

## **CHAPTER 1 FUNDING APPLICATION**

### **Introduction**

Every three years, local agencies are required to submit a funding application to the State WIC Program as a part of the contract award process. WIC local agencies renewing their contract must submit a funding application by a date specified by the State WIC Program. The information in the funding application is evaluated to determine if a local agency is qualified to administer the WIC Program via a contract with the California Department of Public Health (CDPH). Each budget period corresponds with one Federal Fiscal Year (FFY), October 1 through September 30.

New applicants may apply for funding only when the State WIC Program issues a Request for Application (RFA) to solicit WIC services in a specified area of California or to a specified target population.

## **I. Funding Application Description**

### **Funding Application Process**

The State WIC Program typically distributes the award letter and the Funding Application to the WIC local agencies in the middle of the final year of the current contract, and approves the applications submitted by the WIC local agencies within a few weeks of receipt.

### **Required Documentation**

The required documents to be submitted in response to the funding application are listed in Attachment 1-1 of the funding application. These documents are attachments to this chapter. If instructions are required to complete the document they will be found with the document or the location in the CMB will be shown on the attachment.

### **Budget Description**

A description of the WIC budget, each budget line item and budget detail is included in CMB Chapter 3, Budget. All costs must be allowable as defined in CMB Chapter 5.

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**Incomplete Funding Application**

If a funding application is submitted without all required documents listed on Attachment 1-1 or a correction is needed, the WIC local agency will be contact by the Regional Advisor. The review will be delayed until the required documents or corrections are received which could delay the execution of the new Agreement.

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**Appeal of Denial of Funding Application Renewal**

A WIC local agency may appeal the State WIC Program’s decision to deny the renewal of a local agency contract based on the review of their funding application. See CMB Chapter 14, Section VII.

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**II. Attachments**

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Instructions for Completing the Funding Application

Funding Application Required Documents Checklist ..... Attachment 1-1

Certification of Funding Application ..... Attachment 1-2

Basic WIC Local Agency Information ..... Attachment 1-3

Languages Spoken By Participants and Staff..... Attachment 1-4

Instructions for Completion of Funding Worksheets

Funding Worksheet Year 1 ..... Attachment 1-5

Funding Worksheet Year 2 ..... Attachment 1-6

Funding Worksheet Year 3 ..... Attachment 1-7

Instructions for Completion of Personnel Justification Worksheets (Budget Detail)

Personnel Justification Worksheet Year 1 ..... Attachment 1-8

Justification of Staffing Levels Year 1 ..... Attachment 1-8a

Personnel Justification Worksheet Year 2 ..... Attachment 1-9

Justification of Staffing Levels Year 2 ..... Attachment 1-9a

Personnel Justification Worksheet Year 3 ..... Attachment 1-10

Justification of Staffing Levels Year 3 ..... Attachment 1-10a

Instructions for Completion of Operating Expenses (Budget Detail)

Operating Expenses Budget Detail Year 1 ..... Attachment 1-11

Operating Expenses Budget Detail Year 2 ..... Attachment 1-12

Operating Expenses Budget Detail Year 3 ..... Attachment 1-13

Instructions for Completion of Capital Expenditures (Budget Detail)

Capital Expenditures Budget Detail Year 1 ..... Attachment 1-14

Capital Expenditures Budget Detail Year 2 ..... Attachment 1-15

Capital Expenditures Budget Detail Year 3 ..... Attachment 1-16

Instructions for Completion of Subcontracts (Budget Detail)

Subcontract Worksheet Year 1 ..... Attachment 1-17

Subcontract Worksheet Year 2 ..... Attachment 1-18  
Subcontract Worksheet Year 3 ..... Attachment 1-19  
Request for Authorization to Subcontract form, if  
Applicable ..... Attachment 1-20  
Local Agency Staff Duty  
Statements.....Designate Attachment 1-21 on Documents  
Current Agency Organization  
Chart .....Designate Attachment 1-22 on Documents  
List of Agency Board of Directors, If Private nonprofit  
Organization.....Designate Attachment 1-23 on Documents  
Drug Free Workplace Certification ..... Attachment 1-24  
Certification Regarding Debarment..... Attachment 1-25  
Payee Data Record (STD 204) ..... Attachment 1-26  
Contractor Certification Clauses (CCC-304) ..... Attachment 1-27  
Certification Regarding Lobbying ..... Attachment 1-28  
Disclosure of Lobbying Activities ..... Attachment 1-29  
Nondiscrimination Compliance Statement ..... Attachment 1-30  
Civil Rights Report ..... Attachment 1-31  
Sample Prospective Payment Request Letter, if applicable ..... Attachment 1-32

# INSTRUCTIONS FOR COMPLETING THE FUNDING APPLICATION

1. Complete the funding application and required attachments then submit the documents in one packet to the State WIC Program.
2. Submit one original copy of the Funding Application. Ensure all relevant documents have original signatures and are signed in **blue** ink.
3. If additional space is needed to complete any portion of the funding application please attach additional pages with the agency name, attachment number and title of the required document at the top of each page.
4. The funding application and attachments must be submitted by the date indicated in the cover letter to:

State WIC Program  
Local Agency Support Branch  
LASS I  
3901 Lennane Drive  
Sacramento, CA 95834

5. Failure to submit a completed funding application package by the due date specified on the application cover letter (also shown on the cover page of the Funding Application) will delay the execution of your FFYs 2012 - 2014 WIC Local Agency Agreement. Invoices for the new contract period (starting October 1, 2011) cannot be paid until your contract is executed.

## WIC FUNDING APPLICATION REQUIRED DOCUMENTS CHECKLIST

All documents required in the funding application are listed below. Place a check in the "YES" column if the document is complete and is being submitted with your application. If an item does not pertain to your agency, place a check in the "N/A" (not applicable) column.

DOCUMENT	YES	N/A
1. Funding Application-Required Documents Checklist (Attachment 1-1)	<input type="checkbox"/>	<input type="checkbox"/>
2. Certification of Funding Application (Attachment 1-2) <ul style="list-style-type: none"> <li>• Proof of Non Profit Status See CMB Chapter 2, Section 2, B for further information. <b>(Designate "Attachment 1-2a" on documents)</b></li> <li>• Copy of Current Certificate of Liability Insurance See CMB Chapter 4, Attachment 4-1, Exhibit E, Provision 4 for further information. <b>(Designate "Attachment 1-2b" on document)</b></li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Basic WIC Local Agency Information (Attachment 1-3)	<input type="checkbox"/>	<input type="checkbox"/>
4. Languages Spoken By Participants and Staff (Attachment 1-4)	<input type="checkbox"/>	<input type="checkbox"/>
5. Instructions for completion of Funding Worksheets. Sample Funding Worksheet. The Funding Worksheets (Attachments 1-5 thru 1-7) for all three budget years that are to be used were sent electronically to the PWPC.	<input type="checkbox"/>	<input type="checkbox"/>
6. Instructions for completion of Personnel Justification Worksheets (Budget Detail). Personnel Justification Worksheets (Attachments 1-8 thru 1-10) and Justification of Staffing Levels (Attachments 1-8a thru 1-10a) for all three budget years	<input type="checkbox"/>	<input type="checkbox"/>
7. Instructions for completion of Operating Expenses (Budget Detail). Operating Expenses-Budget Detail (Attachments 1-11 thru 1-13)	<input type="checkbox"/>	<input type="checkbox"/>
8. Instructions for completion of Capital Expenditures (Budget Detail). Capital Expenditures-Budget Detail (Attachments 1-14 thru 1-16)	<input type="checkbox"/>	<input type="checkbox"/>
9. Instructions for completion of Subcontract Worksheets (Budget Detail). Subcontract Worksheets for all three years (if applicable) (Attachments 1-17 thru 1-19)	<input type="checkbox"/>	<input type="checkbox"/>
10. Request for Authorization to Subcontract form, if applicable. (Attachment 1-20)	<input type="checkbox"/>	<input type="checkbox"/>
11. Local agency staff duty statements for each position listed on the Personnel Justification Worksheets <b>(Designate "Attachment 1-21" on documents)</b>	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENT	YES	N/A
12. Current agency organization chart ( <b>Designate “Attachment 1-22” on documents</b> )	<input type="checkbox"/>	<input type="checkbox"/>
13. List of Agency Board of Directors, if a private nonprofit organization. ( <b>Designate “Attachment 1-23” on document</b> )	<input type="checkbox"/>	<input type="checkbox"/>
14. Drug-free Workplace Certification (Attachment 1-24)	<input type="checkbox"/>	<input type="checkbox"/>
15. Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions (Attachment 1-25)	<input type="checkbox"/>	<input type="checkbox"/>
16. Payee Data Record (STD 204) (Attachment 1-26), if a private nonprofit organization	<input type="checkbox"/>	<input type="checkbox"/>
17. Contractor Certification Clauses (CCC-307) (Attachment 1-27)	<input type="checkbox"/>	<input type="checkbox"/>
18. Certification Regarding Lobbying (Attachment 1-28)	<input type="checkbox"/>	<input type="checkbox"/>
19. Disclosure of Lobbying Activities (if applicable) (Attachment 1-29)	<input type="checkbox"/>	<input type="checkbox"/>
20. Nondiscrimination Compliance Statement (Attachment 1-30)	<input type="checkbox"/>	<input type="checkbox"/>
21. Civil Rights Report (Attachment 1-31)	<input type="checkbox"/>	<input type="checkbox"/>
22. Sample Prospective payment request letter (if applicable) (generated by the local agency, instructions in CMB Chapter 6) ( <b>Designate “Attachment 1-32” on documents</b> )	<input type="checkbox"/>	<input type="checkbox"/>

## CERTIFICATION OF FUNDING APPLICATION

I, \_\_\_\_\_, the undersigned, hereby affirm the following:

- The statements contained in the funding application and all supporting documents are true and complete, to the best of my knowledge;
- The WIC Local Agency will comply with applicable state and federal requirements, policies, standards, instructions, and regulations;
- The funding application and all supporting documents submitted to the State WIC Program, are public documents, open to public inspections, and any revisions must be made in writing to the State WIC Program;
- If a nonprofit, the WIC Local Agency has current status as a private nonprofit organization. Attach proof of nonprofit status;
- The WIC Local Agency will spend a minimum of 18% (eighteen percent) of the allocated funds on nutrition education activities;
- The WIC Local Agency will spend at least the minimum amount (CMB, Chapter 2, Section III, D) of allocated funds on breastfeeding promotion and support-related activities;
- The WIC Local Agency has an indirect costs percentage of \_\_\_\_\_% based on the current \_\_\_\_\_. (Enter either "Cost Allocation Plan" or "percentage approved by federal agency". See CMB Chapter 2, Section I, Paragraph 1.)
- The WIC Local Agency will submit the required Certificate of Liability Insurance, as described in the WIC Local Agency Contract, Exhibit E, Provision 4, with the Funding Application.

And I certify that I have the authority to apply for WIC funds for:

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature (Use Blue Ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

## BASIC WIC LOCAL AGENCY INFORMATION

<b>A</b>	<b>WIC Local Agency's Legal Name</b>	(Do not abbreviate legal name) (type or print)		Federal Employers ID #
<b>B</b>	<b>Type of Organization</b>	<input type="checkbox"/> Public <input type="checkbox"/> Private Nonprofit <input type="checkbox"/> Faith Based	DUNS #	CFDA # 10.557
<b>C</b>	<b>Street Address</b>	Number and Street		
		City, State, and Zip Code		
<b>D</b>	<b>Mailing Address (If different)</b>	Number and Street		
		City, State, and Zip Code		
<b>E</b>	<b>Shipping Address (If different)</b>	Number and Street		
		City, State, and Zip Code		
<b>F</b>	<b>Certifying Signature</b> (Person who can legally bind the WIC Local Agency and certify the Funding Application)	Authorized Representative's Name (type or print)		
		Title	Telephone Number ( )	
		Email Address	Fax Number ( )	
		Signature of Authorized Representative (Use Blue Ink)		Date
<b>G</b>	<b>Contract Signature</b> (Person who can legally sign the WIC contract binding the WIC Local Agency)	Name (type or print)		
		Title	Term Expiration Date	

## BASIC WIC LOCAL AGENCY INFORMATION

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<b>H</b>	<b>Contact Person</b> (Questions regarding the Funding application)	Contact Person's Name (type or print)	
		Title	Telephone Number ( )
		Email Address	Fax Number ( )
<b>I</b>	<b>Agency Director</b>	Name (type or print)	
		Title and Credentials	
		Number and Street	
		City, State, and Zip Code	
		Mailing Address (If Different from Street Address)	Telephone Number ( )
		Email Address	Fax Number ( )
<b>J</b>	<b>Primary WIC Program Contact</b> (See Article II, WIC Local Agency Contract, Exhibit A, Provision 4 for description)	Name (type or print)	
		Title and Credentials	
		Number and Street	
		City, State, and Zip Code	
		Mailing Address (If Different from Street Address)	Telephone Number ( )
		Email Address	Fax Number ( )

## LIST OF FIVE HIGHEST COMPENSATED OFFICERS (if applicable)

Names and total compensation of the five most highly compensated officers of the entity if one or more of the following conditions apply (pursuant to 2 CFR Part 170, Appendix A, Section 1.b.):

1. The Local Agency in the preceding fiscal year received 80% or more of its annual gross revenues in Federal awards
2. The Local Agency received \$25 million or more in annual gross revenue in its preceding fiscal year, from (a) Federal procurement contracts and subcontracts, and (b) Federal grants, subgrants, and cooperative agreements; and the amount so received amounted to 80 percent or more of its annual gross revenues.
3. The public does not have access to information about the grantee's executive compensation through periodic reports filed with the Securities and Exchange Commission under the Securities Exchange Act of 1934 or with the Internal Revenue Service under the Internal Revenue Code of 1986. Salaries of top five Executives

	Name	Title	Total Compensation/Year
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$



## **INSTRUCTIONS FOR COMPLETION OF FUNDING WORKSHEETS (ATTACHMENTS 1-5 THRU 1-7)**

A Funding Worksheet is included for each year of the three year Agreement. The top half of the worksheet is the “**Funding Summary**” which shows the allocations for the Federal Fiscal Year (FFY).

### **CASELOAD**

- The Maximum Caseload is the number of participants the local agency can be authorized to serve per month
- The Authorized Caseload is the number of participants the local agency is allocated by the State WIC Program to serve per month at the start of the FFY.
- The Unauthorized Caseload is the reserve number of participants the local agency may be authorized by the State WIC Program to serve per month during the FFY.

### **FUNDING**

- The Maximum Payable Amount is the funding ceiling for the FFY.
- The Authorized Funding Amount is the amount the State WIC Program is allocating to the local agency to spend to provide WIC services to authorized caseload and carry out any ATS projects.
- The Unauthorized Funding Amount is the reserve amount the State WIC Program may authorize to the local agency during the FFY.

The bottom half of the worksheet is the “**Budget Proposal**” to be completed by the local agency to be submitted as part of the Funding Application. Submit a budget for all three funding categories (columns A, B, and C). The budgets must equal the total amounts shown in the Funding Summary (top of worksheet).

There are formulas in the cells of the budget proposal which will automatically fill-in, as follows:

- Column C,
- Line Item 1 (Personnel), subtotals a and b, and
- **Total Budget** row.

Each budget worksheet must be accompanied by budget detail for line items:

- Personnel
- Operating Expenses
- Capital Expenditures, and
- Other Costs (Subcontracts)

The instructions for completion of budget detail are found with the forms as part of the Funding Application under each line item. If you have any questions, please contact your Regional Advisor.

# FUNDING WORKSHEET

YEAR 1

FFY 10/01/11 - 09/30/12

## Funding Summary

<u>Allocated Categories</u>	A Maximum Caseload	B Authorized Caseload	C Unauthorized (Reserve) Caseload
Caseload			0
	Maximum Payable Amount *	Authorized Funding Amount	Unauthorized (Reserve) Funding Amount **
Funding	\$ _____	\$ _____	\$ _____

(\* ) Maximum Payable Amount includes the Authorized Funding Amount and the Unauthorized Funding Amount which is a reserve for caseload increases and ATS purposes throughout the budget period.

(\*\*) Use of the Unauthorized (Reserve) Funding Amount must be approved by the State WIC Program.

## Budget Proposal

Budget Line Item	A Maximum Payable Amount	B Authorized Funding Amount	C Unauthorized (Reserve) Funding Amount
(a) Total Salaries and Wages:	\$ _____	\$ _____	\$ _____
(b) Total Fringe Benefits:	\$ _____	\$ _____	\$ _____
<b>1. Personnel (a) and (b)</b>	\$ _____ -	\$ _____ -	\$ _____ -
<b>2. Operating Expenses</b>	\$ _____	\$ _____	\$ _____
<b>3. Capital Expenditures</b>	\$ _____	\$ _____	\$ _____
<b>4. Other Costs</b> (Subcontracts only)	\$ _____	\$ _____	\$ _____ -
<b>5. Indirect Costs</b>	\$ _____	\$ _____	\$ _____ -
<small>(Cannot exceed 13.8% of Personnel [Line Item 1]) (Do not Round Up)</small>			
<b>Total Budget:</b>	\$ _____ -	\$ _____ -	\$ _____ -



# FUNDING WORKSHEET

YEAR 2

FFY 10/01/12 - 09/30/13

## Funding Summary

<u>Allocated Categories</u>	A Maximum Caseload	B Authorized Caseload	C Unauthorized (Reserve) Caseload
Caseload			0
	Maximum Payable Amount *	Authorized Funding Amount	Unauthorized (Reserve) Funding Amount **
Funding	\$ _____	\$ _____	\$ _____

(\* ) Maximum Payable Amount includes the Authorized Funding Amount and the Unauthorized Funding Amount which is a reserve for caseload increases and ATS purposes throughout the budget period.

(\*\*) Use of the Unauthorized (Reserve) Funding Amount must be approved by the State WIC Program.

## Budget Proposal

Budget Line Item	A Maximum Payable Amount	B Authorized Funding Amount	C Unauthorized (Reserve) Funding Amount
(a) Total Salaries and Wages:	\$ _____	\$ _____	\$ _____
(b) Total Fringe Benefits:	\$ _____	\$ _____	\$ _____
<b>1. Personnel (a) and (b)</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>
<b>2. Operating Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>3. Capital Expenditures</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>4. Other Costs</b> (Subcontracts only)	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____ -</b>
<b>5. Indirect Costs</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____ -</b>
<small>(Cannot exceed 13.8% of Personnel [Line Item 1]) (Do not Round Up)</small>			
<b>Total Budget:</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>



# FUNDING WORKSHEET

YEAR 3

FFY 10/01/13 - 09/30/14

## Funding Summary

<u>Allocated Categories</u>	A Maximum Caseload	B Authorized Caseload	C Unauthorized (Reserve) Caseload
Caseload			0
	Maximum Payable Amount *	Authorized Funding Amount	Unauthorized (Reserve) Funding Amount **
Funding	\$ _____	\$ _____	\$ _____

(\* ) Maximum Payable Amount includes the Authorized Funding Amount and the Unauthorized Funding Amount which is a reserve for caseload increases and ATS purposes throughout the budget period.

(\*\*) Use of the Unauthorized (Reserve) Funding Amount must be approved by the State WIC Program.

## Budget Proposal

Budget Line Item	A Maximum Payable Amount	B Authorized Funding Amount	C Unauthorized (Reserve) Funding Amount
(a) Total Salaries and Wages:	\$ _____	\$ _____	\$ _____
(b) Total Fringe Benefits:	\$ _____	\$ _____	\$ _____
<b>1. Personnel (a) and (b)</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>
<b>2. Operating Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>3. Capital Expenditures</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>4. Other Costs</b> (Subcontracts only)	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____ -</b>
<b>5. Indirect Costs</b> <small>(Cannot exceed 13.8% of Personnel [Line Item 1]) (Do not Round Up)</small>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____ -</b>
<b>Total Budget:</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>	<b>\$ _____ -</b>



## INSTRUCTIONS FOR COMPLETION OF PERSONNEL JUSTIFICATION WORKSHEET (BUDGET DETAIL)

The Personnel Justification Worksheet (PJW) is the source document for the personnel budget detail in the budget proposal. Local agencies shall support the “scope of work” by establishing staffing patterns that achieve program goals described in the Nutrition Service Plan (NSP), as well as the staffing criteria described in the WIC Local Agency Agreement and the WPM 130 series. A duty statement is required for each classification listed on the PJW and must be submitted with the funding application.

All employees who provide services or support program operations and who are paid out of direct costs must be identified on the PJW. The State WIC Program may deny some classification expenses if they violate the instructions for cost allocations or allowable direct costs defined in Title 2 of the Code of Federal Regulations (2 CFR), Subtitle A, Chapter II, parts 225 and 230 (formerly OMB circulars A-87 and A-122).

All direct costs for classifications on the PJW that provide WIC services **shall be supported by time sheets or payroll records for each pay period**. In addition, these positions shall be reflected in monthly or quarterly time studies as described in CMB Chapter 13.

The following are the instructions for the completion of the PJW:

1. If the local agency has more than twelve (12) classifications, a continuation form has been developed on which the local agency can continue entering the classifications. (Add the row numbers in sequential order). **DO NOT REPEAT ROW NUMBERS FROM A PREVIOUS PAGE**. Enter the continuation page number at the top of the continuation page in the space provided and continue entering the same information for each classification.
2. Column A is the row number. The row number should be designated at the top of the duty statement that corresponds to this classification. **THE ROW NUMBER SHALL ONLY BE USED FOR THIS CLASSIFICATION**.
3. Column B is the Job Classification or Job Title. Do not put multiple classifications on the same row. This title should be the same on the PJW, corresponding duty statement, and on the organization chart. Job classifications or titles must be consistent with the duty statements provided as attachments to the funding application

Budget Detail must be shown for both the Authorized Funding Amount and the Maximum Payable Amount. There is a separate area for each amount, but the columns beneath each one are the same, and will be defined together.

1. Columns C & G are the number of Full Time Equivalent (FTE) positions the local agency employs in this classification.
2. Columns D & H are the yearly salary range for one FTE for this classification. Enter the lowest salary and the highest salary (such as \$20,000 to \$40,000). Round up salaries do not include cents.
3. Columns E & I are the total forecasted amount paid out for positions in that classification for the budget period. This amount is to include salaries, raises, overtime, etc. that the local agency plans to pay out of the personnel line item, except for Fringe Benefits which are enter on a separate line of the budget proposal. Round up salaries do not include cents.
4. Columns F & J are to be used when updating the budget detail. These columns are not to be used when completing the Funding Application.
5. **DO NOT ENTER THE FOUR “TOTAL AMOUNTS” EXCEPT ON THE LAST CONTINUATION WORKSHEET USED.**
  - a. Total Full Time Equivalent Positions is the number of FTEs the local agency employs overall.
  - b. Total Salaries and Wages (1) is all costs for personnel except Fringe Benefits
  - c. Total Fringe Benefits (2) is the local agency’s anticipated total fringe benefit costs for positions budgeted in total salaries and wages.
  - d. Total Salaries and Wages (1) and Total Fringe Benefits (2) added together equals Total Personnel which is the personnel cost for the FFY.
  - e. The “Total Amounts” must be the same as the totals shown on the Budget Proposal on the appropriate FFY Funding Worksheet.

#### **JUSTIFICATION OF STAFFING LEVELS (Attachments 1-8a, 9a, and 10a)**

Local agencies must ensure that sufficient funds are allocated to personnel. Therefore, local agencies must provide a justification outlining how their staffing levels meet the WIC program requirements in the contract, CMB, and WIC Program Manual (WPM).

#### **DUTY STATEMENTS (Designate Attachment 1-21)**

Duty statements are required for all classifications budgeted in line item #1, personnel. The duty statement must include:

- Personnel Justification Worksheet row number
- Classification or job title,
- Description of WIC duties performed (if submitting county classification job description, please add specific WIC duties performed by position),
- Percent of time spent on individual tasks

**ORGANIZATION CHART (Designate Attachment 1-22)**

A current organization chart is required and must include all positions on the PJW. The organization chart must also identify how the WIC program fits into the local agency's overall organization.

**BOARD OF DIRECTORS (Designate Attachment 1-23)**

If the local agency is a private nonprofit organization, a list of the Board of Directors is required. The list must include the mailing address, term limits, and the board position for each director.

**JUSTIFICATION OF STAFFING LEVELS**

**YEAR 1**

October 1, 2011-September 30, 2012

Provide a written justification on how your staffing levels meet the WIC Program requirements outlined in the WIC local agency agreement, CMB, and the WPM 130 series. Include how the number of Registered Dietitians and other staff is sufficient for client and nutrition services, and the development of the Nutrition Services Plan.

**BUDGET DETAIL**  
**PERSONNEL JUSTIFICATION WORKSHEET**  
**OCTOBER 1, 2011 - SEPTEMBER 30, 2012, YEAR 1**

Contractor: [WIC Local Agency Name]

A Row Number which must be entered on corresponding Duty Statement	B Agency Job Classification or Job Title <u>Only one classification can be entered per line.</u>	Maximum Amount Payable			F A D C	Authorized Funding Amount			J A D C
		C Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	D Salary Range for FTEs in the classification	E Total Budgeted for all FTEs in Each Classification		G Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	H Salary Range for FTEs in the classification	I Total Budgeted for all FTEs in Each Classification	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
DO NOT COMPLETE TOTALS IF A CONTINUATION FORM IS USED. PUT TOTALS ON LAST CONTINUATION FORM USED. Continuation form used ____ (Enter "X" if used)	Total Full Time Equivalent Positions								
	(1) Total Salaries and Wages Column E or H Total (transfer to funding summary)					\$ -			\$ -
	(2) Total Fringe Benefits (calculate separately) (transfer to funding summary)					\$ -			\$ -
	Total Personnel (1 + 2) (transfer to line item #1 of the funding summary)					\$ -			\$ -



**JUSTIFICATION OF STAFFING LEVELS**

**YEAR 2**

October 1, 2012-September 30, 2013

Provide a written justification on how your staffing levels meet the WIC Program requirements outlined in the WIC local agency agreement, CMB, and the WPM 130 series. Include how the number of Registered Dietitians and other staff is sufficient for client and nutrition services, and the development of the Nutrition Services Plan.

**BUDGET DETAIL  
PERSONNEL JUSTIFICATION WORKSHEET  
OCTOBER 1, 2012 - SEPTEMBER 30, 2013, YEAR 2**

Contractor: [WIC Local Agency Name]

		Maximum Amount Payable				Authorized Funding Amount			
A	B	C	D	E	F	G	H	I	J
Row Number which must be entered on corresponding Duty Statement	Agency Job Classification or Job Title <u>Only one classification can be entered per line.</u>	Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	Salary Range for FTEs in the classification	Total Budgeted for all FTEs in Each Classification	A D C	Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	Salary Range for FTEs in the classification	Total Budgeted for all FTEs in Each Classification	A D C
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
DO NOT COMPLETE TOTALS IF A CONTINUATION FORM IS USED. PUT TOTALS ON LAST CONTINUATION FORM USED. Continuation form used _____ (Enter "X" if used)	Total Full Time Equivalent Positions								
	(1) Total Salaries and Wages Column E or H Total (transfer to funding summary)			\$ -				\$ -	
	(2) Total Fringe Benefits (calculate separately) (transfer to funding summary)			\$ -				\$ -	
	Total Personnel (1 + 2) (transfer to line item #1 of the funding summary)			\$ -				\$ -	



**JUSTIFICATION OF STAFFING LEVELS**

**YEAR 3**

October 1, 2013-September 30, 2014

Provide a written justification on how your staffing levels meet the WIC Program requirements outlined in the WIC local agency agreement, CMB, and the WPM 130 series. Include how the number of Registered Dietitians and other staff is sufficient for client and nutrition services, and the development of the Nutrition Services Plan.

**BUDGET DETAIL  
PERSONNEL JUSTIFICATION WORKSHEET  
OCTOBER 1, 2013 - SEPTEMBER 30, 2014, YEAR 3**

Contractor: [WIC Local Agency Name]

		Maximum Amount Payable				Authorized Funding Amount			
A	B	C	D	E	F	G	H	I	J
Row Number which must be entered on corresponding Duty Statement	Agency Job Classification or Job Title <u>Only one classification can be entered per line.</u>	Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	Salary Range for FTEs in the classification	Total Budgeted for all FTEs in Each Classification	A D C	Full Time Equivalents (FTE) budgeted for the classification (i.e. 3.5)	Salary Range for FTEs in the classification	Total Budgeted for all FTEs in Each Classification	A D C
1									
2									
3									
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10									
11									
12									
DO NOT COMPLETE TOTALS IF A CONTINUATION FORM IS USED. PUT TOTALS ON LAST CONTINUATION FORM USED. Continuation form used _____ (Enter "X" if used)	Total Full Time Equivalent Positions								
	(1) Total Salaries and Wages Column E or H Total (transfer to funding summary)			\$ -				\$ -	
	(2) Total Fringe Benefits (calculate separately) (transfer to funding summary)			\$ -				\$ -	
	Total Personnel (1 + 2) (transfer to line item #1 of the funding summary)			\$ -				\$ -	



## **INSTRUCTIONS FOR COMPLETION OF OPERATING EXPENSES (BUDGET DETAIL)**

Complete the Maximum Funding Amount (column C) and the Authorized Funding Amount (column D) for each of the required categories listed on the sheet and any additional operating expenses categories, used by the Local Agency, for each of the 3 FFYs of the Agreement (Attachments 1-11 through 1-13). The definitions of the required categories are in CMB Chapter 3, Section III. Additional categories used to develop the budget, these categories must be entered under "Additional Categories" These attachments are to be submitted as part of the Funding Application.

If additional lines (more than 24) are needed use the continuation page for Operating Expenses included as part of the Funding Application. **DO NOT ENTER THE "CATEGORIES TOTAL" AMOUNTS EXCEPT ON THE LAST WORKSHEET USED.**

The "Categories Total" amounts must be the same as the totals shown on the Budget Proposal for FFYs 1, 2, and 3.

**BUDGET DETAIL WORKSHEET**  
**OPERATING EXPENSES**  
**OCTOBER 1, 2011 - SEPTEMBER 30, 2012, YEAR 1**

**Contractor: (WIC LOCAL AGENCY NAME)**

A	B Category	C Maximum Funding Amount	D Authorized Funding Amount	E A D C	F Description of Change <small>(See instructions in CMB Chapter 3, Section III when completing columns E and F)</small>
<b>REQUIRED CATEGORIES</b>					
1	EQUIPMENT/FURNITURE				
2	POSTAGE				
3	PRINTING/DUPLICATING				
4	SPACE				
5	SUPPLIES				
6	TRAINING				
7	TRAVEL				
8	UTILITIES				
<b>ADDITIONAL CATEGORIES</b>					
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24					
<b>CATEGORIES TOTAL</b> (Do not enter totals if a continuation page is used) Continuation Page Used ____ (Enter "X" if used)		\$ -	\$ -		



**BUDGET DETAIL WORKSHEET**  
**OPERATING EXPENSES**  
**OCTOBER 1, 2012 - SEPTEMBER 30, 2013, YEAR 2**

**Contractor: (WIC LOCAL AGENCY NAME)**

A	B Category	C Maximum Funding Amount	D Authorized Funding Amount	E A D C	F Description of Change (See instructions in CMB Chapter 3, Section III when completing columns E and F)
<b>REQUIRED CATEGORIES</b>					
1	EQUIPMENT/FURNITURE				
2	POSTAGE				
3	PRINTING/DUPLICATING				
4	SPACE				
5	SUPPLIES				
6	TRAINING				
7	TRAVEL				
8	UTILITIES				
<b>ADDITIONAL CATEGORIES</b>					
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24					
<b>CATEGORIES TOTAL</b> (Do not enter totals if a continuation page is used) Continuation Page Used ____ (Enter "X" if used)		\$	-	\$	-



**BUDGET DETAIL WORKSHEET  
OPERATING EXPENSES  
OCTOBER 1, 2013 - SEPTEMBER 30, 2014, YEAR 3**

**Contractor: (WIC LOCAL AGENCY NAME)**

A	B Category	C Maximum Funding Amount	D Authorized Funding Amount	E A D C	F Description of Change <small>(See instructions in CMB Chapter 3, Section III when completing columns E and F)</small>
<b>REQUIRED CATEGORIES</b>					
1	EQUIPMENT/FURNITURE				
2	POSTAGE				
3	PRINTING/DUPLICATING				
4	SPACE				
5	SUPPLIES				
6	TRAINING				
7	TRAVEL				
8	UTILITIES				
<b>ADDITIONAL CATEGORIES</b>					
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23					
24					
<b>CATEGORIES TOTAL</b> (Do not enter totals if a continuation page is used) Continuation Page Used ____ (Enter "X" if used)		\$	-	\$	-



## **INSTRUCTIONS FOR COMPLETION OF CAPITAL EXPENDITURES (BUDGET DETAIL)**

Complete the Maximum Funding Amount (column C) and the Authorized Funding Amount (column D) for each item the Local Agency plans to purchase for each of the 3 FFYs of the Agreement (Attachments 1-14 through 1-16). The definition of Capital Expenditures is in CMB Chapter 3, Section IV. These attachments are to be submitted as part of the Funding Application.

If additional lines (more than 25) are needed use the continuation page for Capital Expenditures included as part of the Funding Application. **DO NOT ENTER THE “ITEMS TOTAL” AMOUNTS EXCEPT ON THE LAST WORKSHEET USED.**

The “Items Total” amounts must be the same as the totals shown on the Budget Proposal for FFYs 1, 2, and 3.

**BUDGET DETAIL WORKSHEET  
CAPITAL EXPENDITURES  
OCTOBER 1, 2011 - SEPTEMBER 30, 2012, YEAR 1**

**Contractor: (WIC LOCAL AGENCY NAME)**

A	B ITEM	C Maximum Funding Amount	D Authorized Funding Amount	E A D C	F Description of Change <small>(See instructions in CMB Chapter 3, Section IV when completing columns E and F)</small>
1					
2					
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21					
22					
23					
24					
25					
<b>ITEMS TOTAL</b> (Do not enter totals if a continuation page is used) Continuation Page Used ____ (Enter "X" if used)		\$ -	\$ -		



**BUDGET DETAIL WORKSHEET  
CAPITAL EXPENDITURES  
OCTOBER 1, 2012 - SEPTEMBER 30, 2013, YEAR 2**

**Contractor: (WIC LOCAL AGENCY NAME)**

A	B ITEM	C Maximum Funding Amount	D Authorized Funding Amount	E A D C	F Description of Change (See instructions in CMB Chaper 3, Section IV when completing columns E and F)
1					
2					
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25					
<b>ITEMS TOTAL</b> (Do not enter totals if a continuation page is used) Continuation Page Used ____ (Enter "X" if used)		\$ -	\$ -		



**BUDGET DETAIL WORKSHEET  
CAPITAL EXPENDITURES  
OCTOBER 1, 2013 - SEPTEMBER 30, 2014, YEAR 3**

**Contractor: (WIC LOCAL AGENCY NAME)**

A	B ITEM	C Maximum Funding Amount	D Authorized Funding Amount	E A D C	F Description of Change <small>(See instructions in CMB Chapter 3, Section IV when completing columns E and F)</small>
1					
2					
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25					
<b>ITEMS TOTAL</b> (Do not enter totals if a continuation page is used) Continuation Page Used ____ (Enter "X" if used)		\$ -	\$ -		



## **INSTRUCTIONS FOR COMPLETION OF OTHER COSTS- SUBCONTRACTS ONLY (BUDGET DETAIL)**

1. List all subcontracts (**regardless of the amount**) and services to be provided that the local agency will enter into during this FFY of the Agreement (Attachments 1-17 through 1-19). If you do not know the name of the subcontractor yet, enter "To Be Determined" in "Subcontractor Name" field.
2. **The "Total Amount" must be the same as line item 4 of the appropriate FFY Budget Proposal.**
3. Only complete a "Request for Authorization to Subcontract" form for each subcontract of \$5,000 or more if the subcontractor is known and submit it with the Funding Application. The form can be found as Attachment 1-20.
4. Prior to the signing of a subcontract by the local agency and the subcontractor (\$5,000 or more), a draft of the subcontract must be submitted to the State WIC Program for approval.
5. If a subcontract is for more than one fiscal year and the total is more than \$5,000 only one "Request for Authorization to Subcontract" form must be submitted. However, funds to pay the subcontractor can be drawn only from the fiscal year in which services are provided.
6. Any subcontract in effect for the 2009-2011 Agreement period that will be in effect for the new Agreement period must be entered on the attachments. Subcontracts over \$5,000 must also be renewed by the submission of a **new** "Request for Authorization to Subcontract" form.
7. See CMB Chapter 8, Subcontracts, for further information.

**SUBCONTRACT WORKSHEET  
BUDGET DETAIL**

**OCTOBER 1, 2011 - SEPTEMBER 30, 2012, YEAR 1**

**Contractor: (WIC LOCAL AGENCY NAME)**

<b>A</b>	<b>B</b> SUBCONTRACTOR'S NAME	<b>C</b> Services(s)	<b>C</b> Maximum Funding Amount	<b>D</b> Authorized Funding Amount	<b>E</b> A D C	<b>F</b> Description of Change <small>(See instructions in CMB Chapter 3, Section IV when completing columns E and F)</small>
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24						
25						
		<b>TOTAL</b>	\$ -	\$ -		

**SUBCONTRACT WORKSHEET  
BUDGET DETAIL**

**OCTOBER 1, 2012 - SEPTEMBER 30, 2013, YEAR 2**

**Contractor: (WIC LOCAL AGENCY NAME)**

<b>A</b>	<b>B</b> SUBCONTRACTOR'S NAME	<b>C</b> Services(s)	<b>C</b> Maximum Funding Amount	<b>D</b> Authorized Funding Amount	<b>E</b> A D C	<b>F</b> Description of Change <small>(See instructions in CMB Chapter 3, Section IV when completing columns E and F)</small>
1						
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24						
25						
		<b>TOTAL</b>	\$ -	\$ -		

**SUBCONTRACT WORKSHEET  
BUDGET DETAIL**

**OCTOBER 1, 2013 - SEPTEMBER 30, 2014, YEAR 3**

**Contractor: (WIC LOCAL AGENCY NAME)**

A	B SUBCONTRACTOR'S NAME	C Services(s)	C Maximum Funding Amount	D Authorized Funding Amount	E A D C	F Description of Change <small>(See instructions in CMB Chapter 3, Section IV when completing columns E and F)</small>
1						
2						
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24						
25						
		<b>TOTAL</b>	\$ -	\$ -		

## REQUEST FOR AUTHORIZATION TO SUBCONTRACT

New <input type="checkbox"/>	Private Nonprofit <input type="checkbox"/>	<input type="checkbox"/> Budget Year 11-12 FFY \$ _____
Amended <input type="checkbox"/>	Government <input type="checkbox"/>	<input type="checkbox"/> Budget Year 12-13 FFY \$ _____
		<input type="checkbox"/> Budget Year 13-14 FFY \$ _____

### I. Contractor Information

Legal Name (Local Agency):		
Mailing/Street Address:		
City:	State:	Zip:
WIC Contract Number:	Contract Amount: \$	Contract Term:
Local Agency Contact Person:	Phone Number:	Fax Number:

### II. Subcontractor Information

Legal Name of Subcontractor:		
Mailing/Street Address:		
City:	State:	Zip:
Subcontract Term:	Total Subcontract Amount: \$	Federal Taxpayer I.D. #:

Brief statement on proposed subcontract services:

### III. Subcontract Amendment Information (if applicable)

<p>A. If the <b>amount</b> of the subcontract is being amended, complete the information below:</p> <p>Original Subcontract Amount: \$</p> <p>Increase/Decrease Amount: \$</p> <p>Amended Subcontract Total: \$</p>	<p>B. If the <b>term</b> of the subcontract is being amended complete the information below:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Original Subcontract Term</u></td> <td style="text-align: center;"><u>Amended Subcontract Term</u></td> </tr> <tr> <td>Beginning:</td> <td>Beginning:</td> </tr> <tr> <td>Ending:</td> <td>Ending:</td> </tr> </table>	<u>Original Subcontract Term</u>	<u>Amended Subcontract Term</u>	Beginning:	Beginning:	Ending:	Ending:
<u>Original Subcontract Term</u>	<u>Amended Subcontract Term</u>						
Beginning:	Beginning:						
Ending:	Ending:						

C. If the **scope of work** is being amended, provide a brief explanation of the way in which it is being changed:

Brief statement on reason for amendment:

**By signing this form, subcontractor agrees to all terms and conditions of the contract entered into by the Contractor with the State of California.**

Subcontractor Signature (in Blue Ink)	Date
---------------------------------------	------

**By signing this form, Contractor certifies that all requirements are included in this request to subcontract.**

Contractor, WIC Director (In Blue Ink)	Date
--	------

### State WIC Program Use Only

Regional Advisor (Signature)	Date
Section Chief (Signature)	Date
Contract Analyst (Signature)	Date

## REQUEST FOR AUTHORIZATION TO SUBCONTRACT INSTRUCTIONS

Complete this form when requesting authorization to enter into a **new** subcontract agreement, or when **amending** an existing subcontract agreement of \$5,000 or more. This Request for Authorization to Subcontract form must be completed and approved by the State WIC Program **prior** to a request for reimbursement of subcontract expenditures.

The purpose of this form is to ensure the appropriate documentation and provisions have been incorporated/attached to the subcontract.

Mail this form, a draft and one copy of the subcontract to:

California WIC Program  
Attn: Regional Advisor  
Local Agency Support Branch  
3901 Lennane Drive  
Sacramento, CA 95834

### **Subcontract Requirements**

1. If the subcontract total is \$50,000 or more, the subcontractor's budget worksheet for line items 1 through 4 and budget detail must be submitted to the State WIC Program. Original budget summaries are located in the local agency's funding application; blank copies of the budget summaries can be found in CMB Chapter 1, Attachments 1-5 through 1-7.
2. This form must be attached to the Contractor's cover letter (on local agency letterhead) and justification requesting formal authorization to enter into a subcontract. The justification must meet the following requirements:
  - A justification of the need to subcontract, including all justification requirements listed in the CMB, Chapter 8;
  - Include State required provisions as specified in Exhibit D(F) of the Contractor's agreement; and
  - Any other terms and conditions required by the Contractor to ensure the subcontract is a legally binding document.
  - The start date must be the same as or later than the Contractor's agreement with the State. The end date must be the same as, or earlier than the end date of the Contractor's agreement with the State. (The subcontract term cannot exceed the Contractor's agreement term with the State.)
  - The subcontract amount must be less than the amount of the Contractor's agreement with the State.
3. The Contractor's method for awarding to the subcontractor must be documented and available for review upon request by the State WIC Program.

Refer to the CMB, Chapter 8 for detailed instructions.

**CERTIFICATION**

*I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the certification described below. I am fully aware that this certification, executed on the date below, is made under penalty of perjury under the laws of the State of California.*

CONTRACTOR/BIDDER FIRM NAME	FEDERAL ID NUMBER
BY (Authorized Signature) 	DATE EXECUTED
PRINTED NAME AND TITLE OF PERSON SIGNING	TELEPHONE NUMBER (Include Area Code) (      )
TITLE	
CONTRACTOR/BIDDER FIRM'S MAILING ADDRESS	

The contractor or grant recipient named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
  - (a) The dangers of drug abuse in the workplace,
  - (b) The person's or organization's policy of maintaining a drug-free workplace,
  - (c) Any available counseling, rehabilitation and employee assistance programs, and
  - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
  - (a) Will receive a copy of the company's drug-free workplace policy statement, and
  - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.
4. At the election of the contractor or grantee, from and after the "Date Executed" and until \_\_\_\_\_<sup>(DATE)</sup> (NOT TO EXCEED 36 MONTHS), the state will regard this certificate as valid for all contracts or grants entered into between the contractor or grantee and this state agency without requiring the contractor or grantee to provide a new and individual certificate for each contract or grant. If the contractor or grantee elects to fill in the blank date, then the terms and conditions of this certificate shall have the same force, meaning, effect and enforceability as if a certificate were separately, specifically, and individually provided for each contract or grant between the contractor or grantee and this state agency.

**U.S. DEPARTMENT OF AGRICULTURE**

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**Certification Regarding Debarment, Suspension, Ineligibility  
and Voluntary Exclusion - Lower Tier Covered Transactions**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Organization Name

---

PR/Award Number or Project Name

---

Name(s) and Title(s) of Authorized Representative(s)

---

---

Signature(s)

---

Date

## Instructions for Certification

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



**PAYEE DATA RECORD**

STD. 204 (Rev. 5/06)\_CDPH (Page 2)

1	<p><b>Requirement to Complete Payee Data Record, STD. 204</b></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>						
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>						
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>						
4	<p><b><u>Are you a California resident or nonresident?</u></b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:</p> <table border="0"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a></td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a></td> </tr> </table>	Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a>	For hearing impaired with TDD, call:	1-800-822-6268	Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a>
Withholding Services and Compliance Section:	1-888-792-4900	E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a>					
For hearing impaired with TDD, call:	1-800-822-6268	Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a>					
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>						
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>						
<p><b>Privacy Statement</b></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>							

CCC-307

**CERTIFICATION**

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>		<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>		
<i>Printed Name and Title of Person Signing</i>		
<i>Date Executed</i>	<i>Executed in the County of</i>	

**CONTRACTOR CERTIFICATION CLAUSES**

1. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

- a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- b. Establish a Drug-Free Awareness Program to inform employees about:
  - 1) the dangers of drug abuse in the workplace;
  - 2) the person's or organization's policy of maintaining a drug-free workplace;
  - 3) any available counseling, rehabilitation and employee assistance programs; and,
  - 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on the proposed Agreement will:
  - 1) receive a copy of the company's drug-free workplace policy statement; and,
  - 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the

certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at [www.dir.ca.gov](http://www.dir.ca.gov), and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations,

or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts over \$100,000 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.

### **DOING BUSINESS WITH THE STATE OF CALIFORNIA**

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

**STATE OF CALIFORNIA  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontractors, subgrants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Contractor	Printed Name of Person Signing for Contractor
Contract / Grant Number	Signature of Person Signing for Contractor
Date	Title

After execution by or on behalf of Contractor, please return to:

California Department of Public Health

CDPH reserves the right to notify the contractor in writing of an alternate submission address.



**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

# NONDISCRIMINATION COMPLIANCE STATEMENT

STD. 19 (REV. 3-95)

COMPANY NAME

The company named above (hereinafter referred to as "prospective contractor") hereby certifies, unless specifically exempted, compliance with Government Code Section 12990 (a-f) and California Code of Regulations, Title 2, Division 4, Chapter 5 in matters relating to reporting requirements and the development, implementation and maintenance of a Nondiscrimination Program. Prospective contractor agrees not to unlawfully discriminate, harass or allow harassment against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), medical condition (cancer), age (over 40), marital status, denial of family care leave and denial of pregnancy disability leave.

## CERTIFICATION

*I, the official named below, hereby swear that I am duly authorized to legally bind the prospective contractor to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.*

OFFICIAL'S NAME

DATE EXECUTED

EXECUTED IN THE COUNTY OF

PROSPECTIVE CONTRACTOR'S SIGNATURE

PROSPECTIVE CONTRACTOR'S TITLE

PROSPECTIVE CONTRACTOR'S LEGAL BUSINESS NAME

## CIVIL RIGHTS REPORT

In WIC local agency contract, Exhibit E, Provision 8, Civil Rights is defined as all participants shall be served equally and not be discriminated against on the basis of the categories of race, color, national origin, sex, age, and/or disability. The provision also outlines where the regulations can be found and other requirements. It is further described in the WPM 510-10.

Has the organization had any civil rights complaints from participants filed against it or experienced any other civil rights problems in the past three years?

Yes  No

If yes, provide the following information for each complaint:

- Date of Complaint
- WIC Site
- Description of Complaint
- Date reported to USDA
- Date reported to State WIC Program
- Outcome and any corrective action taken.

## SAMPLE PROSPECTIVE PAYMENT LETTER

Date

\_\_\_\_\_, Chief  
Local Agency Fiscal Section  
WIC Program  
3901 Lennane Drive  
Sacramento, CA 95834

Dear \_\_\_\_\_:

The purpose of this letter is to request a prospective payment for Federal Fiscal Year 20YY-20YY on Agreement number XX-XXXXXX. We are requesting \$ZZ,ZZZ, which is equal to or less than 1/12<sup>th</sup> per month of the budget period, not to exceed twenty-five percent (25%) of the first budget period. This letter serves as our invoice for the requested funds.

Due to this agency's current cash-flow problems, this prospective payment is necessary to ensure that our WIC Program services are not delayed due to a lack of funds.

Enclosed you will find the following required documents:

- Bank letter of agreement.
- Bank cards (two sets).
- Certificate of insurance.
- Documentation of private non-profit status.

This letter shall also serve as formal acceptance of caseload and funding allocation to be awarded to our agency. I understand that the funding allocation is not subject to dispute.

I also understand that, in the event this agreement is not fully executed, for whatever reason, this prospective payment will be repaid in full. If you have any questions, please contact \_\_\_\_\_ at (XXX) XXX-XXXX.

Sincerely,

(MUST BE SIGNED IN BLUE INK)

Name  
Title

Enclosures