

Nebraska Department of Health and Human Services
Division of Public Health

Request for Application

Nebraska Special Supplemental Nutrition Program
For Women, Infants, and Children (WIC)

Project Period June 1, 2012 to September 30, 2013

Date of Issuance: February 17, 2012

Application Due: April 2, 2012, 5:00 p.m. CT

Issuing Office: WIC Program
Lifespan Health Services
Nebraska Department of Health and Human Services
301 Centennial Mall South, P.O. Box 95026
Lincoln, NE 68509-5026

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Section 1 - Purpose and Scope of the Request

1.01 Purpose

The purpose of this Request for Application (RFA) is to solicit applications that will enable the Nebraska Department Health & Human Services (DHHS) to select the most qualified applicant(s) to provide the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Butler/Polk, Dodge, Saunders, and Washington counties.

The successful applicant(s) must comply with the laws governing the WIC Program, Sec. 17 of the Child Nutrition Act of 1966 and other applicable legislation, as amended, 7 CFR Parts 246; Neb. Rev. Stat. §§71-2225 to 71-2230 and any regulations adopted there under; the Nebraska WIC Procedure Manual; and USDA-FNS and DHHS guidelines and instructions; and any amendments.

A. SUBGRANT AWARD PERIOD AND TERM

The award will be made June 1, 2012 and continue through September 30, 2013. Funding will be provided for startup and transition of services beginning on June 1, 2012. The successful applicant must be ready to implement delivery of services on July 1, 2012. Annual, non-competing awards will be made for the federal award period of October 1 through September 30 for subsequent years, with a minimum total award period of five years, subject to review of the subgrantee performance and compliance with the terms and conditions of the award, and availability of funds.

Awards made during the initial and subsequent periods are dependent on the availability of federal funds. The issuance of this RFA in no way constitutes a commitment by DHHS to award a subgrant.

B. SERVICE DELIVERY AREA

Applicants may apply to provide WIC services in one or more of the following counties: Butler/Polk, Dodge, Saunders, and Washington counties. Applicants considering an application to provide services in Butler or Polk counties must provide services in both Butler and Polk counties. DHHS reserves the rights to conduct negotiations to assure all counties are served.

C. ELIGIBLE APPLICANTS

Applicants eligible to submit applications in accordance with this RFA include an Indian Health Service (IHS) service unit; a Native American tribe; or a public or private nonprofit entity who meets the priorities, listed in rank order below.

1. A public or private nonprofit health agency that will provide ongoing, routine pediatric and obstetric care and administrative services.
2. A public or private nonprofit health or human service agency that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.
3. A public or private nonprofit health agency that will enter into a written agreement with private physicians licensed by the State, to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants or children).

4. A public or private nonprofit health agency that will enter into a written agreement with private physicians licensed by the State, to provide ongoing, routine pediatric and obstetric care to a specific category of participants (women, infants or children).
5. A public or private nonprofit human service agency that will enter into a written agreement with private physicians licensed by the State, to provide ongoing, routine pediatric and obstetric care.
6. A public or private nonprofit health or human service agency that will provide ongoing, routine pediatric and obstetric care through referral to a health provider.

D. AVAILABLE FUNDS

WIC Program funds are provided from the United States Department of Agriculture to DHHS are awarded under the authority of the federal regulations found in 7 CFR Parts 246 and Neb. Rev. Stat. §§71-2225 to 71-2230. WIC funds available to the subgrantee through this RFA include WIC Nutrition Services and Administration (NSA) funding. WIC Breastfeeding Peer Counseling funding may be available at a later time in the funding period, at the option of DHHS.

Applicants may apply for NSA funds through this RFA using the per county allocation. Applicants may also apply for funds needed for startup and transition of WIC services as indicated in the budget instructions. Actual total awards may vary from that listed or funding may be withdrawn completely, depending on availability of funding.

Allocations for local WIC programs are estimated based on FFY2011 participation levels and FFY2012 funding provided to DHHS. Allocations are based on this estimation and are considered preliminary. Should the funds received be different than expected, the DHHS may change the funds offered through this application or may amend subgrants issued as a result of the application.

Upon establishing WIC program services the subgrantee may apply to DHHS to receive separate funding to provide breastfeeding peer counseling services. The subgrantee must follow the requirements and curriculum from the *Using Loving Support to Manage Breastfeeding Peer Counseling Program*. DHHS will provide training for implementation of this program. Funding for this program is at the discretion of DHHS, depending upon availability.

E. MATCH

No local match of funds is required for the Nebraska WIC Program.

1.02 Schedule of Events

The following dates are for informational purposes. DHHS reserves the right to change them. All times and dates listed are in Central time.

Event	Date
Issuance of RFA	February 17, 2012
Deadline for submission of written questions	February 27, 2012; 5:00 pm CT
Publication of State responses to questions	March 2, 2012
Letters of Intent	March 12, 2012; 5:00 pm CT
Applications Due	April 2, 2012 5 pm CT
Post Notice of Intent to Award	May 1, 2012
Tentative Effective Award date	June 1, 2012
Implementation of WIC Services	July 1, 2012

A. RFA ISSUED

DHHS will post the RFA on the DHHS Web page under *Grant and Contract Opportunities* at http://dhhs.ne.gov/Pages/grants_loans.aspx DHHS will send a copy of the RFA to any person or entity which requests the RFA.

B. SUBMISSION OF WRITTEN QUESTIONS

Submit questions to Peggy Trouba in writing by one of the following methods (listed in order of preference) and clearly marked "RFA for WIC Services":

E-mail: Peggy.Trouba@nebraska.gov

Fax: (402) 471-7049

Mail: **Peggy Trouba**
WIC Program
Lifespan Health Services
Nebraska Department of Health and Human Services
301 Centennial Mall South, P.O. Box 95026
Lincoln, NE 68509-5026

Written questions related to the RFA must be received no later than the dates and times specified on the previous table.

If the question or comment pertains to a specific section of the RFA, the section and page must be referenced. Oral questions will not be accepted.

C. RESPONSE TO WRITTEN QUESTIONS

DHHS will prepare written responses to all pertinent and properly submitted questions and post the written questions and responses on the DHHS Web page at http://dhhs.ne.gov/Pages/grants_loans.aspx. DHHS's written responses will be considered part of the RFA. Written responses will be posted on or before March 2, 2012.

It is the responsibility of the applicant to check the DHHS Web site for all information relevant to this RFA, including written questions, responses and amendments issued prior to the opening date.

D. LETTER OF INTENT REQUIRED

A letter of intent is required to be submitted from all applicants that intend to submit an application response to this RFA. The *Letter of Intent to Apply* form must be emailed as an attachment and received by Peggy Trouba no later than 5:00 pm on March 12, 2012.

E. LETTER OF INTENT SUBMISSION

Applicants are required to use the attached *Letter of Intent to Apply* (ATTACHMENT A) which includes the applicant's name, mailing address, electronic mail address, fax number, telephone number and a statement of intent to apply for this RFA.. The *Letter of Intent to Apply* must be submitted via email to Peggy Trouba at peggy.trouba@nebraska.gov .

Failure to submit a letter of intent to DHHS by the deadline specified will result in the rejection of the applicant's application. A letter of intent emailed to Peggy Trouba after the stated due date and time will be rejected and not reviewed by DHHS. DHHS will notify the applicant of the rejection.

F. APPLICATIONS DUE

Applications must be received at the NSOB no later than **5:00 p.m.**, April 2, 2012.

G. NOTICE OF INTENT TO AWARD

A Notice of Intent to Award the subgrant(s) will be posted on the DHHS web page at: http://dhhs.ne.gov/Pages/grants_loans.aspx.

H. SUBGRANT AWARDS

The Certification Forms found within the *Nebraska Department of Health and Human Services General Terms and Assurances* (ATTACHMENT C) must be signed and dated by an official authorized to bind your agency. Complete pages 8, 9 and 11 and return ALL pages.

By signing the pages, the official verifies that the following statement is true: potential subgrantee and its potential contractor(s) will abide by DHHS's Subgrant Terms and Assurances.

Following the posting of the Notice of Intent to Award, the subgrantee(s) will receive a subgrant award from DHHS. DHHS provides subgrant payments on the basis of reimbursement of expenses in accordance with the State of Nebraska Prompt payment Act.

1.03 Application Submission

A. SUBMISSION OF THE APPLICATION

1. The RFA is designed to solicit applications from qualified applicants who will be responsible for providing WIC services in the selected county(s). Applications that do not conform to the mandatory items as indicated in the RFA will not be considered.
2. Applicants must review all materials contained in the application packet and follow the instructions regarding the schedules, format, narrative and required forms to be used.
3. If proprietary or copyrighted materials are included, a separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials. All proprietary information the applicant wishes the State to withhold must be submitted in accordance with the instructions outlined in Section 1.03 M. 6. Proprietary Information.
4. Emphasis should be concentrated on conformance to the Request for Application, instructions, responsiveness to requirements, completeness and clarity of content. If the application is presented in such a fashion that makes evaluation difficult or overly time consuming, it is likely that points will be lost in the evaluation process.

5. Submission by fax, e-mail, or disk will not be accepted because original signatures are required on the Cover Sheet and Certifications.

6. Applications are to be addressed to:

Peggy Trouba, Program Manager
Attn: Nebraska WIC Program
Lifespan Health Services
Nebraska Department of Health and Human Services
301 Centennial Mall South, P.O. Box 95026
Lincoln, NE 68509-5026

7. Sealed proposals must be received by DHHS **on or before April 2, 2012 at 5 pm CT.** Mail or deliver one complete, signed original, clearly marked as such, and four copies of the entire application. In the event of any inconsistencies among the proposals, the language contained in the original proposal shall govern. If mailed, proof of mailing on or before the closing date will be strictly observed. Additions or corrections will not be accepted after the closing date. Applicants are strongly encouraged to use registered mail or at least first-class mail. Do not send third class or book rate.

8. Proof of mailing consists of one of the following three options through either the U.S. Postal Service or a commercial carrier:

- U.S. Postal Service
 - A legibly dated U.S. Postal Service postmark printed or stamped on the envelope (NOTE: the U.S. Postal Services does not uniformly provide a dated postmark. Check with the local post office in advance before relying on this method of delivery).
 - A legible mail receipt with the date of mailing stamped by the U.S. Postal Service.
- Commercial Carrier
 - A dated shipping label, invoice, or receipt from a commercial carrier, e.g. Federal Express.

9. The following methods are not valid proof of mailing:

- A private metered postmark
- A mail receipt that is not dated by the U.S. Postal Service.
- Keep a copy of the proof of mailing for your documentation.
- Applications hand delivered or by courier services will be received during business hours (8:00 a.m. to 5:00 p.m. Monday – Friday, excluding state-observed holidays). Hand delivery or courier services will be received at the 3rd floor reception desk, DHHS, 301 Centennial Mall South, Nebraska State Office Building (NSOB), Lincoln, Nebraska. Applications hand delivered or by courier must be received at the NSOB no later than **5:00 p.m.**, April 2, 2012.
- Omission of any required document or form, failure to use required formats or response, or failure to respond to any requirements may lead to rejecting the application prior to the review. **LATE APPLICATIONS WILL BE REJECTED.**

DHHS assumes no responsibility for representations made by its officers or employees prior to the execution of a subgrant, unless such representations are specifically incorporated into the RFA or the subgrant.

Any verbal information provided by the applicant shall not be considered part of its application.

B. COMMUNICATION WITH STATE STAFF

From the date the Request for Application is issued until a determination is announced regarding the selection of the subgrantee(s), contact regarding this project between potential applicants and individuals employed by DHHS is restricted to only written communication with the staff designated above as the point of contact for this Request for Application.

The following exceptions to these restrictions are permitted:

1. written communication with the person(s) designated as the point(s) of contact for this Request for Application;
2. contacts made pursuant to any pre-existing subgrants or obligations; and
3. state-requested presentations, key personnel interviews, clarification sessions or discussions to finalize a subgrant.

Violations of these conditions may be considered sufficient cause to reject an applicant's application and/or selection irrespective of any other condition. No individual member of the State, employee of DHHS, or member of the Evaluation Committee is empowered to make binding statements regarding this Request for Application. The DHHS contact will issue any clarifications or opinions regarding this Request for Application in writing.

C. AMENDMENTS TO THE RFA

DHHS reserves the right to amend the RFA at any time. In the event DHHS decides to amend, add to, or delete any part of this RFA, a written amendment will be posted on the DHHS Web site. The applicant is advised to check the DHHS Web site periodically for amendments to this RFA.

D. OPEN COMPETITION

No attempt shall be made by the applicant to induce any other person or firm to submit or not to submit an application for the purpose of restricting competition.

E. WITHDRAWAL OF APPLICATIONS

Applications may be withdrawn, modified and resubmitted by an applicant at any time prior to the stated due date and time for the receipt of applications. An applicant desiring to withdraw its application after the submission time shall submit notification via email to Peggy Trouba at peggy.trouba@nebraska.gov

F. LATE APPLICATIONS

Applications received after the time and date of the application opening will be considered late applications. Rejected late applications will be returned to the applicant unopened, if requested, at applicant's expense. DHHS is not responsible for applications that are late or lost due to mail service inadequacies, traffic or any other reason(s).

G. REJECTION OF APPLICATIONS

The State reserves the right to reject any or all applications, wholly or in part, or to award to multiple applicants in whole or in part. DHHS reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the application and do not improve the applicant's competitive position. All awards will be made in a manner deemed in the best interest of DHHS.

H. EVALUATION OF APPLICATIONS

All responses to this Request for Application which fulfill all mandatory requirements will be evaluated. Each category will have a maximum possible point potential. DHHS will conduct a fair, impartial and comprehensive evaluation of all applications in accordance with the criteria set forth below. Areas that will be addressed and scored during the evaluation include:

Criteria	Maximum Points
Agency Management and Capacity <ul style="list-style-type: none">• Qualifications and adequacy of personnel• History of successful grants management and program administration• Capacity for quality improvement• Staff training and development• Capacity to engage community partners	55
Plan for Delivery of WIC Services <ul style="list-style-type: none">• Adequacy of facilities and staff for delivering WIC services• Clinic site selection and access• Plans to meet needs of WIC applicants and participants• Goals for nutrition and breastfeeding services• Plan for outreach• Plan for working with community partners	65
Budgets and Justifications <ul style="list-style-type: none">• Operating budget and justification• Startup budget and justification	30
Total	150

I. EVALUATION COMMITTEE

Applications will be independently evaluated by members of the Evaluation Committee(s). The committee(s) will consist of staff with the appropriate expertise to conduct such application evaluations. Names of the members of the Evaluation Committee(s) will not become public information.

Prior to award, applicants are advised that only the point of contact indicated in this RFA can clarify issues or render any opinion regarding this Request for Application. No individual member of DHHS, employee of the State or member of the Evaluation Committee(s) is empowered to make binding statements regarding this Request for Application.

J. MANDATORY REQUIREMENTS

The applications will first be examined to determine if all mandatory requirements listed in the application checklist in Section 3 have been addressed to warrant further evaluation. Applications not meeting mandatory requirements will be excluded from further evaluation.

K. REFERENCE CHECKS

The State reserves the right to check any reference(s), regardless of the source of the reference information, including but not limited to, those that are identified by the applicant in the application, those indicated through the explicitly specified contacts, those that are identified during the review of the application, or those that result from communication with other entities involved with similar projects.

Information to be requested and evaluated from references may include, but is not limited to, some or all of the following: project description and background, job performed, functional and technical abilities, communication skills and timeliness, accuracy, problems, and overall performance. Only top scoring applicants may receive reference checks and negative references may eliminate applicants from consideration for award.

L. PROTEST OR GRIEVANCE PROCEDURE

Administrative procedures for filing grievances or protests are as follows:

1. Protests or grievances must be sent in writing and postmarked within ten (10) calendar days of the publication of the Notice of Intent to Award. The letter should specify "RFA for WIC Services" and include specific issues that are to be addressed. Address the letter to: Dr. Joann Schaefer, Public Health Division Director, Department of Health and Human Services, 301 Centennial Mall South, 3rd Floor, Lincoln, NE 69509.
 2. A response will be made by the Public Health Division Director.
 3. * If the response from the Public Health Division Director has not satisfied the grievance of the applicant, a protest letter is to be sent to Kerry Winterer, CEO, Department of Health and Human Services, 301 Centennial Mall South, 3rd Floor, Lincoln, NE 69509.
 4. A meeting will be scheduled with the applicant, the WIC Program (optional), the Public Health Division Director, and the CEO of the Department of Health and Human Services to discuss the issues.
 5. A written response of the final decision by the CEO of the Department of Health and Human Services will be sent to the applicant.
- * Step 3 may be eliminated if the applicant opts to grieve simultaneously to both the Public Health Division Director and the CEO of the Department of Health and Human Services.

M. TERMS AND CONDITIONS

1. GENERAL

The subgrant resulting from this Request for Application shall incorporate the following documents:

- a. The signed Application Cover Sheet;
- b. The original Request for Application document;
- c. Any Request for Application addenda and/or amendments to include questions and answers;
- d. The subgrantee's application;
- e. Any subgrant amendments, in order of significance; and
- f. Subgrant award.

Unless otherwise specifically stated in a subgrant amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) the subgrant award, 2) subgrant amendments with the latest dated amendment having the highest priority, 3) Request for Application addenda and/or amendments with the latest dated amendment having the highest priority, 4) the original Request for Application, 5) the signed Request For Application form, 6) the subgrantee's application.

Any ambiguity in any provision of this subgrant which shall be discovered after its execution shall be resolved in accordance with the rules of subgrant interpretation as established in the State of Nebraska.

Once applications are opened they become the property of the State of Nebraska and will not be returned.

2. INSURANCE REQUIREMENTS

The subgrantee shall not commence work under this subgrant until he or she has obtained all the insurance required hereunder and such insurance has been approved by the State. If subgrantee will be utilizing any contractors, the contractor is responsible for obtaining the certificate(s) of insurance required herein under from any and all contractor(s). Subgrantee is also responsible for ensuring contractor(s) maintain the insurance required until completion of the contract requirements. The subgrantee shall not allow any contractor to commence work on his or her contract until all similar insurance required of the contractor has been obtained and approved by the contractor. Approval of the insurance by the State shall not limit, relieve or decrease the liability of the subgrantee hereunder.

If by the terms of any insurance a mandatory deductible is required, or if the subgrantee elects to increase the mandatory deductible amount, the subgrantee shall be responsible for payment of the amount of the deductible in the event of a paid claim.

a. WORKERS' COMPENSATION INSURANCE

The subgrantee shall take out and maintain during the life of this subgrant the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this subgrant and, in case any such work is sublet, the subgrantee shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. This policy shall include a waiver of subrogation in favor of the State. The amounts of such insurance shall not be less than the limits stated hereinafter.

b. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The subgrantee shall take out and maintain during the life of this subgrant such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect subgrantee and any contractor performing work covered by this subgrant from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this subgrant, whether such operation be by the contractor or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an occurrence basis, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury and Contractual Liability coverage. The policy shall include the State, and others as required by the contract documents, as an Additional Insured. This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered excess and non-contributory. The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned and Hired vehicles.

c. INSURANCE COVERAGE AMOUNTS REQUIRED

1. Workers' Compensation and Employer's Liability

Coverage A	Statutory
Coverage B	
Bodily Injury by Accident	\$100,000 each accident
Bodily Injury by Disease	\$500,000 policy limit
Bodily Injury by Disease	\$100,000 each employee

2. Commercial General Liability

General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 any one person
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Fire Damage	\$50,000 any one fire
Medical Payments	\$5,000 any one person

3. Commercial Automobile Liability

Bodily Injury/Property Damage

\$1,000,000 combined single limit

d. EVIDENCE OF COVERAGE

Upon request, the Subgrantee should be able to furnish DHHS with a certificate of shall be responsible for all reasonable costs properly attributable thereto. insurance coverage complying with the above requirements. These certificates shall include the name of the company, policy numbers, effective dates, dates of expiration and amounts and types of coverage afforded. If the State is damaged by the failure of the subgrantee to maintain such insurance, then the subgrantee

3. INDEPENDENT CONTRACTOR

It is agreed that nothing contained herein is intended or should be construed in any manner as creating or establishing the relationship of partners between the parties hereto. The subgrantt represents that it has, or will secure at its own expense, all personnel required to perform the services under the subgrant . The subgrantee's employees and other persons engaged in work or services required by the subgrantee under the subgrant shall have no contractual relationship with the State; they shall not be considered employees of the State.

All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination against the subgrantee, its officers or its agents) shall in no way be the responsibility of the State. The subgrantee will hold the State harmless from any and all such claims. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits from the State including without limit, tenure rights, medical and hospital care, sick and vacation leave, severance pay or retirement benefits.

4. STATE OF NEBRASKA PERSONNEL RECRUITMENT PROHIBITION

The subgrantee shall not, at any time, recruit or employ any State employee or agent who has worked on the Request for Application or project, or who had any influence on decisions affecting the Request for Application or project.

5. CONFLICT OF INTEREST

By submitting an application, applicant certifies that there does not now exist any relationship between the applicant and any person or entity which is or gives the appearance of a conflict of interest related to this Request for Application or project.

The applicant certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or appearance of conflict of interest.

The applicant certifies that it will not employ any individual known by applicant to have a conflict of interest.

6. PROPRIETARY INFORMATION

Data contained in the application and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the application. If the applicant wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the applicant wishes the State to withhold must be submitted in a sealed package, which is separate from the remainder of the application. The separate package must be clearly marked PROPRIETARY on the outside of the package. Applicants may not mark their entire Request for Application as proprietary. Applicant's cost applications may not be marked as proprietary information. Failure of the applicant to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other applicants and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, applicants submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

7. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION/COLLUSIVE BIDDING

By submission of this application, the applicant certifies, that he or she is the party making the foregoing application that the application is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the application is genuine and not collusive or sham; that the applicant has not directly or indirectly induced or solicited any other applicant to put in a false or sham application, and has not directly or indirectly colluded, conspired, connived, or agreed with any applicant or anyone else to put in a sham application, or that anyone shall refrain from bidding; that the applicant has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the application price of the applicant or any other applicant, or to fix any overhead, profit, or cost element of the application price, or of that of any other applicant, or to secure any advantage against the public body awarding the subgrant of anyone interested in the proposed subgrant; that all statements contained in the application are true; and further that the applicant has not, directly or indirectly, submitted his or her application price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, application depository, or to any member or agent thereof to effectuate a collusive or sham application.

8. ETHICS IN PUBLIC CONTRACTING

No applicant shall pay or offer to pay, either directly or indirectly, any fee, commission compensation, gift, gratuity, or anything of value to any State officer, legislator or employee based on the understanding that the receiving person's vote, actions or judgment will be influenced thereby. No applicant shall give any item of value to any employee of the State Purchasing Bureau.

Applicants shall be prohibited from utilizing the services of lobbyists, attorneys, political activists, or consultants to secure the subgrant. It is the intent of this provision to assure that the prohibition of state contact during the procurement process is not subverted through the use of lobbyists, attorneys, political activists, or consultants. It is the intent of the State that the process of evaluation of applications and award of the subgrant be completed without external influence. It is not the intent of this section to prohibit applicants from seeking professional advice, for example consulting legal counsel, regarding terms and conditions of this Request for Application or the format or content of their application.

If the applicant is found to be in non-compliance with this section of the Request for Application, they may forfeit the subgrant if awarded to them or be disqualified from the selection process

9. DISASTER RECOVERY/BACK UP PLAN

The subgrantee shall have a disaster recovery and back-up plan, of which a copy should be provided to the State upon request, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under these specifications in the event of a disaster.

Section 2 – Description of WIC Services

2.01 Background

A. HISTORY

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) began in Nebraska in 1975 in response to health and nutrition concerns of low income women, infants and children. The mission of the Nebraska WIC Program is to provide and maintain the health and well being of nutritionally at-risk women, infants and young children. The Nebraska WIC Program provides nutritious food, nutrition and health education, breastfeeding promotion and support and referrals to health care providers for eligible individuals found to be at nutritional. Women who are pregnant, breastfeeding and postpartum, infants and children up to age five who reside in Nebraska and meet income guidelines are eligible for WIC services.

The Nebraska WIC Program was created in recognition of the critical importance of nutrition in an overall national public health agenda. Positive changes in diet and nutritional status have shown to occur when nutrition services are provided in conjunction with supplemental foods. As an adjunct to public health, WIC's scope has expanded significantly to facilitate participant access to other health and social services in the community.

B. ADMINISTRATION

The Department of Health and Human Services (DHHS) is the administrator of the Nebraska WIC program. The Nebraska WIC Program receives funding from the United States Department of Agriculture (USDA).

C. DELIVERY SYSTEM

Currently, WIC services are provided to more than 42,000 participants per month through a network of 14 local agencies at more than 110 clinic sites statewide. Supplemental foods are provided to participants in the form of WIC food instruments issued by the local agency. WIC participants redeem the food instruments through approximately 416 grocery stores and pharmacies under contract with the Nebraska WIC program.

A WIC Competent Professional Authority (CPA) prescribes a federally defined package of supplemental food that addresses specific health and nutrient needs of an individual. After the completion of a nutrition assessment, nutrition counseling is provided to address immediate risks as well as long term goals which are identified by the CPA and participant. The WIC program is designed to help assure normal growth, and improve access to health care.

2.02 Description of Work and Services

A. PURPOSE

DHHS is seeking applicants to provide direct services to applicants and participants of the WIC program in the counties of Dodge, Saunders, Washington, and Butler/Polk. The intent of the RFA is to identify agencies that can provide necessary services in compliance with the

DHHS WIC program. Applicants must demonstrate the ability to manage the WIC subgrant, provide quality WIC services to applicants, and build relationships with community partners.

B. SCOPE OF WORK

Each applicant must review the scope of work and responsibilities as outlined in the:

- Nebraska Department of Health and Human Services General Terms and Assurances; ATTACHMENT C.
- Program Specific Requirements for the Special Supplemental Nutrition Program for Women, Infants, and Children; APPENDIX 1.
- WIC Program Requirements for Service Provision; APPENDIX 2.
- WIC Program Requirements for Financial and Administrative Functions; APPENDIX 3.
- 7 CFR Parts 246 <http://www.fns.usda.gov/wic/lawsandregulations/default.htm>
- NE WIC Program Procedure Manual
http://dhhs.ne.gov/publichealth/Pages/wic_local-agency-staff_procedure-manual_index.aspx

By submitting an application for the Nebraska WIC program, the applicant understands that an acceptance of a subgrant carries with it the obligation to provide all WIC services and perform all WIC program tasks in accordance with these documents.

Note: To request copies of the above mentioned documents contact the Nebraska WIC Program at 402-471-2781

C. BASIC PROGRAM REQUIREMENTS

The scope of work and responsibilities outlined in the above documents provide the full scope of services required of an applicant. A basic outline of program requirements would include:

- Participant eligibility determination and certification;
- Nutrition education and counseling;
- Breastfeeding promotion and support;
- WIC supplemental food check distribution;
- Outreach to increase participation;
- Outreach to other service providers; and
- Referrals to other health and social service programs

D. LOCAL AGENCY MONITORING

Local WIC agencies will be responsible for developing and implementing a system of self monitoring. The system must have a method by which there exists regular reviewing of all components of the local WIC program including but not limited to staff interactions with participants, food instrument issuance, data quality, and participant records. Problems and/or issues which are identified through monitoring activities are required to be investigated and addressed in a timely and efficient manner.

E. APPLICANT CAPACITY

DHHS seeks applicants that can demonstrate the maximum ability to meet the following criteria:

- **Access:** A commitment to reach and serve the target audience. This includes adequate location and accessibility of program space and service hours along with culturally and linguistically appropriate services.
- **Cost:** Maintain cost of operations within the limits of available funding and an ability to meet program requirements while maximizing available resources.
- **Quality:** A commitment to provide quality services with sensitivity to and awareness of client satisfaction. Programs should also have a history of compliance with DHHS WIC program or related DHHS programs.
- **Management:** A capacity and willingness to provide responsible management of resources and to establish necessary controls systems to safeguard funds and resources.
- **Coordination:** An ability to effectively coordinate services for women, children and families.

F. PERSONNEL

Personnel with specific qualifications or credentials must perform tasks required for certifying participants and providing program benefits. These requirements may be due to: Scopes of practice that set limits; Mandatory licensing acts; or Policy decisions made by the Nebraska WIC Program.

2.03 Computer and Internet Requirements

Local WIC agencies are required to use and document clinic services and program benefits in the Nebraska WIC program computer system. The applicant may not substitute any other data system for the Nebraska WIC Program. Local WIC agencies are expected to follow Nebraska WIC Program procedures and Program Specific Requirements to assure the security and quality of electronic records, food instruments and data reports.

A. E-MAIL REQUIREMENTS

The following key staff must have **individual** e-mail addresses with the capacity to send and receive electronic communications (e-mail and attachments): Executive Director, Fiscal Manager, Program Administrator/WIC Coordinator, Vendor Manager, and Data Contact.

B. NETWORK ACCESS

For connectivity to the Nebraska WIC system, depending on the number of workstations at a site, DHHS will install a network with broadband connectivity speeds of at least 1.5mb down and 768kb up. For access to the Internet, the agency is responsible for this connectivity.

C. COMPUTER SUPPORT

The applicant is required to provide computer support and maintenance of agency-supplied hardware and software

D. CLIENT CONFIDENTIALITY

Successful applicants and their contractors shall comply with USDA and DHHS policies and procedures to protect client confidentiality and assure security of the client information, including electronic files.

The applicant agrees to meet compliance requirements for all applicable state and federal physical, administrative, and electronic safeguard standards as per safeguard publications listed below, and abide by DHHS Information Technology Policies that govern the appropriate use of disclosure of privacy of and security of information provided by DHHS under the terms and conditions defined in this agreement.

Safeguard publications:

- Internal Revenue Service (IRS) Publication 1075
- Social Security Administration (SSA) – Computer Match Agreement
- DHHS Information Technology Policies

E. MAINTAINING CLIENT RECORDS

The DHHS uses data recorded by WIC subgrantees for the purposes of quality assurance monitoring, needs assessment activities, and reporting data to the USDA and Centers for Disease Control and Prevention. To assure proper support documentation of services delivered, subgrantees must maintain accurate client records and data systems and assure that all staff using the WIC data system is appropriately trained.

F. STATE-SUPPLIED DATA SYSTEM EQUIPMENT

The DHHS will supply data system equipment to successful applicants based on workload and caseload. The DHHS periodically evaluates these determinants and reserves the right to recover that equipment so it can be redistributed to other WIC subgrantees. The DHHS will replace WIC data system equipment on a scheduled basis (budget permitting). Applicants must maintain insurance coverage for data system equipment being used in their agency.

G. COMPUTER REQUIREMENTS

In order to use the Nebraska WIC system on an agency-supplied computer you must use a terminal emulator software package such as GLink or PuTTY.

Section 3 – Application Format and Content

These instructions prescribe the format and content of the application and are designed to facilitate the submission of a application that is easy to understand, review, and evaluate. Failure to adhere to these requirements and application content may result in disqualification of the application.

3.01 Application Checklist

Applicant is not required to submit a checklist with the application. Refer to the following table for the list of items which must be included. Descriptions of each item are outlined in the pages that follow.

<input checked="" type="checkbox"/>	Required Application Materials
	<i>Letter of Intent to Apply</i> -- ATTACHMENT A -- DUE March 12, 2012; 5:00 pm CT
	<i>Application Cover Sheet</i> -- ATTACHMENT B
	Table of Contents
	<i>The Nebraska Department of Health and Human Services General Terms and Assurances</i> -- ATTACHMENT C (Complete page 8, 9 and 11 and return ALL pages)
	<i>Personnel Table</i> -- ATTACHMENT D
	<i>Agency Business Organization Form</i> -- ATTACHMENT E
	<i>WIC Management Narrative</i> -- ATTACHMENT F
	<i>Contractor Information</i> -- ATTACHMENT G
	<i>Service Delivery Narrative</i> -- ATTACHMENT H
	<i>Nebraska WIC Clinic Listing</i> -- ATTACHMENT I
	<i>WIC Outreach Plan Narrative</i> -- ATTACHMENT J
	<i>FY12 Action Plan Joint Nutrition Goal</i> -- ATTACHMENT K
	<i>FY12 Action Plan Joint Breastfeeding Goal</i> -- ATTACHMENT L
	<i>Request For Startup Funds Budget Form</i> -- ATTACHMENT M
	<i>WIC RFA Budget Table</i> -- ATTACHMENT N
	<i>WIC RFA Budget Narrative</i> -- ATTACHMENT O
	<i>WIC Personnel Table</i> -- ATTACHMENT P

3.02 Technical Requirements

A. GENERAL INSTRUCTIONS

Read all instructions carefully. Applications must address all the application and submission requirements in this RFA. Applications will be evaluated on overall quality of content and responsiveness to the purpose and specifications of this RFA. Only those applications that include complete information as required by this RFA will be considered for evaluation. Throughout the following instructions, “you” and “your” refer to the entity submitting a application.

All applications must include the items listed in the **Application Checklist**. Assemble all materials in the order outlined above.

B. FORMAT

Applications must be typewritten and follow the format delineated herein.

Aspect	Requirement
Font size	Application must be in a minimum of 12 point font. A smaller font may be used for tables, figures or maps.
Format	Applications shall be prepared on white 8 ½ x 11 inch paper. Submit 1 signed original and 4 copies
Length	There is no page limit for the narrative sections.
Margins	Must be a minimum of one inch on all sides.
Spacing	May be single- or double-spaced.
Application Cover Sheet	Complete all sections of the <i>Application Cover Sheet</i> (ATTACHMENT B) and provide the signature of your organization’s legally authorized official. The Application Cover Sheet must be the top page of the application.
Table of Contents	Include a Table of Contents.
Application content	Failure to adhere to prescribed instructions, technical requirements, format, or application content may result in disqualification (rejection) of the application.
Service Delivery	A service delivery area for applicants must be one or more of the following counties/areas: <ul style="list-style-type: none"> • Butler /Polk • Dodge • Saunders • Washington
Promotional Materials	Do not submit promotional materials. Promotional materials or items other than required by this RFA will not be considered during the review process.
Separate Materials	Any information or materials submitted separately from the application will not be considered in the review process.

3.03 Personnel

Applicants must assure that staff working in WIC are adequately trained and licensed in order to perform specific WIC functions. Key personnel have responsibilities for managing components of the WIC subgrant and will be considered contact personnel for communications with the DHHS. Applicants must have contingency plans in place that identify who will take over the tasks of key personnel when positions are vacated.

Provide information for key personnel and additional agency personnel associated with this application. Include the information in the *Personnel Table* (ATTACHMENT D). Describe the executive, management, technical, and professional staff who would perform duties related to

this program. Include the number of staff, their roles, and their expertise and experience in providing these types of services. Provide evidence for any necessary applicable professional licenses required by law by listing the license number associated with the professional personnel.

For key personnel positions that are currently vacant, write “vacant” and indicate the anticipated date of hire in the name block on the form.

Key Personnel	Definition
Executive Director	Name, experience and license number as applicable - Complete and provide the name of the person who has overall responsibility and authority for administering the program in which the entity is applying for the funds.
Program Administrator/WIC Coordinator	Name, experience, license number as applicable - Complete the table by providing the name of the individual with direct day-to-day responsibility for this program.
Fiscal Director	Name, experience, license number as applicable. Complete the table by providing the name of the individual with overall responsibility and authority for financial management of this program.
Registered Dietitian	Name, experience, license number as applicable. Complete the table by providing the name of the individuals serving as the nutrition coordinator/registered dietitian. The agency is required to have a minimum of one registered dietitian on staff or under contract, to oversee nutrition services.
Breastfeeding coordinator	Name, experience, license number as applicable. Complete the table by providing the name of the breastfeeding coordinator. This individual must meet the requirements of a Nebraska WIC CPA and have additional expertise in lactation support.
Data contact	Name, experience, license number as applicable. Complete the table by providing the name of the data contact.
Vendor Manager	Name, experience, license number as applicable. Complete the table by providing the name of the Vendor Manager. The Vendor Manager must be an individual with the ability to maintain documentation and establish good rapport with local stores as required.

Additional Personnel	Definition
WIC Staff	Name, email address, experience, license number as applicable. Complete the table providing the names of other staff providing WIC services.
CPA staff	Name, email address, experience, license number as applicable. Complete the table by providing the name(s) of individuals serving as Certified Professional Authorities, providing nutrition services. The individuals must meet the Nebraska CPA requirements found in <i>WIC Program Requirements for Service Provision</i> (APPENDIX 2).

A. NOTIFICATION OF PERSONNEL CHANGES

Applicants must contact the state WIC office in writing when there is a change in the WIC program contacts.

The WIC Help Desk must be notified immediately when any WIC personnel with access to the WIC Computer System leaves WIC employment.

3.04 Agency Management

Successful applicants must demonstrate agency capacity to manage the WIC subgrant, provide WIC services, and build relationships with community partners.

Complete the *Agency Business Organization Form* (ATTACHMENT E) indicating the Agency's background and history of grants management.

Complete the *WIC Management Narrative* (ATTACHMENT F) addressing each question below. Identify those activities to be carried out by a contractor, and indicate how the contractor will meet the requirements. Only the successful applicant selected through this competition is to carry out financial management and project oversight activities.

The following is a list of components required for the *WIC Management Narrative* section of the application (ATTACHMENT F).

Component	Directions
Background & Demonstrated Effectiveness & Experience	In narrative format, include the applicant's background that has prepared them for this work. Please indicate any experience the applicant has in WIC activities. If contractors are identified, the applicant should provide any previous experience working with and managing contractors.
Fiscal Management	Describe the agency's fiscal and administrative ability to administer grant funds.
Program Management	Describe how: <ul style="list-style-type: none">• The scope of work, basic program requirements and applicant capacity included in the application will be completed;• If a position is vacated, how the agency would continue to provide services until a qualified replacement is hired;• Contractors will be monitored for compliance with state and federal WIC regulations.
Quality improvement process	Describe the agency's quality improvement processes and plans for monitoring the WIC program, including: <ul style="list-style-type: none">• Reviews to monitor WIC services and participant satisfaction;• Strategies to assure that participant services (certification, check issuance, nutrition education and breastfeeding promotion and support) are provided in all locations according to WIC policy, and• Procedures for implementing corrective action.

Component	Directions
Training and development	Describe all leadership development and continuing professional education opportunities for WIC staff. Describe the commitment of your organization to and involvement in staff development.
Community partnerships	Describe the agency's capacity to engage community partners in planning and delivering WIC services.
Transition to services	Describe the agency's plans to start-up and begin implementation of WIC services

A. CONTRACTOR INFORMATION

The subgrantee must assure that all contractors providing WIC services understand and follow all program requirements as outlined in this RFA. Complete *Contractor Information Table* (ATTACHMENT G) for all individuals or organizations serving as a contractor.

Directions
List all individuals and/or organizations who are paid with WIC funds to provide WIC services and include the following: <ul style="list-style-type: none"> • Full name and address of individual with whom you will have a contract or the name and address of the organization with which the contract is established; • Qualifications or credentials of the individual or organization; • Brief description of the WIC service to be performed; and • Estimated dollar amount of the contract

3.04 WIC Service Delivery

A. OVERVIEW

Applicants must plan their service delivery schedule to maximize access for the eligible population in the service delivery area.

Service delivery requirements

Applicants shall:

- Provide an opportunity every month to certify all categories of all WIC participants in every county of the proposed service delivery area,
- Have regular and ongoing communication with participants and community partners about operating hours.

B. SERVICE DELIVERY NARRATIVE

Complete the *Service Delivery Narrative form* (ATTACHMENT H).

Applicants shall describe the clinic service delivery strategies used to provide WIC clinic services and include:

1. Clinic site location selection;
2. Rationale for selection of clinic sites;
3. Co-location with other services;

4. Describe how your proposed service delivery plan will meet the needs of the WIC program participants in your area;
5. Hours of clinic operation (noon-hour coverage, extended hours to meet the needs of working families, etc);
6. Discuss how these hours to meet the needs of the participants in the service area;
7. Describe rationale for proposed staffing of clinics.
8. Describe your plan for working with community partners.

C. SERVICE DELIVERY TABLE

Complete the following table:

- *Nebraska WIC Clinic Listing Table* (ATTACHMENT I) and include:
 - Clinic location, including the name of the building, street and city;
 - Telephone number, if available. Indicate whether this is a WIC cell phone number or phone number of the clinic site;
 - Anticipated caseload number at each location
 - Number of days clinic is open each month; which days are open each month; and hours of operation
 - Anticipated staff travel time to clinic
 - Clinic staffing including number of each category
 - Indicate if the clinic is handicap accessible
 - Plan for disabled clients if not handicap accessible
 - Indicate if the clinic is located in or affiliated with a hospital
 - Program services that are provided at that location during WIC clinic hours and those operating outside of WIC clinic hours;
 - Languages spoken other than English by a significant number of participants at this clinic;
 - Languages spoken other than English by staff

3.06 Outreach

A. FEDERAL REQUIREMENTS

Annual public announcements of program availability, eligibility criteria, benefits, locations and hours are required. Additionally, the subgrantee will be required to conduct annual contact and assessment of homeless facilities.

Other outreach activities should be conducted that specifically target persons eligible to receive WIC benefits, evaluate accessibility and obstacles. Outreach should include activities to promote the WIC program and familiarize the community and other service providers with WIC services to increase referrals.

B. TARGET AUDIENCES

Outreach activities should focus on populations that may face barriers to service and experience health disparities. For purposes of this application, target audiences for outreach activities include:

- Homeless individuals,
- Immigrants,
- Limited English proficient individuals,
- Pregnant and parenting teens,
- Racial and ethnic minorities,
- Refugees,
- Students, and
- Working families.

3.06 WIC Program Goals

A. OVERVIEW

FFY 2012 Goals for the Nebraska WIC Program have been developed through the joint State/local planning process. The process was developed and implemented by the State and local agencies and was designed to be a comprehensive planning and evaluation process that incorporates a State strategic plan, State and local agency annual plans, and program performance measures. State WIC Program goals can be found at http://dhhs.ne.gov/publichealth/Pages/wic_local-agency-staff_data_index.aspx

B. MISSION STATEMENT

A Nebraska WIC Program mission statement was developed to define the program and its purpose. The Program mission statement is “To make a positive difference in the nutrition and health of families and individuals by providing services in a professional and respectful manner.”

C. STRATEGIC PLANNING PROCESS

The process is modeled after portions of the state’s MCH planning process and incorporates more input from WIC partners outside the state agency. Long term goals are developed for nutrition and breastfeeding. Short term goals are developed for client services, vendor management and the new EBT requirements. The availability of evidence based interventions is included as part of the needs assessment. A summary of the process follows.

- **Needs assessment phase**—collection of information and issues for WIC categories from partner surveys, staff surveys and preliminary data collection; small state/local WIC agency and partners workgroups meet to further develop nutrition/health problem statements and review data for WIC categories and prioritize issues; a “client services” state/local WIC agency group was formed to address “service delivery” type issues
- **Planning phase**— the state/local WIC agency planning group meets in a two

day session to 1) to review all problem statements and data and prioritize problems that will be addressed in goals, using a criteria scoring matrix; and 2) develop goal statements and strategies for each of the priority problems selected. Individual local agencies and the state agency develop agency action plans

- **Implementation/evaluation phase**—annual progress reviews completed and updates made to action plans based on progress reviews; a final evaluation completed at the end of the five year goals; the WIC performance measures continue to be used as an overall measure of program performance

D. FORMAT USED FOR THE GOALS, STRATEGIES AND ACTION STEPS

Goal statements are defined as clear, concrete and precise with a measurable outcome. They indicate what will result when the goal is accomplished.

- Strategies are defined as a statement that describes how the goal will be accomplished; strategies are action oriented.
- Action steps break the strategy into individual tasks which have distinct and independent purposes, each of which produces a deliverable

E. NEBRASKA WIC PROGRAM GOALS

The following are the current Nebraska WIC Program goals, Needs Assessment, and strategies:

1. JOINT BREASTFEEDING GOAL: By August 1st, 2013, increase the percent of exclusively breastfed infants at 6 months of age
2. NEEDS ASSESSMENT:
 - The 2007 Pediatric Nutrition Surveillance Statistics show 68.2% of infants were ever breastfed, and 25% of infants were breastfed at least six months. The rate of any breastfeeding versus the rate of exclusive breastfeeding, only 5% of infants are exclusively breastfed 6 months of age and 13% exclusively breastfed at 3 months of age.
 - The Healthy People 2020 Breastfeeding Goals for the United States include “Increase the proportion of infants who are breastfed exclusively through 6 months to 25.5%”.
 - WIC promotes breastfeeding as the norm for infant feeding. Policy recommendations from the American Academy of Pediatrics, the World Health Organization and the CDC state: “Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six months after birth”.
 - Studies show that exclusive breastfeeding provides the most impact on long and short-term health outcomes.
 - Staff support of exclusive breastfeeding, ability of staff to use effective counseling skills to help participants identify and overcome individual barriers to breastfeeding, and ability of staff to identify and manage common breastfeeding problems are essential elements to improve rates of exclusive breastfeeding and also breastfeeding duration.
3. JOINT STRATEGY: Provide encouragement, education and support for mothers to exclusively breastfeed for the first six months.

4. JOINT NUTRITION & HEALTH GOAL: By August 1, 2013, reduce the percentage of Nebraska WIC children ages 2-4 that are at or above the 85th percentile BMI-for-age.

5. NEEDS ASSESSMENT:
 - Childhood overweight is a priority issue for public health.
 - According to PedNSS data, the prevalence of childhood overweight among WIC children in Nebraska has steadily increased from 20% in 1994 to approximately 30% in 2007.
 - Nebraska WIC system reports for 2007 show that 23% of all WIC children ages 2-4 were assigned a risk code for routinely feeding sugar containing fluids.
 - Television viewing and having a television in the bedroom both have been associated with overweight in children 1-5 years of age.
 - In 2007 – the Expert Committee Recommendations for Prevention of Childhood Obesity was published in Pediatrics. This expert committee paper presented the most complete review of evidenced based interventions and made recommendations related to specific healthy eating and activity habits, parenting actions and patient-centered communication protocols. Many of the Expert Committee recommendations can be implemented in the WIC setting

6. JOINT STRATEGY #1: Use a family feeding dynamics approach to provide nutrition education.

7. JOINT STRATEGY #2: Encourage family lifestyle behaviors that increase physical activity.

F. REQUIRED ACTION PLANS

Develop action steps for each goal, considering the populations you will serve in your service delivery area.

Complete *FY 2012 Action Plan Joint Nutrition and Health Goal* (ATTACHMENT K) and *FY 2012 Action Plan Joint Breastfeeding Goal* (ATTACHMENT L)

- Develop action steps that describe what will be done (what).
- Develop action steps that describe what will be done (what).
- Identify why you are doing this action step (why).

- Identify who will be responsible for completion of each action step.
- Identify when each action step be completed.
- The special notes section may be used to provide additional detail on the action step(s) and to make note of process evaluation measures for specific steps.
- Additional descriptions of *evaluation measures* for the strategy or the action steps may be included in the evaluation section

3.08 Caseload

Caseload is a benchmark used to ensure eligible populations have access to WIC services and available resources are used effectively.

A. WIC PARTICIPANT CASELOAD

The November 2011 and December 2011 caseloads are show in the table below.

County	November 2012 Caseload	December 2012 Caseload
Butler/Polk	59	60
Dodge	1360	1378
Saunders	129	126
Washington	193	180

B. CASELOAD MONITORING

Performance under this agreement will be monitored monthly. Monthly caseload figures are used to determine funding for agreements in subsequent years.

Note: Although not anticipated, caseload may increase or decrease between the release of this RFA and the completion of the agreement negotiation. A change of greater than 5% (increase or decrease) may result in a funding adjustment.

C. AUTHORIZED WIC VENDORS

Stores authorized to accept WIC vouchers are reviewed and monitored by the subrecipient serving the county where the store is located Funding for vendor management activity is included in the county allocations. See *WIC Program Requirements for Financial and Administrative Functions* (APPENDIX 3) for additional information.

County	Number of WIC Authorized Stores (January 2012)
Butler/Polk	4
Dodge	9
Saunders	3
Washington	3

3.09 Funding

WIC local agencies must comply with federal and state regulations, be financially viable, and fiscally responsible with WIC funds.

A. AWARDING AUTHORITY

The USDA provides funds to support the Nebraska WIC Program. Funding for local agencies is projected and contingent upon federal appropriations and the formula grant provided to Nebraska.

B. ALLOCATION OF FUNDS

The Nebraska WIC Program seeks to achieve an economy of scale encouraging regional service delivery, especially in more rural parts of the state. Therefore, available funds are pooled to serve a defined service delivery area. Allocations are determined per county; however the funds are designated to specific agencies. The applicant serving more than one county/area may decide where the funds are best spent and is under no obligation to spend the monies allocated per county in that county as long as the required service is available to residents of that county.

C. PRELIMINARY WIC FUNDING

WIC applicants should use the following preliminary county allocations for budget preparation. WIC operates on a federal fiscal year which runs from October 1 through September 30. The funding for this agreement period falls into two federal fiscal years: FFY12 and FFY13. Funding is projected and contingent upon federal awards.

County	Funding Available for the following Counties/Areas: (15 month period of July 1, 2012 – September 30, 2013)
Butler/Polk	\$ 16,780
Dodge	\$ 385,836
Saunders	\$ 35,280
Washington	\$50,400

D. STARTUP COSTS

The successful applicant will be required to have sufficiently trained personnel, equipment and clinic(s) ready to implement delivery of WIC services July 1, 2012. The applicant may request startup funds for the training and transition period prior to July 1, 2012. Startup funds could include staff training time, supplies, travel and equipment. Startup funds are in

addition to the grant allocation outlined in the proceeding table. These startup funds must be outlined by category on the Startup Budget form. See *Request for Startup Funds Budget Form* (ATTACHMENT M).

3.10 WIC Budget

The following sections discuss USDA and State budget requirements and include instructions for completing the application budget forms.

A. BUDGET FORMAT

The required forms are attached: *WIC RFA Budget Table* (ATTACHMENT N) and *WIC RFA Budget Narrative* (ATTACHMENT O)

WIC funds may be used for direct or indirect expenses incurred in the cost of operating the WIC Program. Some administrative expenditures must receive prior approval from the State Agency and/or USDA.

The WIC Budget Table form splits out costs by category: Personnel, Operating, Training, Travel, Equipment, Contract and Indirect. Each cost category is then further broken down by line item. Each of the line items are then split out according to the USDA cost objectives.

B. USDA COST OBJECTIVES

Congress created WIC to serve as an adjunct to good health care for low-income women, infants and children. Its primary mission is to provide nutritious supplemental foods, nutrition education and breastfeeding support for such persons during critical times of growth and development. Federal regulations stipulate that one-sixth (or 17%) of the budget be spent for nutrition education and 3% be spent for breastfeeding education.

Applicants must budget grant funds according to these cost categories:

- Breastfeeding education,
- Nutrition education,
- Client services, and
- Administration

For purposes of budget preparation only, the applicant may use the following percentages to allocate costs across the cost objectives:

- 3% Breastfeeding education
- 17% Nutrition education
- 40% Client services
- 40% Administration

Budget review and approval will be based on the following criteria.

1. Allowable costs.
2. Reasonable costs.
3. Appropriate allocation of costs shared with other non-WIC programs.
4. Correct expense category placement

5. The budget must not exceed the funding allocation for the counties in the application.
6. If separate startup funds are being requested, do not include those expenses in the WIC budget narrative or figures. Startup requests will be treated separately and should not be added to the WIC budget.

3.15 Personnel Costs

Expenses in this category only include salary and benefits of agency staff charged to WIC. Salaries includes wages for hours worked as well as paid vacation, sick, holiday and other paid time off. Benefits include taxes, retirement plans and insurance premiums (health, dental disability, life and workers compensation).

INSTRUCTIONS

Complete *WIC Budget Personnel Chart* (ATTACHMENT P).

3.16 Other Budget Categories

INSTRUCTIONS

Complete the *RFA Budget Narrative Form* (ATTACHMENT O) per the instructions on the form. Attach agency policies where requested.

Note: If expenses are incorporated in the approved Indirect Cost Rate Agreement they cannot be claimed as line item expenses.

Refer to *WIC Program Requirements for Financial and Administrative Functions* (APPENDIX 3) for additional information on cost objectives, allowable costs, cost allocation, indirect cost rates, time reporting and budgeting.

Section 4 – Appendices

APPENDIX 1	Program Specific Requirements for the Special Supplemental Nutrition Program for Women, Infants, and Children
APPENDIX 2	WIC Program Requirements for Service Provision
APPENDIX 3	WIC Program Requirements for Financial and Administrative Functions

Section 5 – Attachments

ATTACHMENT A	Letter of Intent to Apply
ATTACHMENT B	Application Cover Sheet
ATTACHMENT C	The Nebraska Department of Health and Human Services General Terms and Assurances (Complete page 8, 9 and 11 and return ALL pages)
ATTACHMENT D	Personnel Table
ATTACHMENT E	Agency Business Organization Form
ATTACHMENT F	WIC Management Narrative
ATTACHMENT G	Contractor Information
ATTACHMENT H	Service Delivery Narrative
ATTACHMENT I	Nebraska WIC Clinic Listing
ATTACHMENT J	WIC Outreach Plan Narrative
ATTACHMENT K	FY12 Action Plan Joint Nutrition Goal
ATTACHMENT L	FY12 Action Plan Joint Breastfeeding Goal
ATTACHMENT M	Request For Startup Funds Budget Form
ATTACHMENT M	WIC RFA Budget Table
ATTACHMENT O	WIC RFA Budget Narrative
ATTACHMENT P	WIC Budget Personnel Table

**Program Specific Requirements for the
Special Supplemental Nutrition Program
for Women, Infants, and Children (WIC)**

1. The Subrecipient shall comply with the laws governing the WIC Program, Sec. 17 of the Child Nutrition Act of 1966 and other applicable legislation, as amended, 7 CFR Parts 246; Neb. Rev. Stat. §§71-2225 to 71-2230 and any regulations adopted thereunder; the Nebraska WIC Procedure Manual; and FNS and DHHS guidelines and instructions; and any amendments thereto. In the event of a proposed amendment of any applicable regulation, if the subrecipient gives to DHHS, prior to the effective date of the amendment, written notice of its determination to discontinue operation of its WIC Program or program activities for which administrative expenses are available, this Agreement shall be terminated as to such program or activities as of the effective date of the amendment.
2. The Subrecipient agrees to support full use of Federal funds provided to the Subrecipient for the administration of the WIC Program and/or the Farmers Market Nutrition Program (FMNP), and exclude such funds from local budget restrictions or limitations including, at a minimum, hiring freezes, work furloughs, and travel restrictions affecting the WIC Program or the FMNP.
3. The Subrecipient assures that it shall:
 - A. Maintain on its staff a competent professional authority (CPA) and the capabilities necessary to perform the certification procedures. A minimum of one competent professional authority on staff shall be a registered dietitian or masters-level nutritionist, or alternatively, a person with such qualifications shall be retained as a consultant.
 - B. Assure that all contractors providing WIC services have a competent professional authority and the capabilities necessary to perform the certification procedures. For each contractor, a minimum of one CPA shall be a registered dietitian or masters level nutritionist or a person with such qualifications shall be retained as a consultant.
 - C. Make available appropriate health services to participants and inform applicants of the health services which are available.
 - D. Have and maintain a plan for continued efforts to make health services available to participants at the clinic or through written agreements with health care providers when health services are provided through referral.
 - E. Provide nutrition education services to participants in compliance with DHHS program guidelines, 7 CFR §246.11 and FNS guidelines and instructions.

- F. Implement a food delivery system prescribed by DHHS program guidelines pursuant to 7 CFR §246.12 and approved by FNS.
 - G. Input and maintain all participant, immunization and vendor data in the WIC automated data processing system according to DHHS procedures and pass through all applicable requirements to contractors.
 - H. Maintain on file and available for review, audit and evaluation by representatives of DHHS, USDA or FNS program records including all criteria used for certification, information on the area served, income standards used and specific criteria used to determine nutritional risk.
 - I. Participate in DHHS WIC performance measurement and evaluation process and pass through all applicable requirements to contractors.
 - J. Participate in the WIC state/local agency joint planning process, including the data review and joint planning meetings, and complete the minimum required joint goals, strategies and action steps on the WIC Action Plan forms provided. Submit the WIC Action Plan forms with the annual plan.
 - K. Require all new employees including contractor or subrecipient employees, with WIC clinic, vendor management or program management responsibilities, to complete training materials and experiences provided at the WIC Training Clinic as directed by the State WIC Training Coordinator.
 - L. Not intimidate, threaten, coerce or discriminate against any individual for the purpose of interfering with any right or privilege under 7 CFR Part 246 because that person has made a complaint or formal allegation, or has testified, assisted, or participated in any manner in any investigation, proceeding or hearing under 7 CFR Part 246. The identity of every complainant shall be kept confidential except to the extent necessary to carry out the purposes of Program, including the conducting of any investigation, hearing, or judicial proceeding.
4. The Subrecipient may enter into a written agreement with another agency(s) in order to comply with these requirements if it cannot fulfill one or more of them. The written agreement shall state the Program responsibilities of the other agency, shall be approved by DHHS, and shall be on file at both DHHS and Subrecipient.
 5. The Subrecipient must submit data, program, and financial reports according to the reporting requirements (Exhibit 1). Extensions for the submission of reports and reimbursement must be submitted in writing to DHHS for approval to prevent withholding of payment.
 6. DHHS and Subrecipient agree that the Subrecipient shall participate in operation

of an automated WIC data processing system in accordance with the following conditions, and assure that all contractors comply with applicable conditions.

- A. All hardware and software associated with the System and placed with the Subrecipient remains the property of DHHS. The Subrecipient shall make no alterations to hardware or software without the approval of DHHS.
 - B. The Subrecipient shall cooperate in the maintenance of all needed wiring and cable and shall not alter such installations without the approval of DHHS.
 - C. The Subrecipient will comply with all standards and protocols issued by the DHHS regarding securing of equipment and software, operation of the system, and maintenance of same. The subrecipient is responsible for all costs incurred to system equipment due to loss, theft or damage.
 - D. The Subrecipient shall participate in training offered by DHHS regarding operation of the system.
 - E. The subrecipients shall enter and maintain all WIC participant and vendor information into the WIC data processing system. in accordance with DHHS procedures.
 - F. The subrecipient shall complete and maintain on file or submit as directed all reports required by DHHS associated with the system.
7. Funds may be recovered from a Subrecipient at any time DHHS determines, based on Subrecipient reports of expenditures and operations, that the Subrecipient is not expending funds at a rate commensurate with the amount of funds distributed or provided for expenditures under the Program. In accordance with 7 CFR §246.7(g)(2)(3), in the event DHHS experiences funding shortages, the dollar amounts specified in the Award Letter may be reduced accordingly, and the Subrecipient may be required to discontinue or reduce benefits to certified participants and may not be permitted to enroll new participants. DHHS reserves the right to reallocate funds among local agencies as needed to insure service to individuals at highest levels or priority.
 8. DHHS reserves the right to fund more than one Subrecipient to serve the same area or special population served by the Subrecipient, as long as more than one Subrecipient is necessary to serve the full extent of need in that area or special population.
 9. The Subrecipient shall comply with the requirements of 7 CFR Part 3016 or 3019 concerning the procurement and allowability of food in bulk lots, supplies, equipment and other property and services with program funds. DHHS may, pursuant to 7 CFR §246.24(c), require the Subrecipient to comply with applicable Nebraska regulations governing procurement practices. No food shall be purchased in bulk lots without express written direction of DHHS.

10. The Subrecipient shall facilitate DHHS's monitoring and oversight activities of Subrecipient to include: (1) fiscal and program review using monitoring mechanisms including but not limited to, progress reports, site visits, financial reports, independent (third party) financial reviews, and/or internal (State-conducted) financial reviews or audits to ensure compliance with program and fiscal requirements.
11. If DHHS determines through a review of the Subrecipients reports, program or financial analysis, monitoring, audit, or otherwise, that any program funds provided to the Subrecipient for supplemental foods or administrative purposes were, through negligence or fraud, misused or otherwise diverted from program purposes, a claim shall be assessed by DHHS against the Subrecipieint.
12. Upon expiration or notice of termination of this Subgrant, the Subrecipient shall assist and cooperate in the orderly transition and transfer of WIC operations with the objective of preventing a disruption of WIC services to eligible WIC participants and potentially eligible WIC applicants.
13. Upon expiration or notice of termination of this Subgrant, the Subrecipient shall transfer to DHHS, or to those local agencies designated by DHHS, all active participant files, vendor files, vendor stamps, "Valid NE VOC" stamp, approval stamp(s) for rejected checks, all unused Nebraska WIC Program Participant Identification Folders, all voided WIC checks, all unused WIC check stock, and all equipment provided by DHHS for the WIC automated Data Processing System.

Nebraska Department of Health and Human Services
WIC Subrecipient
Reporting Requirement

Reports that are required include:

1. Local Agency Annual Plan
2. Budgets and Budget Narratives
3. Monthly WIC Financial Status Reports, Pages 1-3
4. Annual WIC Property Schedule
5. Annual Clinic Management and Administrative Operations Survey
6. WIC Problem Check Report

WIC Program Requirements for Service Provision

1. Staffing

The local agency must assure that staff working in WIC are adequately qualified, trained and licensed in order to perform specific WIC functions. Staffing must include a sufficient number of professional staff meeting the qualifications of a WIC competent professional authority (CPA) and the capabilities necessary to perform the certification procedures. A minimum of one CPA on staff must be a registered dietitian or masters-level nutritionist, or alternatively, a person with such qualifications must be retained as a consultant.

Competent Professional Authority (CPA) means an individual on the staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods. The following persons are the only persons authorized who may serve as a competent professional authority: Physicians, registered dietitians, registered nurse, physicians assistants or a state or locally medically trained health official.

State or Locally Medically Trained Health official means an individual who:

1. Holds a Baccalaureate degree from an accredited college or university with a minimum of 15 hours of course work in human nutrition; or
2. Holds a Baccalaureate degree from an accredited college or university with a minimum of 9 hours of course work in human nutrition and 2 years of work experience related to nutrition education (such as WIC, EFNEP, community health educator); or
3. Holds a Baccalaureate degree from an accredited college or university and completion of competency based training program operated by a WIC State Agency and a minimum of 2 years work experience as a WIC Competent Professional Authority; or
4. Is a Dietetic Technician, Registered; or
5. Is a Licensed Practical Nurse with a current Nebraska license or privilege to practice in Nebraska.

The total numbers of CPA's is dependent on the proposed number of WIC participants to be served and the methods of service delivery. Numbers shall be adequate to assure that determination of eligibility of applicants is timely (see Processing Standards, number 7 below) and food packages are prescribed appropriately. In addition, the preferred provider of nutrition education and health care referrals is a CPA (see Nutrition Education, number 4 below). Further, one CPA is to be designated as a breastfeeding coordinator. This person is responsible for planning and evaluating the agency's breastfeeding promotion and support activities. Expertise in lactation support is required for this position.

The local agency will provide adequate staff to perform all requirements as described in the Program Requirements. Staff to participant ratios may vary dependent on the model of service delivery to be used.

2. Certification of Participants

Eligibility: To be eligible for the WIC Program, applicants must meet four criteria: category (infants, children, pregnant, postpartum, and breastfeeding women); residency; income; and nutritional risk. To make a determination of eligibility for each of these criteria, staff of the local agency must perform the following certification procedures.

Category: An eligible applicant is a pregnant, breastfeeding or postpartum woman, infant or a child under age five. The applicant/guardian self declares category.

Income: Income at or below 185% of poverty level as established by the Office of Management and Budget. Income eligibility can be determined two ways:

- i. Family size is self-declared by the applicant/guardian. An applicant must provide proof of all sources of family income as described in guidelines provided by the DHHS. Staff compares income to tables that display the level for various family sizes, or
- ii. Current eligibility to participate in Medicaid, Food Stamps, and Aid to Families with Dependent Children is considered as meeting income eligibility criteria for WIC. Current eligibility to participate in one or more of these programs must be documented.

Residency: Residence within the State of Nebraska. Length of residency or permanency of residency is not a requirement. A documented mailing address including the name of the applicant or responsible party(s) is required.

Identification: Identification must be presented for the applicant and for the adult enrolling a minor child. Sources of acceptable identification are identified in guidance from the DHHS.

Nutritional Risk: At a minimum, height or length and weight are to be measured, and a hematological test for anemia (hematocrit or hemoglobin) is to be performed. A hematological test is required for children at twelve months of age and every six months until the age of 24 months. Children over age two who were determined to be within the normal range at their last certification have a test performed at least once every 12 months.

A pregnant woman may be determined presumptively eligible for WIC for 60 days based on category and income only. A full assessment must be made and a nutritional risk found after those 60 days in order to maintain the pregnant woman's eligibility. These measurements and tests may be performed at a WIC clinic, at a subcontractor's facility or data obtained through a referral if the data is submitted by a person meeting the definitions of a competent professional authority. In addition, the referral data must have been determined not more than 60 days prior to the WIC certification visit, provided that data for pregnant women is collected during their pregnancy, and data for postpartum and breastfeeding women is collected after termination of their pregnancy.

A health and diet assessment is to be performed during the initial certification process, except for pregnant women, as described above. The health assessment/care plan and diet survey forms are to be used to document assessment in order to determine nutritional risk criteria for a participant.

Based on the above information, the CPA determines if the applicant has one or more nutritional risks. The assessment/care plan serves as the basis of a work plan for each participant in determining nutrition education needs. After discussing the participant's risk factors and client centered nutrition education needs, the WIC CPA(s) will collaborate with the participant to formulate one to two goals for the participant for the present certification period.

Certification Form The local agency staff will document data collected for determination of eligibility on the Certification Signature Form and in the WIC computer system. The CPA

determining nutritional risk eligibility is to sign and date the form. If a person other than the CPA determines income eligibility, that person also signs and dates the form.

Transfer of Certification The local agency will accept WIC participants who transfer from other Nebraska WIC local agencies or from other states when participants present a valid and current Verification of Certification (VOC) card. The local agency in turn provides VOC cards to participants who indicate an intention to move to another area or state.

Certification Periods The certification period for a pregnant woman is the duration of the pregnancy and up to six weeks postpartum. Postpartum, non-breastfeeding women are certified up to six months postpartum. Breastfeeding women are certified for 12 months or as long as the infant continues to be mostly or fully breastfeeding. Infants are certified up to their first birthday if certified when less than six months of age. Infants certified at or after 6 months of age are certified for a six-month interval. Children are certified at six-month intervals. In cases of scheduling difficulties, the certification periods for breastfeeding women, infants and children may be shortened or lengthened by 30 days on a case by case basis.

The local agency must thus have a scheduling and tracking system to assure that certification periods are maintained as above, that appointments for subsequent certifications are provided on a timely basis, and that the notification requirements described below are met.

Ineligible Applicants/Participants Applicants may be found to be ineligible for the program at a certification visit because they did not meet eligibility criteria. Participants may also be determined to be ineligible within a certification period due to becoming categorically ineligible; change in income; dual participation; or program abuse/fraud. Local agency staff are required to maintain documentation of reasons for ineligibility and provide written notice as described below.

Homeless Persons, Persons Living in Institutions and Migrant Farm Workers and their Families

“Institution” means any 24 hour residential accommodation that provides meal service, except private residences and homeless facilities. For Nebraska WIC purposes there are two types of institutions. The two types are: 1) facility where the applicant has been placed by the state or other entity for a specified length of time. This placement is not by choice of the applicant, and 2) facility where the placement is voluntary and the applicant may leave at any time. Examples of institutions include: penitentiaries, jails, mental institutions, group homes, rehabilitation facilities, care centers.

Homeless persons and persons living in institutions where placement is voluntary may be eligible for participation in the Program if the facility meets certain requirements. Individuals residing in a facility where placement was made by the state or other entity are not eligible for participation. The amount of benefits a WIC client living in an approved institution (that is not a homeless facility) is eligible to receive is dependent upon the number of meals provided daily by the facility.

In-stream migrant farm workers and their families are to be considered income eligible for the Program even if VOC cards have expired as long as the income was determined within the past 12 months.

3. Prescription of Food Package/Issuance of Checks

A WIC CPA will prescribe supplemental foods for each participant, taking into consideration the participant's age, dietary needs, and special needs such as homelessness. The amounts of supplemental foods shall not exceed the maximum amounts established by federal regulation.

The food prescription and CPA's signature must be on the WIC Certification Signature form. A system of codes for standard WIC checks and WIC foods are used.

WIC providers are responsible for issuing checks to the participants. Computer checks will be generated using the WIC computer system.

Local agency staff is responsible for assuring that checks are issued to the appropriate participant, guardian or proxy, and that the participant, guardian or proxy signs a check register log as a receipt for the checks. Staff is responsible for assuring that the participant/guardian receives instructions in proper use of the check and how to select WIC approved foods at a WIC store. Checks may be issued on a monthly or bi-monthly basis.

Accountability for the receipt, inventory, issuance and storage of WIC checks at the local agency and all subcontractor sites is the responsibility of the WIC local agency. The person responsible for receiving, inventory and distributing the checks to other sites must not be involved with issuance of checks to participants.

Staff will routinely review and follow-up on reports regarding accountability of check stock and checks. Checks are to be stored under lock and key when not in the direct supervision of WIC providers.

4. Nutrition Education

Nutrition education is a benefit of the program and is to be made available at no cost to the participant. Nutrition education will be designed to be easily understood by the participant/guardian, and it shall bear a practical relationship to the participant's nutritional needs, household situations, and cultural preferences. Nutrition education is to be thoroughly integrated into the delivery of WIC services.

Nutrition education is to be made available to all participants for a minimum of two contacts during a six month certification period, or at a quarterly rate for infants, pregnant women and breastfeeding women certified for periods in excess of six months. An education contact may be one-to-one counseling or it may be a group session. Refusal or inability to attend educational contacts shall not be a reason to deny food benefits.

A CPA shall prepare an assessment/care plan for each participant. Each plan shall identify the specific nutritional risks of the participant and the plan for providing education during the certification period.

Breastfeeding is to be promoted as the ideal method of infant feeding. Information that promotes breastfeeding is to be made available to pregnant women and breastfeeding women. An environment supportive of breastfeeding is to be maintained at the WIC site, including, the absence of materials promoting infant formulas; breastfeeding material on display and available to participants; and when possible, a location available for women to breastfeed their infants.

In addition to nutrition and breastfeeding information, CPA's are to reinforce principles of good health care, such as routine prenatal care, postpartum care, immunizations, dental care, smoking cessation, avoidance of harmful substances and normal child development. Pregnant woman are to be screened for drug and substance abuse and referred accordingly.

5. Referrals

Participants who need health and social services not available through WIC are to be referred appropriately. The local agency is to maintain directories of resources available locally which provide services typically needed by the target population.

Certain referrals are required. These include the following.

- a. Applicants whose incomes appear to meet Medicaid income guidelines and who are not currently participating in Medicaid are to be referred to the Access Nebraska website to make application.
- b. Women are to be screened for risk of using drugs or other harmful substances, and if determined to be at risk, referred to an appropriate counseling or treatment center.
- c. Written information on Medicaid, Food Stamps, the Child Support Enforcement Program, and Aid for Families with Dependent Children is to be provided to all adult applicants or guardians at least once. Printed materials on these programs are available through the DHHS.
- d. The immunization status of infants and children should be determined by a CPA through a review of a documented immunization record and those who are under immunized should be referred to their medical provider or a community immunization clinic
- e. Children who have not had a blood lead screening test should be referred to their medical provider or a local site for screening.
- f. When the local agency is maintaining a waiting list, persons whose names are placed on the list are to be referred to other sources of food assistance.

6. Notification Requirements

Local agency staff is responsible for notifying applicants and participants of certain aspects of the program. Notification requirements include the following:

a. Rights and Responsibilities

At the time of application, the applicant will be asked to read or will have read to him/her a summary of the rights and responsibilities under the Program, printed on the back of the WIC certification form.

b. Expiration of Certification Period

Written notice that a certification period is to expire is to be provided to the participant at least 15 days prior to the expiration, using a form available from the DHHS.

c. Notification of Ineligibility

Persons found ineligible at a certification visit or during a certification period are to be provided written notification using a form provided by the DHHS. When ineligibility is determined during a certification period, 15 days notice is required except in cases of dual participation.

7. Processing Standards

Individuals requesting Program benefits must have their eligibility determined within specified time frames. Pregnant women, infants under 6 months of age, members of in-stream migrant farm workers households, and the homeless must have eligibility determined within 10 days; all other applicants within 20 days. The local agency must record the applicant's name, address and date of the request at when contacted by an applicant, and have an appointment system which

permits the timely scheduling of certification visits. When possible, the walk-in applicant will have eligibility determined in less than the requested time frames and optimally the same day.

8. Confidentiality

Disclosure of information obtained from applicants and participants is restricted to those specifically designated by the Director of the Division of Public Health and listed on the WIC Certification Signature Form; to persons directly connected with the administration or enforcement of the program; and the Comptroller General of the United States. The local agency is encouraged to coordinate WIC services with other health and social services programs. The DHHS must be notified when information is to be collected by, or shared with another entity. Guidance will be provided and approvals made as appropriate.

Release of information to any other persons or entities, accept as provided above, is permissible only with the signed consent of the applicant or participant. Such signed consent must be done on an individual basis and cannot be obtained in such a way as to be construed or perceived as a condition of eligibility.

These confidentiality requirements apply to applicant and participant files, intake procedures, automated data bases, automated reports and listings with participant and or applicant identifying data, and any other record or situation in which participant and or applicant identifying information may be present. Aggregated statistical information may be released for use in reports and similar documents.

9. Detection of Dual Participation

An individual is not permitted to participate in WIC in more than one location at a time, nor may an individual participate in WIC and the Commodity Supplemental Food Program (CSFP) at the same time. To prevent and/or detect dual participation, local agency staff will perform the following:

- a. Inform every applicant of the illegality of dual participation.
- b. At the time of certification, collect information from the applicant regarding his or her history of participation in WIC and CSFP.
- c. At certification and when issuing WIC checks, check the identification of each applicant and participant.
- d. Enter demographic data into the WIC computer system.
- e. Receive, review and act upon reports of possible dual participation which are provided by the DHHS. Corrective action may require the disqualification of a participant and possibly the recovery of improperly received benefits. See Participant Sanction System below.

10. Waiting Lists

From time to time, the DHHS may determine that available funds are not adequate to sustain state-wide caseload levels. In this situation, the local agency will be instructed to maintain waiting lists at the time of application for certain eligible participants or potentially eligible applicants. A nutritional risk priority system will be used to determine which applicants or participants are placed on the waiting list.

When adequate funds become available, DHHS will instruct the local agency to contact persons on the waiting list to make appointments and complete the certification process.

11. Discontinuance of Benefits Due to Funding Shortage

In extreme situations when all alternatives have been considered, the DHHS may require that benefits be discontinued or withheld from eligible participants. The nutritional risk priority system will be used to determine for which group of participants benefits will be withheld. During a time when benefits are withheld in this manner, no new participants will be enrolled.

Fifteen days written notification is to be provided to affected participants.

12. Participant Sanction System

Certain actions on the part of participants are considered abuse of the program. These actions include but are not limited to:

- a. Intentional misrepresentation in order to obtain benefits;
- b. Sale or exchange of WIC foods or WIC checks to other individuals or entities;
- c. Receipt of cash or credit from the WIC store in lieu of receiving the supplemental foods;
- d. Physical abuse, or threat of physical abuse, of clinic staff or staff of WIC store; and
- e. Alteration and or falsification of WIC checks.

The local agency will document cases of suspected program abuse and report to the DHHS in accordance with DHHS guidelines. The local agency may be required to disqualify a participant for a period of time, or assist the DHHS in seeking repayment of cash value for improperly received benefits.

13. Fair Hearing Procedures for Participants

Participants and applicants have the right to appeal decisions which result in denial of participation, disqualification, or claims for repayment of the cash value of improperly issued benefits. The right to a fair hearing is described on the WIC Certification Signature Form and on forms provided by the DHHS for providing notice to ineligible or disqualified applicants and participants. The local agency is not to interfere with an individual's freedom to request a hearing. If necessary, local agency staff will assist the applicant or participant in putting his or her request into writing. All requests will be submitted to the DHHS.

14. Training

The DHHS requires that all WIC staff providing WIC services complete standardized training provided by the DHHS. All staff will complete the self-learning units in the Learning About WIC training notebook. Staff providing direct client services will participate in hands-on training at the state WIC Training Center. The Nebraska WIC training center provides a consistent, intensive training course for all new local agency WIC staff. The training allows new staff to meet established minimum competencies to ensure high quality, participant centered WIC services. Training is provided by skilled coaches using a standardized curriculum and training resources. Additional training opportunities are provided annually by the DHHS.

15. Voter Registration

In accordance with the National Voter Registration Act of 1993 and Nebraska's Election Act of 1994, the opportunity to register to vote must be offered at all WIC clinic sites. Local agencies are responsible for notifying applicants, participants of this opportunity at all certification visits and at times when a participant provides notice of change of address. Local agency staff must then

provide registration forms for individuals indicating a desire to register and shall provide assistance in completing the form when requested. Individuals choosing to complete the form at the clinic site may leave the forms with local agency staff, which in turn are responsible for forwarding the completed forms to the appropriate county officials. Registration forms are available from the DHHS.

WIC Program Requirements for Financial and Administrative Functions

1. Nondiscrimination

No person shall, on the grounds of race, color, national origin, age, sex, handicap, or disability, be excluded from participation in, be denied benefits of or be otherwise subjected to discrimination under the WIC Program. The local agency is required to comply with the following: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, the Americans with Disabilities Act, Department of Agriculture regulations on non-discrimination (7 CFR Parts 15, 15a and 15b), and FNS instructions. Compliance with these statutes, regulations, and instructions will include but is not limited to the following:

- a. All printed materials, websites, or audio-visual materials describing Program benefits or eligibility requirements will include a notification regarding the non-discrimination policy and complaint rights of participants and potentially eligible persons. Standard language for this notification is provided through the Department by FNS.
- b. The local agency will collect and report racial and ethnic participation data.
- c. Local agency will accept and process discrimination complaints in accordance with Department procedures.
- d. In cooperation with the Department, the local agency will acquire and provide to applicants and participants non-English materials or materials in alternate formats when appropriate.
- e. The local agency will train staff regarding these requirements.
- f. The local agency will ensure that the WIC Program is accessible to people with disabilities.

2. Public Notification

A minimum of once a year, the local agency is to notify potential applicants of the availability of Program benefits and how and where to apply for the program. Notification is to be provided through means appropriate for the community and population being served, including but not limited to: newspapers, websites, television, radio, posters and fliers. In addition, the information is to be provided to offices and organizations that also deal with the target population, including health and social services offices, community and religious organizations, hospitals, and cultural/ethnic centers.

In addition to public notification, local agencies must contact homeless facilities to perform an annual assessment.

3. Community Input

The local agency is encouraged to solicit community input on WIC services through the establishment of an advisory body, utilizing an existing advisory body, or routinely consulting with focus groups to provide input on WIC operations. Representation from primary care physicians, social service providers, advocacy and service organizations working with racial and ethnic minorities, and consumers (current or former WIC participants), and vendors is considered optimum. Costs for support of the advisory group and focus groups are allowable costs to the degree that the body addresses WIC issues.

4. Coordination with Other WIC Local Agencies

The local agency is expected to coordinate with other Nebraska WIC local agencies to assure consistent communications with participants on such matters as outreach, participant transfers, detection of dual participation, needs assessment and planning. Routine communications are to be maintained between agencies.

5. Vendor Management

The local agency has certain vendor management responsibilities. Activities in the area of vendor management include: processing applications from retailers seeking approval as a WIC store; making on-site visits to applicant stores; making recommendations to the Department regarding approval or disapproval of applications; provision of pre-agreement training to approved stores; execution of an agreement between the local agency and approved stores; routine monitoring of approved stores, including annual on-site visits of 10% of all stores and quarterly visits to high-risk stores; follow-up investigations of complaints received from or about WIC stores; review of WIC checks rejected or presented with errors, with subsequent disapproval, approval, or replacement; on-going training and technical assistance with stores, as needed; and perform liaison role between local agency, stores, and any other local agencies involved.

All current WIC stores must reapply for participation in the WIC Program every three (3) years. Non-participating vendors wanting to apply for participation on WIC are permitted to do so at any time.

The local agency is expected to enter into agreements with all currently approved WIC retailers in its service area. The local agency must also keep a file for each store for the period of the stores' agreements and maintain documentation on forms provided by the Department.

6. Self-Monitoring

The local agency is required to have a management evaluation system to review its own operations and those of associated clinics and contractors. Such monitoring shall be conducted a minimum of once each year. Monitoring forms are available from the Department. Areas reviewed include:

- a. Clinic observation of staff & client services
- b. Completeness and accuracy of certification forms
- c. Accuracy of determination of program eligibility
- d. Security of check storage and issuance
- e. Check issuance documentation (check registers, proxies, mailing)
- f. Compliance with notification requirements
- g. Frequency, quality, and proper documentation of nutrition education
- h. Efficiency and effectiveness of clinic flow
- i. Accessibility and acceptability of clinic sites and services
- j. Suitability of outreach and referrals, including documentation
- k. Completeness and accuracy of financial accountability system
- l. Completeness and accuracy of vendor records
- m. Frequency and appropriateness of vendor education and monitoring

7. WIC Computer System

The WIC computer system is used to input and maintain data for WIC participants and vendors, to produce and issue WIC checks, to produce reports, and to account for WIC food expenditures

and rebates. WIC local agencies participate in the operation of the WIC computer system as directed by the Department by: entering and maintaining all WIC participant and vendor records; complying with standards and protocols provided by the Department for maintaining equipment and software; operating and maintaining the system; participating in training; cooperating in the maintenance of wiring and cable installations and software installations; and maintaining and submitting reports.

8. Data Collection

The Nebraska WIC Program collects and processes data on WIC participants for several purposes, including:

- a. Annual, semi-annual, and monthly reporting requirements established by FNS, including racial and ethnic participation data;
- b. Bi-annual report to Congress requiring the submission of a minimum data set to FNS;
- c. Detection of possible dual participation among Nebraska WIC local agencies and clinics and between the Commodity Supplemental Food Program and other WIC State Agencies;
- d. Production and reconciliation of WIC checks;
- e. Documentation of vendor status and activity;
- f. Management reports for local and state use; and
- g. Participation in the Centers for Disease Control's (CDC) Pregnancy Nutrition Surveillance System and Pediatric Nutrition Surveillance System.

9. Annual Plan and Performance Measures

The local agency will be required to prepare an annual plan as a condition for each annual extension of its agreement. Guidance will be provided annually, outlining requirements, which will include participation in two annual planning meetings to select state goals, strategies and joint action steps; local agency specific action steps for joint goals and strategies for the upcoming year; a progress and review of prior year goals and action steps; a narrative regarding agency activities during the year; documentation regarding staffing and qualifications of staff (CPA's); profile of current clinic sites, hours, and facilities; and local agency specific policies and procedures.

The WIC Program maintains a series of performance measures. Local agencies participate in the annual review of these measures in conjunction with the annual planning process.

10. Records and Reports

The local agency is to maintain full and complete records regarding program operations. The records are to include but are not limited to: financial operations; check issuance; equipment purchase and inventory; certification; nutrition education; civil rights; and fair hearing procedures. Records are to be maintained for a period of three years plus the close out year in accordance with 175 NAC 7, Regulations and Standards Governing Health Clinics. The local agency may determine that longer retention periods are appropriate for records of applicants and participants. The local agency is responsible for assuring records are properly maintained and stored.

The local agency may destroy records only upon determination that there is no outstanding claim, litigation, negotiation, audit, or other action involving these records, or that the records are of no historical value. To aid in making this determination the local agency must inform the Department of its intent to dispose records.

The local agency's procedures for storing records must comply with the confidentiality

requirements. Procedures for disposal of records must also assure confidentiality. Such procedures would include supervised shredding or burning.

11. Financial Management

The local agency is responsible for establishing, staffing, and maintaining a financial management system which assures compliance with 7 CFR Parts 246, 3015 and 3016, FNS guidelines, and FNS instructions and OMB circulars. The system must have adequate controls to ensure that expenditures of WIC funds are authorized and properly charged to the program. Records must identify source and use of funds expended for program activities, and shall include but are not limited to: authorization, receipt of funds, unobligated balances, assets, liabilities, outlays, and income.

12. WIC Cost Objectives

Congress created WIC to serve as an adjunct to good health care for low-income women, infants and children. Its primary mission is to provide nutritious supplemental foods, nutrition education and breastfeeding support for such persons during critical times of growth and development. Federal regulations stipulate that the state as a whole is required to expend one-sixth of its administrative and program services funds on nutrition education and expend a targeted amount on breastfeeding education and promotion. Further, all other nutrition services and administration costs are to be categorized as client services or general administration.

Cost data is needed to determine whether the federal requirements have been met as well as document that the subrecipient costs do not consist disproportionately of administrative overhead. In order for the Department to classify and report all expenditures as to these four cost objectives, the local agency is to report its expenditures accordingly.

Local agencies will budget grant funds and report expenditures according to these cost categories. The budget is prepared by first identifying costs by category: Personnel, Operating, Training, Travel, Equipment, Contract and Indirect. Each of these categories is then further broken down by line item. Line items are then split out according to the USDA cost objectives: Breastfeeding education, Nutrition education, Client services, and Administration.

Each cost objective is exclusive of the others. For example, breastfeeding costs are not reported as part of nutrition education; client services are not reported as part of general administration.

DEFINITIONS OF THE FOUR COST OBJECTIVES:

Breastfeeding Education

Includes all costs for education, promotion and support of breastfeeding, such as:

- *Salaries and benefits of WIC staff who plan, conduct or evaluate educational and other services to promote breastfeeding;*
- *Salaries and benefits of peer counselors and others who conduct home visits and other activities to encourage continuation of breastfeeding;*
- *Costs to procure or develop, translate, print and distribute educational materials related to breastfeeding promotion and support;*
- *Activities related to producing and procuring breast pumps, supplies, and materials;*
- *Clinic space devoted to breastfeeding education and training activities, including space set aside for nursing mothers and babies; and*
- *Travel costs for staff to attend breastfeeding training and conferences.*
- *Registration and costs for staff to attend breastfeeding training and conferences.*

Nutrition Education

Includes all costs directly related to general nutrition education, such as:

- *Salaries and benefits of staff who conduct nutrition counseling and document the provision of those services;*
- *Travel costs for WIC staff who conduct nutrition education;*
- *Costs to procure or develop, translate, print and distribute nutrition education materials;*
- *Costs of equipment required to conduct nutrition education training;*
- *Interpreter and translator services to facilitate training;*
- *Costs associated with evaluating and monitoring nutrition education;*
- *Training costs for WIC staff to attend nutrition workshops;*
- *Program materials, resources and activities that teach, promote and reinforce the health benefits associated with physical activity.*

Client Services

Client services includes all costs expended to provide WIC services and benefits, such as:

- *Salaries and benefits for WIC staff who conduct nutrition and health assessments,*
- *Medical supplies and equipment necessary to conduct nutrition and health assessments required in the certification process,*
- *Salaries and benefits for WIC staff who issue food instruments and explain their use, and*
- *WIC staff salaries and benefits and other costs necessary to refer participants to other health care and social services, coordinate services with other programs, participate in activities which promote the broader range of health and social services for participants, attend general agency or new employee training.*
- *Conduct and participate in surveys and studies that evaluate the impact of WIC on its participants.*

General Administration

General administration includes all costs considered to be overhead or management costs, such as:

- *General management costs including program monitoring, prevention of fraud, general oversight, and food instrument accountability.*
- *WIC administrative salaries and benefits and other costs for outreach, food instrument reconciliation, monitoring and payment, vendor monitoring, maintaining administrative records, attending WIC contractors meetings, and preparing and maintaining fiscal and program management reports.*
- *General management clerical support,*
- *Payroll and personnel systems,*
- *Accounting and bookkeeping, and*
- *Audits and other financial services and legal services.*

13. Cost Allocation

Where facilities, equipment, supplies, or other costs are shared by WIC and other programs, a system for appropriately allocating costs among programs must be in place based on actual use or effort.

Resources such as equipment, space, etc. may be used by more than one program. When resources are shared, costs must be systematically identified for reimbursement under the appropriate grant. All costs shared with non-WIC programs in any budget category must be allocated between programs using a consistent and reasonable cost allocation plan based on generally accepted accounting principles including but not limited to salaries, grant size, or actual square footage. Agencies must provide a detailed description of cost allocation methodology in the budget narrative where applicable

When determining how to allocate costs between programs the steps below should be followed:

1. Determine the costs that are shared.

2. Determine an equitable method of distributing the costs between the programs.
3. Maintain documentation supporting the basis for cost distribution.

Examples of appropriate methods for distributing joint costs between programs:

- a. Data processing: Hours of usage of the system or number of computers.
- b. Travel or motor pool costs: Miles driven and or days used.
- c. Office machines and equipment: Direct hours of use, number of copies, logged postage used.
- d. Office and clinic space, utilities, janitorial services: Square feet of space occupied.
- e. Telephone services: Number of telephones, phone lines, number of calls logged.
- f. Auditing: Direct audit hours or grant size.

NOTE: Personnel costs must be based on documentation of actual time spent on each program. Percentages, time studies or other allocation methods cannot be used for personnel costs.

14. Indirect Cost Rates

Local Agencies may charge an indirect rate in accordance with their state or federally approved Indirect Cost Rate Agreement. As a part of the annual budget, local agencies must provide a full copy of the current approved Indirect Cost Rate Agreement including the signature page.

In the absence of a federally approved Indirect Cost Rate Agreement, local agencies are required to collect actual work hours for administrative staff. This applies to all staff with wages billed to the WIC grant including agency directors, accounting, human resource personnel, support staff and other general agency staff. Time studies, percentages or estimations are not allowable methods for billing general administrative time.

15. Continuous Time Reporting

The documentation to support personnel costs charged to federal programs is described in the OMB Circulars (A-87, A-122 or 45 CFR Part 74). The WIC program has additional requirements dictated by USDA regulations and guidance.

Salary costs charged to WIC must be supported by daily time records. Documentation must cover 100% of the employee's time and show the distribution of time based on activities performed by the employee. Employees engaged in multiple programs must document the distribution of their time and effort.

In addition, all WIC staff shall report their time worked in the program by cost objective categories. This required documentation method for wages and salaries is known as "continuous time reporting". DHHS will provide an electronic or paper template for the collection of this data. This template is referred to as the "Personal Activity Report" or PAR. The PAR must cover 100% of time worked, show the number of hours for which the employee was compensated, including compensated absences (annual leave, sick leave, holidays, etc.) and cover a period not longer than one month, whose ending date coincides with the end of a pay period. WIC employees will use the following information to classify and document time worked to the appropriate cost objective:

COST OBJECTIVE DEFINITIONS FOR REPORTING OF TIME

Breastfeeding Education is time spent related to the support and promotion of breastfeeding which includes but is not limited to:

- *Counseling or presentation time (group or individual)*
- *Discussion of the benefits of breastfeeding*

- *Going over handouts and brochures*
- *Problem management*
- *Use of breastfeeding devices*
- *Follow-up contacts with clients*
- *Charting of breastfeeding counseling*
- *Researching, planning and preparing breastfeeding materials and activities*
- *Distributing materials*
- *Continuing education related to breastfeeding*
- *Travel time associated with attending breastfeeding continuing education*
- *Training staff on breastfeeding issues*
- *Interpreter and translator services required to perform breastfeeding education*

Nutrition Education is time spent related to general nutrition education which includes but is not limited to:

- *Developing and reviewing care plans and goals*
- *Counseling or presentation time (group or individual)*
- *Explaining nutritional risk factors*
- *Explaining the foods to buy at the store and why*
- *Explanations of the food package*
- *Going over handouts and brochures*
- *Follow-up contacts*
- *Charting of nutrition education counseling*
- *Researching, planning and preparing nutrition education materials and activities*
- *Distributing materials*
- *Continuing education related to nutrition*
- *Travel time associated with attending nutrition related continuing education*
- *Training staff on nutrition topics*
- *Interpreter and translator services required to perform nutrition education activities*

Client Services is time spent to deliver food benefits and other client services which includes but is not limited to:

- *Clinic preparation and participant phone calls*
- *Filling out forms for certification*
- *Review of client identity, residency and income documentation*
- *Issuing and managing food instruments/checks*
- *Referring participants to other health or social services providers*
- *Coordinating services with other providers*
- *Drive time to clinic (unless CPA staff use this time for case review or reading specific to breastfeeding or nutrition education reading)*

General Administration is time spent in the general administration and management of the program which includes but is not limited to:

- *Conducting outreach*
- *Vendor monitoring*
- *Maintaining administrative records (not related to participants)*
- *General oversight and supervision of employees*
- *Program integrity costs*
- *Maintaining payroll and personnel systems*
- *Preparing budgets and other fiscal systems*
- *General all staff meetings not related to WIC service delivery or WIC procedures*

Employees must record time promptly. An employee shall record their time as soon as possible after performing duties related to a cost objective, but never later than the close of business each working day. Delays in recording time may adversely affect the data's accuracy. If the local agency has an electronic time reporting system that can be adapted to collect information equivalent to the PAR, they may submit a written request for review and approval of that system in place of the DHHS PAR template. Timesheets and PAR's are kept on site at the Local agency and retained as per agency payroll record retention policies.

16. Personnel Costs

The WIC budget category of personnel costs includes the salaries and benefits of agency staff charged to WIC. Salaries includes wages for hours worked as well as paid vacation, sick, holiday and other paid time off. Benefits include taxes, retirement plans and insurance premiums (health, dental disability, life and workers compensation). Note: If personnel costs are incorporated in the approved Indirect Cost Rate Agreement they cannot be claimed as line item salary or benefit expenses.

17. Other WIC Budget and Expense Categories

Operating, training, travel, equipment, contract and indirect costs are described in the narrative portion of the local agency budget. WIC funds may be used for direct or indirect expenses incurred in the cost of operating the WIC Program. Some administrative expenditures must receive prior approval from the State Agency and/or USDA. Note: If expenses such as rent are incorporated in the approved Indirect Cost Rate Agreement they cannot be claimed as line item expenses.

18. Allowable Costs

Allowable costs include direct costs as defined by 7 CFR 3015 or 7 CFR 3016 (as applicable), and indirect costs as allowed under 7 CFR 3015 or 7 CFR 3016 (as applicable) when supported by an approved indirect cost rate. Allowable direct costs include: costs of nutrition education, costs of certification procedures, cost of outreach and public notification, cost associated with issuance of WIC checks, cost of translators and translated materials, cost of fair hearings, and the cost of self-monitoring. Within each of these categories, allowable costs include salaries and benefits of staff, space costs, communications, travel, supplies, fees, and equipment.

Examples of allowable costs include: (Certain costs although allowable and identified in a budget, may require written prior approval by DHHS.)

- a. Accounting costs for developing and maintaining an accounting system to help manage the program
- b. Advertising costs incurred by using the media and by direct mail.
- c. Costs of completing audits and audit related activities.
- d. Automated data processing (ADP) equipment.
- e. Bonding and cost premiums on bonds covering employees handling WIC funds.
- f. Costs incurred occupying space in privately or publicly owned buildings. This also includes any alterations, renovations and repairs to the site housing the WIC Program; replacing broken doors, windows, and repair of damaged walls, stairs, banisters, and leaky roofs; replacement of carpet or painting of office space
- g. Capital expenditures such as facilities, equipment or other capital assets and repairs which increase the value of capital assets. Prior written approval is required for these costs.
- h. Office and clinic furnishings. Prior written approval is required for items over \$250 in value.

- i. Equipment including medical equipment needed for certification purposes, office equipment and audiovisual equipment that may be needed for educational purposes. Prior written approval is required for items over \$250 in value.
- j. Costs incurred for telephone services, postage, printing and reproduction costs and similar expenses.
- k. Costs for maintaining WIC program staff at the local agency, for their current or accrued compensation of actual services including wages, salaries, and benefits. Fringe benefit costs allowed include a reasonable total compensation package for employees.
- l. Utilities and janitorial services not included in the rent for a facility being used by the Program.
- m. Costs of exhibits related to the Program, including outreach or exhibits used in education of participants.
- n. Foods purchased for demonstrations as part of the nutrition education component of the program.
- o. Costs for outreach designed to encourage participation in the Program. Some program incentive items may be allowable but must be of nominal value and require prior written approval by DHHS.
- p. Legal expenses required for program administration.
- q. Materials and supplies necessary to carry out the activities of the program, including the cost of materials and supplies needed for breastfeeding, nutrition education and client services. For more information on allowable costs for these categories see Volume V, Section F or contact the State Agency for more information.
- r. Costs related to organizational memberships, subscriptions and professional activities necessary for the distribution of technical information related to the program.
- s. Contracted professional services such as interpreters, nutrition education services (NEP), or Registered Dietitian.
- t. Costs incurred in the storage and transporting of records related to the program.
- u. In general, taxes which the local agency is required to pay.
- v. Costs of training provided for employee development and related to the program.
- w. Travel costs incurred by WIC personnel for program related activities including travel to clinics, training, vendor management, parking fees and lodging.
- x. Insurance costs such as liability insurance and other coverage, which is in accordance with state and local government policy, and sound business practices.
- y. Costs associated with fair hearing and administrative appeals.
- z. Indirect costs may be charged to the program only when the local agency has an approved indirect cost rate with a cognizant (lead) Federal or state agency. A cost may not be allocated to an award as an indirect cost if any other cost for the same purpose has been expensed to an award as a direct cost.

Examples of unallowable costs include: (This list not all-inclusive.)

- a. Bad debts.
- b. Contingency provisions or contributions to a contingency reserve for unforeseen events.
- c. Contributions or donations of WIC funds to other organizations, programs, etc.
- d. Entertainment costs
- e. Fines and penalties (unallowable except when incurred as a result of compliance with specific provisions of an award or instructions in writing from the awarding agency).
- f. Costs of idle facilities and idle capacity.
- g. Interest, fundraising, and investment management costs.
- h. Losses on other awards.
- i. The value of donated or volunteer services.
- j. Payment for participant travel or reimbursement to participants for transportation costs.
- k. Costs for WIC staff to perform duties related to other programs or services.

- l. Toys.
- m. Meals, snacks or refreshments for participants
- n. Employee uniforms.

19. Reporting Monthly Expenditures

The DHHS provides subgrant payments on the basis of reimbursement of expenses. Agencies must track and report expenditures by category, line item and cost objective. To receive reimbursement, the local agency is to submit a Financial Status Report to the Department on a monthly basis. Expenditures must be submitted on the required forms which the Department will make available.