

WIC and WIC BFPC Local Agency Application FY 20XX-20XX

Please submit all documents electronically to the ITCA WIC Director at mindy.jossefides@itcaonline.com.

Required: All documents marked with an asterisk must be submitted in Word or Excel formats.

Optional: Items that are marked as optional only need to be submitted if desired by the Tribe/agency.

Conditional: Items marked as conditional must be submitted if applicable to the Tribe/agency.

Place a check in the “Yes” column if the document is being submitted with your application. If the document does not pertain to your agency, place a check in the “N/A” column.

Checklist			
	Document	Yes	N/A
Required	Signed Cover Sheet	<input type="checkbox"/>	
Required	Complete WIC Application * (Sections I-VII)	<input type="checkbox"/>	
Required	Nutrition and Breastfeeding Plan *	<input type="checkbox"/>	
Required	Staff Training Plans *	<input type="checkbox"/>	
Required	WIC Funding Formula & Budget *	<input type="checkbox"/>	
Optional	Breastfeeding Peer Counseling Application* (Section VIII)	<input type="checkbox"/>	<input type="checkbox"/>
Optional	Breastfeeding Peer Counseling Budget*	<input type="checkbox"/>	<input type="checkbox"/>
Conditional	Indirect Cost Agreement (required if charging indirect costs)	<input type="checkbox"/>	<input type="checkbox"/>
Conditional	Certification Regarding Lobbying (required for non-Tribal entities)	<input type="checkbox"/>	<input type="checkbox"/>
Required	Certificate of Insurance	<input type="checkbox"/>	

I hereby affirm that the statements contained in the funding application and all supporting documents are true and complete, to the best of my knowledge. I further affirm that the WIC Local Agency will comply with applicable ITCA and federal requirements, policies, standards, instructions, and regulations; and I certify that I have the authority to apply for WIC funds for this organization.

Signature

Date

Click here to enter text.

Click here to enter a date.

Printed Name

Section I: WIC Local Agency Information

WIC Local Agency's Legal Name		Federal Employers ID#
Type of Organization	<input type="checkbox"/> Tribe <input type="checkbox"/> Private Non-profit	DUNS # CFDA # 10.557-WIC 10.578-BFPC
Tribe/Agency Administrative Mailing Address	Number and Street or PO Box	
	City, State, Zip	
WIC Main Clinic Street Address (provide description if no street address is available)	Number and Street or intersection/description	
	City, State, Zip	
WIC Clinic Mailing Address (if different)	Number and Street or PO Box	
	City, State, Zip	
WIC Clinic UPS/Fed Ex Shipping Address (if different)	Number and Street or intersection/description	
	City, State, Zip	
Primary Contact (person responsible for day-to-day functions)	Name	
	Email	
	Phone	
	Cell Phone	
	Fax	

Section II: WIC Staffing Plan (Continued)

Part 3: Complete parts 3a-3g below if your agency has a single WIC staff person or mark the box below.

The agency has more than one WIC staff person so this section is not applicable.

Part 3a: Describe how oversight of the Program will be provided to ensure that ITCA policies and procedures will be followed and that staff is deemed competent to provide services as a Competent Professional Authority.

[Click here to enter text.](#)

Part 3b: Agencies with only one staff person must provide a back-up plan in the event that the primary staff person is unable to provide services or has a conflict of interest in serving a relative or friend. Complete the table below to describe the back-up person for the WIC Program.

Name of Back-up Staff Person	Title of Back-up Staff Person	Staff Person Contact Information

Part 3c: Describe how the back-up staff person will be trained to provide WIC services and how competency will be ensured.

Part 3d: Describe how the person will access needed equipment and materials for providing WIC services. For example, describe how the staff person will gain access to the WIC office, computer, and other equipment.

Part 3e: Describe how clients will be notified of any changes to the clinic schedule that may be made due to the staffing change.

Part 3f: Describe how ITCA will be notified of staffing or clinic schedule changes.

Part 3g: Describe how the agency will ensure program integrity and separation of duties with the single staff person.

Section V: Fit WIC Classes

Part 1: Describe the Fit WIC classes to be provided by the local agency using the table below.

Not Applicable. The local agency does not choose to provide Fit WIC Classes.

When are classes provided? (i.e. every Thursday AM)			
Number of classes to be offered per month		Estimated number of clients per class	
Which classes will be provided? Specify the names of the Fit WIC classes that will be provided during the first fiscal year.			
Who will facilitate the classes?			
Where are classes held?			

Part 2: Select one of the following options if the agency is offering Fit WIC classes.

The local agency confirms that it will follow the guidelines for the Fit WIC classes as outlined in the Fit WIC Manual.

OR

The local agency will follow the guidelines for the Fit WIC classes as outlined in the Fit WIC Manual or the RD will create classes following the general structure of the Fit WIC classes on topics relevant to the population.

Note: Course outlines must be available for review during monitoring visits.

Section VI: WIC Nutrition and Breastfeeding Services

Part 1: Describe the agency's system for referring breastfeeding clients to breastfeeding resources including within the local agency and the community.

Part 2: Identify the breastfeeding lead and describe his/her qualifications.

Part 3: Complete the table below to describe who the agency refers clients to that have problems that are outside the scope of the WIC staff.

Program/Agency	Name of Staff Person	Staff Credentials	Phone Number

Part 4: Describe the process for making the referrals as outlined above.

Part 5: Complete the attached Nutrition and Breastfeeding Plan for your agency.

Section VII: WIC Staff Training and In-Services

Part 1: Complete the training plans for all staff on the provided file. All staff must have a minimum of ten nutrition and breastfeeding training hours with the majority in nutrition, and four hours of Participant Centered Services training. Breastfeeding leads must have at least eight breastfeeding hours and six nutrition hours. Training plans for staff who have not been determined competent must include a plan and timeline for when the staff will be determined competent.

Part 2: List the in-services that the agency plans to provide to staff this year. We understand that there may be changes to the proposed list based on need identified during the year. Add additional rows as needed.

Proposed Month	Topic	Brief description

Section VII: WIC Funding Level and Budget

Part 1: Use the enclosed spreadsheet to calculate the funding level for the program.

Part 2: Used the enclosed spreadsheet to complete the budget.

Part 3: Describe and justify the expenses requested in your budget. Be as specific as possible.

Personnel:

ERE:

Supplies:

Travel:

(This line item includes travel to conferences. Conference registration fees should be included under training)

Postage:

Communications:

Utilities:

Contractual:

Occupancy:

Training:

(This line item is for registration fees. Travel to training should be included in the travel line item)

Fuel/Vehicle Maintenance:

Insurance:

Other:

WIC Breastfeeding Peer Counseling Application

The following section is required only for agencies interested in applying for funds to operate a WIC Breastfeeding Peer Counseling (BFPC) Program. Funding for peer counseling is limited and supports two to three agencies. New applications from agencies not currently receiving BFPC funds will be competitive. The highest scored applications out of a total of 200 points will be awarded funds. Applications from agencies that have previously received BFPC funds will be non-competitive. If your agency is not interested in applying for peer counseling funds, do not complete this section.

Section VIII: WIC Breastfeeding Peer Counseling Application

Part 1: Describe your agency’s need for a breastfeeding peer counseling program. Needs might include breastfeeding rates, language, culture, age, isolation, lack of support, characteristics of your community or service area that create challenges to breastfeeding support, length of breastfeeding duration, etc. Please be as specific as possible. (25 points)

Part 2: Briefly describe your plan for providing peer counseling services and how it will address the need for breastfeeding support in your community. If you plan to have peer counselors available for all of your pregnant and breastfeeding WIC clients, describe how you will assign peer counselors to the highest priority needs if there is not enough time available to serve all clients. (10 points)

Part 3: Complete the table below to describe the days, times and locations peer counseling services will be available. Since many breastfeeding problems do not occur during regular clinic hours, ITCA requires that counselors be available outside of regular clinic hours and settings. Ideally, peer support will be available 24/7. Identify the hours and locations that you plan to have peer counseling services available and your plan for providing back-up for breastfeeding issues beyond the role of the peer. (10 points)

	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Comments
Days and hours PCs available								
Plan for backup								
WIC staff available for backup (hours)								
Other source of referral when PCs are not available								

Insert additional grids if needed for different clinic locations.

Provide comments that will help us understand your plans, including your plan for back-up when key staff are on vacation or otherwise unavailable. (In the training section, indicate how the staff that is available for back-up have been or will be trained.)

Part 4: Indicate below where peer counseling services will be provided. (10 points)

- WIC clinics (indicate which clinics) _____
- Hospitals (indicate which hospitals) _____
- Indian Health Service or Tribal health clinic
- Peer Counselor home (making or answering calls from home)
- Client homes
- Other: _____
- Other: _____

Part 5: Describe how your agency will staff the peer counseling program. (25 points) A Peer Counselor Supervisor/IBCLC must oversee the Program.

Part 5a: Who will oversee the Program and what experience and training does the person have in breastfeeding?

Part 5b: ITCA must approve all breastfeeding peer counselors prior to hire. Note that all peer counselors must meet all of the following requirements at all times:

- Must be part of the culture and background of the majority of the clients
- Must speak the common language(s)
- Must have participated in, is participating in or would be eligible for the WIC program
- Must have successfully and exclusively breastfed her most recently born child for at least one year
- May have other breastfeeding experiences such as being a teen mom, breastfed multiples, breastfed a baby with special needs, single parent, etc.
- Must have a passion for promoting breastfeeding and supporting breastfeeding mothers

Program currently has the following peer counselors on staff and the Program verifies that all peer counselors listed meet the above requirements:

Program plans to hire or add additional peer counselors to meet the requirements.

Describe your plan for recruiting peer counselors below.

Part 6: Describe the system for referring clients to peer counselors and how peer counselors will refer clients to and IBCLC when problems are outside the PC's scope of work. Indicate the name and employer for the IBCLC. (10 points)

Part 7: Complete the Essential Breastfeeding Peer Counselor Support Functions Plan using the attached document to describe how your program will function. (30 points)

7a. Essential functions. (Check the appropriate column or columns). Please identify which staff will complete the responsibilities listed.

If known, please enter the name of the staff person in the column header.	WIC Director	Peer Counselor Supervisor	IBCLC	Other:	Comments / Including explanation for any abbreviations used.
Manage and coordinate the peer support program (see attached sample job description)					
Be responsible for development of local agency peer support policies consistent with FNS model and ITCA WIC Program policies					
Develop peer support staff position description (see attached sample)					
Recruit and hire peer support staff					
Ensure that PCs have the opportunity to meet with BFPC clients face-to-face					
Attend FNS peer management ¹ training					
Attend FNS peer curriculum ² training					
Attend the 2 required meetings for ITCA Peer Programs.					
Provide initial and ongoing training for peer support staff ²					
Ensure that peer support staff meets monthly with other peer support staff including in-services and case study reviews					
Ensure that peer staff is included in WIC staff meetings and team-building activities					
Supervise and mentor peer support staff, including periodic review of peer documentation					
Maintain weekly regular contact with peer support staff.					
Ensure PCs have timely access to IBCLC, in person, by phone or electronically					
Provide and document random calls to clients the peer support staff is working with, to assess their perspective on peer support (this also serves to verify that services are being provided.).					
Provide back-up after hours if the peer support staff person gets a call she can't handle after hours.					
Identify referral resources & protocols in the event that the peer support person receives a call beyond her scope of practice when a WIC backup staff person is not available.					
Establish community partnerships to increase the awareness and effectiveness of the WIC BFPC Program					
Review monthly reports and take follow-up action on report findings					
Complete quarterly reporting to ITCA					

¹ If this person has already completed FNS training on peer management and peer curriculum please note “attended”

² Training must include “Loving Support through Peer Support” training curriculum, available from the State WIC office.

Part 8: Describe how your Program will train WIC Peer counselors and other WIC staff. Note: ITCA will provide the basic initial training for peer counselors, supervisors and WIC Directors. (15 points)

Part 8a: The Program's plan for ongoing training for existing peer counselor staff. Check all that apply:

- Monthly meetings with other peer counselors to provide training and discuss their questions/successes.
- Opportunity to shadow IBCLC or other WIC staff trained in lactation management.
- As peer counselors become more experienced, opportunity for newer peer counselor staff to shadow other peers.
- Regular coaching and mentoring of peer counselors.
- Other: _____

Part 8b: Describe the Program's plan for orienting current WIC staff to peer counselor functions and how CNWs will refer a client for peer counseling. WIC CNW staff should attend the peer counseling training, be provided with a shorter version of the training or an overview of peer counseling services.

Part 8c: The Program's plan for providing ongoing training in lactation management for staff who provide supervision and back-up. Check all that apply.

- Breastfeeding conferences
- Workshops/ in-services/webinars
- Self-study
- Latch AZ
- Other

Part 9: Describe your plans for integrating all peer counselor staff into the WIC program to help them feel a part of the program and to encourage referrals from WIC staff to peer counselors. Check all that apply. (10 points)

- Peer counselors will have an opportunity to observe WIC clinics as a part of their orientation.
- Peer counselors are/will be introduced to WIC staff as a part of their orientation.
- Peer counselors attend or will attend WIC staff meetings or WIC CNW staff, in addition to peer counselor supervisory staff will attend peer counselor meetings. Frequency/ other comments:

- Other: _____

Additional description of how peer counselors will be integrated into existing WIC services initially and on an ongoing basis:

Part 10: Describe your plan for developing community partnerships with others to inform them of peer services, increase awareness of breastfeeding and to address any barriers. Check all that apply. (10 points)

We have existing networks for coordination / informing others of peer counseling support activities. Describe any existing breastfeeding coalitions, task forces, or other established methods of communicating about breastfeeding and how you will use these existing relationships to disseminate information about peer support and build a supportive breastfeeding environment:

Describe your plans for informing and involving others in your community, such as meeting with representatives from area hospitals, clinics and other organizations to inform them about your peer counseling program.

We plan to implement the following additional outreach activities related to the peer counseling program (for example displays, media, newsletters, etc).

Part 11: ITCA requires that most of the following services be provided as part of the Breastfeeding Peer Counseling Program. Indicate which of the following your agency will provide or comply with. (20 points)

- Office space is available for peer counselors to perform their daily work duties.
- A computer with access to email and STARS will be available to the peer counselors.
- Clients will be able to contact the peer counselors outside of the WIC office.
- Peer counselors will have a cell phone permanently assigned.
- Peer counselors will have the ability to and be available to receive and make cell phone calls, send and receive text messages, and send and receive email.
- Peer counselors will make hospital visits.
- Peer counselors will make home visits.
- Peer counselors will lead breastfeeding classes or support groups.
- Policies and procedures will be in place to ensure that peer counselors only perform peer counseling duties and responsibilities and no WIC duties while being paid from the peer counseling funds.

Part 12: Describe your plans for continuous quality improvement of the program. Note: Quarterly quality assurance evaluations of PCs are required. (10 points)

Part 13a. Complete the BFPC Funding Formula Calculator and Budget Sheet. ITCA expects that the majority of costs will be allocated to staff salaries. All supplies, occupancy, utilities, postage and copying for the Program should be supported by the WIC budget. (15 points)

Part 13b: Describe and justify the expenses requested in your budget. Be as specific as possible. (10 points)

Personnel:

ERE:

Travel:

Communications:

Training: