Missouri WIC participants.	10/01/2010				View/Enter Objectives

1 - 3

Add New Goal

[Back](#) [Next](#)

- Enter a date either in the “Continued Date” or “Completed or Dropped Date” column for the existing goal, if applicable. In the “Why Dropped” column, enter revisions to the goal or indicate why the goal was dropped;
- If adding a new goal this year, enter the start date in the “Start Date” column. The start date can be entered by selecting the calendar icon in the “Start Date” column or by entering 2 digits for the month and day and 4 digits for the year; and
- Click on the “**View/Enter Objectives**” link located in the last column.

OBJECTIVES

Objectives start with phrases such as “to increase”, “to decrease”, or “to maintain” and indicate the direction of the improvement expected. The objective represents a step toward accomplishing a goal. Objectives must be measurable and include a statement, “from (measurement indices) to (measurement indices) by (specific

date)". **Example: "To reduce anemia from 18% to 16% in pregnant women identified at risk by June 30, 2020."** One exception to objectives, including a measure, is when baseline data does not exist. Developmental objectives should be written with a target for improvement without using the "from () to () by ()" format. Developmental objectives require initial strategies that address the need to determine baseline data.

At the top of the screen is the Goal Description selected. To the right of the Goal Description are two buttons. One button is labeled **"Return to Goals"** and the other one is labeled **"Toggle to Needs Identification"**. Clicking on either button will allow toggling back and forth between screens.

The LA determines whether to continue with an existing objective or add a new objective. Objectives entered last year are displayed in the "Objective" column. Enter a date either in the "Continued or Revised Date" or "Completed or Dropped Date" column for the objective, if applicable. In the "Why Dropped or What Revision Made" column, enter the revision or indicate why the objective was dropped. In the "Person Responsible" column, select the name of the person who is responsible for ensuring this objective is completed from the drop-down menu.

To enter Objective information:

- To enter a new objective, click on the **"Enter New Objective"** link (button shown in previous screen);
- An empty row will be added to the existing objectives table. Enter the objective for the goal in the "Objective" column. In the "Start Date" column select or enter a start date for the objective. The start date can be entered by selecting the calendar icon in the "Start Date" column or by entering 2 digits for the month and day and 4 digits for the year; and
- Remember to click the **"Save"** button after updating this screen.

- Click on the **“View/Enter Strategy”** link located in the last column (see screen shot above) to add your strategies.

This will take you to the “Strategies” screen.

STRATEGIES

Strategies should include an action verb and the means to accomplish the objective. When constructing strategies, be sure to include when the strategy will be completed. **Example: “An annual breastfeeding training will be provided at a one hour Lunch and Learn session in <month> for all WIC staff.”**

Strategies used to accomplish the objectives identified should involve more than what is done during certifications and initial education contacts or general group education sessions. Activities could include extra staff training, extra targeted participant contacts, outreach, special speakers, take-home information, or other activities that would have an impact on the objective above the basic recommendations.

At the top of the screen, are the Goal Description and Objective Description that were selected. To the right of the Goal Description are three buttons. The buttons are labeled **“Return to Goals”**, **“Return to Objectives”**, and **“Toggle to Needs Identification”**. Clicking on any button will toggle back and forth between screens.

The lower half of the screen is the WIC Strategies section. The LA determines whether to continue with the existing strategies or if a new strategy will be added. The strategies entered last year are displayed in the screen for this objective. The “Strategy” column contains the description of the activities the LA identified last year for this specific goal and objective. Enter a date either in the “Continued or Revised Date” or “Completed or Dropped Date” column. If revising or dropping a strategy, enter an explanation in the “Why Dropped or What Revisions Made” column.

To enter Strategy information:

- Click on the **“Enter New Strategy”** button to add a new row to the WIC Strategies Table;

Goal Description
Improve breastfeeding rates of Missouri WIC participants.

Objective Description
Increase BF Initiation Rates by 1% each year.

WIC Strategies

Enter New Strategy

Help

Strategy	Start Date	Continued or Revised Date	Completed or Dropped Date	Why Dropped or What Revisions Made
Nutrition and BF Coordinators to visit hospital and physician offices to renew attention to BF.	10/01/2010			
Peer Counselor organize and conduct monthly BF support group at varied locations.	10/01/2010			
Peer Counselor will prepare and mail monthly newsletters to BF clients to provide support and promote BF Duration	10/01/2010			

[Return to Goals](#)
[Return to Objectives](#)
[Toggle to Needs Identification](#)

- Enter the activity in the “Strategy” column;
- In the “Start Date” column, select or enter a start date for this strategy. The start date can be entered by selecting the calendar icon in the “Start Date” column or by entering 2 digits for the month/day and 4 digits for the year; and
- Click the “**Save**” button after updating this screen.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Save"/>				

After reviewing or adding a strategy, return to the Objectives screen and complete these steps for each objective listed.

NUTRITION SESSIONS

The Nutrition Sessions screen is required *only* for group nutrition education. Cost entered here transfers to the Nutrition Materials line item on the Line Items screen.

See Missouri [WOM Policy ER# 2.06400 Effective Nutrition Education: Standards, Participant-Centered Goals, Delivery Methods and Documentation](#) for guidelines on Nutrition Education Session contacts and documentation.

Indicate the nutrition education topic to be recorded in the participant’s record. Nutrition Topics listed in the MOWINS system are listed below:

Adolescent Prenatal Nutrition
Benefits of Nutrition Education
Beverages
Breastfeeding Challenges
Breastfeeding Nutrition

Alcohol/Substance Abuse
Benefits of WIC Foods
Breastfeeding Advantages
Breastfeeding Education
Child Nutrition/Feeding Toddler 1 - 2 Yr.

Child Nutrition/Feeding 3 - 5 Yr.	Complementary Feeding
Cooking with Kids	Dairy
Dietary Guidelines	Discussion of WIC Risk Factors
Eating Out	Email Counseling
Exit Counseling	Family Mealtime
FIT WIC	FNEP (See General Notes)
Folic Acid	Food Allergy
Food Labels	Food Safety & Preparation
Food Security	Fruits and Vegetables
General Breastfeeding Nutrition	General Child Nutrition
General Infant Nutrition	General Postpartum Nutrition
General Prenatal Nutrition	Growth and Development
Healthy Meal Planning	Healthy Snacks
High Risk Breastfeeding Nutrition	High Risk Child Nutrition
High Risk Infant Nutrition	High Risk Postpartum Nutrition
High Risk Prenatal Nutrition	Homeless Nutrition Education
Importance of Health Care	Inappropriate Nutrition Practices
Iron	Lead Poisoning Prevention
My Plate	Nutrition Education Follow Up
Nutrition/Feeding 0 - 1 Month	Nutrition/Feeding 1 - 3 Months
Nutrition/Feeding 4 - 5 Months	Nutrition/Feeding 6 - 11 Months
Nutritionist Not Available	Oral Health
Other (See General Notes)	Peer Counselor Breastfeeding Class
Physical Activity	Portion Sizes
Pregnancy Concerns	Prenatal Nutrition
Referral Services	Rights and Responsibilities
Self-Paced Learning Module	Smart Shopping
Smoke Exposure	Smoking
Telephone Counseling	TV/Screen Time
Vitamins and Minerals	Weaning
Web-Based N.E.	

To enter Nutrition Sessions information:

- Select the month the session is available from the drop-down menu, or use Ongoing if availability is not limited. If the session is available in multiple months, add for each month;
- Select a Nutrition Education Topic from the drop-down menu;
- Enter the group session title (e.g., Nutrition Education Topic: Food Safety & Preparation; Group Session Title: Keep the food you prepare at home both delicious and safe.);
- Select the Cost Type from the drop-down menu;
 - Food;
 - Printing/Copying;
 - Purchased Pamphlets/Books;

- Educational Props (e.g., Breastfeeding Dolls, Breastfeeding Models, Flip Charts, Teaching Models, Power Point Presentations, Posters, Audio Visual Aids, Food Models);
- Staff Resource Materials (e.g., Peer Review Nutrition and Breastfeeding Books, Magazines, Journals, and Newsletters);
- Breastfeeding Aids (e.g., Breast Pumps, Pumping Kits, Breast Shields, Nursing Bras, Nursing Pads); or
- Not Applicable;
- Enter the estimated cost of the session;
- Enter a justification for this purchase;
- Enter in-kind funding, if applicable; and
- Click the **“Add Session”** button to save.

Nutrition Sessions

[Help](#)

<input type="checkbox"/>	Month	Ntrn. Ed. Topic	Group Session Title	Cost Type	Cost	Justification	In-Kind	Total Cost
<input type="checkbox"/>	January	Prenatal Nutrition	Prenatal Nutrition and E	Food	20.00	Healthy snacks	\$0.00	\$0.00

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Delete **Update**

Nutrition Session Input

Month: January Ntrn. Ed. Topics:

Group Session Title:

Cost Type: Food

Cost: \$

Justification:

In-Kind: \$

Add Session

Back **Next**

To update Nutrition Sessions information:

- Check the box, in the first column, for the row that is being updated. Update any of the required information; and
- Click the **“Update”** button to save changes before moving on to another screen. Otherwise, changes entered will be lost.

To delete an entry:

- Check the box, to the left, of the row that will be deleted;
- Click the **“Delete”** button.

Nutrition Sessions

Help

<input type="checkbox"/>	Month	Ntrn. Ed. Topic	Group Session Title	Cost Type	Cost	Justification	In-Kind	Total Cost
<input type="checkbox"/>	January	Prenatal Nutrition	Prenatal Nutrition and E	Food	20.00	Healthy Snacks	\$0.00	\$0.00

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Delete **Update**

EMPLOYEES

Guidelines for personnel compensation can be found in [WOM Policy 1.03400 Line Item: Personnel Compensation](#).

Information from the Employees screen transfers to several other screens where employee information is listed. If an employee is not listed on a following screen, return to this page and add them.

Enter the names of all employees who work in WIC including staff paid through special funding (e.g., Breastfeeding Peer Counselors) and contracted employees for whom hours will be entered on the Employee Hours screen.

Contracted employee(s) salary information on this screen will be \$0. Salary information is entered on the Contract Services line item.

Do not list titles or job roles in the employee name field; there are separate fields for this information.

Employees

Add Employee Name

Help

Edit	Emp Name	Credentials	Role	Rate Type	Salary Rate 1	Pay Periods at Rate 1	Subtotal of Rate 1	Salary Rate 2	Pay Periods at Rate 2	Subtotal of Rate 2	Salary Rate 3	Pay Periods at Rate 3	Subtotal of Rate 3	Total
	Ann Brown	None	WCERT	M	\$1,825.00	3	\$5,475.00	\$1,870.00	9	\$16,830.00	\$0.00	0	\$0.00	\$22,305.00
	Carol White	None	BFPC	SM	\$500.00	24	\$12,000.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$12,000.00
	Carrie Mauve	None	CPA	W	\$450.00	52	\$23,400.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$23,400.00
	Ellen Red	RD	NCOOR	A	\$32,000.00	1	\$32,000.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$32,000.00
	Jane Yellow	None	NUTR	M	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$0.00
	Mary Green	RN	Admin	BW	\$1,850.00	10	\$18,500.00	\$1,900.00	10	\$19,000.00	\$1,950.00	4	\$7,800.00	\$45,300.00
	Mary Purple	Nutr.	HPA	H	\$14.25	2080	\$29,640.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$29,640.00
	Pam Blue	LD	WCOOR	M	\$2,500.00	12	\$30,000.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$30,000.00
	Tilly Pink	None	BFPC	H	\$14.75	684	\$10,089.00	\$0.00	0	\$0.00	\$0.00	0	\$0.00	\$10,089.00

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Back **Next**

To add a new employee:

- Click the “**Add Employee Name**” button;

- Enter the employee name;
- Select the employee's role in WIC from the drop-down menu. The hierarchy to be used when an employee has more than one role in an LA is: Nutritionist, CPA, WIC Certifier, and then HPA;
- If applicable, select credentials from the Credentials list. You may select more than one credential by holding down the CTRL key while selecting choices. Credentials currently tracked include:

Breastfeeding Peer Counselor (BFPC);
 Dietetic Technician Registered (DTR);
 International Board Certified Lactation Consultant (IBCLC);
 Licensed Dietitian (LD);
 Licensed Practical Nurse (LPN);
 Nurse Practitioner (NP);
 Nutritionist (Nutr);
 Registered Dietitian (RD); and
 Registered Nurse (RN);

- Select the rate type from the Rate Type drop-down menu. This is the method used to calculate the employee's annual salary. The rate type you select here transfers over to the invoicing system;

Rate Types correlate to the following pay periods each year:

Monthly – 12;
 Semi-Monthly – 24;
 Weekly – 52;
 Annually – 1;
 Bi-Weekly – 26; and
 Hourly – 2080;

For Hourly employees, enter the total number of estimated hours the employee will work for the **year**. (For example: if a BFPC will work 20 hours per month, take 20 hours x 12 months = 240 hours for the year).

Salary Rate 1: Start with the employee's salary rate at the beginning of the FFY, October 1. **Enter the full salary for this person, not just the WIC portion.** The WIC portion of salaries will be calculated later. Enter the number of pay periods you expect the employee to be paid at this first rate using the number of pay periods for the rate type as shown above.

Salary Rate 2: If applicable, enter the salary rate after an increase from the original rate, and enter the number of pay periods remaining in the FFY you expect the employee to be paid at this rate.

Salary Rate 3: If applicable, enter the salary rate after an increase from Salary Rate 2 and enter the number of pay periods remaining in the FFY you expect the employee to be paid at this rate.

- Click the **“Save”** button to add this employee.

Form on WIC_EMPLOYEES

Cancel **Save**

* **Employee Name** * **Role** <Select Role>

Credentials **Rate Type** Monthly

- None
- Breastfeeding Peer Counselor
- Dietetic Technician Registered
- IBC Lactation Consultants
- Licensed Dietitian
- Licensed Practical Nurse
- Nurse Practitioner
- Nutritionist
- Registered Dietitian
- Registered Nurse

Salary Rate 1 **Pay Periods At Rate 1**

Salary Rate 2 **Pay Periods At Rate 2**

Salary Rate 3 **Pay Periods At Rate 3**

To update employee information:

- Click the **“Edit”** button to the left of the row; and
- Make changes to the information and save by clicking the **“Apply Changes”** button.
- If you see a %null% in the role column, this indicates you need to edit the employee record and select the employee’s role from the drop-down menu.

To delete an employee:

- Click the **“Edit”** button to the left of the row; and
- Click the **“Delete”** button to remove.

Form on WIC_EMPLOYEES

Cancel **Delete** **Apply Changes**

* **Employee Name** Ann Brown * **Role** WIC Certifier

Credentials **Rate Type** Monthly

- None
- Breastfeeding Peer Counselor
- Dietetic Technician Registered
- IBC Lactation Consultants
- Licensed Dietitian
- Licensed Practical Nurse
- Nurse Practitioner
- Nutritionist
- Registered Dietitian
- Registered Nurse

Salary Rate 1 **Pay Periods At Rate 1**

Salary Rate 2 **Pay Periods At Rate 2**

Salary Rate 3 **Pay Periods At Rate 3**

Employees listed on this screen will also be listed on the Employee Benefits, Staff Roles, Employee Hours, Employee Totals, and Summary screens. If an employee is listed more than once on this screen, information will not transfer to the employee hours or the employee totals screen.

EMPLOYEE BENEFITS

Guidelines for WIC allowable benefits can be found in [WOM Policy ER# 1.03500 Line Item: Personnel Benefits](#).

There are three sections to the Employee Benefits screen:

1. The first section (left side) allows entry of benefits calculated as a percentage of the employee's salary (e.g., taxes, retirement). Benefits entered in these columns are deducted from the caseload budget. Individual employees may have different rates for the same type of benefit.
2. The next (middle) section allows entry of benefits calculated as annual dollar amounts (e.g., health, dental, life, disability insurance, etc.). Benefits entered in these columns are deducted from the caseload budget. Individual employees may have different annual dollar amounts for the same type of benefit.
3. The last section (right side) allows entry of benefits calculated as dollar amounts that are paid from Special Funding 1, 2, 3, and 9. Benefits entered in these columns are deducted from the Special Funding budget. This information will display in the Special Funding line items detail when you click the **"View/Enter"** button on the Line Items Screen for these funding categories.

Enter the total annual amount of benefits for an employee in the appropriate sections. All benefits, including the portion to be paid from Special Funding, are entered in the percent and dollar columns. The portion to be paid from WIC funding is determined on another screen. Benefits entered in the special funding columns are paid entirely from Special Funding.

To enter Employee Benefits information:

Benefits Section 1:

- The first column already has the Social Security and Medicare percentage rate entered (7.65%). To modify this percentage, type the correct percentage in the field;
- Click the **"Edit Column Headings"** button to label/update each column needed;
- Click the **"Save Column Headings"** button to save changes; and
- Enter/update the remaining percentage columns using the rate for each benefit based on percentage of the total salary. When entering the percentage, enter all digits as the figure is to appear on the screen (e.g., for 4.338%, type 4.338).

The “Total Percent” column is automatically calculated (sums columns Social Security and remaining Percentage columns). The “Subtotal Percentage Amounts” column is automatically calculated (“Total Percent” column times Salary).

Benefits Section 2:

- Click the **“Edit Column Headings”** button to label/update each column needed;
- Click the **“Save Column Headings”** button to save changes; and
- Enter/update the annual dollar amount for each type of benefit.

The “Subtotal Annual Dollar Amounts” column is automatically calculated (Total of all Dollar Amount columns). Note: If the benefit is reported in the Percentage columns as a percentage, do not include the dollar value. This will result in duplicate reporting.

Benefits Section 3:

- Enter/update the annual dollar amount of benefits paid from Special Funding 1, 2, 3, or 9, if applicable.

Save entered data:

- Click the **“Update”** button to save.

The “WIC Administrative Contract Benefit Total” is automatically calculated using the “Subtotal Percentage Amounts” + “Subtotal Annual Dollar Amounts”. The “Special Funding Benefit Total” column is automatically calculated using benefit dollar amounts entered in Special Funding 1, 2, 3, and 9. The “WIC Administrative Contract Benefit Total” amount is automatically populated in the Employee Totals Screen.

Employee Benefits

Help

Employee Name	Social Security	Lagers	Workman Comp	Example	Percent 5	Total Percent	Subtotal Percentage Amounts	Health Insurance	Life	Dental	Vision	Example	Subtotal Annual Dollar Amounts	WIC Administrative Contract Benefit Total	SF1 Benefits	SF2 Benefits	SF 3 Benefits	SF9 Benefits	Special Funding Benefit Total
Carol White	7.65	8.5	45	0	0	16.6%	\$1,992.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,992.00	\$531.86	\$445.21	\$531.86	\$0.00	\$1,508.93
Carrie Mauve	7.65	8.5	45	0	0	16.6%	\$4,149.00	\$7,975.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,975.00	\$12,124.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contract Nutritionist	7.65	0	0	0	0	7.65%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Ellen Red	7.65	8.5	45	0	0	16.6%	\$5,312.00	\$4,800.00	\$31.20	\$420.00	\$108.00	\$0.00	\$5,359.20	\$10,671.20	\$308.40	\$0.00	\$0.00	\$0.00	\$308.40
Jane Yellow	7.65	0	0	0	0	7.65%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mary Green	7.65	8.5	45	0	0	16.6%	\$7,520.00	\$6,795.00	\$78.00	\$96.00	\$120.00	\$0.00	\$7,089.00	\$14,609.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mary Purple	7.65	0	45	0	0	8.1%	\$2,401.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,401.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Pam Blue	7.65	8.5	45	0	0	16.6%	\$4,980.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,980.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sam Black	7.65	0	0	0	0	7.65%	\$1,197.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,197.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tilly Pink	7.65	0	45	0	0	8.1%	\$817.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$817.00	\$188.73	\$24.00	\$540.85	\$0.00	\$753.58
Ziggy	7.65	0	0	0	0	7.65%	\$1,469.00	\$20.00	\$20.00	\$20.00	\$0.00	\$0.00	\$80.00	\$1,529.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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STAFF ROLES

The SA maintains an email listing for the following required positions:

- WIC Coordinator
- Nutrition Coordinator
- Breastfeeding Coordinator
- Retailer Coordinator
- National Voter Registration Act (NVRA) Liaison

Anthropometric Skills Validator

A primary email address is a required field for these positions. The direct telephone number (and extension, if needed) is required for the WIC Coordinator, Nutrition Coordinator, Breastfeeding Coordinator, Retailer Coordinator, NVRA Liaison, and Anthropometric Skills Validator roles.

Optional positions are:

Fiscal Liaison
Breastfeeding Peer Counseling Coordinator

To enter Staff/Roles information:

- Select a name from the drop-down menu for each role (If unable to find the name in the drop-down menu, return to the Employees screen and add the employee);
- Enter a primary email address for each position;
- Enter a phone number for each position; and
- Click “**Save Coordinators**” button at the bottom of the screen to save changes.

Staff Roles	
Help	WIC Coordinator
Name:	<input type="text" value="Pam Blue"/>
Required E-mail:	<input type="text" value="pblue@hhd.mo.gov"/>
Required Phone Number:	<input type="text" value="555-111-7777"/>
Ext.	<input type="text" value="10"/>
Help	Nutrition Coordinator
Name:	<input type="text" value="Ellen Red"/>
Required E-mail:	<input type="text" value="ered@hhd.mo.gov"/>
Required Phone Number:	<input type="text" value="555-111-8888"/>
Ext.	<input type="text" value="11"/>
Help	Breastfeeding Coordinator
Name:	<input type="text" value="Ellen Red"/>
Required E-mail:	<input type="text" value="ered@hhd.mo.gov"/>
Required Phone Number:	<input type="text" value="555-111-8888"/>
Ext.	<input type="text" value="11"/>
Help	Retailer Coordinator
Name:	<input type="text" value="Pam Blue"/>
Required E-mail:	<input type="text" value="pblue@hhd.mo.gov"/>
Help	NVRA Liaison
Name:	<input type="text" value="Ann Brown"/>
Required E-mail:	<input type="text" value="abrown@hhd.mo.gov"/>
Help	Anthropometric Skills Validator
Name:	<input type="text" value="Jane Yellow"/>
Primary E-mail:	<input type="text" value="jyellow@hhd.mo.gov"/>
Help	Fiscal Liaison
Name:	<input type="text" value="Carrie Mauve"/>
Required E-mail:	<input type="text" value="cmauve@hhd.mo.gov"/>
Required Phone Number:	<input type="text" value="555-111-9999"/>
Ext.	<input type="text" value="12"/>
Help	Breastfeeding Peer Counseling Coordinator
Name:	<input type="text" value="Tilly Pink"/>
Required E-mail:	<input type="text" value="tpink@hhd.mo.gov"/>
<input type="button" value="Save Coordinators"/>	
<input type="button" value="Back"/> <input type="button" value="Next"/>	

Roles from this screen display on the Employee Hours screen, so assign roles for staff paid through WIC funds.

EMPLOYEE HOURS

The Employee Hours screen is used to calculate the WIC portion of salary and benefits for each employee paid from WIC Administrative Contract and Special Funding based on the number of hours worked in WIC per month.

There are two sections in the Employee Hours screen:

1. The first section (left side) lists the number of hours per month each employee spends in one of four WIC categories: Program Management; Client Service; Nutrition Education; and Breastfeeding Support & Promotion. These hours are paid for from the WIC Administrative Contract.
2. The second section (right side) lists the number of hours an employee spends in a special funding category. These hours are paid for from special funding.

Hours in each category are reported to the United States Department of Agriculture (USDA), so it is important to understand how these hours are classified. Use the following list as a guide for the types of tasks or functions related to the first section of WIC category hours.

WIC Program Management Hours - Time in this category is time spent:

- Managing clinics, caseload and finances;
- Preparing and submitting the Administrative Cost Report (ACR/online invoice);
- Preparing and evaluating the LAP;
- Conducting outreach activities (NOT related to Breastfeeding Promotion and Support);
- Participating in approved continuing education activities;
- Reviewing and using reports;
- Performing supervisory duties;
- Documenting WIC services provided to WIC participants for reports;
- Reading WIC Updates and emails/guidance from the SA; or
- Attending general WIC or MOWINS training not related to nutrition education or breastfeeding promotion and support.

WIC Client Service Hours – Time in this category is time spent:

- Assessing for eligibility and certification information;
- Issuing and printing food instruments;
- Processing transfers into or out of the LA;
- Referring the applicant/participant to social and/or community service programs;
- Interviewing participants regarding possible fraud or violations;
- Scheduling appointments;
- Following up on no show applicants/participants and rescheduling or mailing missed appointment cards;
- Providing information on the recommended immunization schedule appropriate to the current age of an infant/child and referral information for immunization services;

- Explaining local rules and regulations, especially those related to appointments and rescheduling process and procedures;
- Inquiring of the participant regarding problems in redeeming food instruments;
- Recording the appropriate supplemental food package;
- Recording the approval of special formulas according to SA policies and procedures;
- Assessing anthropometric and hematological measurements;
- Collecting the Nutrition Assessment questions (system) and health history; or
- Traveling to and from the satellite or off-site clinics.

WIC Nutrition Education Hours – Time in this category is time spent:

- Providing individual or group education sessions, including planning and preparing for those sessions, and Nutrition Education evaluation;
- Delivering of or attending Nutrition Education training (that is NOT Breastfeeding Promotion and Support);
- Consulting with an SA Nutritionist relating to Nutrition Education;
- Developing and evaluating the nutrition portion of the LAP;
- Developing/procuring/reviewing the educational materials, or instructional curricula related to Nutrition Education (that is NOT related to Breastfeeding Promotion and Support);
- Tailoring of individual participant's food package;
- Making comparisons of laboratory test results, anthropometric measures and/or dietary intakes to establish a standard to determine basic nutrition counseling needed for specific participants; or
- Procuring interpreter and translator services to perform Nutrition Education activities.

WIC Certifiers should have only a minimal amount of time budgeted and coded to Nutrition Education. Appropriate activities for WIC Certifiers include providing initial nutrition education, prescribing standard food packages, entering initial nutrition assessment responses into MOWINS, and procuring and producing nutrition education materials (ordering or copying handouts, preparing bulletin boards, preparing mailings, etc.).

Time coded to nutrition education counts toward the required 16.7% nutrition education, therefore it is important that the TA Nutritionist monitor for appropriate use of this time coding.

WIC Breastfeeding Support & Promotion Hours - Time in this category is time spent:

- Delivering or attending training on Breastfeeding Promotion and Support that will directly benefit WIC participants;
- Providing direct participant services relating to breastfeeding;
- Participating in state and local planning committees dedicated to Breastfeeding Promotion and Support;

- Organizing volunteers and community groups to support Breastfeeding WIC participants;
- Conducting home visits or other actions intended to assist women to continue with an initial decision to breastfeed (that is not being entered on a Breastfeeding Peer Counseling special funding column of the online invoicing system);
- Evaluating breastfeeding initiatives;
- Developing or procuring educational materials, or instructional curricula related to Breastfeeding Promotion and Support;
- Traveling related to any of the above activities incurred by WIC;
- Delivering breastfeeding counseling (individual or in groups); or
- Performing Breastfeeding Coordinator functions.

All WIC staff may code time to Breastfeeding Promotion and Support (both on the LAP and the monthly invoice). Staff with an HPA, clerical, or WIC Certifier role should have a minimal amount of time budgeted and coded to Breastfeeding Promotion and Support. Appropriate activities for non-professional staff include procuring and producing breastfeeding promotion and support materials (ordering or copying handouts, preparing bulletin boards, preparing mailings, etc.).

Staff attending breastfeeding training or helping prepare for the training may code this time as breastfeeding promotion and support. Time coded to breastfeeding promotion and support counts toward the required 16.7% nutrition education, therefore it is important that the TA Nutritionist monitor for appropriate use of this time coding.

The “Role” column is the WIC role or job function and is auto-filled from entry on the Employees screen.

To enter Employee Hours information:

- Enter the total number of monthly hours each employee works at the LA. This entry may not exceed 173 hours;
- There must be a number value entered into the first column titled Total Number of Hrs./Month Working in Agency or an error message displays;
- Enter the monthly hours each employee works in each WIC category in the first section;
- Enter the number of monthly hours each employee spends working in each special funding category in the second section; and
- Click the “**Update**” button to save the entries/changes.

Employee Hours																	
Help																	
Employee Name	Role	Total Number of Hrs./Month Working in Agency	WIC Program Management Hrs./Month	WIC Client Service Hrs./Month	WIC Nutrition Ed. Hrs./Month	WIC Breastfeeding Support & Promotion Hrs./Month	Total Operations Hrs./Month	% of Total Hours Spent on Operations	% of Total Hours Spent on Nutrition Ed. & BF. Support	SF1 Hours	SF2 Hours	SF3 Hours	SF9 Hours	Total SF Hrs./Month	SF % of Total Hours	Total WIC Hours	% of Total WIC Hours
Ann Brown	WCERT	173	20	110	2	1	133	76.9%	2.3%	0	0	0	0	0	0%	133	76.9%
Carol White	BFPC	101	0	50	0	0	50	49.5%	0%	18	15	18	0	51	50.5%	101	100%
Carrie Mauve	CPA	173	0	35	25	10	70	40.5%	50%	0	0	0	0	0	0%	70	40.5%
Ellen Red	NCOOR	173	60	50	25	30	165	95.4%	33.3%	5	0	0	2	7	4%	172	99.4%
Jane Yellow	NUTR	173	0	0	50	25	75	43.4%	100%	0	0	0	0	0	0%	75	43.4%
Mary Green	Admin	173	2	0	0	0	2	1.2%	0%	0	0	0	0	0	0%	2	1.2%
Mary Purple	HPA	173	0	80	0	0	80	46.2%	0%	0	0	0	0	0	0%	80	46.2%
Pam Blue	WCOOR	173	60	50	25	30	165	95.4%	33.3%	0	0	0	2	2	1.2%	167	96.6%
Tilly Pink	BFPC	65	0	0	0	0	0	0%	0%	15	7	43	0	65	100%	65	100%
		1377	142	375	127	96	740			38	22	61	4	125		865	

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Update

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Formulas used on this screen:

The column “Total Operations Hrs./Month” is automatically calculated using the following formula:

$$\begin{aligned}
 & \text{“WIC Program Management Hrs./Month”} + \text{“WIC Client Service Hrs./Month”} \\
 & + \text{“WIC Nutrition Ed. Hrs./Month”} + \text{“WIC Breastfeeding Support & Promotion Hrs./Month”} = \text{“Total Operations Hrs./Month”}
 \end{aligned}$$

The column “% of Total Hours Spent on Operations” is automatically calculated using the following formula:

$$\begin{aligned}
 & \text{“Total Operations Hrs./Month”} / \text{“Total Number of Hrs./Month Working in Agency”} \\
 & = \text{“% of Total Hours Spent on Operations”}
 \end{aligned}$$

The column “% of Total Hours Spent on Nutrition Ed. & BF. Support” is automatically calculated using the following formula:

$$\begin{aligned}
 & \text{“WIC Nutrition Ed. Hrs./Month”} + \text{“WIC Breastfeeding Support & Promotion Hrs./Month”} / \text{“Total Operations Hrs./Month”} = \text{“% of Total Hours Spent on Nutrition Education and BF. Support.”}
 \end{aligned}$$

The total sum of columns SF1 - SF9 will automatically calculate in the “Total SF Hrs./Month” column.

The “SF % of Total Hours” is automatically calculated using the following formula:

$$\text{“Total SF Hrs./Month”} / \text{“Total Number of Hrs./Month Working in Agency.”}$$

The “Total WIC Hours” column automatically calculates using the following formula:

$$\text{“Total Operations Hrs./Month”} + \text{“Total SF Hrs./Month”} = \text{“Total WIC Hours”}$$

The column “% of Total WIC Hours” is automatically calculated using the following formula:

$$\text{“Total WIC Hours”} / \text{“Total Number of Hrs./Month Working in Agency”} = \text{“% of Total WIC Hours”}.$$

EMPLOYEE TOTALS

Total Annual Salary, Total WIC Salary, Total Annual Benefits, and Total WIC Benefits are calculated and auto-populated from data entered on the Employees, Employee Benefits, and Employee Hours screens. This screen is for reporting any in-kind funds. In-kind funds are other sources of funding used to support WIC operations.

To enter In-Kind for WIC Salary/Benefits:

- Enter the portion of the employee’s salary that will be paid from other funding sources as “In-Kind of WIC Salary.” This amount cannot exceed the amount listed in the “WIC Salary” column;
- Enter the portion of the employee’s benefits that will be paid from other sources as “In-Kind of WIC Benefits.” This amount cannot exceed the amount listed in the “WIC Benefits” column; and
- Click the “**Update**” button to save entries.

Employee Totals

Help

Employee Name	Role	In-Kind of WIC Salary	Annual Salary	WIC Salary	Total WIC Salary	In-Kind of WIC Benefits	Annual Benefits	WIC Benefits	Total WIC Benefits	Ntrn. Ed. & BF Supp. Portion of WIC Salary	Ntrn. Ed. & BF Supp. Portion of WIC Benefits
Ann Brown	WCERT	<input type="text" value="0"/>	\$22,305	\$17,153	\$17,153	<input type="text" value="0"/>	\$9,306	\$7,156	\$7,156	\$395	\$165
Carol White	BFPC	<input type="text" value="0"/>	\$12,000	\$5,940	\$5,940	<input type="text" value="0"/>	\$1,992	\$986	\$986	\$0	\$0
Carrie Mauve	CPA	<input type="text" value="0"/>	\$23,400	\$9,477	\$9,477	<input type="text" value="0"/>	\$1,895	\$767	\$767	\$4,739	\$384
Ellen Red	NCOOR	<input type="text" value="0"/>	\$32,000	\$30,528	\$30,528	<input type="text" value="0"/>	\$10,671	\$10,180	\$10,180	\$10,166	\$3,390
Jane Yellow	NUTR	<input type="text" value="0"/>	\$0	\$0	\$0	<input type="text" value="0"/>	\$0	\$0	\$0	\$0	\$0
Mary Green	Admin	<input type="text" value="544"/>	\$45,300	\$544	\$544	<input type="text" value="175"/>	\$14,609	\$175	\$175	\$0	\$0
Mary Purple	HPA	<input type="text" value="0"/>	\$29,640	\$13,694	\$13,694	<input type="text" value="0"/>	\$2,401	\$1,109	\$1,109	\$0	\$0
Pam Blue	WCOOR	<input type="text" value="0"/>	\$30,000	\$28,620	\$28,620	<input type="text" value="0"/>	\$4,980	\$4,751	\$4,751	\$9,530	\$1,582
Tilly Pink	BFPC	<input type="text" value="0"/>	\$10,089	\$0	\$0	<input type="text" value="0"/>	\$817	\$0	\$0	\$0	\$0
		0	\$204,734	\$105,956	\$105,956	0	\$46,671	\$25,124	\$25,124	\$24,830	\$5,521

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Note: It is highly recommended that Nutritionist and CPA salaries and benefits not be reported as in-kind to assist agencies in meeting the required 16.7% of WIC funding spent on nutrition education.

If the total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA must show in-kind services in the budget proposal. In-kind services must be WIC allowable, proven, and documentable. Reporting in-kind expenses, if any, is required in the [WIC Scope of Work](#). If in-kind expenditures are not planned for and reported, the SA does not officially know it exists. When reported, the SA may use the information to make a better case to USDA for additional rate-per-participant funding for the LA. At the end of the contract year, if the LA has not expended all funds available in the contract, it may reclaim expenses *previously reported* as in-kind.

SUMMARY

The Summary screen is auto-filled with salaries, benefits, and hours from the previously completed Employees, Employee Benefits, Employee Hours, and Employee Totals screens for each employee. The Totals box at the bottom of the screen provides the Total (WIC) Personnel Salary, Total WIC Personnel Benefits, and Total WIC Personnel Compensation & Benefits.

Caseload													
Caseload: Monthly Average: 367													
Caseload: Annual Total: 4,407													
Rate-Per-Participant: \$14.00													
Summary													
Employee Name	Total Health Dept. hrs./mo.	WIC Program Mgmt. hrs./mo.	WIC Client Service hrs./mo.	WIC Nutrition Education hrs./mo.	WIC Breast-feeding Support & Promotion hrs./mo.	Total WIC hrs./mo.	Annual Health Dept. Salary	% of WIC Time	In-Kind of Salaries	Total WIC Salary Costs	% of Nutri. Ed. & BF Supp. Time	Nutri. Ed. & BF Supp. Salary	Nutri. Ed. & BF Supp. Benefits
Ann Brown	173.00	20.00	110.00	2.00	1.00	133.00	\$22,305.00	76.9%	\$0.00	\$17,153.00	2.3%	\$395.00	\$165.00
Carol White	101.00	0.00	50.00	0.00	0.00	50.00	\$12,000.00	49.5%	\$0.00	\$5,940.00	0%	\$0.00	\$0.00
Carrie Mauve	173.00	0.00	35.00	25.00	10.00	70.00	\$23,400.00	40.5%	\$0.00	\$9,477.00	50%	\$4,739.00	\$384.00
Ellen Red	173.00	60.00	50.00	25.00	30.00	165.00	\$32,000.00	95.4%	\$0.00	\$30,528.00	33.3%	\$10,166.00	\$3,390.00
Jane Yellow	173.00	0.00	0.00	50.00	25.00	75.00	\$0.00	43.4%	\$0.00	\$0.00	100%	\$0.00	\$0.00
Mary Green	173.00	2.00	0.00	0.00	0.00	2.00	\$45,300.00	1.2%	\$0.00	\$544.00	0%	\$0.00	\$0.00
Mary Purple	173.00	0.00	80.00	0.00	0.00	80.00	\$29,640.00	46.2%	\$0.00	\$13,694.00	0%	\$0.00	\$0.00
Pam Blue	173.00	60.00	50.00	25.00	30.00	165.00	\$30,000.00	95.4%	\$0.00	\$28,620.00	33.3%	\$9,530.00	\$1,582.00
Tilly Pink	65.00	0.00	0.00	0.00	0.00	0.00	\$10,089.00	0%	\$0.00	\$0.00	0%	\$0.00	\$0.00
	1,377.00	142.00	375.00	127.00	96.00	740.00	\$204,734.00		\$0.00	\$105,956.00		\$24,830.00	\$5,521.00

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Totals	
Total Personnel Salary:	\$105,956.00
Total WIC Personnel Benefits:	\$25,124.00
Total WIC Personnel Comp. & Benefits:	\$131,080.00

Total Personnel Salary is the total amount of the Annual WIC Salary for all employees less any in-kind salary amount.

Total WIC Personnel Benefits is the total amount of the Annual WIC Benefits for all employees less any in-kind benefit amount.

Total WIC Personnel Compensation and Benefits is the sum of Total Personnel Salary and Total WIC Personnel Benefits.

LINE ITEMS

The LA budget for allowable WIC expenditures is entered on the Line Items screen. The amount displayed for each Line Item is shown on the main screen as a read-only field. The Total Line Item, Nutrition Education Portion, and In-Kind Amount are determined based upon the entries made in each Line Item. Click the “**View/Enter**” button to enter information regarding the costs associated with each Line Item. In-kind amounts entered for the detailed information affect the “WIC Reimbursed Cost”, which is the amount displayed in the “Total Line Item \$’s” column on the Line Items screen. In-kind amounts directly affect the total billable amount for that Line Item.

Line Items				Budgeted Hours	
	Total Line Item \$'s	Nutri. Ed. Portion of \$'s	In-Kind Amount	Agency Budgeted Hours	740
Contract Services	\$16,783	\$16,183	\$0	Agency Budgeted Mins./Participant	121
Conferences and Training	\$4,370	\$1,311	\$0	Hourly Distribution	
Travel	\$0	\$0	\$0	Program Management	142 19.2%
Administrative Office Costs	\$4,695	\$0	\$0	Client Services	375 50.7%
Medical Materials	\$543	\$0	\$0	Nutrition Education	127 17.2%
Facilities Costs	\$1,200	\$2,004	\$0	Breastfeeding Support/Promotion	96 13%
Indirect Costs	\$0	\$0	\$0	Nutrition Education and Breastfeeding Support	223 30.1%
Equipment Purchases	\$1,300	\$500	\$0	TOTAL BUDGET	\$160,601
Computer Hardware	\$0	\$0	\$0	Rate-Per-Participant (RPP)	
Nutrition Materials	\$630	\$630	\$0	Personnel RPP	\$29.74
TOTAL OPERATIONS COST	\$29,521	\$18,624	\$2,004	Operations RPP	\$6.70
Administrative Contracts & Special Funding				Total SF RPP	\$2.04
WIC Administrative Contract	\$61,698			Total WIC RPP	\$36.44
Amount Over Target	\$98,903			Total WIC Admin. and SF RPP	\$38.48
Breastfeeding PC-SF-1	\$9,000	\$9,000	\$7,931	Nutrition Totals	
Breastfeeding PC-SF-2	\$7,000	\$7,000	\$5,588	Nutrition Total	\$48,975
BF-Friendly Incentive SF-3	\$15,000	\$15,000	\$9,886	Nutrition %	30.5%
Special Funding SF-9	\$1,000	\$0	\$1,000		
Total of WIC Administrative Contract & Funding	\$93,698				

Refer to the WIC Operations Manual, General Volume, Funding Accountability Section for what is allowed under each line item and any documentation required.

Contract Services – Review [WOM Policy ER# 1.03600 Line Item: Contract Services](#) - The LA shall use the Contract Services line item to budget allowable expenses for contracts with other agencies, companies, or with individuals providing nutrition services and/or interpretive services.

A signed and dated contract between the LA and the subcontractor or individual is submitted as an attachment on the Attachments screen.

To enter contract services information:

- Click the “**View/Enter**” button to open the Contract Service Input screen;

	Total Line Item \$'s	Nutri. Ed. Portion of \$'s	In-Kind Amount	
<u>Contract Services</u>	\$0	\$0	\$0	View/Enter

- Complete the information for each service;
- Cost is the total cost of the service provided;
- NE Portion is that amount of the cost that can be claimed as nutrition education;
- In-Kind Amount is that amount of the cost that will be paid from other funding sources;
- NE In-Kind Amount is that amount of the NE Portion that will be paid from other funding as in-kind; and
- Click the “**Add Contract**” button to save.

Contract Services

<input type="checkbox"/>	Contracting Organization	Services Provided	Cost	NE Portion	In-Kind	NE In-Kind	WIC Reimbursed Cost
No contract services have been entered.							
Delete		Update					

Contract Service Input

Contracting Organization:

Services Provided:

Cost: \$ N.E. Portion: \$

In-kind Amount: \$ NE In-kind Amount: \$

Add Contract

Back

To update contract services information:

- Enter any changes to the information already displayed in the Contract Services table; and
- Click the “**Update**” button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Contract Services							
<input type="button" value="Delete"/> <input type="button" value="Update"/>							
<input type="checkbox"/>	Contracting Organization	Services Provided	Cost	NE Portion	In-Kind	NE In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	Contract Nutritionist	Nutrition Education	16,183.00	16,183.00	0.00	0.00	16,183.00
<input type="checkbox"/>	Interpretive Services	Sign language	400.00	0.00	0.00	0.00	400.00
<input type="checkbox"/>	Language Line	language interpretation	200.00	0.00	0.00	0.00	200.00
Totals			16,783.00	16,183.00	0.00	0.00	16,783.00

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To return to the Line Items screen, click the **“Back”** button at the bottom of the Contract Services screen.

Conferences and Training – Review [WOM Policy ER# 1.03700 Line Item: Conference and Training](#) – The LA shall budget all non-personnel costs for approved conferences and trainings on the Conferences and Training line item. Personnel costs associated with conference and training shall be shown in the line items for personnel compensation and benefits. Nutrition contractor costs associated with conference and training shall be shown in the line item for contract services.

To enter conferences and training information:

- Click the **“View/Enter”** button to open the Conferences and Training Input screen;

Conferences and Training	\$0	\$0	\$0	<input type="button" value="View/Enter"/>
--------------------------	-----	-----	-----	---

- Complete the information for each conference or training;
- Registration Fee is the total cost of registration fees for the number of employees attending the conference or training;
- Meals is the total cost of all meals for each employee attending the conference or training;
- Hotel Cost is the total lodging cost for all employee(s) attending the conference or training;
- Mileage is the total cost for transportation provided by personal vehicles either at the current IRS rate for mileage reimbursement or the mileage reimbursement rate set by the LA’s internal policy, whichever is lower. Fares include the cost of taxi, shuttle, or other transportation when traveling;

- NE Portion is that amount of the conference or training that can be claimed as nutrition education;
- In-Kind Amount is that amount of the conference or training that will be paid from other funding sources;
- NE In-Kind Amount is that amount of the NE Portion that will be paid from other funding as in-kind; and
- Click the **“Add Event”** button to save.

Conferences & Training

<input type="checkbox"/>	Conference Title	Person(s) Attending	Registration Fee	Meals	Hotel Costs	Mileage/Fares Cost	Total Costs	NE Portion	In-Kind	NE In-Kind	WIC Reimbursed Cost
No conferences have been entered.											
<input type="button" value="Delete"/> <input type="button" value="Update"/>											

Conference & Training Input

Conference Title:

Person(s) Attending:

Registration Fee: \$ Meals: \$

Hotel Cost: \$ Mileage/Fares Cost: \$

N.E. Portion: \$

In-kind Amount: \$ NE In-kind Amount: \$

To update conference and training information:

- Enter any changes to the information already displayed in the Conferences & Training table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Conferences & Training											
<input type="button" value="Delete"/> <input type="button" value="Update"/>											
<input type="checkbox"/>	Conference Title	Person(s) Attending	Registration Fee	Meals	Hotel Costs	Mileage/Fares Cost	Total Cost	NE Portion	In-Kind	NE In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	WIC Certifier Training	Ann Brown	0.00	15.00	0.00	48.00	\$63.00	0.00	0.00	0.00	63.00
<input type="checkbox"/>	NWA Annual Conference	Ellen Red Pam Blue Tilly Pink	1,155.00	828.00	1,746.00	578.00	\$4,307.00	1,311.00	0.00	0.00	4,307.00
Totals			1,155.00	843.00	1,746.00	626.00	\$4,370.00	1,311.00	0.00	0.00	4,370.00

To return to the Line Items screen, click the **“Back”** button at the bottom of the Conferences & Training screen.

If WIC Coordinator, Nutrition Coordinator, WIC Paraprofessional, or WIC Professional Training conducted in Jefferson City is listed, the SA reimburses the LA for the hotel cost up to the CONUS rate. Hotel costs should not be included for these trainings.

Travel – Review [WOM Policy ER# 1.03800 Line Item: Travel](#) – The LA shall budget all travel for WIC operations, **except for travel related to conferences and training**, on the travel line item.

To enter travel information:

- Click the **“View/Enter”** button to open the Travel Input screen;

Travel	\$0	\$0	\$0	<input type="button" value="View/Enter"/>
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- Complete the information for each instance of travel;
- Activity is the reason the travel will occur, such as attending district WIC meetings or travel between satellites;
- Person(s) Attending is the name of the employee(s) that will be traveling;
- Meals is the total cost of all meals for each employee traveling;
- Hotel Cost is the total lodging cost for the employees traveling;
- Mileage is the total cost for transportation provided by personal vehicles either at the current IRS rate for mileage reimbursement or the mileage reimbursement rate set by the LA’s internal policy, whichever is lower. Fares include the cost of taxi, shuttle, or other transportation when traveling;
- NE Portion is that amount of the travel activity that can be claimed as nutrition education;
- In-Kind Amount is that amount of the travel activity that will be paid from other funding sources;

- NE In-Kind Amount is that amount of the NE Portion that will be paid from other funding sources; and
- Click the **“Add Travel”** button to save.

Travel

Not to include Travel to Conferences and Training.

<input type="checkbox"/>	Activity	Person(s) Involved	Meals	Hotel Costs	Mileage/Fares Cost	Total Costs	NE Portion	In-Kind	NE In-Kind	WIC Reimbursed Cost
No trips have been entered.										
<div style="display: flex; justify-content: space-between; width: 100%;"> Delete Update </div>										

Travel Input

Activity:

Person(s) Attending:

Meals: \$

Mileage/Fares Cost: \$

In-kind Amount: \$

Hotel Cost: \$

N.E. Portion: \$

NE In-kind Amount: \$

[Add Travel](#)

[Back](#)

To update travel information:

- Enter any changes to the information already displayed in the Travel table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Travel										
		<input type="button" value="Delete"/>		<input type="button" value="Update"/>						
<input type="checkbox"/>	Activity	Person(s) Involved	Meals	Hotel Costs	Mileage/Fares Costs	Total Costs	NE Portion	In-Kind	NE In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	Travel to District Meetings	Ellen Red, Mary Gre	0.00	0.00	200.00	\$200.00	0.00	0.00	0.00	200.00
<input type="checkbox"/>	Travel to Satellite Sites		0.00	0.00	800.00	\$800.00	0.00	0.00	0.00	800.00
Totals			0.00	0.00	1,000.00	\$1,000.00	0.00	0.00	0.00	1,000.00

1 - 2

To return to the Line Items screen, click the **“Back”** button at the bottom of the Travel screen.

Administrative Office Costs – Review [WOM Policy ER# 1.04100 Line Item: Administrative Office Costs](#) – The LA shall budget costs that do not fall into another specific category on the Administrative Office Costs line item.

To enter Administrative Office Costs information:

- Click the **“View/Enter”** button to open the Administrative Office Costs Input screen;

<u>Administrative Office Costs</u>	\$0	\$0	\$0	<input type="button" value="View/Enter"/>
------------------------------------	-----	-----	-----	---

- Select a cost Category from the drop-down menu;
- Item Description is a description of the item purchased;
- Total Item Cost is the total cost of the purchased items;
- Select the Method the LA used to determine WIC’s portion of the costs from the drop-down menu;
 - Actual
 - Hours
 - Sq. Foot
 - Other
- Agency (Hrs./Sq. Ft.) is the total personnel hours or floor space used by the entire agency;
- WIC (Hrs./Sq. Ft.) is the total personnel hours or floor space used exclusively for WIC Operations;
- WIC % is the percentage of the total actual costs incurred for WIC operations. No entry is required as this will automatically be calculated when the **“Add Item”** button is clicked;
- WIC Cost is the dollar amount of the total costs incurred for WIC operations. No entry is required as this will automatically be calculated when the Actual, Hrs., or Sq. Ft. method is chosen and the **“Add Item”** button is clicked;
- NE Portion is that amount of the Administrative Costs that can be claimed as nutrition education;

- Other Method Description is the description of the method used by the LA to figure WIC’s portion of administrative costs when “Other” is chosen from the Method drop-down menu;
- In-Kind Amount is that amount of the administrative cost that will be paid from other funding sources;
- NE In-Kind Amount is that amount of the NE Portion that will be paid from other funding sources; and
- Click the **“Add Item”** button to save.

Administrative Office Costs

[Help](#)

<input type="checkbox"/>	Category	Item Description	Total Item Cost	Method	Agency (hrs./sq. ft.)	WIC (hrs./sq. ft.)	WIC %	WIC Cost	NE Portion	Other Method Description	In-Kind	NE In-Kind	WIC Reimbursed Cost
No administrative costs have been entered.													
<input type="button" value="Delete"/> <input type="button" value="Update"/>													

Administrative Cost Input

Category: <Select Category>

Item Description:

Total Item Cost: \$

Method: Actual

Agency (Hrs./Sq. Ft.): WIC (Hrs./Sq. Ft.): WIC %:

WIC Cost: \$ N.E. Portion: \$

Other Method Description:

In-kind Amount: \$ NE In-kind Amount: \$

To update Administrative Office Costs information:

- Enter any changes to the information already displayed in the Administrative Office Costs table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Administrative Office Costs													
		Delete		Update									
☐	Category	Item Description	Total Item Cost	Method	Agency (hrs./sq. ft.)	Wic (hrs./sq. ft.)	WIC %	WIC Cost	NE Portion	Other Method Description	In-Kind	NE In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	Outreach/Advertising	Billboard WIC Promi	5,000.00	Hours	1600	500	31.25	1,562.50	0.00		0.00	0.00	1,562.50
<input type="checkbox"/>	Supplies	file folders, printer ink, copy paper, colored	3,500.00	Hours	1600	500	31.25	1,093.75	0.00		0.00	0.00	1,093.75
<input type="checkbox"/>	Services	One Call Now Mess:	1,150.00	Actual	0	0	100	1,150.00	0.00		0.00	0.00	1,150.00
<input type="checkbox"/>	Postage/Shipping	Postage	1,500.00	Hours	1600	500	31.25	468.75	0.00	To entertain children during WIC visits	0.00	0.00	468.75
<input type="checkbox"/>	Storage Unit Rental	unit to store items fo	420.00	Actual	0	0	100	420.00	0.00		0.00	0.00	420.00
Totals			11,570.00					4,695.00	0.00		0.00	0.00	4,695.00

1 - 5

To return to the Line Items screen, click the “**Back**” button at the bottom of the Administrative Office Costs screen.

Medical Materials – Review [WOM Policy ER# 1.04200 Line Item: Medical Materials](#) – The LA shall budget items needed to do health assessments on the Medical Materials line item.

To enter Medical Materials information:

- Click the “**View/Enter**” button to open the Medical Materials Input screen;

Medical Materials	\$0	\$0	View/Enter
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- Item Description is a description of the item purchased;
- Total Item Cost is the total cost of the medical materials;
- Select the Method the LA used to determine WIC’s portion of the costs from the drop-down menu;
 - Actual
 - Hours
 - Sq. Foot
 - Other
- Agency (Hrs./Sq. Ft.) is the total personnel hours or floor space used by the LA;
- WIC (Hrs./Sq. Ft.) is the total personnel hours or floor space used exclusively for WIC Operations;
- WIC % is the percentage of the total actual costs incurred for WIC operations. No entry is required as this will automatically be calculated when the “**Add Item**” button is clicked;
- WIC Cost is the dollar amount of the total costs incurred for WIC operations. No entry is required as this will automatically be calculated when the “**Add Item**” button is clicked;
- Other Method Description is the description of the method used by the LA to figure WIC’s portion of the costs for medical materials when “Other” is chosen from the Method drop-down menu;

- In-Kind Amount is that amount of the medical materials that will be paid from other funding sources; and
- Click the **“Add Item”** button to save.

Medical Materials

Help

<input type="checkbox"/>	Item Description	Total Item Cost	Method	Agency (hrs./sq. ft.)	WIC (hrs./sq. ft.)	WIC %	WIC Cost	Other Method Description	In-Kind	WIC Reimbursed Cost
--------------------------	------------------	-----------------	--------	-----------------------	--------------------	-------	----------	--------------------------	---------	---------------------

No Medical Material costs have been entered.

Delete **Update**

Medical Materials Input

Item Description:

Total Item Cost \$ Method: Actual

Agency (Hrs./Sq. Ft.) WIC (Hrs./Sq. Ft.) WIC %:

WIC Cost \$

Other Method Description:

In-kind Amount \$

Add Item

Back

To update Medical Materials information:

- Enter any changes to the information already displayed in the Medical Materials table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Medical Materials										
		Delete		Update						
<input type="checkbox"/>	Item Description	Total Item Cost	Method	Agency (hrs./sq. ft.)	WIC (hrs./sq. ft.)	WIC %	WIC Cost	Other Method Description	In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	Exam Table paper	400.00	Sq. Ft. ▾	14000	1500	10.71	42.86		0.00	42.86
<input type="checkbox"/>	Alcohol swabs, sharpie container, lancets, etc.	500.00	Actual ▾	0	0	100	500.00		0.00	500.00
Totals		900.00					542.86		0.00	542.86

1 - 2

To return to the Line Items screen, click the **“Back”** button at the bottom of the Medical Materials screen.

Facilities Costs – Review [WOM Policy ER# 1.04400 Line Item: Facilities Costs](#) – The LA shall budget allowable space and utilities costs on the Facilities Costs line item.

To enter Facilities Cost information:

- Click the **“View/Enter”** button to open the Facilities Cost Input screen;

Facilities Costs	\$0	\$0	View/Enter
------------------	-----	-----	-------------------

- Select a cost Category from the drop-down menu;
- Item Description is a description of the expense;
- Total Item Cost is the total cost of the expense;
- Select the Method the LA used to determine WIC’s portion of the costs from the drop-down menu;
 - Actual
 - Hours
 - Sq. Foot
 - Other
- Agency (Hrs./Sq. Ft.) is the total personnel hours or floor space used by the LA;
- WIC (Hrs./Sq. Ft.) is the total personnel hours or floor space used exclusively for WIC Operations;
- WIC % is the percentage of the total actual costs incurred for WIC operations. No entry is required as this will automatically be calculated when the **“Add Item”** button is clicked;
- WIC Cost is the dollar amount of the total costs incurred for WIC operations. No entry is required as this will automatically be calculated when the **“Add Item”** button is clicked;
- Other Method Description is the description of the method used by the LA to figure WIC’s portion of the facilities costs when “Other” is chosen from the Method drop-down menu;
- In-Kind Amount is that amount of the facilities costs that will be paid from other funding sources; and

- Click the **“Add Item”** button to save.

Facility Costs

Help

<input type="checkbox"/>	Category	Item Description	Total Item Cost	Method	Agency (hrs./sq. ft.)	WIC (hrs./sq. ft.)	WIC %	WIC Cost	Other Method Description	In-Kind	WIC Reimbursed Cost
No Facility costs have been entered.											
<input type="button" value="Delete"/> <input type="button" value="Update"/>											

Facilities Cost Input

Category: <Select Category> ▼

Item Description:

Total Item Cost \$

Method: Actual ▼

Agency (Hrs./Sq. Ft.) WIC (Hrs./Sq. Ft.) WIC %:

WIC Cost \$

Other Method Description:

In-kind Amount \$

To update Facilities Costs information:

- Enter any changes to the information already displayed in the Facility Costs table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Facility Costs													
		Delete		Update									
Item	Category	Item Description	Total Item Cost	Method	Agency (hrs./sq. ft.)	WIC (hrs./sq. ft.)	WIC %	WIC Cost	Other Method Description	In-Kind	WIC Bioprocessed Cost		
<input type="checkbox"/>	Utilities	Electric, water, sewer	6,500.00	Sq. Ft.	14000	1500	10.71	696.43		696.43	0.00		
<input type="checkbox"/>	Services	Mowing and snow removal	4,500.00	Sq. Ft.	14000	1500	10.71	482.14		482.14	0.00		
<input type="checkbox"/>	Services	Janitorial/maintenance	3,000.00	Sq. Ft.	14000	1500	10.71	321.43		321.43	0.00		
<input type="checkbox"/>	Other	Building Insurance and taxes	3,500.00	Sq. Ft.	14000	1500	10.71	375.00		375.00	0.00		
<input type="checkbox"/>	Rent	Satellite Site - Allow	1,200.00	Actual	0	0	100	1,200.00		0.00	1,200.00		
<input type="checkbox"/>	Services	Pest Control	1,200.00	Sq. Ft.	14000	1500	10.71	128.57		128.57	0.00		
Totals			19,900.00					3,203.57		2,003.57	1,200.00		

To return to the Line Items screen, click the **“Back”** button at the bottom of the Facility Costs screen.

Indirect Costs – Review [WOM Policy ER# 1.04500 Line Item: Indirect Costs](#) - A claim for indirect costs shall be supported by either a federally approved indirect cost rate agreement letter or an approved cost allocation plan. Indirect costs shall not exceed the federally negotiated indirect cost rate or the de minimis rate up to 10%. Cost must not be allocated as an indirect cost if any other cost incurred for the same purpose, in like circumstance, has been assigned as a direct cost.

No portion of the Indirect Cost line item is chargeable to nutrition education.

The Indirect Cost line item will not display unless the LA selects “Yes” to the question on the Agency Information screen “Does your agency want to use Indirect funds?”

To enter Indirect Cost information:

- Click the **“View/Enter”** button to open the Indirect Costs Input screen;

Indirect Costs	\$0	\$0	View/Enter
--------------------------------	-----	-----	-------------------

- Select the type of Indirect Cost Category from the drop-down menu;
- Item Description is a required entry, and can be as simple as the percentage used for the indirect rate;
- Total Cost is the total amount claimed for the expense. If using de minimis, a maximum amount will be displayed at the top of the Indirect Costs table;
- Calculation Description is a brief summary of the base used for the Indirect Rate the LA has claimed. For example, if an LA has a federally negotiated indirect rate agreement of 12.9% that states the base is direct salaries and wages including all fringe benefits, enter “direct salaries and benefits” in this field;
- WIC Cost is the dollar amount of the total indirect cost claimed for WIC operations;

- In-Kind Amount is that amount of the indirect costs that will be paid from other funding sources; and
- Click the **“Add Item”** button to save.

Indirect Costs

<input type="checkbox"/>	Category	Item Description	Cost	Calculation Description	WIC Cost	In-Kind	WIC Reimbursed Cost
No indirect costs have been entered.							
<input type="button" value="Delete"/> <input type="button" value="Update"/>							

Indirect Cost Input

Category: ▼

Item Description:

Total Cost: \$

Calculation Description:

WIC Cost: \$ In-kind Amount: \$

To update Indirect Costs information:

- Enter any changes to the information already displayed in the Indirect Costs table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Indirect Costs							
Indirect Allowed: \$0.							
<input type="checkbox"/>	Category	Item Description	Cost	Calculation Description	WIC Cost	In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	De Minimis	Security	5,000.00	De Minimis of 8% Federal Negotiated Indirect Rate Agreement is 40.2%, but	0.00	0.00	0.00
Totals			5,000.00		0.00	0.00	0.00
Delete		Update		1 - 1			

To return to the Line Items screen, click the **“Back”** button at the bottom of the Indirect Costs screen.

Equipment Purchases – Review [WOM Policy ER# 1.03900 Line Item: Equipment Purchases](#) – The LA shall budget for purchases of all health assessment equipment on the Equipment Purchases line item. The LA shall budget for purchases of other equipment with a minimum value of \$500.00, except computer hardware and software, on the Equipment Purchases line item. The LA must obtain prior written approval from the SA.

To enter Equipment Purchases information:

- Click the **“View/Enter”** button to open the Equipment Input screen;

Equipment Purchases	\$0	\$0	\$0	View/Enter
-------------------------------------	-----	-----	-----	-------------------

- Complete the information for each piece of equipment;
- Item description is a description of the health assessment or other equipment approved for purchase;
- Justification for Equipment is the reason the equipment was needed for WIC operations;
- Site to be Located is the site where the equipment will be housed;
- Cost is the total cost of the equipment;
- NE Portion is that amount of the cost that can be claimed as nutrition education;
- In-Kind Amount is that amount of the cost that will be paid from other funding sources;
- NE In-Kind Amount is that amount of the NE Portion that will be paid from other funding; and
- Click the **“Add Equipment”** button to save.

Equipment

<input type="checkbox"/>	Equipment	Site to be Located	Cost	NE Portion	Justification of Equipment Purchase	In-Kind	NE In-Kind	WIC Reimbursed Cost
--------------------------	-----------	--------------------	------	------------	-------------------------------------	---------	------------	---------------------

No equipment has been entered.

[Delete](#) [Update](#)

Equipment Input

Item Description:

Justification for Equipment:

Site to be Located:

Cost \$

N.E. Portion: \$

In-kind Amount: \$

NE In-kind Amount: \$

[Add Equipment](#)

[Back](#)

To update Equipment information:

- Enter any changes to the information already displayed in the Equipment table; and
- Click the “**Update**” button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the “**Delete**” button to remove.

Equipment

[Delete](#) [Update](#)

<input type="checkbox"/>	Equipment	Site to be Located	Cost	NE Portion	Justification of Equipment Purchase	In-Kind	NE In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	Infant scale/measu	main	800.00	0.00	will be used for satel	0.00	0.00	800.00
<input type="checkbox"/>	iPad	main	500.00	500.00	will be used for Nutrition Education	0.00	0.00	500.00
Totals			1,300.00	500.00		0.00	0.00	1,300.00

1 - 2

To return to the Line Items screen, click the “**Back**” button at the bottom of the Equipment screen.

Computer Hardware – Review [WOM Policy ER# 1.04300 Line Item: Computer Hardware/Software](#) – The LA shall budget all purchases of computer hardware and software on the Computer Hardware/Software line item. The LA must obtain prior purchase approval from the SA.

To enter Computer Hardware information:

- Click the “**View/Enter**” button to open the Computer Hardware Input screen;

Computer Hardware	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="button" value="View/Enter"/>
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- Complete the information for each piece of computer hardware;
- Item description is a description of the computer hardware approved for purchase;
- Justification for Equipment is the reason the computer hardware was needed for WIC operations;
- Site to be Located is the location where the computer hardware will be housed;
- Cost is the total cost of the computer hardware;
- In-Kind Amount is that amount of the cost that will be paid from other funding sources; and
- Click the “**Add Hardware**” button to save.

Computer Hardware

<input type="checkbox"/>	Hardware Description	Site to be Located	Cost	Justification of Computer Hardware	In-Kind	WIC Reimbursed Cost
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No hardware has been entered.

Delete **Update**

Computer Hardware Input

Item Description:

Justification for Equipment

Site to be Located:

Cost \$

In-kind Amount \$

Add Hardware

Back

To update Computer Hardware information:

- Enter any changes to the information already displayed in the Computer Hardware table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Computer Hardware

<input type="checkbox"/>	Hardware Description	Site to be Located	Cost	Justification of Computer Hardware	In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	Test	Main	100.00	Test	0.00	100.00
Totals			100.00		0.00	100.00

1 - 1

Delete **Update**

To return to the Line Items screen, click the “**Back**” button at the bottom of the Computer Hardware screen.

Nutrition Materials – Review [WOM Policy ER# 1.04000 Line Item: Nutrition and Breastfeeding Materials](#) – The LA shall budget all materials and supplies used for direct support of nutrition and breastfeeding education and breastfeeding support aids on the Nutrition Materials line item. The LA must obtain prior purchase approval from the SA.

To enter Nutrition Materials/Breastfeeding Promotion:

- Click the “**View/Enter**” button to open the Nutrition Materials/Breastfeeding Promotion Input screen;

Nutrition Materials	\$0	\$0	\$0	View/Enter
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- This screen has three sections: Nutrition Sessions; Nutrition Materials/Breastfeeding Promotion; and Nutrition Materials/Breastfeeding Promotion Input;
- In the Nutrition Sessions portion of the screen, the field titled Total of Materials/BF Promotion displays the total of any costs entered previously in the Nutrition Sessions screen, and any items included in the Nutrition Materials/Breastfeeding Promotion table;
- The Nutrition Sessions table displays the Nutrition Session(s) and cost added to this line item;
- In the Nutrition Materials/Breastfeeding Promotion Input portion, enter a description of other costs used for the direct support of nutrition education or breastfeeding promotion for purchase approval by the state agency;
- Select the Extra cost type from the categories listed in the drop-down menu;
- Justification is the reason the nutrition materials/breastfeeding promotion materials were needed for WIC operations;
- Show the total cost (all items are considered Nutrition Education Items); and
- Click the “**Add Item**” button to save.

Nutrition Sessions

Total of Materials/BF Promotion:

Group Session Title	Cost Type	Justification	Cost	In-Kind	Total Cost
Prenatal Nutrition and B	Food	Healthy Snacks	\$20.00	\$0.00	\$20.00
			\$20.00	\$0.00	\$20.00

1 - 1

Nutrition Materials/Breastfeeding Promotion

<input type="checkbox"/>	Cost Description	Cost Type	Justification	Cost	In-Kind	WIC Reimbursed Cost
No extra costs have been entered.						

[Delete](#) [Update](#)

Nutrition Materials/Breastfeeding Promotion Input

Description of other costs:

Extra cost type:

Justification:

Cost \$

[Add Item](#)

[Back](#)

To update Nutrition Materials/Breastfeeding Promotion information:

- Enter any changes to the information already displayed in the Nutrition Materials/Breastfeeding Promotion table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Nutrition Materials/Breastfeeding Promotion						
<input type="checkbox"/>	Cost Description	Cost Type	Justification	Cost	In-Kind	WIC Reimbursed Cost
<input type="checkbox"/>	"My Plate" plates	Educational Props	used for promotion	500.00	0.00	500.00
<input type="checkbox"/>	Sippy Cup Toddler Nutrition Card	Purchased Pamphlets/Books	2-sided, 100 cards per pack, nutrition education	30.00	0.00	30.00
Totals				530.00	0.00	530.00

1 - 2

[Delete](#) [Update](#)

To return to the Line Items screen, click the “**Back**” button at the bottom of the Nutrition Materials screen.

The Total Operations Cost is the System-Calculated Total of all Line Item \$ Amounts, System-Calculated Total of the Nutrition Education portion of all Line Item \$ Amounts, and System-Calculated Total of the In-Kind portion of all Line Item \$ Amounts.

<u>TOTAL OPERATIONS COST</u>	\$5,415	\$500	\$5,400
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ADMINISTRATIVE CONTRACT & SPECIAL FUNDING

WIC Administrative Contract

This area is a summary of the WIC Administrative Contract. The LA’s WIC Administrative Contract is the Total Annual Caseload multiplied by the WIC Rate-Per-Participant. **Amount over Target will tell you if the budgeted amount exceeds or is less than the WIC Administrative Contract amount.** If the budgeted amount exceeds the contract, the LA must reduce the amount budgeted or increase in-kind amounts. If the budgeted amount is less than the contract, the LA must increase the amount budgeted or decrease in-kind amounts. **LAs will not be able to submit the LAP if it is out of balance.**

Administrative Contracts & Special Funding	
<u>WIC Administrative Contract</u>	\$61,698
<u>Amount Over Target</u>	\$27,971

LAP out of balance

Administrative Contracts & Special Funding	
<u>WIC Administrative Contract</u>	\$61,698

Balanced LAP

Special Funding

Review [WOM Policy ER# 1.04600 Line Item: Special Funds](#)

Breastfeeding Peer Counselor (BFPC) costs are considered 100% Nutrition Education; Breastfeeding Promotion and Support and will be calculated as such.

Only Special Funding options available for the FFY and for the LA will be displayed.

If there is difficulty balancing the special funding line items, making changes in the special funding benefits section is the most efficient way to change dollar amounts on the line items page.

To enter BFPC Special Funding 1 information:

- Click the “**View/Enter**” button to open the Breastfeeding Peer Counselor Funding 1 Item Input screen;

	Funding Amount	Nutri. Ed. Portion	Amount Allocated	
Breastfeeding PC SF-1	\$9,000	\$9,000	\$7,931	View/Enter

- Salary and benefits previously entered on the Employees, Employee Benefits, and Employee Hours screens will display under the Personnel heading. Any changes that need to be made to this information must be done on the Employees, Employee Benefits, and Employee Hours screens;

Personnel					
Staff Only	Role	Monthly Hours	Annual Salary	Annual Benefits	Total
Carol White	BFPC	18	\$2,138.61	\$531.86	\$2,670.47
Tilly Pink	BFPC	15	\$2,328.23	\$188.73	\$2,516.96
Ellen Red	NCOOR	5	\$924.86	\$308.40	\$1,233.26
Report Total:		38	\$5,391.70	\$1,028.99	\$6,420.69

1 - 3

Employee Hours

- To add non-personnel related expenses, enter each cost in the Item Description field for appropriate expenditures. View the Help text for allowable expenditures; and
- Click the “**Add Entry**” button to save.

Breastfeeding Peer Counselor Funding 1 Item Input

Item Description:

Add Entry

In the lower right corner, the Breastfeeding Peer Counselor Funding 1 table shows the Funding Amount for this line item. As items are entered, the Remaining Funding Amount decreases. The Remaining Funding Amount must be zero when finished.

Breastfeeding Peer Counselor Funding 1
Funding Amount: \$ 9,000.00
Remaining Funding Amount: \$ 1,069.31

To update Special Funding 1 information:

- Enter any changes to the information already displayed in the Items table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Items							
Delete Update							
<input type="checkbox"/>	Staff or Item Description	Travel	Office Cost/ BF Supplies	Training & Retention	Phone/Mail	Other Costs	Total Amount
<input type="checkbox"/>	Breastfeeding Task Force food bimonthly @ \$42.00 ea	0.00	0.00	0.00	0.00	420.00	\$420.00
<input type="checkbox"/>	BFPC T-shirt and promo/retention items	0.00	200.00	0.00	0.00	0.00	\$200.00
<input type="checkbox"/>	BF pics of local moms and babies for promotion of Breastfeeding	0.00	0.00	0.00	0.00	500.00	\$500.00
<input type="checkbox"/>	mileage t/o the year to home/hospital visits, promotion, and/or training and meals	390.00	0.00	0.00	0.00	0.00	\$390.00
Totals		390.00	200.00	0.00	0.00	920.00	\$1,510.00

To return to the Line Items screen, click the **“Back”** button at the bottom of the BFPC Special Funding 1 screen.

To enter BFPC Special Funding 2 information:

- Click the **“View/Enter”** button to open the Breastfeeding Peer Counselor Funding 2 Item Input screen;

<u>Breastfeeding PC SF-2</u>	\$7,000	\$7,000	\$5,588	View/Enter
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- Salary and benefits previously entered on the Employees, Employee Benefits, and Employee Hours screens will display under the Personnel heading. Any changes that need to be made to this information must be done on the Employees, Employee Benefits, and Employee Hours screens;

Personnel					
Staff Only	Role	Monthly Hours	Annual Salary	Annual Benefits	Total
Carol White	BFPC	15	\$1,782.18	\$445.21	\$2,227.39
Tilly Pink	BFPC	7	\$1,086.51	\$24.00	\$1,110.51
Report Total:		22	\$2,868.69	\$469.21	\$3,337.90

1 - 2

- To add non-personnel related expenses, enter each cost in the Item Description field for appropriate expenditures. View the Help text for allowable expenditures; and
- Click the **“Add Entry”** button to save.

Breastfeeding Peer Counselor Funding 2 Item Input

Item Description:

Add Entry

In the lower right corner, the Breastfeeding Peer Counselor Funding 2 table shows the Funding Amount for this line item. As items are entered, the Remaining Funding Amount will decrease. The Remaining Funding Amount must be zero when finished.

Breastfeeding Peer Counselor Funding 2
Funding Amount: \$ 7,000.00
Remaining Funding Amount: \$ -87.90

To update Special Funding 2 information:

- Enter any changes to the information already displayed in the Items table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Items

<input type="checkbox"/>	Staff or Item Description	Travel	Supplies	Training	Phone	Other	Total
<input type="checkbox"/>	BFPC Cell Phone Reimbursement \$40/mo	0.00	0.00	0.00	480.00	0.00	\$480.00
<input type="checkbox"/>	Cost for mailings and postage for monthly newsletter	0.00	500.00	0.00	0.00	0.00	\$500.00
<input type="checkbox"/>	Local Breastfeeding Mom poster pictures for Clinic BF Promotion	0.00	0.00	0.00	0.00	500.00	\$500.00
<input type="checkbox"/>	Billboard WIC/BF Month Promo using local BF Mom/babies/families	0.00	0.00	0.00	0.00	500.00	\$500.00
<input type="checkbox"/>	BFPC Coord Training	120.00	0.00	150.00	0.00	1,412.10	\$1,682.10
Totals		120.00	500.00	150.00	480.00	2,412.10	\$3,662.10

1 - 5

To return to the Line Items screen, click the **“Back”** button at the bottom of the BFPC Special Funding 2 screen.

Special Funding 3 – Breastfeeding Friendly Incentive

This funding category promotes a statewide effort to encourage and recognize local agencies that implement evidence-based breastfeeding strategies to offer an optimal level of breastfeeding support. **Special Funding 3 can only be used for salary and benefits for staff members or contractors who directly provide breastfeeding education and support.**

To enter BFPC Special Funding 3 information:

- Click the **“View/Enter”** button to open the Breastfeeding Friendly Incentive Item Input screen;

BF Friendly Incentive SF-3	\$15,000	\$15,000	\$9,886	<input type="button" value="View/Enter"/>
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- Salary and benefits previously entered on the Employees, Employee Benefits, and Employee Hours screens will display under the Personnel heading. Any changes that need to be made to this information must be done on the Employees, Employee Benefits, and Employee Hours screens;

Personnel

Staff Only	Role	Monthly Hours	Annual Salary	Annual Benefits	Total
Carol White	BFPC	18	\$2,138.61	\$531.86	\$2,670.47
Tilly Pink	BFPC	43	\$6,674.26	\$540.85	\$7,215.11
Report Total:		61	\$8,812.88	\$1,072.71	\$9,885.59

1 - 2

- To add a BF Contracted Service related expense, enter the contracted service provider in the BF Contracted Service field; and
- Click the **“Add Entry”** button to save.

BF Contracted Services Item Input

BF Contracted Service:

Add Entry

In the lower right corner, the BF Friendly Incentive Funding 3 Amount table shows the funding amount for this line item. As items are entered, the Remaining Funding Amount decreases. The Remaining Funding Amount must be zero when finished.

BF Friendly Incentive Funding 3 Amount	
Funding Amount: \$ 15000	
Remaining Funding Amount: \$ 0.00	

To update Special Funding 3 information:

- Enter any changes to the amount information already displayed in the Contracted Entity table; and
- Click the **“Update”** button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the **“Delete”** button to remove.

Contracted Entity			
		Delete	Update
	BF Contracted Services	Amount	Total Amount
<input type="checkbox"/>	Contracted BF Services	5,114.41	\$5,114.41
Totals		5,114.41	\$5,114.41
1 - 1			

To return to the Line Items screen, click the **“Back”** button at the bottom of the BF Friendly Incentive Special Funding 3 screen.

Special Funding 4
No longer available

Special Funding 5 – WIC Conference

Available every other year

To enter WIC Conference expenses for Special Funding 5 information:

- Click the “**View/Enter**” button to open the WIC Conference Item Input screen;

WIC Conference SF-5	\$2,000	\$0	\$2,000	View/Enter
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- The SA enters the Travel, Lodging, and Meals dollar amounts in the Total Operational Cost column;
- LA enter the Nutrition Education Portion of the Travel, Lodging, and Meals, if applicable; and
- Click the “**Save**” button.

WIC Conference SF-5		Special Funding 5 Amount	
Help		Funding Amount: \$2,000	
	Total Operational Cost		Nutrition Education Portion
Travel	\$250		\$0
Lodging	\$1,500		\$0
Meals	\$250		\$0
Totals	\$2,000		\$0
Remaining Amount	\$0		
Save			
Back			

In the upper right corner, the Special Funding 5 Amount table shows the Funding Amount for this line item. As items are entered, the Remaining Funding Amount decreases. The Remaining Funding Amount must be zero when finished.

To update Special Funding 5 information:

- Enter any changes to the information already displayed in the Items table; and
- Click the “**Save**” button to save the updated information.

To delete an entry:

- Delete the dollar amount; and
- Click the “**Save**” button to save updated information.

To return to the Line Items screen, click the “**Back**” button at the bottom of the WIC Conference Special Funding 5 screen.

Special Funding 6 – Administrative Services

This funding category is open to limited LAs.

Special Funding 7

Not currently available

Special Funding 8

Not currently available

Special Funding 9 – UAT Testing

This funding category is only open to agencies participating in User Acceptance Testing.

To enter UAT Testing Special Funding 9 information:

- Click the “**View/Enter**” button to open the UAT Testing Funding 9 Item Input screen;

Special Funding SF-9	\$1,000	\$0	\$1,000	View/Enter
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- Salary and benefits previously entered on the Employees, Employee Benefits, and Employee Hours screens will display under the Personnel heading. Any changes that need to be made to this information will have to be done on the Employees, Employee Benefits, and Employee Hours screens;

Personnel					
Staff Only	Role	Monthly Hours	Annual Salary	Annual Benefits	Total
Pam Blue	WCOOR	2	\$346.82	\$0.00	\$346.82
Ellen Red	NCOOR	2	\$369.94	\$0.00	\$369.94
Report Total:		4	\$716.76	\$0.00	\$716.76

1 - 2

- To add non-personnel related expenses, enter each cost in the Item Description field for appropriate expenditures. Allowable expenditures include Travel and Miscellaneous; and
- Click the “**Add Entry**” button to save.

Service Funding 9 Item Input	
Item Description:	<input type="text"/>
Add Entry	

To update Special Funding 9 information:

- Enter any changes to the information already displayed in the Items table; and
- Click the “**Update**” button to save.

To delete an entry:

- Check the box to the left of the entry; and
- Click the “**Delete**” button to remove.

Items				
		<input type="button" value="Delete"/> <input type="button" value="Update"/>		
<input type="checkbox"/>	Staff or Item Description	Travel	Other Costs	Total
<input type="checkbox"/>	Travel to meetings	200.00	83.24	\$283.24
Totals		200.00	83.24	\$283.24

1 - 1

To return to the Line Items screen, click the “**Back**” button at the bottom of the UAT Special Funding 9 screen.

Total of WIC Administrative Contract and Funding - The LAP application calculates the total by summing the WIC Administrative Contract and all of the Special Funding amounts.

BUDGETED HOURS

On the Line Items page, the Agency Budgeted Hours is auto-populated from entry or calculations from the Total WIC Hrs./Mo. from the Summary screen. Total WIC Hrs./Mo. times 60 minutes divided by the Monthly Caseload = The Agency Budgeted Mins./Participant.

Budgeted Hours	
Agency Budgeted Hours	740
Agency Budgeted Mins./Participant	121

HOURLY DISTRIBUTION

On the Line Items page, the Hourly Distribution amounts are auto-populated from entry or calculations on previous employee screens.

Program Management –

Hours – From Summary, the Total WIC Program Management Hrs./Mo.
 % - From Summary, the Total Program Management Hrs./Mo. divided by Total WIC Hrs./Mo.

Client Services –

Hours – From Summary, the Total WIC Client Services Hrs./Mo.
 % - From Summary, the Total Client Services Hrs./Mo. divided by Total WIC Hrs./Mo.

Nutrition Education –

Hours – From Summary, the Total WIC Nutrition Education Hrs./Mo.
 % - From Summary, the Total Nutrition Education Hrs./Mo. divided by Total WIC Hrs./Mo.

Breastfeeding Support/Promotion –

Hours – From Summary, the Total WIC Breastfeeding Support & Promotion Hrs./Mo.
 % - From Summary, the Total Breastfeeding Support & Promotion Hrs./Mo. divided by Total WIC Hrs./Mo.

Nutrition Education and Breastfeeding Support –

Hours – Total of Nutrition Education and Breastfeeding Support/Promotion Hours
 % - Total of Nutrition Education and Breastfeeding Support/Promotion %.

Total Budget – Total WIC Administrative Contract Amount (Caseload Annual Total times the Cost-Per-Participant) is auto-populated.

Hourly Distribution		
	Hours	%
<u>Program Management</u>	142	19.2%
<u>Client Services</u>	375	50.7%
<u>Nutrition Education</u>	127	17.2%
<u>Breastfeeding Support/Promotion</u>	96	13%
<u>Nutrition Education and Breastfeeding Support</u>	223	30.1%
TOTAL BUDGET	\$61,698	

RATE-PER-PARTICIPANT (RPP)

On the Line Items page, amounts are auto-populated using amounts from the Summary screen.

Personnel RPP – Result of Total WIC Personnel Compensation & Benefits divided by Annual Caseload: Annual Total.

Operations RPP – Result of Total WIC Operations Cost divided by Annual Caseload: Annual Total.

Total WIC RPP – System calculates by summing Personnel RPP and Operations RPP Amounts.

BFPC RPP – Result of Total BFPC Funding Amount divided by Annual Caseload: Annual Total.

Total SF RPP – Total Funding Amount divided by Annual Caseload: Annual Total.

Total WIC Admin and SF RPP – Sum of Total WIC RPP and Total SF RPP.

Rate-Per-Participant (RPP)			
<u>Personnel RPP</u>	\$7.07	<u>BFPC RPP</u>	\$2.04
<u>Operations RPP</u>	\$6.93	<u>Total SF RPP</u>	\$2.04
<u>Total WIC RPP</u>	\$14.00	<u>Total WIC Admin. and SF RPP</u>	\$16.04

NUTRITION TOTALS

On the Line Items page, the Nutrition totals are automatically populated.

Nutrition Total

The Sum of Nutrition Education & Breastfeeding Promotion and Support; Salaries and Benefits and the Nutrition Education portion of the Line Item Nutrition Materials.

Nutrition %

Nutrition Total divided by the WIC Administrative Contract Total. A LAP submitted with less than 16.7% of the administrative contract amount spent on nutrition education will receive an error message. The nutrition % is calculated by adding the Nutri. Ed. & BF Supp. Salary, Nutri. Ed. & BF Supp. Benefits (both on the Summary page), and Nutri. Ed. Portion of \$'s (on the Line Items page) then taking the sum and dividing it by the WIC Administrative Contract amount.

§7 CFR 246.14 (c) (1) During each fiscal year, each State agency shall expend, for nutrition education activities and breastfeeding promotion and support activities, an aggregate amount that is not less than the sum of one-sixth of the amount expended by the State agency for costs of NSA and an amount equal to its proportionate share of the national minimum expenditure for breastfeeding promotion and support activities.

Per the FFY20 Scope of Work, “The Contractor shall define in the LAP budget the components of operational costs that are related to nutrition education and breastfeeding promotion and support. At a minimum, one-sixth (1/6th) of the Contractor’s funds received and documented under this contract must be spent on nutrition education and breastfeeding promotion and support.”

Nutrition Totals	
Nutrition Total	\$29,005
Nutrition %	47%

LOCAL AGENCY COSTS

This screen is auto-populated from entry on previous screens and calculations from Summary and Line Items data. Following is an explanation of amounts in each of the rows and columns.

Caseload Box

- **Caseload: Monthly Average:** entered by SA. Equals 1/12th of the annual caseload figure (annual caseload divided by 12 months).
- **Caseload: Annual Total:** entered by SA (based on projections).
- **Rate-Per-Participant:** entered by SA. The maximum dollar amount per participant per month that will be reimbursed. This amount times the projected annual caseload creates the total of participation/caseload budget for the Administrative Cost Report.

Approved LA Costs

- **Personnel Salary – From Employee Totals**
Total Projected Operations Costs is the Total WIC Salary Cost; the total annual amount of WIC Salary for all employees.

In-Kind Costs is the in-kind of Salary; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show In-Kind Costs in the budget proposal.

Total Operational Costs is the Total Personnel Compensation; the total amount of Annual WIC Salary for all employees less any In-Kind Costs.

Nutrition Education Portion of Costs is the Nutrition Education and Breastfeeding Promotion and Support portion of WIC Salaries.

Nutrition Education In-Kind Costs is the Nutrition Education Portion In-Kind Costs; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show in-kind costs in the budget proposal.

- **Personnel Benefits – From Employee Totals**

Total Projected Operations Costs is the WIC Benefits; the total Annual WIC Benefits for all employees.

In-Kind Costs is the in-kind of WIC Benefits; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show In-Kind Costs in the budget proposal.

Total Operational Costs is the Total WIC Benefits; the total amount of Annual WIC Benefits for all employees less any In-Kind costs.

Nutrition Education Portion of Costs is the Nutrition Education and Breastfeeding Promotion and Support portion of WIC Benefits.

Nutrition Education In-Kind Costs is the Nutrition Education In-Kind Benefits; if total costs to deliver services at the LA exceed the statewide allowable unit cost, the LA should show In-Kind Costs in the budget proposal.

Line Items

- **Contract Services**

This is the amount of contract services and any In-Kind costs. Subtract In-Kind Costs for Total Operational Costs. Show the amount of the Nutrition Education Portion and any Nutrition Education In-Kind Costs.

- **Conference/Training**

This is the amount of conference/training costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs. Show the amount of the Nutrition Education Portion and any Nutrition Education In-Kind Costs.

- **Travel**

This is the amount of travel costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs. Show the amount of the Nutrition Education Portion and any Nutrition Education In-Kind Costs.

- **Administrative Office Costs**

This is the amount of administrative office costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs. Show the amount of the Nutrition Education Portion and any Nutrition Education In-Kind Costs.

- **Medical Materials**
This is the amount of medical material costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs.
- **Facilities Cost**
This is the amount of facilities costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs.
- **Indirect Costs**
This is the amount of indirect costs to be billed and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs. A copy of the HHS letter or approved cost allocation plan for indirect costs should be attached to the LAP.
- **Equipment Purchases**
This is the amount of equipment purchases costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs. Show the amount of the Nutrition Education Portion and any Nutrition Education In-Kind Costs.
- **Computer Hardware**
This is the amount of computer hardware costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs. Justification of Computer Hardware Purchases is required for requests.
- **Nutrition Materials**
This is the amount of nutrition materials costs and any In-Kind Costs. Subtract In-Kind Costs for Total Operational Costs. All items in this Line Item are considered Nutrition Education items.

Administrative Contract Total is the sum of the columns.

WIC Cost-Per-Participant is calculated by dividing the Administrative Contract Total by the annual caseload total.

Nutrition % of WIC Administrative Contract is calculated by dividing the Nutrition Education subtotal by the Administrative Contract Total.

Caseload					
Caseload: Monthly Average:	367				
Caseload: Annual Total:	4,407				
Rate-Per-Participant:	\$14.00				

Approved LA Costs					
	Total Projected Operations Costs	In-Kind Costs	Total Operational Costs	Nutrition Education Portion of Costs	Nutrition Education In-Kind Costs
Personnel Salary	\$105,956	\$74,779	\$31,177	\$10,381	\$14,447
Personnel Benefits	\$25,124	\$25,124	\$0	\$0	\$5,520
Contract Services	\$16,783	\$0	\$16,783	\$16,183	\$0
Conference/Training	\$4,370	\$0	\$4,370	\$1,311	\$0
Travel	\$1,000	\$0	\$1,000	\$0	\$0
Administrative Office Costs	\$4,695	\$0	\$4,695	\$0	\$0
Medical Materials	\$543	\$0	\$543		
Facilities Cost	\$3,204	\$2,004	\$1,200		
Indirect Costs	\$0	\$0	\$0		
Equipment Purchases	\$1,300	\$0	\$1,300	\$500	\$0
Computer Hardware	\$0	\$0	\$0		
Nutrition Materials	\$630	\$0	\$630	\$630	\$0
Administrative Contract Total	\$163,605	\$101,907	\$61,698	\$29,005	\$19,967
WIC Cost-Per-Participant	\$37.12	\$23.12	\$14.00	\$6.58	\$4.53
Nutrition % of WIC Administrative Contract		47%			

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TOTAL BUDGET/SPECIAL FUNDING

This screen is a summary of the Special Funding and Total WIC Budget and is auto-populated from Summary and Line Items or calculations from previously completed screens.

Caseload Box

- **Caseload: Monthly Average:** entered by SA. Equals 1/12 of the annual caseload figure (annual caseload divided by 12 months).
- **Caseload: Annual Total:** entered by SA (based on projections).
- **Rate-Per-Participant:** entered by SA. The maximum dollar amount per participant per month that will be reimbursed. This amount times the projected annual caseload creates the total of participation/caseload budget for the Administrative Cost Report.

Special Funding

- **The Administrative Contract Total officially reports the LA projected operational cost for providing WIC services within the contracted dollar amount, the nutrition education portion of cost and the LA In-Kind costs.** The fields are auto-populated from the Administrative Contract Totals on the LA Costs screen and from the Line Items screen Special Funding section. Below is an explanation of amounts in each of the rows and columns.

- **Breastfeeding PC Special Funding (SF) 1 and 2**
Breastfeeding Peer Counseling (BFPC) project costs are an amendment to the WIC contract for those agencies that participate. BFPC Special Funding funds are not a part of the regular funding (participation/caseload based) received in the original WIC contract. The BFPC funding will appear on the Special Funding line item of the LA budget. BFPC costs are considered 100% Nutrition Education & Breastfeeding Promotion and Support costs.
- **Special Funding 3 Breastfeeding Friendly Incentive**
Special Funding 3 can only be used for salary for employee able to provide breastfeeding education and support.
- **Special Funding 4**
No longer available
- **Special Funding 5 - WIC Conference**
Available every other year
- **Special Funding 6 – Administrative Services**
This funding category is only open to Region G.
- **Special Funding 7**
Not currently available
- **Special Funding 8**
Not currently available
- **Special Funding 9 – UAT Testing**
This funding category is only open to agencies participating in User Acceptance Testing.
- **Grand Total** – Grand Total Operations Costs equals the Grand Total Projected Operations Costs less In-Kind Costs. Grand Total Nutrition Education Portion of Costs and Grand Total Nutrition Education In-Kind Costs are auto-populated from the WIC Budget Approved LA costs.

Nutrition % of WIC Operations – The Nutrition % is calculated by dividing the Total Nutrition Education Costs by the Total WIC Operations Costs.

Does the Nutrition Education minimum meet or exceed the federal requirement of 16.7%?

Caseload

Caseload: Monthly Average:	367
Caseload: Annual Total:	4,407
Rate-Per-Participant:	\$14.00

Special Funding

	Total Projected Operations Costs	In-Kind Costs	Total Operational Costs	Nutrition Education Portion of Costs	Nutrition Education In-Kind Costs
Administrative Contract Total	\$167,321	\$101,907	\$61,698	\$29,005	\$19,967
Breastfeeding PC SF-1	\$9,000	\$0	\$9,000	\$9,000	
Breastfeeding PC SF-2	\$7,000	\$0	\$7,000	\$7,000	
BF Friendly Incentive SF-3	\$15,000	\$0	\$15,000	\$15,000	
Special Funding SF9	\$1,000	\$0	\$1,000		
Special Funding Total	\$32,000	\$0	\$32,000	\$31,000	
GRAND TOTAL	\$199,321	\$101,907	\$93,698	\$60,005	\$19,967
Nutrition % of WIC Operations		64%			

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APPROVALS

This section of the LAP lists all of the questions the TA staff will ask while reviewing the LAP. Click on the “small arrows” at the end of each section title to expand the questions for that particular section of the LAP. Use this as a reference to make sure needed information has been entered correctly.

- Agency Information Approval Section 
- WIC Satellites Approval Section 
- Attachments Approval Section 
- Evaluations Approval Section 
- Goals/Objectives/Strategies Approval Section 
- Nutrition Sessions Approval Section 
- Employees Approval Section 
- Employee Benefits Approval Section 
- Staff/Roles Approval Section 
- Employee Hours Approval Section 
- Employee Totals Approval Section 
- Contract Services Approval Section 
- Conf. and Training Approval Section 
- Travel Approval Section 
- Office Costs Approval Section 
- Medical Materials Approval Section 
- Facility Costs Approval Section 
- Indirect Costs Approval Section 
- Equipment Approval Section 
- Computer Hardware Approval Section 
- Nutrition Materials Approval Section 
- Breastfeeding Peer Counselor Funding 1 Approval Section 
- Breastfeeding Peer Counselor Funding 2 Approval Section 
- Special Funding 3 Approval Section 
- Special Funding 4 Approval Section 
- Special Funding 5 Approval Section 
- Special Funding 6 Approval Section 
- Special Funding 7 Approval Section 
- Special Funding 8 Approval Section 
- Special Funding 9 Approval Section 
- LA Costs Approval Section 

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SUBMIT

Click the “**Submit 2020 LAP**” button when ready to submit the LAP. Please note that a plan submitted lacking any of the required information will be rejected.

WIC LAP Submission

Would you like to submit the Local Agency Plan now? You will no longer be able to make changes to your Agency's LAP.

Submit 2020 LAP