**WIC ADMINISTRATIVE BUDGET FORM – FY 2023** **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□ Revised Budget for Amended Grant**

**Agency ID #\_\_\_\_\_\_\_\_\_\_\_\_Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check One:** [ ] Nutrition Services Administration [ ] Breastfeeding Peer Counseling [ ] Training Clinic

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| --- | --- | --- | --- | --- | --- |
| CATEGORY | **Breastfeeding****Education** | **Nutrition****Education** | **Client****Services** | **Program****Management** | **Subtotal** |
|  WIC FTE % |  |  |  |   |  |
| 100 PERSONNEL COSTS 100.1 Salary |  |  |  |  |  |
|  100.2 Benefits |  |  |  |  |  |
| 200 OPERATING COSTS 200.1 Medical Supplies  |  |  |  |  |  |
|  200.2 Office Supplies |  |  |  |  |  |
|  200.3 Educational Supplies |  |  |  |  |  |
|  200.4 Other Supplies |  |  |  |  |  |
|  200.5 Printing/Copies |  |  |  |  |  |
|  200.6 Advertising |  |  |  |  |  |
|  200.7 Postage |  |  |  |  |  |
|  200.8 Telephone |  |  |  |  |  |
|  200.9 Clinic Space |  |  |  |  |  |
|  200.10 Administrative Space |  |  |  |  |  |
|  200.11 Utilities/Janitorial Service |  |  |  |  |  |
|  200.12 Lab/Certification Fees |  |  |  |  |  |
|  200.13 Dues/Subscriptions |  |  |  |  |  |
|  200.14 Profess. Credentials/Insurance |  |  |  |  |  |
|  200.15 Other |  |  |  |  |  |
| 300 TRAINING COSTS 300.1 Registration |  |  |  |  |  |
|  300.2 Transportation |  |  |  |  |  |
|  300.3 Meals/Lodging |  |  |  |  |  |
|  300.4 Other |  |  |  |  |  |
| 400 TRAVEL 400.1 Clinics |  |  |  |  |  |
|  400.2 Vendor Monitoring & Training |  |  |  |  |  |
|  400.3 General Outreach & Other |  |  |  |  |  |
| 500 EQUIPMENT 500.1 New |  |  |  |  |  |
|  500.2 Maintenance |  |  |  |  |  |
| **600 CONTRACTUAL SERVICES** 600.1 Interpreters  |  |  |  |  |  |
|  600.2 Computer Services |  |  |  |  |  |
|  600.3 Other Contracts |  |  |  |  |  |
|  600.4 Clinic Services |  |  |  |  |  |
| 700 INDIRECT COSTS Approved Rate \_\_\_\_% Check all services included: \_\_\_Budgeting/Accounting \_\_\_Personnel and Payroll \_\_\_Automated Data Processing \_\_\_Space Usage/Maintenance \_\_\_Communications/Phone/Mail Svc. \_\_\_Legal Services \_\_\_Central Supply/Procurement \_\_\_Printing and Publication \_\_\_Audit Services \_\_\_Equipment Usage/Maintenance \_\_\_Other, (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **TOTAL BUDGET** |  |  |  |  |  |

## BUDGET NARRATIVE

**100 PERSONNEL COSTS:**

|  |  |
| --- | --- |
| 100.1 SALARIES | Amount $  |

Salaries includes wages for hours worked as well as paid vacation, sick, holiday and other paid time off.

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| --- |
| Describe any anticipated changes to personnel costs, such as a need to increase/decrease staff, pay increases, etc. |
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| 100.2 FRINGE BENEFITS | Amount $  |

Fringe shall include: taxes; retirement plans and insurances such as health, dental, disability and workman’s compensation.

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| List all agency fringe benefits. Please have current policy on payment of employee fringe benefits available to provide upon request. |
|  |

**200 OPERATING COSTS:**

|  |  |
| --- | --- |
| 200.1 MEDICAL SUPPLIES | Amount $  |

List anticipated disposable supplies needed for certification assessments such as microcuvettes, lancets, etc. Refer to Volume I, Section O, Page 3a - 3d, for a list of clinic supplies. You may calculate cost on a cost per person basis.

*Note: Expenditures for biohazard disposals should be listed under 200.12 Lab/Certification Fees*

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| --- | --- | --- | --- | --- |
| Item | Unit Size\* | Unit Cost\* | # Needed/Year\* | Total Cost\* |
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\*Optional - you may choose to list all items to be purchased and total cost of all items only

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| 200.2 OFFICE SUPPLIES  | Amount $  |

List anticipated supplies needed for expendable general office supplies.

*Note: This category includes copy paper and toner.*

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| --- | --- | --- | --- | --- |
| Item | Unit Size\* | Unit Cost\* | # Needed/Year\* | Total Cost\* |
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\*Optional - you may choose to list all items to be purchased and total cost of all items only

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| 200.3 EDUCATIONAL SUPPLIES | Amount $  |

List anticipated ***client*** educational materials to be purchased. You may calculate cost on a cost per person basis.

*Note: Items purchased for staff training should be listed in 300 Training Costs.*

*All client incentive and educational items require pre-approval.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Number to be purchased** | **Intended Use** | **Cost** |
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| 200.4 OTHER SUPPLIES  | Amount $  |
| List other supplies such as cleaning or janitorial supplies |
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| 200.5 PRINTING/COPIES | Amount $  |
| Estimate cost of **out-of-house** printing services. List items being printed. Indicate per copy cost for **in-house** copying.  |
|  |

*Note: Copier contracts should be listed under 500.2 Equipment Maintenance.*

 *Copy paper and toner should be listed under 200.2 Office Supplies.*

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| 200.6 ADVERTISING | Amount $  |
| Includes advertising for vacant positions, program outreach and promotion, including billboards, bus ads, paid social media, etc. List items below. |
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| 200. 200.7 POSTAGE  | Amount $  |
| Describe any anticipated changes in postage costs.  |
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Estimate the amount of postage for participant notification, mailings, vendor correspondence, etc. using the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE | SPECIFIC ITEM | QUANTITY | UNIT COST | TOTAL |
| Participant Mail |  |  |  |  |
| Participant Mail |  |  |  |  |
| Vendor Mail |  |  |  |  |
| Vendor Mail |  |  |  |  |
| Outreach Mail |  |  |  |  |
| Outreach Mail |  |  |  |  |
| Other Mail |  |  |  |  |
| Other Mail |  |  |  |  |

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| 200.8 TELEPHONE  | Amount $  |
| Include in this category land lines, cell phone charges and internet charges.  |

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| If phone costs are allocated among programs, describe the agency’s cost allocation plan for phone charges. Please have current policy on cost allocation plan available to provide upon request. |
|  |
| Describe any anticipated changes in phone costs.  |
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**Telephone Costs per Site:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site** | **X Type of Service** | **Monthly****Service Charge** | **Monthly Long Distance Charges** | **Total Monthly Charges** | **TOTAL Annual Charges** |
| **Cellular** | **Standard Phone line** | **Internet** |
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| 200.9 CLINIC SPACE  | Amount $  |
| 200.10 ADMINISTRATIVE SPACE | Amount $ |

Include costs for clinic sites and administrative space. Administrative space includes records and file storage.

*Note: Include costs for property/premise liability insurance in this category.*

 *Room rental for staff training should be listed under 300 Training Costs.*

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| Describe the agency’s cost allocation plan for shared space. |
|  |
| Describe any anticipated changes in clinic or administrative costs.  |
|  |

 Use the following table to indicate how much rent is paid per month for clinic and or administrative space. Indicate what is included in the rental charges such as utilities, janitorial services, etc. Multiply by twelve to arrive at a total annual cost for that site. Identify what portion of the cost is “clinic” or “administrative or both, and list the amount.

|  |  |
| --- | --- |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |

|  |  |
| --- | --- |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |
| Site Name | City |
| Included in Rent Cost:  |
| Monthly Cost | WIC Sq. Ft. | Cost/Sq Ft |
| Total Annual Cost | Clinic Space Cost | Administrative Space Cost |

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| 200.11 UTILITIES/JANITORIAL SERVICE | Amount $  |

Include annual costs estimated for all utilities (electrical, water, sewer, gas, etc) and janitorial services.

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| --- | --- | --- |
| **Site Name** | **Utilities/Janitorial Service** | **Annual Cost** |
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| 200.12 LAB CERTIFICATION FEES/OTHER | Amount $  |
| List costs for clinic certification, waste/biohazard disposal and other costs associated with operating the WIC clinic. |
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*Note: This category includes costs for biohazard disposal and CLIA*

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| 200.13 DUES/SUBSCRIPTIONS | Amount $  |
| Itemize Agency paid memberships, dues and subscriptions to electronic or hard copy publications and software applications such as ZOOM.  |
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| 200.14 Profess. Credential/Insurance | Amount $  |
| Include cost to maintain credentials or professional licensing such as: RD, RN, LPN, IBCLC, CLC, etc. Include costs for Professional Liability Insurance.  |
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| 200.15 OTHER | Amount $  |
| Itemize any costs not listed in any of the other categories.  |
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**300 TRAINING COSTS:**

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| --- | --- |
| 300.1 TRAINING REGISTRATION | Amount $  |
| 300.2 TRANSPORTATION/MILEAGE | Amount $  |
| 300.3 MEALS/LODGING  | Amount $  |
| 300.4 OTHER | Amount $  |

Training costs include travel and associated costs to attend anticipated trainings, such as WIC Directors meetings, costs associated with staff training, attendance at local or national conferences as well as costs to rent facilities to conduct staff training.

300.2 Transportation includes commercial transportation (airfare) as well as ground transportation (mileage) to trainings, staff meetings and WIC directors meeting.

300.3 Meals/Lodging Costs include hotel, and meals.

300.4 Other includes costs such as taxi/shuttle, parking, educational materials purchased for staff training and room rental for trainings.

*Note: Travel expenses associated with general outreach should be coded to the 400 TRAVEL Category:*

*Specifically to 400.3 General Outreach/Other.*

*Travel associated with vender monitoring and vender training should be listed under 400.2 Vender Monitoring*

Complete the following table for planned meetings/trainings or other training related expenses.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Training or Meeting** | **Date of Training or Meeting**  | **# Attending** | **300.1 Registration****Fee** | **Type of Travel** **& Cost of Travel** **300.2** | **Meals & Lodging Costs****300.3** | **300.4 Other** | **Total****Cost** |
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| **TOTAL** |  |  |  |  |  |  |

**400 TRAVEL:**

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| --- | --- |
| 400.1 CLINICS | Amount $  |

Complete the table below. Identify if vehicles used for clinic travel are: WIC vehicle (purchased with WIC funds), agency vehicle or personal vehicle. Identify mileage rates for all vehicles used. To calculate an annual cost for clinic travel, use the following format:

# Miles x Mileage Rate x # Vehicles x Visits/Mo. x 12 Months = TOTAL Annual Cost

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Site** | **Personal Veh** | **Agency Veh.** | **WIC Vehicle** | **Miles Per Round Trip** | **Mileage****Rate** | **# of Vehicles** | **# of Visits** **Per Month** | **TOTAL****Annual Cost** |
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| **TOTAL**  |  |  |  |  |  |

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| 400.2 VENDOR MONITORING  | Amount $  |

Includes travel associated with vendor monitoring as well as vendor training. Add rows as needed.

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| --- | --- | --- | --- | --- |
| **Store Visited** | **# Visits per Year**  | **Miles**  | **Mileage Rate** | **Total Cost** |
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| **TOTAL** |  |  |

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| 400.3 GENERAL OUTREACH/OTHER | Amount $  |

Includes travel for outreach purposes. Specify other types of travel not associated with clinic operation, vendor management or training. Includes expenses associated with agency vehicle operation and maintenance.

Note: This category also includes expenses associated with vehicle operation such as maintenance, licensing and insurance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Destination**  | **Purpose of Visit** | **Visits/ Year** | **Miles**  | **Mileage Rate** | **Total Cost** |
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|  |  |
| **OTHER:** Such as vehicle maintenance, licensing, vehicle insurance |
| **TOTAL**  |  |  |

**500 EQUIPMENT:**

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| --- | --- |
| 500.1 NEW EQUIPMENT  | Amount $  |
| Develop a capital expenditure plan for the upcoming year. List all equipment anticipated to be purchased during this FFY and estimate costs.  |
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| Specify any anticipated or requested capital purchases for this fiscal year which would require grant amendment due to insufficient funds in the current budget (i.e. purchase of a vehicle, computers, etc.). |
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| 500.2 MAINTENANCE/SERVICE  AGREEMENTS | Amount $  |
| This includes all one-time or ongoing maintenance costs, service agreements, and contracts for lease of office equipment (such as copiers and postal machines), contracts for maintenance of office equipment and repair costs. Outline specific contracts and annual fees.  |
|  |

**600 CONTRACTUAL SERVICES:**

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| --- | --- |
| 600.1 INTERPRETERS | Amount $  |
| Specify number of hours anticipated, rate and total.  |
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| 600.2 COMPUTER SERVICES | Amount $  |
| Contracts for support of computer hardware, software and networks used by WIC.  |
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| 600.3 CONTRACTUAL SERVICES/OTHER  | Amount $  |
| This category includes the following types of contract expenditures: * *Shredding contracts,*
* *Auditors,*
* *Contracts for website design/updates,*
* *Staff background checks,*
* *Other – specify:*

List all applicable contractors, reason for contracting these services, cost for services provided and explanation of how cost for services is calculated. **Contract(s) must be submitted upon request**. |
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| 600.4 CLINIC OPERATIONS | Amount $  |
| * *Contracts for clinic operation (Provide detail below for separate contracts and locations. When reporting expenditures on the FSR it is not necessary to break out expenditures by location unless they are different from the budgeted information).*

**Include a copy of the contract for all direct WIC services provided through a Contractor.**  |
|  |

**700 INDIRECT COSTS:**

|  |  |
| --- | --- |
| 700.1 INDIRECT COSTS  | Amount $  |

Approved Indirect Cost Rate \_\_\_\_\_\_\_\_\_\_\_%. Effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Attach a copy of IDC rate agreement (all pages).**

Check all services included in indirect costs:

\_\_\_\_\_\_\_\_\_ Budgeting/Accounting \_\_\_\_\_\_\_\_\_ Personnel and Payroll

\_\_\_\_\_\_\_\_\_ Automated Data Processing \_\_\_\_\_\_\_\_\_ Space Usage/Maintenance

\_\_\_\_\_\_\_\_\_ Communications/Phone/Mail Service \_\_\_\_\_\_\_\_\_ Legal Services

\_\_\_\_\_\_\_\_\_ Central Supply/Procurement \_\_\_\_\_\_\_\_\_ Printing and Publication

\_\_\_\_\_\_\_\_\_ Audit Services \_\_\_\_\_\_\_\_\_ Equipment Usage/Maintenance

\_\_\_\_\_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify staff positions included in the indirect rate and list job function as related to the WIC program (i.e. John Smith, Human Resources Assistant, staff payroll and benefits)

|  |  |  |
| --- | --- | --- |
| **Staff Name** | **Job Title** | **Job Function** |
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