2021
WIC STATE PLAN
(ALABAMA)
# Order of Contents

Goals and Objectives  

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter I</td>
<td>Vendor and Farmer Management</td>
<td>I-1</td>
</tr>
<tr>
<td>Chapter II</td>
<td>Nutrition Services</td>
<td>II-1</td>
</tr>
<tr>
<td>Chapter III</td>
<td>Management Information Systems (MIS)</td>
<td>III-1</td>
</tr>
<tr>
<td>Chapter IV</td>
<td>Organizations and Management Nutrition (NSA)</td>
<td>IV-1</td>
</tr>
<tr>
<td>Chapter V</td>
<td>Services and Administration (NSA) Expenditures</td>
<td>V-1</td>
</tr>
<tr>
<td>Chapter VI</td>
<td>Food Funds Management</td>
<td>VI-1</td>
</tr>
<tr>
<td>Chapter VII</td>
<td>Caseload Management</td>
<td>VII-1</td>
</tr>
<tr>
<td>Chapter VIII</td>
<td>Certification, Eligibility and Coordination of Services</td>
<td>VIII-1</td>
</tr>
<tr>
<td>Chapter IX</td>
<td>Food Delivery/Food Instrument (FI) Accountability and Control</td>
<td>IX-1</td>
</tr>
<tr>
<td>Chapter X</td>
<td>Monitoring and Audits</td>
<td>X-1</td>
</tr>
<tr>
<td>Chapter XI</td>
<td>Civil Rights</td>
<td>XI-1</td>
</tr>
</tbody>
</table>
GOALS and OBJECTIVES
Alabama Women, Infants and Children (WIC) Program
Goals and Objectives, FY 2021

CHAPTER I: VENDOR MANAGEMENT

Goal
Ensure authorized WIC vendors comply with program requirements and provide participants with a positive shopping experience.

Objectives
1. Identify key problem areas that impact the overall WIC shopping experience and develop effective solutions for the identified problems.
2. Develop innovative training materials for authorized WIC vendors to improve program compliance and the shopping experience.
3. Promote the use of the Vendor Information Publication (VIP) e-newsletter as a training tool for authorized WIC vendors.
4. Strengthen Program Integrity by using the routine monitoring visit as an opportunity to provide education and technical assistance to authorized WIC vendors.
5. Provide education and support to district/clinic staff regarding the eWIC shopping experience and Vendor Management.

CHAPTER II: NUTRITION SERVICES

Goal
Improve participant health by developing innovative approaches to nutrition education and breastfeeding.

Objectives
1. Continue to implement a biannual district nutrition education plan for FY 2020-21 with additional state level support to educate WIC enrolled women and children of the health benefits of WIC foods and how WIC foods can help improve oral health.
2. Develop/revise WIC nutrition education publications for clinic use to ensure current nutrition recommendations are included and make available in Spanish as applicable.
3. Continue to address the problem of overweight/obesity in the WIC population and participate in the Alabama Obesity Task Force (AOTF) to implement the AOTF State Plan.
4. Encourage a statewide increase in the number of secondary nutrition education (SNE) contacts offered by promoting the use of WICHealth.org which documents topic completion in Crossroads and/or allowing SNE contacts via telephone for participants between required face to face visits.
5. Continue to provide training for staff working in the WIC program to include Value Enhanced Nutrition Assessment (VENA), nutrition counseling strategies, and other needs identified by District Nutrition directors and/or State Office staff.
6. Continue efforts to develop and implement an interactive website and WIC mobile application (AL WIC app) for WIC promotion, information distribution, nutrition education, breastfeeding support, program referral, staff development, and other applications.
7. Continue efforts to increase the number of breastfed infants. Data from the FY 2020 Alabama WIC Financial Management and Participation Report (798), May, 2020, indicated 1,573 infants are fully breastfed representing 4.9 percent of all infants. The number of partially breastfed infants for the same time period was 2,088 or 6.5 percent. The goal for FY 2021 is to increase the number of fully breastfed and partially breastfed infants by 5 percent over the FY 2020 numbers.

8. Continue expansion of the Breastfeeding Peer Counselor Program.

CHAPTER III: MANAGEMENT INFORMATION SYSTEMS (MIS)

Goal
Ensure the Crossroads Computer System is kept up to date to effectively provide quality services in a timely manner and meet federal regulations and policies.

Objectives
1. Continue to update Crossroads as needed to reflect United States Department of Agriculture (USDA) policies.
2. Continue to participate in the Crossroads User Group with Rhode Island, Virginia and West Virginia.
3. Continue to market and demonstrate Crossroads to other state WIC agencies.
4. Test and implement system design changes identified by the User Group.
5. Maintain and add system interfaces that improve clinic efficiency.

CHAPTER IV: ORGANIZATION AND MANAGEMENT

Goal
Increase efficiency while facing increasing Program requirements.

Objectives
1. Continue to provide on-going support and assistance to county and district staff for improving clinic efficiency, staffing, and productivity.
2. Continue to develop spreadsheets and reports to assist district staff with budget and priority issues.
3. Continue to monitor clinical staffing and productivity standards.
4. Evaluate staffing and tasks to reflect new business operations with eWIC issuance and modify as needed.

CHAPTER V: NUTRITION SERVICES AND ADMINISTRATION (NSA)
EXPENDITURES

Goal
Monitor expenditures and staffing to ensure efficient use of funds.

Objectives
1. Continue to work with District management to ensure clinic costs are within budget and quality services are maintained.
2. Continue to monitor cost accounting quarterly and make staffing adjustments as needed to stay within budget and caseload needs.
3. Focus clinic efforts on maintaining caseload and conducting outreach efforts.
4. Pursue new funding opportunities to improve efforts and maximize USDA funding.

CHAPTER VI: FOOD FUNDS MANAGEMENT

**Goal**
Monitor food costs, availability, and purchases in order to efficiently spend food dollars.

**Objectives**
1. Continue to work with formula manufacturers and vendors to streamline the ordering/billing process, and to reduce formula costs.
2. Continue to analyze and monitor food costs through food package review, formula purchase reports, and vendor monitoring.

CHAPTER VII: CASELOAD MANAGEMENT

**Goal**
Improve methods to maintain and/or increase caseload.

**Objectives**
1. Monitor reports to ensure adequate participation and show rates for maintaining caseload and productivity of staff.
2. Continue to utilize reports, phone calls, reminders, letters, etc. in order to increase participation rates.
3. Support district/clinic plans for maintaining caseload or increasing caseload as funds allow.
4. Continue to monitor caseload reports to make sure patients are being seen without wait lists and to update clinic appointment schedules as needed.
5. Support alternative clinic locations and times in order to accommodate current participants and potential eligible participants.
6. Monitor enrollment and improve inreach efforts for participants enrolled but not actively participating in WIC.

CHAPTER VIII: CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

**Goal**
Improve quality in delivery of services to WIC participants in Alabama by enhancing nutrition assessment.

**Objectives**
1. Continue to explore methods and resources for increasing clinic efficiency to better enable clinic staff in providing quality nutrition services.
2. Continue to evaluate the nutrition assessment protocols to ensure that VENA
guidelines are being met.
3. Continue to strengthen provider competencies per VENA Plan.

CHAPTER IX: FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY AND CONTROL

Goal
Continue to monitor food benefit issuance and redemption to ensure accountability according to regulations.

Objectives
1. Continue to enhance the accountability of food benefit issuance through quality assurance measures.
2. Continue to monitor the Crossroads MIS programming for state food prescription changes as well as formula name/package size changes and make enhancements as needed.

CHAPTER X: MONITORING AND AUDITS

Goal
Evaluate the quality of care and services provided to participants through an effective and comprehensive monitoring system.

Objectives
1. Continue to maintain an ongoing management evaluation system to evaluate the quality of participant care, evaluate compliance with federal guidelines and agency policies, and to assist in policy development and training needs.

CHAPTER XI: CIVIL RIGHTS

Goal
Ensure that all staff receives comprehensive Civil Rights training to include customer service to prevent Civil Rights problems or complaints.

Objectives
1. Continue to require completion of Civil Rights training module online.
2. Continue to monitor through Quality Assurance (QA) that staff Civil Rights training and Program policies are being followed.
CHAPTER I

VENDOR AND FARMER MANAGEMENT
I. VENDOR AND FARMER MANAGEMENT

(Please indicate) State Agency: _______________ Alabama _______________ for FY 2021

Vendor and farmer/farmers’ market management includes all those activities associated with selecting, authorizing, training, monitoring, and investigating the State agency's vendor and farmer/farmers’ market population for the purpose of reducing fraud and abuse in the WIC Program food delivery system.

A. Vendor Selection and Authorization – 7 CFR 246.4(a)(14)(i), (ii), and (iii): identify the types of food delivery systems used in the State’s jurisdiction, describe, if used, the State agency’s limiting criteria, describe the State agency’s selection criteria and attach a sample vendor agreement. Describe, if applicable, the supervision and instruction the State agency provides to local agencies to which vendor agreement signing has been delegated.

B. Vendor Training – 7 CFR 246.4(a)(14)(xi): describe State and local agency procedures for training WIC Program vendors and farmers/farmers’ markets and for documenting all relevant training.

C. High-Risk Vendor Identification Systems – 7 CFR 246.12(j)(3): describe the policies and procedures for identifying and monitoring high-risk vendors through the use of vendor peer groups, food instrument and cash-value voucher (CVV)/cash value benefit (CVB) redemption screening, analysis of overcharging and other violations, the use of price lists, tracking complaints, or other means. This section may be submitted separately because it is no longer a State Plan requirement but must still be approved by FNS.

D. Routine Monitoring – 7 CFR 246.4(a)(14)(iv): describe the criteria used to select vendors for routine monitoring as well as the methods and scope of on-site routine monitoring activities. Include any relevant information about the State agency’s plans for improvement in the coming year.

E. Compliance Investigations – 7 CFR 246.4(a)(14)(iv): describe the investigative practices and procedures used to conduct both compliance buys and inventory audits for the purpose of detecting, tracking, and documenting vendor noncompliance with program requirements.

F. Administrative Review of State Agency Actions – 7 CFR 246.4(a)(14)(iii): describe the procedures for conducting both full and abbreviated administrative reviews.

G. Coordination with the Supplemental Nutrition Assistance Program (SNAP) – 7 CFR 246.4(a)(14)(ii), (a)(14)(iv), and 246.12(h)(3)(xxv): describe the methods and procedures used to coordinate the monitoring and sharing of information on vendors who participate in both the WIC Program and SNAP.

H. Staff Training on Vendor Management – 7 CFR 246.4(a)(14)(i), (a)(14)(iv), and (a)(14)(xi): describe the distribution of responsibilities and activities of those individuals at both the State and local levels who are involved in vendor management activities. If applicable, describe the supervision and instruction the State agency provides to local agencies to which vendor management activities have been delegated.

I. Farmer/Farmers’ Market Authorization – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers’ markets to accept CVVs/CVBs, describe the authorization process.

J. Farmer/Farmers’ Market Agreements – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers’ markets to accept CVVs/CVBs, describe the State agency’s agreement with the farmers/farmers’ markets and attach a sample farmer/farmers’ market agreement.
I. VENDOR AND FARMER MANAGEMENT

K. Farmer/Farmers’ Market Training – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers’ markets to accept CVVs/CVBs, describe the training provided to the authorized farmers/farmers markets.

L. Farmer/Farmers’ Market Monitoring – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers markets to accept CVVs/CVBs, describe the criteria used for selecting farmers/farmers markets for routine monitoring as well as the method(s) and scope of on-site monitoring of the farmers/farmers markets.

M. Farmer/Farmers’ Market Sanctions, Claims, and Appeals – 7 CFR 246.4(a)(14)(iii), (a)(14)(xi), and 246.12(v): if the State agency authorizes farmers/farmers markets to accept CVVs/CVBs, describe the farmer/farmers’ market sanctions, claims, and appeals and attach a copy of the farmer/farmers’ market sanction schedule (which should be included in the farmer/farmers’ market agreement as well).

N. Participant Access – 7 CFR 246.4(a)(15); 246.12(b), (g)(1), (g)(9): provide information about the State agency’s definition of participant access.
I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

1. Number and Distribution of Authorized Vendors

a. Does the State agency use limiting criteria to limit the number of vendors it authorizes?
   □ Yes □ No

b. If yes, check and specify the type(s) of criteria used (e.g. vendor/participant ratio of 1/100 per county):
   - Vendor/participant ratio (specify): ________________________________
   - Vendors/local agency or clinic ratio (specify): ________________________________
   - Vendors/local service area or county ratio (specify): ________________________________
   - Vendors/geographic area (e.g., number per mile, city block, zip code) (specify): ________________________________
   - Vendor/State agency staff ratio (specify): ________________________________
   - Statewide cap on the number of vendors (specify): ________________________________
   - Other (specify): ________________________________

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

2. Vendor Application Periods

a. The State agency considers applications, check all that apply:
   - On an on-going basis □
   - Annually in (month) for a new agreement that begins (month) (day) □
   - Every two years (specify month): (month) □
   - Every three years (specify month): (month) □
   - Any time there is a participant access need □

   The State agency is currently under a:
   - Federal Moratorium (specify time frame):
   - State agency-imposed deferral of application processing (specify time-frame and conditions):
   - Other (specify): ________________________________

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

3. Vendor Selection and Authorization

a. The vendor selection criteria used to select vendors for program authorization include:
   - Required criteria:
     - EBT capable as defined in 7 CFR 246.12(aa)(4)(ii) □
     - A competitive price criterion based on:
       - Vendor applicant price lists □
       - WIC redemption data □
       - A State agency standard drawn from a price survey □
       - A standard drawn from another source (specify): ________________________________
     - Other (specify): ________________________________
I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

☒ A minimum variety and quantity of supplemental foods criterion that is:
☐ Statewide
☒ Peer group specific
☒ A requirement to obtain infant formula only from sources included in the State agency’s list of State licensed infant formula wholesalers, distributors, and retailers and manufacturers registered with the U.S. Food and Drug Administration

☒ A business integrity criterion that includes:
☒ No history, during the past six years, among the vendor’s owners, officers, or managers of criminal convictions or civil judgments for activities listed in 7 CFR 246.12(g)(3)(ii)
☐ No history of other business-related criminal convictions or civil judgments
☐ Other (specify):
☒ Lack of a current SNAP disqualification or civil money penalty for hardship per 7 CFR246.12(g)(3)(iii)

Optional criteria:
☒ A requirement to stock a full range of foods in addition to WIC supplemental foods
☐ A location necessary to ensure adequate participant access
☐ Redemption of a minimum number/volume of food instruments and CVVs/CVBs
☒ Satisfactory compliance with previous vendor agreement
☒ Certification by an approved State or local health department
☒ Proof of authorization as a SNAP retailer, including SNAP authorization number
☒ Hours of operation which meet State agency criteria (specify): Minimum of 8 hours per day, 6 days per week.
☐ Lack of previous WIC sanctions
☒ Other criteria (specify):
Minimum 3,000 square feet of retail space, less than 50% of total food sales from the redemption of WIC Food Instruments, 60% staple foods requirement.
☐ Not applicable (explain):

b. Explain how the State agency develops and uses the competitive price criteria identified in item 3a to select vendors for authorization.

(1) Does the State agency exempt from competitive price criteria pharmacies that provide only exempt infant formula or WIC-eligible medical foods to participants?
☐ Yes ☒ No

(2) Did the State agency exempt non-profit WIC vendors (other than health or human services agencies that provide food under contract with the State agency) from competitive price criteria?
☐ Yes ☒ No

c. When does the State agency assess vendors for above-50-percent status?
☒ At authorization
☒ 6 months after authorization
☐ Annually
☒ Other (specify): At re-authorization.
I. VENDOR MANAGEMENT
A. Vendor Selection and Authorization

d. How does the State agency assess vendors for above-50-percent status? Check all that apply:

☐ Use the WIC-6 in The Integrity Profile (TIP System)
☐ Collect food sales documentation from the vendor
☐ Collect food sales documentation from another agency (specify): ________________________________
☐ Other (specify): ________________________________

e. Does the State agency authorize vendors that derive more than 50 percent of their annual food sales from WIC transactions (i.e., above-50-percent vendors)?

☐ Yes ☐ No

If “No,” please proceed to item 3f.
If “Yes,” please respond to the following:

(1) How many above-50-percent vendors are currently authorized? (include all above-50-percent vendors, not just WIC-only vendors)

(2) Does the State agency allow above-50-percent vendors to provide incentive items?

☐ Yes ☐ No

If “No,” please proceed to item 3f.
If “Yes,” please respond to the following:

Describe the approval process or attach a copy of the relevant application form. Description (or list the Appendix citation here):

(3) Does the State agency provide above-50-percent vendors with a list of pre-approved incentive items?

☐ Yes; please provide list ☐ No

(4) Does the State agency provide above-50-percent vendors with a list of prohibited incentive items?

☐ Yes; please provide list ☐ No

f. Does the State agency ensure vendors (regular and above-50-percent) do not treat WIC participants differently by offering them incentive items that are not offered to non-WIC customers? (7 CFR 246.12(h)(3)(iii) and WIC Policy Memorandum 2014-3 Vendor Management: Incentive Items, Vendor Discounts and Coupons)

☐ Yes; please explain: ☐ No; please explain:

Alabama ensures equitable treatment of WIC participants during routine monitoring visits, compliance investigations, and/or through investigating complaints. Vendors found to be treating WIC customers differently than non-WIC customers or providing unauthorized incentive items will be assessed the applicable sanction. This includes prohibiting WIC customers from participating in store promotions.

g. On-site pre-authorization visits are conducted to verify information received during the application process:

by SA ☐ by LA ☐ by Other ☒

For vendors at initial authorization

For all vendors at authorization/reauthorization

h. Does the State agency verify the status of vendor applicants’ SNAP retailer authorizations via STARS?

☐ Yes ☐ No

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
I. VENDOR MANAGEMENT
A. Vendor Selection and Authorization


4. Vendor Peer Groups

If the State agency does not have a vendor peer group system, please attach a copy of the most recent exemption request and approval letters and proceed to item 4e.

a. Are vendors assigned to peer groups for selection/authorization?

☐ Yes  ☐ No

b. Are vendors assigned to peer groups for reimbursement purposes?

☐ Yes  ☐ No

c. Peer groups are based on the following (check all that apply):

☐ WIC sales volume
☐ Gross food sales volume
☒ Number of cash registers
☐ Square footage of store
☐ Type of store
☐ Location of store

☐ Local agency service areas  ☐ Zip codes
☐ City, county, or regional divisions  ☐ Unique economic location (e.g., rural island, single metro area)
☐ Urban/suburban/rural  ☐ Other (specify):
☐ Other (specify): ________________________________

d. Using the chart on the next page, describe the peer groupings (e.g., supermarkets, medium and small grocery stores, convenience stores, etc.) that the State agency plans to use during the upcoming fiscal year. For State agencies with more than seven peer groupings, please attach a chart containing this Peer Group Description and list the Appendix citation here:

______________________________________________________________________________________________

e. Has the State agency received approval for an exemption from the vendor peer group system requirement (7 CFR 246.12(g)(4)(v))?

☐ Yes; date FNS approved exemption: _______________  ☐ No

(1) If yes, the State agency’s exemption was based on the latest available data for the current fiscal year (which covers the period from ___________ to ___________), and the State agency:

☐ Does not have any above-50-percent vendors; data source: ___________________________________________

☐ Paid above-50-percent vendors ________ percent of the total annual WIC redemptions to date; data source: ___________________________________________

(2) If the State agency does not use a vendor peer group system, describe the State agency’s alternative system for comparing the prices of new vendor applicants and currently authorized vendors and selecting for authorization or reauthorization vendors that offer the program the most competitive prices.

______________________________________________________________________________________________
I. VENDOR MANAGEMENT
A. Vendor Selection and Authorization

**DESCRIPTION OF VENDOR PEER GROUP SYSTEM**

<table>
<thead>
<tr>
<th>Peer Group No. (1)</th>
<th>Description (e.g., supermarkets, chain stores, pharmacies) (2)</th>
<th>Number of Vendors in Peer Group</th>
<th>Comparable Vendors Peer Group Number (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Regular Vendors (3)</td>
<td>Above-50% Vendors (4)</td>
</tr>
<tr>
<td>1</td>
<td>Type 1: Chain store with own wholesaler</td>
<td>266</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Type 2: Major Independent - 5 or more cash registers</td>
<td>242</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Type 3: Minor Independent - 3 to 4 cash registers</td>
<td>99</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Type 4: Small - 1 to 2 cash registers</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>*Vendor Numbers as of 6/26/2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:**
Column 1 – Assign a sequential number to each peer group.
Column 2 – Describe the vendors in the peer group; include all factors and definitions checked in question 4c. (e.g., urban = counties with >100,000 residents OR suburban = counties with >10,000 residents OR rural = counties with <10,000 residents)
Column 3 – Insert the number of authorized vendors that are regular vendors.
Column 4 – If the State agency authorizes above-50-percent vendors, insert the number of above-50-percent vendors currently authorized.
Column 5 – Insert the total number of authorized vendors. This number should be the sum of columns 3 and 4, since the State agency must identify each vendor as being either a regular vendor or an above-50-percent vendor.
Column 6 – For each peer group that contains above-50-percent vendors, insert the number of the peer group that contains comparable regular vendors. The comparable vendor peer group is the peer group that the State agency uses to derive the competitive price criteria and maximum reimbursement levels that it applies to the above-50-percent vendors. If above-50-percent vendors are placed in a peer group with regular vendors, then the number in column 1 should be the same as that in column 6. If above-50-percent vendors are in separate peer groups, then the number in column 1 will be different from that in column 6.
I. VENDOR MANAGEMENT
A. Vendor Selection and Authorization

f. At least every three years the State agency must assess the effectiveness of its peer group system and competitive price criteria to enhance system performance (7 CFR 246.12(g)(4)(ii)(C)).

The State agency makes this assessment—

☐ Annually    ☒ Every three years
☐ Biennially   ☐ Other (please specify): __________________________

What procedures does the State agency have in place to assess the effectiveness of its peer group system and competitive price criteria to enhance system performance?

Alabama currently assesses peer group effectiveness by conducting an analysis of the national averages and current market prices of WIC food items. State agency WIC staff conduct site visits to at least one store within each peer group to verify current market prices for WIC food items. Additionally, the State WIC Office receives information regarding wholesale and market pricing from the Alabama Grocer’s Association. Identifying vendors that are charging significantly higher or lower prices than their peers could be indicative of the need to adjust the current Peer Group structure. A statistically significant difference in the Maximum Allowable Reimbursement Levels (MARLs) within peer groups in comparison to national averages or the current market price allows the state agency to make this assessment. MARLs are currently calculated using shelf prices as described in question I. Vendor Management A. Vendor Selection and Authorization b. 3. Prior to the next assessment Alabama plans to utilize the lessons learned from the Altarum Institute WIC Vendor Peer Group Study and enlist the help of a Departmental statistician to conduct a thorough assessment of our Peer Group structure. At the time of the next assessment we will have eWIC data available to ensure a thorough assessment is completed.

Provide date of most recent FNS approval: 09/01/2017

5. Semiannual Shelf Price Collection

a. Has the State agency received approval for an exemption from the shelf price collection requirement under 7 CFR 246.12(g)(4)(ii)(B):

☐ Yes; date FNS approved exemption: ______________  ☒ No

If yes, please attach a copy of the most recent exemption request and approval letter(s).

6. Vendor Agreements

a. The following reflect the State agency’s vendor agreement practices; check all that apply:

☒ All vendors have a written agreement with the State agency
☒ A standard vendor agreement is used statewide
☒ Vendor agreements are subject to the State’s procurement procedures
☒ Vendor agreements/handbooks are subject to the State’s Administrative Procedures Act
☐ A nonstandard vendor agreement is used for:

☐ Military commissaries
☐ Pharmacies that only provide exempt infant formula and/or WIC-eligible medical foods
☐ All pharmacies
☐ Home food delivery contractors
☐ Mobile stores
☐ Other (specify): __________________________________________

☒ Vendors are authorized for a period of _____2_____ year(s)

☐ Vendors are authorized/reauthorized under renewable agreements, provided no vendor violations occurred during the previous vendor agreement period

☒ All vendors are provided at least 15 days advance written notice of the expiration of the vendor agreement
I. VENDOR MANAGEMENT

A. Vendor Selection and Authorization

☒ Chain stores sign a master agreement that includes multiple locations
☐ Chain stores sign an agreement for each store location
☒ All authorized WIC vendors are compliant with the regulatory split tender requirement at 246.12(f)(4).
☐ Other (specify): ______________________________________________________________________

b. In addition to the requirements in 7 CFR 246.12(h)(3)-(h)(6), the vendor agreement includes:

☒ Periodic submission of vendor price lists. If so, specify frequency: Semiannually

☒ Maintenance of records in addition to the required inventory records. If so, specify types of records:
Tax reports, financial statements, and other records sufficient for establishing food sales.

☐ Submission of food instruments and CVVs/CVBs within a shorter timeframe than required by program regulations.
If so, specify timeframe: ___________________________________________________________________

☐ Redemption of a minimum number/volume of food instruments and CVVs/CVBs
☒ Minimum hours of operation
☐ Other (specify all): Use of WIC service mark, square footage requirement, applicable state required contract clauses.

c. The State agency delegates the signing of vendor agreements to its local agencies:

☐ Yes  ☒ No

If yes, provide a description of the supervision and instruction provided to local agencies to ensure the uniformity and quality of this activity.

_____________________________________________________________________________________

Please attach a copy of the Vendor Agreement or provide the appropriate Procedure Manual reference below.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
I. VENDOR MANAGEMENT

B. Vendor Training

1. Vendor Training - General
   a. Annual vendor training covers the following content (check all that apply):
      - Purpose of the WIC Program
      - Supplemental foods authorized by the State agency
      - Minimum varieties and quantities of supplemental foods that must be stocked
      - Obtaining infant formula only from sources included in the State agency’s list of State licensed infant formula wholesalers, distributors, and retailers, and manufacturers registered with the U.S. Food and Drug Administration
      - Procedures for obtaining prior State agency approval to provide incentive items to WIC participants
      - Procedures for transacting and redeeming food instruments and cash-value vouchers
      - Vendor sanction system
      - Vendor complaint process
      - Claims procedures
      - Changes in program requirements since the last training
      - Recordkeeping requirements
      - Replacement food instruments and cash-value vouchers
      - Participant complaints
      - Vendor requests for technical assistance
      - Reauthorization
      - Reporting changes of ownership, location, or cessation of operations
      - Procedures for appeal/administrative review
      - Training employees
      - WIC/SNAP sanction reciprocity and information sharing
      - Other (specify): Return procedures, policy regarding not issuing rain checks, price survey submissions, importance of the vendor contract, store monitoring visits, compliance activities, coupons/store promotions, and how to order additional training materials.

      If any topics listed above are not included in the annual vendor training, explain why.

   b. Vendors or vendor representatives receive training on the following occasions and/or through the following materials (check all that apply):
      - On-site (in-store) meetings/conferences
      - Off-site meetings/conferences
      - During routine monitoring visits (e.g., educational buys)
      - When specialized technical assistance is requested
      - Written materials (e.g., newsletters)
      - Audiotapes or videotapes
      - Teleconference, video conference, or webinars
      - Vendor hotline
      - State or local agency website
I. VENDOR MANAGEMENT

B. Vendor Training

☑ Other (specify): Alabama Grocers Association Website and Publications

c. Vendors or vendor representatives receive interactive training as follows (check all applicable responses):

☑ At or before initial authorization
☐ At least once every three years
☐ Annually or more frequently than once every three years

d. The following method(s) are used to evaluate the effectiveness of vendor training (check all that apply):

☐ Evaluation forms provided with training materials
☑ Pre-tests and/or post-tests regarding vendor policies, procedures, and practices
☐ Statistical indicators, such as a reduction in food instrument/cash-value voucher/cash-value benefit errors
☐ Educational buys
☐ Record reviews
☐ Informal feedback from vendors and/or participants
☑ Vendor advisory councils
☐ None
☐ Other (specify): 

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
Chapter XI 11.5 Vendor Training and Chapter XI Attachments 1-3

2. Delegation of Vendor Training

a. The State agency delegates its vendor training to:

☑ Its local agencies
☐ A contractor; specify: 
☐ A vendor association/representative; specify: 
☐ Other (specify): 
☐ None (the State agency conducts all vendor training)

b. Indicate the frequency with which the State agency performed the following activities during the past fiscal year:

Times/ FY Activity
Quarterly Provided comprehensive training materials to delegated trainers
Quarterly Provided instruction on vendor training techniques to delegated trainers
Quarterly Monitored performance of delegated trainers to ensure the uniformity and quality of vendor training
☐ Not applicable
☑ Other (specify): Comprehensive training materials are provided to delegated trainers by the State WIC Office for all newly authorized WIC vendors.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
Alabama WIC Procedure Manual Chapter XI 11.5 Vendor Training and Chapter XI Attachments 1-3
I. VENDOR MANAGEMENT

B. Vendor Training

3. Documents for and Documentation of Vendor Training

a. The State agency or the entity to which it delegates vendor training documents the content of and vendor participation in annual vendor training:
   ☑ Yes  ☐ No

b. Vendors or vendor representatives are required to sign an acknowledgment of training when they have received the following types of training (check all that apply):
   ☑ Interactive training  ☑ Annual training
   ☐ Educational buys  ☑ Monitoring visits
   ☑ Remedial training  ☐ Other (specify): ____________________________

c. The State agency produces a Vendor Handbook:
   ☑ Yes  ☐ No
   If yes, provide the link to the Vendor Handbook or the citation:

d. The State agency provides online or web based training:
   ☑ Yes  ☐ No
   If yes, provide the link to the training: http://www.alabamapublichealth.gov/wic

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
Alabama WIC Procedure Manual Chapter XI 11.5 Vendor Training and Chapter XI Attachments 1-3
I. VENDOR MANAGEMENT
C. High-Risk Identification Systems

1. Vendor Complaints
   a. The State agency has a formal system for receiving complaints about vendors:
      - Yes, complaints are received through the following:
        - A toll-free number handled by State agency staff
        - A standard complaint form which the complainant sends to:
          - State agency
          - Local agency or clinic
        - Online system; include link here: Via a general WIC e-mail available on the WIC website: http://www.alabamapublichealth.gov/wic(contact.html)
        - Other (specify): Complaints received by clinic staff either in person or via the telephone are entered into Crossroads as Customer Service Issues. Complaints received by State WIC Office staff are entered into Crossroads as Customer Service Issues.

   b. The State agency has a formal system for receiving complaints from vendors:
      - Yes, complaints are received through the following:
        - A toll-free number handled by State agency staff
        - A standard complaint form which the complainant sends to:
          - State agency
          - Local agency or clinic
        - Online system; include link here: Via a general WIC e-mail available on the WIC website: http://www.alabamapublichealth.gov/wic/contact.html
        - Other (specify): Complaints received by clinic staff either in person or via the telephone are entered into Crossroads as Customer Service Issues. Complaints received by State WIC Office staff are entered into Crossroads as Customer Service Issues.

   c. The State agency logs and responds to all complaints:
      - Yes, please explain: Complaints are entered into Crossroads as Customer Service Issues and followed up on by either local or state WIC staff.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
Alabama WIC Procedure Manual Chapter XII Program Abuse

2. Identifying High-Risk Vendors
I. VENDOR MANAGEMENT
C. High-Risk Identification Systems
I. VENDOR MANAGEMENT
D. Routine Monitoring

1. Routine Monitoring Visits
a. Routine monitoring visits are conducted by:
   - [ ] State agency staff
   - [ ] Local agency staff
   - [ ] Other (specify):

b. Identify the activities performed during a routine monitoring visit; check all that apply:
   - [ ] Check the vendor’s inventory of supplemental foods and/or inventory records to determine if the vendor meets the State agency’s requirements for the minimum variety and quantity of supplemental foods
   - [ ] Check the vendor’s inventory of non-supplemental foods and/or inventory records to provide information on whether the vendor is an above-50-percent vendor
   - [ ] Determine whether the vendor accepts forms of payment other than WIC food instruments, such as cash, personal checks, and credit cards, to provide information on whether the vendor is an above-50-percent vendor
   - [ ] Check the vendor’s invoices of infant formula to ensure that the infant formula is obtained only from the State agency’s list of infant formula manufacturers registered with the Food and Drug Administration, and infant formula wholesalers, distributors, and retailers licensed under State law
   - [ ] If the vendor is an above-50-percent vendor, check its stock of incentive items to ensure that such items have been approved by the State agency
   - [ ] Obtain the vendor’s shelf prices and/or validate the vendor’s price list
   - [ ] Review food instruments in the vendor’s possession for vendor violations
   - [ ] Compare food instruments in the vendor’s possession with shelf prices to test for vendor overcharges
   - [ ] Review use of shelf tags and signage
   - [ ] Review expiration dates on supplemental foods
   - [ ] Compare prices of supplemental foods with similar items not approved as supplemental
   - [ ] Observe food instrument transactions and CVV/CVB
   - [ ] IF EBT, verify if that vendor has appropriate terminals in required number of lanes per 7 CFR 246.12(z)(2).
   - [ ] Conduct an educational buy
   - [ ] Interview manager and/or employees
   - [ ] Review employee training procedures
   - [ ] Conduct annual vendor training or provide vendor with annual training materials
   - [ ] Examine the sanitary conditions of the store
   - [ ] Assures that vendor is compliant with the split tender requirement
   - [ ] Other (specify all): Provide the Alabama WIC Program Vendor Procedure Handbook and Alabama WIC Approved Food Brochures.

c. Generally, routine monitoring visits are conducted on each vendor (check all that apply):
   - [ ] Annually
   - [ ] Twice a year
   - [ ] As needed (specify)
   - [ ] Other (specify)

Alabama monitors vendors each FY to ensure compliance with the 5 percent minimum outlined in 7 CFR (j) (2). The 5 percent minimum of the number of vendors authorized by the State agency as of October 1 of each FY.

d. The following procedures are used in determining whether a vendor is selected for a routine monitoring visit (check all that apply):
   - [ ] Random selection
   - [ ] Complaints
I. VENDOR MANAGEMENT
D. Routine Monitoring

☐ Periodic/scheduled training
☐ Periodic/scheduled review
☒ Other (specify): Investigators select vendors for routine monitoring from the Vendor Monitor/Audit Report. Priority is given to those vendors with the oldest monitoring date.

e. What percent of vendors received monitoring visits during the past fiscal year?

☐ Less than 5 percent; explain reason: 

☐ 5 percent

☒ More than 5 percent (specify): 19.5%

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
Alabama WIC Procedure Manual Chapter XI Attachment 5 Conducting Vendor Monitoring and the Alabama WIC Vendor Monitoring Guide
I. VENDOR MANAGEMENT
E. Compliance Investigations

1. Investigative Practices

a. The State agency conducts (check all that apply):
   - Compliance buys (a covert, on-site investigation in which a representative of the Program poses as a participant, parent or caretaker of an infant or child participant, or proxy; transacts one or more food instruments or CVVs/CVBs; and does not reveal during the visit that he or she is a Program representative.)
   - Inventory audits (the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time.)
   - Other (specify): The State WIC Office routinely monitors social media websites to identify WIC participants who are potentially selling WIC benefits. Investigators follow up on social media posts that appear to be advertising WIC benefits for sale.

b. The following factors are used to determine which vendors are selected for a compliance investigation (check all that apply):
   - Vendor is identified by the high-risk vendor identification criteria
   - Random selection
   - Geographical considerations
   - Volume of WIC redemptions
   - Participant complaints
   - Other (specify): TIP High Risk Indicators

c. The State agency uses standard procedures for conducting and documenting compliance buys and inventory audits:
   - Yes If yes, please provide the guidelines in the Vendor Management Appendix or Cite the Procedure Manual reference: Alabama WIC Procedure Manual Chapter XI Section 11.7
   - No; specify: Alabama WIC Procedure Manual Chapter XI Section 11.7

d. The results of compliance investigations are used to assess the effectiveness of the State agency’s high-risk vendor identification criteria:
   - Yes
   - No

If yes, check the items below that describe how the results of compliance investigations are used to assess the effectiveness of high-risk vendor identification criteria:
   - The State agency compares data on the prevalence of vendor violations detected among high-risk versus non-high-risk vendors.
   - The State agency discards a high-risk vendor identification criterion if compliance investigations of high-risk vendors identified by the criterion result in no vendor violations after _______ months
   - Investigative procedures and training are reevaluated if compliance investigations of high-risk vendors result in the detection of no vendor violations.
   - Other (specify): 

e. How many vendors were authorized as of October 1 of the past fiscal year?
   678

   How many compliance investigations of vendors were completed during the past fiscal year?
   - Compliance Investigations: 83
   - Inventory Audits: 

   How many vendors that received compliance investigations were high-risk during the past fiscal year?
   - Compliance Investigations: 83
I. VENDOR MANAGEMENT

E. Compliance Investigations

☐ Inventory Audits: _________

Did the State agency give priority to high-risk vendors (up to the five percent minimum) in conducting compliance investigations during the past fiscal year?

☒ Yes ☐ No; explain reason: __________________________________________________________

How many of all vendors were high-risk during the past fiscal year?

100

(The State agency is required by § 246.12(j)(4)(i) to conduct compliance investigations of at least 5 percent of its vendors authorized as of October 1 of each fiscal year, including all high risk vendors up to the 5 percent maximum.)

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

2. Compliance Buys

a. The State agency conducts the following types of compliance buys:

☒ Trafficking buys (exchanging food instruments for cash/cash-value vouchers/cash-value benefits and short buys)
☒ Safe buys (transacting food instruments for all food items listed to see if the vendor will overcharge)
☒ Short buys (transacting food instruments for fewer food items than those listed to see if the vendor will charge for food items not received)
☒ Major substitution buys (exchanging food instruments for non-food items or unauthorized food items that are not similar to those listed)
☒ Minor substitution buys (exchanging food instruments for unauthorized food items that are similar to those listed)
☐ Other (specify): _________________________________________________________________

b. Does the State agency tailor compliance buys to vendors' risk type?

☒ Yes; explain: Compliance buys are tailored based on the reason the vendor was selected for an Investigation. For example, if the State WIC Office received a complaint that a vendor was allowing the purchase of unauthorized products then the Investigator would attempt to purchase unauthorized products.

☐ No; explain: ____________________________________________________________________

c. Compliance buys are usually conducted by:

☒ WIC State agency staff
☐ WIC local agency staff
☐ State investigators
☐ Investigators retained on a contract basis (e.g., Pinkerton, Wells Fargo)
☐ Interns, neighborhood residents, or program participants employed by WIC
☐ Another WIC State agency
☐ Other (specify): __________________________________________________________________

d. Who is responsible for ensuring the proper execution of and follow-up on compliance buys?

☒ WIC State agency vendor manager
☐ WIC local agency manager
☒ State investigators
☐ Contractor
☐ Another WIC State agency
I. VENDOR MANAGEMENT
E. Compliance Investigations

☐ Other (specify): ____________________________________________________________

e. If no vendor violations are detected, how many compliance buys does the State agency conduct before closing a compliance investigation?
   ☒ Two ☐ Other (specify): __________________________________________________

f. If the State agency conducts a standard number of compliance buys per compliance investigation, what is the basis for the prescribed number of buys?
   ☒ State law or regulation
   ☒ State agency policy or procedure
   ☐ Level of evidence necessary to impose vendor sanctions
   ☐ Legal counsel’s advice
   ☒ Other (specify): Federal Regulations

g. Is the vendor provided written notification of a violation requiring a pattern of violations in order to sanction the vendor, prior to documenting another violation of the same kind, unless the State agency determines that such notice would compromise the investigation and documents this in the vendor’s file?
   ☒ Yes ☐ No
   If no, is the determination that the written notification would compromise the investigation documented in the vendor's file?
   ☐ Yes; if a standard form is used, please attach and cite below.
   ☐ No; please explain:

h. Does the State agency have a clear, actionable definition of “pattern of violations” approved by its General Counsel/Administrative Officer?
   ☒ Yes ☐ No

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

3. Estimate the cost for conducting compliance buys, excluding expenses related to the vendor appeals/administrative review process:
   $ __________ Cost per compliance buy
   ☒ Unknown
   ☐ Not applicable

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual:

4. Inventory Audits (If inventory audits are not performed, go to Question 5)
   a. The following factors are used to determine which vendors selected for compliance investigations will receive inventory audits rather than/or in addition to compliance buys:
      ☐ Vendor has highest risk based on State agency’s high-risk identification criteria
      ☒ Suspicion of vendor exchanging cash for food instruments (trafficking)
      ☒ Inconclusive compliance buy results
      ☒ Complaints
      ☒ Other (specify): If a vendor location is not readily accessible for a compliance buy due to suspicion of strangers or other circumstances which would hinder the possibility of a successful compliance buy.
I. VENDOR MANAGEMENT
E. Compliance Investigations

b. The State agency conducts the following types of inventory audits:

☒ On-site inventory audits
☒ State agency inventory audits (vendor sends records to State agency)
☐ Local agency inventory audits (vendor sends records to local agency)
☐ Other (specify): 


c. Inventory audits are conducted by (check all that apply):

☒ WIC State agency staff
☐ WIC local agency staff
☐ State investigators
☐ Investigators retained on a contract basis (e.g., Pinkerton’s, Wells Fargo)
☐ Other (specify): 


d. Identify the amount of, or period of time covered by, the receipts that are examined during an inventory audit:

The receipts examined during an inventory audit cover a 60 day period.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

5. Compliance Buy/Inventory Audit Tracking System(s)

a. The State agency has a means of recording and tracking staff person hours devoted to investigation activities:

☐ Yes; please describe: 
☒ No

b. The State agency has an automated system for tracking investigations that monitors the progress and status of each compliance investigation:

☐ Yes; please describe: 
☒ No

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

Alabama WIC Procedure Manual, Chapter XI, Attachment 7 Alabama WIC Vendor Contract
I. VENDOR MANAGEMENT  
F. Administrative Review of State Agency Actions

1. Types of Administrative Reviews
The State agency conducts the following types of administrative reviews of vendor appeals for the adverse actions listed below. (Check all that apply):

<table>
<thead>
<tr>
<th>Informal Desk Reviews</th>
<th>Abbreviated Admin. Reviews</th>
<th>Full Admin. Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>✗</td>
</tr>
</tbody>
</table>

Denial due to competitive price selection criterion  
Denial due to minimum stocking selection criterion  
Denial due to business integrity or current SNAP DQ or CMP  
Denial based on limiting criteria  
Denial due to State agency selection criteria  
Denial due to application outside timeframe  
Application of above-50-percent criteria  
DQ for WIC violations  
DQ for SNAP CMP  
Other WIC sanctions, e.g., fine or CMP  
Denial based on circumvention of sanction  
Application of peer group criteria  
Termination due to ownership change  
Termination due to location change  
Termination due to ceasing operations  
Termination for other causes  
DQ for trafficking/illegal sales conviction  
DQ/CMP due to another State agency’s mandatory sanction  
CMP based on SNAP DQ  
Denial based on no SNAP authorization

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):  
Alabama WIC Procedure Manual Chapter XIII Administrative Appeals

2. Administrative Review Procedures
a. The State agency has a law or regulation governing WIC administrative reviews:

- Yes; please indicate: Hearing of contested cases rules found in Chapter 420-1-3 of the Alabama Administrative Code.

- No

If the State agency does have such a law or regulation, this includes:

- State agency Administrative Procedures Act  
- State agency health department regulation  
- State agency law pertaining to WIC only  
- State agency WIC regulation  
- State agency health department law  

- Other (specify):  

______________________________________
I. VENDOR MANAGEMENT
F. Administrative Review of State Agency Actions

b. At which level do administrative reviews of WIC vendor appeals take place:
   - [ ] WIC local agency
   - [ ] State health department or Tribal
   - [x] WIC State agency
   - [ ] Other (specify): ____________________________________________________________

c. Administrative reviews are conducted by:
   - [x] Hearing officers
   - [ ] Administrative law judges
   - [ ] Other (specify): ____________________________________________________________

d. The following procedures are followed for administrative reviews:

<table>
<thead>
<tr>
<th>Abbreviated Admin. Reviews</th>
<th>Full Admin. Reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[x] Opportunity for vendor to examine evidence prior to review</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] Opportunity for vendor to reschedule review date</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] Opportunity for vendor to present its case</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] Opportunity for vendor to be represented by counsel</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] Opportunity for vendor to present witnesses</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] Opportunity for vendor to cross-examine witnesses</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] Opportunity for investigators to testify behind a screen or via other non-identifying method</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Presence of a court reporter or stenographer</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] An impartial decision-maker, whose decision is based solely on whether the State agency correctly applied Federal and State statutes, regulations, policies, procedures</td>
</tr>
<tr>
<td>[ ]</td>
<td>[x] A written decision within 90 days from request for review</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Other (specify): ____________________________________________________________</td>
</tr>
</tbody>
</table>

e. Check the party(ies) below who may present the State agency case during a full administrative review:
   - [ ] WIC staff person assigned to case
   - [ ] WIC State agency Vendor Manager
   - [ ] WIC State Agency Director
   - [x] Legal counsel (State Attorney General or General Counsel’s office)
   - [ ] Legal counsel (paid by WIC Program funds)
   - [ ] Other (specify all): ________________________________________________________

Please attach and/or reference in the Additional Detail area below the location of the State agency’s administrative review procedures.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
Alabama WIC Procedure Manual, Chapter XIII Administrative Appeals
I. VENDOR MANAGEMENT
G. Coordination with SNAP

1. WIC/SNAP Information Sharing

a. An information sharing agreement between the WIC State agency and SNAP is in effect, per FNS Instruction 906-1 or other FNS guidance, and is maintained at the State agency:

☐ Yes  ☐ No
If yes, an updated list of authorized vendors is sent to the appropriate FNS SNAP Retailer Operations Division office:
☐ Once a year
☐ Regularly, at intervals of less than one year (specify): ________________________________
☐ Periodically, as changes occur
☐ Upon request
☐ Other (specify): ________________________________

b. State agency compliance investigators coordinate their activities with their SNAP counterparts:

☐ Yes  ☐ No

c. State statute, regulations, or procedures restrict the disclosure of WIC vendor and SNAP retailer information to those permitted under 7 CFR 246.26(e) and (f):

☐ Yes (specify): Chapter 1, Section 1.19 Record Confidentiality, C Vendor Information, of the Alabama WIC Program Procedure Manual outlines in detail Alabama's procedures regarding information sharing.
   All WIC employees are required to notify their immediate supervisor of any vendor information requests who will in turn notify the Alabama WIC Program Director. The request will be reviewed by the Alabama WIC Program Director to ensure it is appropriate and in compliance with section 246.26 (e) of the Federal Regulations. Alabama only shares vendor information in accordance with section 246.26 (e) of the Federal Regulations which includes; vendor's name, address, telephone number, web site/e-mail address, store type, and authorization status. No vendor information requests are granted without first consulting with the Alabama WIC Program Director. If information is requested by a person enforcing Federal or State law or local ordinance who is not directly connected with administration or enforcement of the WIC Program or SNAP, the request is handled by the Department’s General Counsel. General Counsel will consult with the Alabama WIC Program Director as needed while reviewing any requests for vendor information.

☐ No

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
See Attached SNAP - WIC Information Sharing Agreement - Attachment III
I. VENDOR MANAGEMENT
H. Staff Training

1. Check below the routine formal training available to State and local level staff in vendor management practices:

<table>
<thead>
<tr>
<th>State</th>
<th>Local</th>
<th>Other (contractor)</th>
<th>Training Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td>Vendor selection and authorization</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td>Vendor training</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td>Routine monitoring</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Compliance investigations</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Inventory audits</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td>Corrective actions and sanctions</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Criminal investigations</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td>Vendor appeals/administrative reviews</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Federal and/or State WIC regulations</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td>Prevention of vendor fraud and abuse</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☐</td>
<td>WIC/SNAP information sharing and handling of confidential WIC vendor data</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>High-risk vendor identification</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>Vendor management information system</td>
</tr>
</tbody>
</table>

☐ Not applicable
☐ Other (specify): ____________________________

2. State agency staff meets with vendor representatives as part of a vendor advisory council or other vendor stakeholder group:

☐ Monthly
☐ Quarterly
☒ Other frequency: On an as needed basis.
☐ No vendor advisory council

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):

3. Reporting vendor information to TIP:

a. How does the State agency submit vendor information to The Integrity Profile?

☐ Manually (one vendor at a time)
☐ Upload text file
☒ Upload XML Schema

b. Describe how the State agency ensures that this information is accurate:

The Vendor Management Branch Director is in charge of the Compliance Unit. It is her responsibility as a State WIC staff person to ensure Quality Assurance in the Compliance Unit. This includes monitoring the TIP data for accuracy throughout the FY. Along with the Branch Director, the Special Investigators conducting the compliance activities also enter and review TIP data for accuracy prior to submission to FNS.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
I. VENDOR MANAGEMENT
   H. Staff Training
I. VENDOR MANAGEMENT
I. Farmer/Farmers’ Market Authorization

☒ STATE AGENCY DOES NOT AUTHORIZE FARMERS/FARMERS’ MARKETS TO ACCEPT CVVs/CVBs;
SECTIONS J-M DO NOT APPLY

1. Does the State agency delegate any tasks related to the management of the Farmers or Farmers' Markets to another entity?
   □ No
   □ Yes (specify what tasks and to whom): __________________________________________________________

2. The State agency authorizes farmers/farmers’ markets to accept CVVs based on:
   □ Authorization by the WIC Farmers’ Market Nutrition Program (FMNP)
   □ Selection criteria established separately from FMNP

3. If the State agency does not authorize farmers/farmers’ markets based on FMNP authorization, the selection criteria include (describe):

4. The State agency considers applications:
   □ On an on-going basis    □ Every three years
   □ Annually                □ Every two years
   □ Other (specify): ________________________________________________________________

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
and/or FMNP State Plan (Citation): __________________________________________________________
I. VENDOR MANAGEMENT
J. Farmer/Farmers’ Market Agreements

1. Agreement periods are for:
   - [ ] One year
   - [ ] Three years
   - [ ] Two years
   - [ ] Other (specify): ____________________________________________________________________

2. Agreements are:
   - [ ] A modified version of the vendor agreement
   - [ ] Combined with the FMNP agreement
   - [ ] Unique to the authorization of farmers to transact CVVs/CVBs

3. The following reflect the State agency’s farmer/farmers’ market agreement practices:
   - [ ] All farmers/farmers’ markets have a written agreement with the State agency
   - [ ] A standard farmer/farmers’ market agreement is used statewide
   - [ ] Agreements are subject to the State’s procurement procedures
   - [ ] Agreements/handbooks are subject to the State’s Administrative Procedures Act
   - [ ] Farmers/farmers’ markets are authorized/reauthorized under renewable agreements, provided no farmer/farmers’ market violations occurred during the previous agreement period
   - [ ] All farmers/farmers’ markets are provided at least 15 days advance written notice of the expiration of the agreement
   - [ ] All farmers/farmers’ markets are provided a schedule of sanctions, either in or attached to the farmer/farmers’ market agreement, or as a citation to State regulations
   - [ ] Other (specify): ____________________________________________________________________

4. Agreement provisions include:
   - [ ] Assure that the CVV/CVB is redeemed only for eligible fruits and vegetables as defined by the State agency
   - [ ] Provide eligible fruits and vegetables at the current price or less than the current price charged to other customers
   - [ ] Accept the CVVs/CVBs within the dates of their validity and submit CVVs for payment within the allowable time period established by the State agency
   - [ ] Redeem the CVV/CVB in accordance with a procedure established by the State agency
   - [ ] Accept training on CVV/CVB procedures and provide training to any employees with CVV/CVB responsibilities on such procedures
   - [ ] Agree to be monitored for compliance with program requirements, including both overt and covert monitoring
   - [ ] Be accountable for actions of employees in the provision of authorized foods and related activities
   - [ ] Pay the State agency for any CVV/CVB transacted in violation of this agreement
   - [ ] Offer WIC participants, parent or caretakers of child participants or proxies the same courtesies as other customers
   - [ ] Neither the State agency nor the farmer has an obligation to renew the agreement.
   - [ ] Other (specify): ____________________________________________________________________
I. VENDOR MANAGEMENT
J. Farmer/Farmers’ Market Agreements

5. The farmer/farmers markets agreement reflects that the farmer/farmers’ market must not:

☐ Collect sales tax on CVV/CVB purchases
☐ Seek restitution from WIC participants, parent or caretakers of child participants or proxies for CVVs/CVBs not paid or partially paid by the State agency
☐ Issue cash change for purchases that are in an amount less than the value of the CVV/CVB
☐ Other (specify): ____________________________________________________________

Please attach a copy of the Farmer/Farmers’ Market Agreement or provide the appropriate Procedure Manual reference below.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation):
and/or FMNP State Plan (Citation):

___________________________________________________________________________
I. VENDOR MANAGEMENT
K. Farmer/Farmers' Market Training

1. Farmer/farmers’ market training includes:
   - Eligible fruits and vegetables
   - Procedures for transacting and redeeming CVVs/CVBs
   - Agreement provisions
   - Sanctions and Appeals
   - Other (specify): ________________________________

2. Interactive farmer/farmers’ market training (e.g., face-to-face, video conference, web cam) is conducted:
   - At or before initial authorization
   - At least every three years following initial authorization
   - Other (specify): ________________________________

3. Non-interactive farmer/farmers’ market training (e.g., via hard copy mail, email, online) is conducted:
   - Annually following authorization
   - Changes in procedures
   - Other (specify): ________________________________

4. The State agency delegates training to:
   - Local agency (specify): ________________________________
   - Contractor (specify): ________________________________
   - Farmer representative (specify): ________________________________
   - Other (specify): ________________________________

5. If the State agency delegates training, briefly describe the State agency’s supervision of such training:

6. The State agency produces a Farmer/farmers markets Training Handbook:
   - Yes ☐ No ☐
   - If yes, provide the citation: ________________________________

7. The State agency provides online or web based training:
   - Yes ☐ No ☐
   - If yes, provide the link to the training or citation: ________________________________

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation) and/or FMNP State Plan (Citation): ________________________________
I. VENDOR MANAGEMENT
L. Farmer Monitoring

1. Farmers/farmers’ markets are included in the:

☐ FMNP Sample of farmers/farmers markets for monitoring    ☐ WIC sample of vendors for monitoring

2. Monitoring includes:

☐ covert methods, such as compliance buys    ☐ overt methods, such as routine monitoring

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation): and/or FMNP State Plan (Citation):
I. VENDOR MANAGEMENT

M. Farmer/Farmers’ Market Sanctions, Claims and Appeals

1. Farmer/farmers’ market violations may result in; check all that apply:

- [ ] Disqualification
- [ ] Denial of payment or demand for refund due to improperly redeemed CVVs/CVBs (Claims)
- [ ] Prosecution under Federal, State, or local law regarding fraud or other illegal activity
- [ ] Monetary sanctions such as civil money penalties and fines

2. Farmers/farmers’ markets may administratively appeal:

- [ ] Disqualification
- [ ] Denial of application
- [ ] Other sanction (specify): __________________________________________________________________________

3. Farmers/farmers’ markets may not administratively appeal:

- [ ] Expiration of an agreement
- [ ] Claims
- [ ] Other (specify): __________________________________________________________________________

Please attach and/or reference the location of the State agency’s administrative review procedures.

ADDITIONAL DETAIL: Vendor Management Appendix and/or Procedure Manual (Citation) and/or FMNP State Plan (Citation): __________________________________________________________________________
I. VENDOR MANAGEMENT

N. Participant Access

1. Please provide the State agency definition for participant access. Include full criteria, including geography, density, and any other parameters in your response.
   The Department shall determine there is inadequate participant access if geographic barriers or other conditions make participant access unreasonably difficult and no authorized WIC vendors are within ten miles of the violative vendor.

2. Does the State agency assess all vendor applications not meeting selection criteria for participant access?
   ☒ Yes ☐ No

a. If yes, describe below paste or attach and provide a citation of the procedures used for assessing vendor applications for participant access. Provide sufficient details so steps can be followed and criteria applied to a specific vendor

   Prior to notifying a vendor applicant of denial due to failure to meet the Criteria for Participation an Inadequate Participant Access assessment is completed. Per Chapter 420.10.2 of the Alabama Administrative Code governing the Alabama WIC Program, the Department may in its discretion waive any of the vendor criteria for participation to ensure adequate participant access to WIC Program benefits. Adequate participant access exists if an authorized WIC vendor is within ten miles of the violative vendor and no geographic barriers or other conditions make participant access unreasonably difficult.
   See Attachment IV.
I. VENDOR AND FARMER MANAGEMENT

A. Vendor Selection and Authorization

3. Vendor Selection and Authorization

b. Explain how the State agency develops and uses the competitive price criteria identified in item 3a to select vendors for authorization.

During the authorization process each vendor applicant is required to submit a WIC New Applicant Price Survey as part of the authorization process. The individual food items prices submitted on the WIC New Applicant Price Survey are compared to the current Maximum Allowable Reimbursement Level (MARL) for the appropriate peer group. Vendor applicants are notified if they have specific food items that exceed the MARL. If the vendor will not agree to charge the current MARL or less than the current MARL, then the vendor is not cost competitive and would not be authorized.

Alabama uses the following peer group structure:
Type 1: Chain store with own wholesaler.
Type 2: Major Independent – 5 or more cash registers.
Type 3: Minor Independent – 3 or 4 cash registers.
Type 4: Small – 1 or 2 cash registers.

Currently the Alabama WIC Program is using price survey data to calculate the MARL.

Alabama Maximum Allowable Reimbursement Levels (MARLs) are calculated as follows: The Alabama WIC Program requires authorized WIC vendors to submit price surveys twice a year. The individual food item prices from the vendor price surveys are entered into the Crossroads Management Information System (MIS) for each vendor. These prices are then exported from Crossroads MIS into an excel spreadsheet. A MARL is set for each individual food item by taking an average of the most recent shelf price for each individual food item and adding two standard deviation. The average and standard deviation are calculated in the excel spreadsheet using the formula in excel for “average” and “standard deviation”. The following excel formulas are used to determine the total, average, and standard deviation. NOTE: Column references are shown as an example of the formula.

TOTAL=SUM (C2:C258)

AVERAGE= (C260/COUNT (C2:C258))

STANDARD DEVIATION = STDEVP (C2:C258)
MEMORANDUM OF UNDERSTANDING (MOU) FOR INFORMATION SHARING
BETWEEN THE WIC STATE AGENCY
AND
THE FOOD AND NUTRITION SERVICE (FNS)

In order to promote cooperation and reduce vendor/retailer abuse in both the
Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental
Nutrition Program for Women, Infants and Children (WIC), the WIC State Agency, the
Food and Nutrition Service (FNS) Special Nutrition Program (SNP) and Retailer
Operations Division (ROD) Investigative Analysis Branch (IAB) enter into a Memorandum
of Understanding. The undersigned parties agree to the following:

I. Responsibilities of FNS ROD IAB

A. Provide the WIC State Agency with the name, title, and address of the FNS ROD
IAB office where information on violative WIC vendors should be sent.

Name/Title: Marchee M. Briant, Section Chief, IAB Area 4
USDA, Food and Nutrition Service

Address: 3101 Park Center Drive, Suite FO-46
Alexandria, VA 22302

Telephone: (856) 845-8256
Fax: (856) 845-8848
E-mail: marchee.briant@fns.usda.gov

B. Provide the WIC State Agency with copies of written notifications to retailers of all
SNAP sanctions no later than 15 days after a retailer’s right to appeal a SNAP
sanction has either expired or been exhausted. Such notices shall include the name
of the store owner, the full name of the store and full store location address, FNS
Number, the type of sanction imposed and the effective date of the sanction.

C. Include the following statement on charge letters, letters of determination and final
notices: “If you are an authorized vendor under the Special Supplemental Nutrition
Program for Women, Infants, and Children (WIC), you may be disqualified from
the WIC Program as a result of your disqualification from SNAP. In accordance
with the current law governing both the SNAP and the WIC Program, such a WIC
Program disqualification is not subject to administrative or judicial review under
the WIC Program. A civil money penalty (CMP) from the Supplemental Nutrition
Assistance Program may also result in a WIC Program disqualification, but such a
disqualification would be subject to administrative and/or judicial review.”

D. Provide the WIC State Agency, upon request, with information on specific SNAP
authorized retailers that is not available to the WIC State Agency through the FNS
Store Tracking and Redemption Subsystem (STARS) database.
II. **Responsibilities of the FNS SNP**

A. Facilitate communications between the WIC State Agency and the appropriate FNS ROD IAB office.

B. Monitor the effectiveness of this memorandum of understanding.

III. **Responsibilities of the WIC State Agency**

A. Provide FNS ROD IAB with the name, title, and address of the WIC State Agency where all information on violative SNAP retailers should be sent.

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Stacey Neumann</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Address</td>
<td>201 Monroe Street</td>
</tr>
<tr>
<td></td>
<td>RSA Tower Suite 1300</td>
</tr>
<tr>
<td></td>
<td>Montgomery AL 36130</td>
</tr>
<tr>
<td>Telephone</td>
<td>334-206-5673</td>
</tr>
<tr>
<td>Fax</td>
<td>334-206-2918</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:stacey.neumann@adph.state.al.us">stacey.neumann@adph.state.al.us</a></td>
</tr>
</tbody>
</table>

B. Provide the FNS ROD IAB office with copies of written notifications to vendors of all WIC sanctions no later than 15 days after a vendor’s right to appeal a WIC sanction has either expired or been exhausted. Such notices shall include the name of the store owner, the full name of the store, full store location address, the type of sanction imposed and the effective date of the sanction.

C. Include on all disqualification notices to WIC vendors the following statement: “This disqualification from WIC may result in disqualification as a retailer in the Supplemental Nutrition Assistance Program (SNAP) per Section 278.6(e)(8) of the SNAP regulations. Such disqualification may not be subject to administrative or judicial review under the Supplemental Nutrition Assistance Program.”

IV. The undersigned parties further mutually agree that:

A. Information exchanged in accordance with this agreement must be disclosed and used only in direct connection with the administration and enforcement of WIC and SNAP regulations and procedures, except that such information must be disclosed to the Comptroller General of the United States and other authorized officials for audit and examination authorized by law. Under no circumstances should such information be disclosed to any State personnel who are not directly involved in the management of vendors in the WIC Program, other public or private agencies, or to
private citizens or enterprises not directly involved in State agency vendor management. The protected information includes all information exchanged about retailers/vendors, as well as about investigations of retailers/vendors, such as the identities of investigators and investigative aides.

B. Information received by the WIC State agency on SNAP investigations must not be disclosed to local agencies unless specific prior approval has been given by FNS ROD IAB.

C. Information exchanged in accordance with this agreement is subject to the Federal Freedom of Information Act.

D. Any of the offices listed below may terminate this MOU with 30 days advance notice to the other party. This MOU will remain in effect until such notice is given.

\[Signature\]  
Director  
WIC State Agency  
\[Signature\]  
November 20, 2013  
Date  
Branch Chief  
Investigative Analysis Branch  
FNS Retailer Operations Division

\[Signature\]  
Branch Chief  
Women, Infant and Children Program  
FNS Special Nutrition Program  
\[Signature\]  
State Health Officer  
DEPT. OF PUBLIC HEALTH  
\[Signature\]  
3/25/2014  
Date
Alabama WIC Program
Vendor Management
Participant Access Assessment Form

The Department shall determine there is inadequate participant access if geographic barriers or other conditions make participant access unreasonably difficult and no authorized WIC vendors are within ten miles of the violative vendor.

☐ Authorization of New Vendor
☐ Re-Authorization of Existing Vendor

Name of Applicant or Vendor: _________________________________________________
Vendor Number (If available): ________________________________________________
Physical Address: __________________________________________________________
City, ST, ZIP: ______________________________________________________________

Nearest Vendor: ____________________________________________________________
Vendor Number: ____________________________________________________________
Physical Address: __________________________________________________________
City, ST, ZIP: ______________________________________________________________
*Distance to Applicant or Vendor in Question: ________________________________

2nd Nearest Vendor: _________________________________________________________
Vendor Number: ____________________________________________________________
Physical Address: __________________________________________________________
City, ST, ZIP: ______________________________________________________________
*Distance to Applicant or Vendor in Question: ________________________________

Comments: Description of Geographical Barriers and/or other Conditions which would make access unreasonably difficult:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completed by: __________________________ Date: __________________________

WIC Representative Signature: _____________________________________________

Decision:

☐ Deny Application – After departmental and legal review, it is deemed that this vendor is not needed for participant access. There are no existing barriers or conditions that would make access unreasonably difficult. There are authorized WIC vendor(s) within 10 miles.

☐ Approve Application – After departmental and legal review, there are existing barriers and/or conditions that would make access unreasonably difficult. There is no authorized WIC vendor(s) within 10 miles.
CHAPTER II

NUTRITION SERVICES
II. NUTRITION SERVICES

(Please indicate) State Agency: _______________ Alabama _______________ for FY 2021

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at http://wicworks.nal.usda.gov/ for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

A. Nutrition Education-246.4(a)(9); 246.11(a)(1-3)(c)(1,3-7): describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support including development and/or maintenance of a peer counselor program consistent with WIC Breastfeeding Model Components for Peer Counseling.

B. Food Package Design-246.10: describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom, and plans for substitutions or eliminations to WIC food package. In addition to regulations at 246.10, State agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions available on the FNS Partnerweb.

C. Staff Training-246.11(c)(2): describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education, and breastfeeding promotion/education to participants.
II. NUTRITION SERVICES
A. Nutrition Education

1. Nutrition Education Plans (§246.11)
   a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c)(1))
      ☒ Yes ☐ No
   b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11(c)(7), (d), and (e) of this section. (§246.11(c)(5))
      ☒ Yes ☐ No
   c. The local agency develops an annual nutrition education plan that is consistent with the State’s nutrition education component of Program operations. (§246.11(d)(2))
      ☒ Yes ☐ No
   d. (i). The State agency requires that local agency nutrition education include:
      ☒ A needs assessment
      ☒ Goals and objectives for participants
      ☒ Evaluation/follow-up
      ☐ Other (list):
   (ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:
      ☒ Quarterly or annually written reports
      ☒ Year-end summary report
      ☒ Annual local agency reviews
      ☐ Other (specify):
   e. State policies reflect the definition of “nutrition education” as defined in §246.2 and in the Child Nutrition Act. The definition is “Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual.”
      ☒ Yes ☐ No

ADDITIONAL DETAIL: Nutrition Services Supporting Documentation:
AL WIC Procedure Manual, Chapter III-Nutrition Education, Chapter XV-Quality Assurance

2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support
   a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted:
      ☐ Yes ☒ No
II. NUTRITION SERVICES
A. Nutrition Education

b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

- [ ] State-developed questionnaire issued by local agencies
- [ ] Locally-developed questionnaires (need approval by SA: [ ] Yes [ ] No)
- [ ] State-developed questionnaire issued by State agency
- [ ] Focus groups

☐ Other (specify): Local agencies may obtain input from participants through local suggestion boxes, focus groups, and discussion with participants. The State WIC Office does not oversee these efforts. The State WIC Office does informally talk with participants during Quality Assurance reviews and site visits. Suggestions are also received through ADPH Customer Service surveys and emails and shared with Local Agencies.

c. Results of participant views are:

- [ ] Used in the development of the State Plan
- [ ] Used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
- ☒ Other (specify): These results are used by Local Agencies to modify nutrition education and breastfeeding and support efforts to better reach participants.

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

3. Nutrition Education Contacts (§246.11(a)(1-3): (1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.

a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (≥2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:

- ☒ Local agency addresses in annual nutrition education plan
- ☒ State nutrition staff monitoring annually during local agency reviews
- ☒ Local agency providing periodic reports to State agency
- [ ] Other (specify): 

II. NUTRITION SERVICES
A. Nutrition Education

b. The State agency has developed minimum nutrition education standards for the following participant categories:

- Pregnant women
- Breastfeeding women
- Postpartum women
- Infants
- Children
- High-risk participants

The minimum nutrition education standards address:

- Number of contacts
- Protocols
- Breastfeeding promotion and support
- Information on substance abuse prevention
- Counseling methods/teaching strategies
- Content (WIC appropriate topics)
- Nutrition topics relevant to participant assessment
- Appropriate use of educational reinforcements (videos, brochures, posters, etc.)

The State agency allows the following nutrition education delivery methods:

- Face-to-face, individually or group
- Online/Internet
- Telephone
- Food demonstration
- A delivery method performed by other agencies, i.e., EFNEP
- Other (specify):

The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:

- Individual nutrition education contacts tailored to the participant’s needs.
- Group nutrition education contacts relevant to the participant’s needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- Other (specify): Online contacts relevant to participant’s needs in keeping with VENA.

e. An individual care plan is provided based on:

- Nutritional risk
- Priority level
- Healthcare provider’s prescription
- CPA discretion
- Participant request
- Other: An individual care plan is provided for all participants.
II. NUTRITION SERVICES
A. Nutrition Education

f. Individual care plans developed include the following components:

<table>
<thead>
<tr>
<th>Must Include</th>
<th>May Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>✗</td>
<td>Individualized food package</td>
</tr>
<tr>
<td>✗</td>
<td>Identification of nutrition-related problems</td>
</tr>
<tr>
<td>✗</td>
<td>Nutrition education and breastfeeding support</td>
</tr>
<tr>
<td>✗</td>
<td>A plan for follow-up</td>
</tr>
<tr>
<td>✗</td>
<td>Referrals</td>
</tr>
<tr>
<td>✗</td>
<td>Timeframes for completing care plan</td>
</tr>
<tr>
<td>✗</td>
<td>Documentation of completing care plan</td>
</tr>
<tr>
<td>✗</td>
<td>A practical relationship to a participant’s nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families</td>
</tr>
<tr>
<td>✗</td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>


h. The State agency allows adult participants to receive nutrition education by proxy.

| No |
| Yes (If yes, check the applicable conditions below): |
| Proxy is spouse/significant other |
| Proxy is parent of adolescent prenatal participant |
| Proxy is neighbor |
| Only for certain priorities (specify): |
| Other (specify): Proxies are designated by the participant at certification/subcertification. |
II. NUTRITION SERVICES

A. Nutrition Education

i. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.

☐ No
☒ Yes (If yes, check the applicable conditions below):

☐ Proxy is grandparent or legal guardian of infant or child participant
☐ Proxy is neighbor
☐ Only for certain priorities (specify):
☒ Other (specify): Proxies designated by parent/caregivers at initial certification can receive nutrition education at subsequent certification, mid certification and subsequent nutrition education contacts.

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter III-Nutrition Education, Chapter IV-Nutrition Assessment/Visit Standards, Chapter XV-Quality Assurance

4. Nutrition Education Materials (§246.11(c)(1,3,4,6,7): The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff.

a. The State agency shares material with the Child and Adult Care Food Program (CACFP) at no cost:

☐ Yes  ☒ No

If applicable, list other agencies:

A written material sharing agreement exists between the relevant agencies

☐ Yes  ☒ No
II. NUTRITION SERVICES
A. Nutrition Education

b. The State agency recommends and/or makes available nutrition education materials for the following topics:

<table>
<thead>
<tr>
<th>Topic</th>
<th>English</th>
<th>Spanish</th>
<th>Other languages (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>General nutrition</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Specific nutrition-related conditions</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Maternal nutrition</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Infant nutrition</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Child nutrition</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Nutritional needs of homeless</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional needs of migrant farmworkers &amp; their families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional needs of Native Americans</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional needs of Teenage prenatal women</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding promotion and support (including troubleshooting problems)</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Food Safety</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.

c. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:

- ☒ Content
- ☒ Reading level/language
- ☐ Graphic design
- ☐ Cultural relevance
- ☐ Other: __________________________________________________________________________

d. Locally-developed nutrition education materials must be approved by State agency prior to use.

- ☒ Yes
- ☐ No

If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.

- ☒ Yes
- ☐ No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
II. NUTRITION SERVICES
A. Nutrition Education

5. Nutrition Education Needs of Special Populations

The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):

<table>
<thead>
<tr>
<th>M</th>
<th>H</th>
<th>S</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

Providing nutrition education materials appropriate to this population and language needs
Providing nutrition curriculum or care guidelines specific to this population
Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans
Arranging for special training of local agency personnel who work with this population
Distributing resource materials related to this population
Encouraging WIC local agencies to network with one another
Coordinating at the State and local levels with agencies who serve this population

Other (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
See attachment WIC Publications and Forms; AL WIC Procedure Manual, Chapter III-Nutrition Education, Chapter VII-Special Populations. Special training for these populations are held at the AL WIC Training Conference and AL Nutrition Education and Breastfeeding Workshop (as funds allow for these trainings).

6. Breastfeeding Promotion and Support Plan

a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):

- ☒ Activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- ☒ Identification of breastfeeding promotion and support materials
- ☒ Procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps) supplemental nursing systems, etc.
- ☒ Training for State/local agency staff
- ☒ Designating roles and responsibilities of staff
- ☒ Evaluation of breastfeeding promotion and support activities

Other (specify):
II. NUTRITION SERVICES
A. Nutrition Education

b. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):

- A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- A requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients
- A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- Participant breastfeeding assessment
- Food package prescription and tailoring based on breastfeeding and nutrition assessment
- Data collection (at State and local level)
- Referral criteria
- Peer counseling
- Other (specify): ________________________________
- Other (specify): ________________________________

7. Breastfeeding Peer Counseling

a. The State Agency coordinates with local agencies to request WIC Breastfeeding Peer Counseling (BFPC) funds to develop and/or maintain a peer counselor program?

- Yes  ☒ No

If yes, the State agency has submitted a request for the following.

- Full amount available BFPC funds.
- Specific amount of available BFPC funds $ __________ (Not to exceed the full amount available.)

b. Attach a copy of an updated line item budget, with written narrative, demonstrating how peer counseling funds are being used for approved peer counseling activities. Include the citation for attachment here: FY 2021 BFPC Budget State Plan

c. Please provide the approximate number of WIC peer counselors in your State: 22

d. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs.

74

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
FY 2021 AL WIC BFPC Budget State Plan;**Note: IIA.7.a. & f. are incorrectly linked in document. When 'no' is selected for one, it automatically changes the other. Answer to (a) should be 'No' and (f) should be 'Yes.'

e. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see WIC Breastfeeding Model Components for Peer Counseling):

f. Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic

- Yes  ☒ No
II. NUTRITION SERVICES

A. Nutrition Education

g. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level
   ☒ Yes ☐ No

h. Defined job parameters and job descriptions for breastfeeding peer counselors
   ☒ Yes ☐ No

   If yes, the job parameters for peer counselors (check all that apply):
   ☒ Define settings for peer counseling service delivery (check all that apply):
     ☐ Home (peer counselor makes telephone calls from home)
     ☒ Participant's home (peer counselor makes home visits)
     ☒ Clinic
     ☐ Hospital
   ☒ Define frequency of client contacts
   ☒ Define procedures for making referrals
   ☒ Define scope of practice of peer counselor

i. Adequate compensation and reimbursement of breastfeeding peer counselors
   ☒ Yes ☐ No

j. Training of State and local staff (managers, Designated Breastfeeding Expert, Peer Counselors, others) through FNS-developed training curriculum
   ☒ Yes ☐ No

k. Training of WIC clinic staff about the role of the WIC peer counselor
   ☒ Yes ☐ No

l. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):
   ☒ Timing and frequency of contacts
   ☒ Documentation of client contacts
   ☒ Referral protocols
   ☒ Confidentiality
   ☒ Use of social media
   ☒ Other, (specify): Performance Appraisals for Peer Counseling, HIPPA, Policy for Compensation and Reimbursement of PCs, and Policy and Procedures for Monitoring PCs, PC Training Curriculum.

m. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):
   ☒ Regular, systematic contact with peer counselor
   ☒ Regular, systematic review of peer counselor contact logs
   ☒ Regular, systematic review of peer counselor contact documentation
   ☒ Spot checks
   ☒ Observation
   ☒ Other, (specify): Performance Appraisal, monthly meetings
II. NUTRITION SERVICES
A. Nutrition Education

n. Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):

- Breastfeeding coalitions
- Businesses
- Community organizations
- Cooperative extension
- La Leche League
- Hospitals
- Home visiting programs
- Private Healthcare clinics
- Other, (specify): __________________________________________________________________________

o. Adequate support of peer counselors by providing the following (check all that apply):

- Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors’ scope of practice
- Mentoring of newly trained peer counselors in early months of job
- Regular contact with supervisor
- Participation in clinic staff meetings as part of WIC team
- Opportunities to meet regularly with other peer counselors
- Other, (specify): __________________________________________________________________________

p. Provision of training and continuing education of peer counselors (check all that apply):

- Standardized training using FNS-developed curriculum
- Ongoing training at regularly scheduled meetings
- Home study
- Opportunities to “shadow” or observe lactation experts and other peer counselors
- Training/experience to become senior level peer counselors, WIC-Designated Breastfeeding Expert, etc.
- Other, (specify): PC State Training, local hospitals, on-demand broadcasts, webinars, teleconferencing.

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter VI-Breastfeeding; Peer Counseling job descriptions/parameters, scope of practice.
State Plan Chapter XII: Budget, number of peer counselors.
II. NUTRITION SERVICES
B. Food Package Design

1. Authorized WIC-Eligible Foods
   a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:

   b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:

   - Federal regulatory requirements
   - Participant acceptance
   - Nutritional value
   - Cost
   - Statewide availability
   - Participant/client request
   - Healthcare provider request
   - Other (specify): ________________________________

   c. The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.

   - Yes
   - No

   If yes, describe actual values or criteria identified by the State. Enter “n/a” if not applicable.

   (i.e. artificial sweeteners, artificial color/flavor, low-sodium, etc.):  

   Eggs-large, fresh, white only allowed. Eggland’s Best and specialty eggs not approved. Tuna-must be packed in water, no smoke or other flavoring, no diet. See FY 2021 Alabama WIC Approved Foods Brochure for additional information. AL WIC Procedure Manual, Chapter VI-Supplemental Foods.

   d. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).

   - Yes
   - No

   Pregnant women/Partially (Mostly) Breastfeeding
   - Yes
   - No

   Fully Breastfeeding women
   - Yes
   - No

   Postpartum, non-breastfeeding women
   - Yes
   - No

   Infants 0-5 months
   - Yes
   - No

   Infants 6-11 months
   - Yes
   - No

   Children
   - Yes
   - No

   e. WIC Formulas:

   (1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.

   - Yes
   - No

   (2) The State agency requires medical documentation for contract infant formula (other than the primary contract formula).

   - Yes
   - No

   (3) The State agency requires medical documentation for non-contract infant formula.

   - Yes
   - No

   (4) The State agency requires medical documentation for exempt infant formula/ WIC eligible nutritionals.

   - Yes
   - No

   (5) State agency authorizes local agencies to issue a non-contract brand infant formula that meets the requirements of Table 4 in 246.10(e)(12) without medical documentation in order to meet religious eating patterns:

   - Yes
   - No
II. NUTRITION SERVICES
B. Food Package Design

(6) The State agency coordinates with medical payors and other programs that provide or reimburse for exempt infant formulas and WIC-eligible nutritionals per Section 246.10(e)(3)(vi).

☐ Yes  ☒ No

If yes, describe the State agency reimbursement and/or referral system used for this coordination. Include a description of the monitoring/tracking tools in place to ensure program integrity.

If no, has the State agency met the requirement to annually contact their State Medicaid counterparts regarding the payment of WIC-eligible exempt infant formulas and medical foods to mutual program participants per WIC Policy Memo #2015-7?

☒ Yes  ☐ No

Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies in regards to payment of WIC-eligible exempt infant formulas and medical foods.

f. Rounding:

(1) Does the State agency issue infant formula according to the specific rounding methodology per Section 246.10(h)(1)?

☒ Yes  ☐ No

If answered NO, skip question 2

(2) If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?

☒ Yes  ☐ No

(3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246.10(h)(2)?

☐ Yes  ☒ No

(4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?

☐ Yes  ☒ No

g. Is infant formula issued in the 1st month to partially breastfed infants?

☒ Yes  ☐ No

h. State policies & materials reflect the definition of “supplemental foods” as defined §246.2 and in the Child Nutrition Act.

☒ Yes  ☐ No

i. Does the State agency only allow issuance of reduce fat (2%) milk to children ≥ 24 months of age and women with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?

☐ Yes  ☒ No

j. Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight or obesity is a concern, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?

☐ Yes  ☒ No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
II. NUTRITION SERVICES
B. Food Package Design

2. Individual Nutrition Tailoring
   a. The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c).
      ☒ Yes ☐ No

   b. The State agency provides a special individually tailored package for:
      ☒ Homeless individuals and those with limited cooking facilities
      ☒ Residents of institutions
      ☐ Other (specify): ________________________________

      ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored, Nutrition Services Appendix and/or Procedure Manual (citation):

      II.B.2.a. AL WIC Procedure Manual, Chapter V-Supplemental Foods, Chapter VII-Special Populations

   c. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:
      ☐ Does not develop individual nutrition tailoring policies
      ☒ Develops based on (check all that apply):
         ☒ Nutrition risk/nutrition and breastfeeding assessment
         ☒ Participant preference
         ☒ Household condition
         ☐ Other (specify): ________________________________

   d. The State agency allows local agencies to develop specific individual tailoring guidelines.
      ☐ Yes ☒ No
      If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:
      ☐ Local agencies are required to submit individual tailoring guidelines for State approval
      ☐ Local agency individual tailoring guidelines are monitored annually during local agency reviews
      ☐ Agency reviews
      ☐ Other (specify): ________________________________

      ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):
      II.B.2.c. AL WIC Procedure Manual, Chapter V-Supplemental Foods

3. Prescribing Packages
   a. Individuals allowed to prescribe food packages:
      Standard food package Individually-tailored food package
      CPA ☒ ☒
      Other (specify): Clerk ☒ ☐

      ADDITIONAL DETAIL: Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual (citation):

      II.B.3.a. AL WIC Procedure Manual, Chapter V-Supplemental Foods
II. NUTRITION SERVICES  
C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

<table>
<thead>
<tr>
<th></th>
<th>Professionals</th>
<th>Paraprofessionals (may or may not be CPAs in some States)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regularly</td>
<td>As Needed</td>
</tr>
<tr>
<td>General nutrition education methodology</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>State certification policies/procedures</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Anthropometric measurements</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Blood work procedures</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Nutrition counseling techniques</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Breastfeeding promotion/support</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Dietary assessment techniques</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Prescribing &amp; tailoring food packages</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Referral protocol</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Maternal, infant, and child nutrition</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Cultural competencies</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Customer service</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Immunization Screening/referral</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Care Plan Development</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>VENA staff competency training</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Substance abuse prevention</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**ADDITIONAL DETAIL:** Nutrition Services Appendix and/or Procedure Manual (citation):  
AL WIC Procedure Manual, Chapter III-Nutrition Education, Chapter VI-Breastfeeding
WIC Breastfeeding Peer Counseling Information

State Agency:  Alabama  
Amount:  $820,000.00  *$320,000 estimate of remaining 2018 funds  
Grant Period Ending  September 30, 2022

The following responses are numbered according to the format of the Fiscal Year 2020 WIC Breastfeeding Peer Counseling Funds agreement which was signed by former Alabama WIC Director, Amanda C. Martin, on April 8, 2020.

1. The FNS Loving Support model, Loving Support Through Peer Counseling: A Journey Together-For WIC Managers and Loving Support through Peer Counseling: A Journey Together-For Peer Counselors Training curricula are being used to train peer counselors and staff.

2. Budget
   
<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td></td>
</tr>
<tr>
<td>Peer Counselors</td>
<td>$ 403,000.00</td>
</tr>
<tr>
<td>PC Coordinators/PC Trainers/State PC Coordinator</td>
<td>$ 134,000.00</td>
</tr>
<tr>
<td>Total Salaries</td>
<td>$ 537,000.00</td>
</tr>
<tr>
<td>Fringe</td>
<td>$ 40,000.00</td>
</tr>
<tr>
<td>Travel (In State)</td>
<td>$ 3,000.00</td>
</tr>
<tr>
<td>Travel (Out of State)</td>
<td>$ 1,000.00</td>
</tr>
<tr>
<td>Motor Pool</td>
<td>$ 1,000.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$ 3,000.00</td>
</tr>
<tr>
<td>Utilities (Cellular Phones)</td>
<td>$ 20,000.00</td>
</tr>
<tr>
<td>Indirect Cost</td>
<td>$ 65,000.00</td>
</tr>
<tr>
<td>Grants – Mobile and Jefferson</td>
<td>$ 150,000.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$ 820,000.00</td>
</tr>
</tbody>
</table>

The majority of Peer Counseling Funds are allocated to salaries which include a State Breastfeeding Peer Counselor Coordinator, Peer Counselors, fringe, indirect costs and cellular phones. Remaining funds are directed for supplies and travel necessary for training purposes. Eighty WIC clinics statewide currently are served by 21 Peer Counselors. Establishing Peer Counseling Programs to cover the remaining 11 clinics is a priority. The State Breastfeeding Coordinator and a WIC Clinic Peer Counselor Coordinator attended the “Using Loving Support to Manage Peer Counseling Programs-For WIC Managers” training August 18, 2016. WIC Designated Breastfeeding Expert Train-the-Trainer was attended by the State Lactation Coordinator on May 7-9, 2019.

3. Eighty WIC clinics are served by 21 Peer Counselors with plans to hire 27 more to fill current vacancies. Note that the number of Peer Counselors employed at any given time remains “fluid” due to new hires and turnover.

4. All 8 Local Agencies/Public Health Districts receive funds to operate peer counseling programs, as each of the Local Agencies/Public Health Areas employs Peer Counselors. Funding for the program is at the state level for the Local Agencies/Counties/Clinics.

5. Financial reporting requirements will be met in a timely manner.

This submission serves as the programmatic description for the FY2021 State Plan
II. A. NUTRITION EDUCATION

Details regarding delivery of Nutrition Education are found in the AL WIC Procedure Manual, Chapter III, Nutrition Education and in Chapter IV, Nutrition Assessment/Visit Standards.

3.d. Appropriate group nutrition classes are identified and offered by the WIC provider based on the needs and concerns of the participant identified on the individual care plan.

3.g. High risk care plan guidelines require that a registered dietitian or registered nurse assess the high risk patient and develop the individual care plan, which may allow for various disciplines to provide the high risk nutrition education.

4.c. ADPH Graphics Department and our Contract ad agency advise regarding content/cultural relevance, and graphics.

5. Encouraging WIC local agencies to network with one another:
   Examples: Sharing program ideas, providing information for making referral to substance abuse facility in another area, loaning breast pumps.

Coordinating at the state and local levels with agencies who serve this population:
Examples: Coordinating with migrant programs, shelters for homeless, State Substance Abuse Services Division, physicians, hospitals, perinatal coordinators.

II.B. FOOD PACKAGE DESIGN

1.c. Additional examples of State nutrition criteria for authorizing foods.
   Fruits & Vegetables-no canned, dried, or frozen
   Infant Cereal, Fruits, Vegetables, & Meats-no DHA or other additives
   Juice-may be calcium fortified
   Milk-no acidophilus treated milk or flavored milk
   Peanut butter-no whipped, reduced fat, omega-3
   Dried Peas and Beans-no flavored (flavor packets)
# WIC Directory of Publications and Forms

August, 2020

*Highlighted items are forms*

<table>
<thead>
<tr>
<th>ADPH Form:</th>
<th>Description:</th>
<th>Revision Date:</th>
<th>Packaged:</th>
<th>Available from:</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC-100/100S</td>
<td>Do You Need Additional Information</td>
<td>2/22/2012</td>
<td>-</td>
<td>Doc. Library</td>
</tr>
<tr>
<td>WIC - 104</td>
<td>WIC Referral/Medical Information Form</td>
<td>8/1/2020</td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 111a</td>
<td>WIC Formula Prescription for Infants</td>
<td>8/1/2020</td>
<td>-</td>
<td>Doc Library alabamapublichealth.gov/wic</td>
</tr>
<tr>
<td>WIC - 111b</td>
<td>WIC Formula Prescription for Child and Woman</td>
<td>8/1/2020</td>
<td></td>
<td>Doc Library alabamapublichealth.gov/wic</td>
</tr>
<tr>
<td>WIC - 112</td>
<td>Formula Log/Issuance Sheet</td>
<td>8/15/2018</td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 114</td>
<td>Hospital Special Formula Notification</td>
<td>8/1/2020</td>
<td></td>
<td>State WIC Office</td>
</tr>
<tr>
<td>WIC – 115/115S</td>
<td>Letter of Support (Spanish on Back)</td>
<td>06/99</td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC – 116/116S</td>
<td>No Proof Form (Spanish on Back)</td>
<td>06/99</td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC – 117</td>
<td>Immunization Book Marker</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 118/118S</td>
<td>What to Bring to Your Appointment (Spanish on Back)</td>
<td>02/16</td>
<td>Pads of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 119</td>
<td>AI WIC Program Eligibility Expiration Notice</td>
<td>12/16</td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC – 126/126S</td>
<td>How WIC Helps</td>
<td>02/10</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 139</td>
<td>Postcard – Oops! (Green Card)</td>
<td>11/95</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 140</td>
<td>Postcard - Reminder</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 154/154S</td>
<td>Mom-To-Be (Spanish on Back)</td>
<td>06'18</td>
<td></td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 155CR/155CRS</td>
<td>ID Folder</td>
<td>12/16</td>
<td>Packs of 25</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 156</td>
<td>Warning Insert</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 157/157S</td>
<td>Who is Eligible for WIC (Spanish on Back)</td>
<td>5/2018</td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC - 158</td>
<td>Get Growing with WIC Infant Record Card</td>
<td>03/05</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 160</td>
<td>We Missed You/Card</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 161</td>
<td>How WIC Works for You/Poster</td>
<td>10/01</td>
<td></td>
<td>Single Poster</td>
</tr>
<tr>
<td>WIC - 205</td>
<td>WIC Is Good for You and Your Children/Card</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 227</td>
<td>Manual Food Instrument Inventory</td>
<td></td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>ADPH Form:</td>
<td>Description:</td>
<td>Revision Date:</td>
<td>Packaged:</td>
<td>Available from:</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>WIC – 280/280S</td>
<td>Listeriosis</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC 304/304S</td>
<td>Breastfeeding in the Hospital</td>
<td>05/01</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 308/308S</td>
<td>Nutrition During Breastfeeding</td>
<td>05/01</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 330</td>
<td>Breastfeeding Supply Accountability Form</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 331</td>
<td>Patient Clinic Issuance and Inventory Forms for Non- Returnable Breastfeeding Items</td>
<td></td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 333</td>
<td>Breast Pump Loan/Release Form</td>
<td></td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 351</td>
<td>Requisition Breastfeeding Resources Form</td>
<td></td>
<td>-</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 401</td>
<td>WIC Operations – Equipment/Supply Request Form</td>
<td></td>
<td></td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 402</td>
<td>Record Destruction Request Form</td>
<td></td>
<td>-</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 403</td>
<td>Coloring Book/Fruits &amp; Veggies – More Matters</td>
<td>10/10</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 404/404S</td>
<td>What’s On Your Plate?</td>
<td>7/4/1905</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 411/411S</td>
<td>Calcium for Strong Bones and Teeth</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 412/412S</td>
<td>You Need Vitamin A</td>
<td>4/96</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 413/413S</td>
<td>You Need Vitamin C</td>
<td>06/97</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 414/414S</td>
<td>Iron You Need It!</td>
<td>08/05</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 416/416S</td>
<td>Less Salt in Your Diet</td>
<td>05/03</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 426/426S</td>
<td>Lead and Nutrition</td>
<td>05/03</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 428</td>
<td>Get Healthy AL/Fruits &amp; Veggies - More Matters</td>
<td>09/07</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 430/430S</td>
<td>What to Eat Before Your Baby Comes</td>
<td>04/05</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 431</td>
<td>Nutrition for the Teenage Mother-to-Be</td>
<td>03/96</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 432/432S</td>
<td>Indigestion and Heartburn (Spanish on Back)</td>
<td>12/95</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 433/433S</td>
<td>Nausea</td>
<td>04/02</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 434/434S</td>
<td>Constipation and Hemorrhoids</td>
<td>01/96</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 435/435S</td>
<td>When You Are Gaining Too Fast</td>
<td>12/95</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 436/436S</td>
<td>When You Are Not Gaining</td>
<td>09/94</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 437/437S</td>
<td>Why You Should Quit Smoking</td>
<td>03/96</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>ADPH Form:</td>
<td>Description:</td>
<td>Revision Date:</td>
<td>Packaged:</td>
<td>Available from:</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>WIC – 438/438S</td>
<td>Drugs &amp; Alcohol Can Hurt Unborn Baby</td>
<td>06/04</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 439/439S</td>
<td>WIC Wants You To Know Healthy Choices</td>
<td></td>
<td>Packs of 100</td>
<td>Doc Library/ Warehouse</td>
</tr>
<tr>
<td>WIC – 440/440S</td>
<td>Infant-Feeding Your Baby 0 to 6 Months</td>
<td>07/09</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 441/441S</td>
<td>Infant-Feeding Your Baby 6 to 9 Months</td>
<td>07/09</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 442/442S</td>
<td>Infant-Feeding Your Baby 9 to 12 Months</td>
<td>07/09</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 443/443S</td>
<td>How to Make Formula</td>
<td></td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 444/444S</td>
<td>Weaning</td>
<td></td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 445/445S</td>
<td>Infant 7-12 Months</td>
<td></td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 446/446S</td>
<td>Infant – Finger Foods</td>
<td></td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 447</td>
<td>Infant – Weaning</td>
<td></td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 448/448S</td>
<td>Infant - Nursing Bottle Cavities</td>
<td>03/96</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 449</td>
<td>Infant - Constipation</td>
<td>03/95</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 450</td>
<td>Baby Has Diarrhea or Vomiting</td>
<td></td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 461/461S</td>
<td>When Child is Constipated 1-2</td>
<td>09/94</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 462/462S</td>
<td>When Child is Constipated 2-5</td>
<td>03/96</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 464/464S</td>
<td>When a Child Needs to Gain Weight</td>
<td>03/96</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 466</td>
<td>Develop Good Eating Habits</td>
<td>02/95</td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 467/467S</td>
<td>Go Glow Grow</td>
<td></td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 470/470S</td>
<td>Healthy Weight of Life</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 471</td>
<td>Healthy Eating for 1 Year Olds</td>
<td>4/1/2016</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 472</td>
<td>Healthy Eating for 2 Year Olds</td>
<td>4/1/2016</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 473</td>
<td>Healthy Eating for 3 Year Olds</td>
<td>4/1/2016</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 474</td>
<td>Healthy Eating for 4 Year Olds</td>
<td>4/1/2016</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 475/475S</td>
<td>Folic Acid for Women</td>
<td>12/97</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 482/482S</td>
<td>Ten Facts About Fruits and Veggies/Fruits &amp; Veggies - More Matters (Spanish on Back)</td>
<td>07/10</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 483/483S</td>
<td>Ten Safety Tips for Handling Raw Fruits &amp; Veggies/ Fruits &amp; Veggies - More Matters (Spanish on Back)</td>
<td>07/10</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>ADPH Form:</td>
<td>Description:</td>
<td>Revision Date:</td>
<td>Packaged:</td>
<td>Available from:</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------</td>
<td>----------------</td>
<td>---------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>WIC - 492</td>
<td>Drugs &amp; Alcohol Hurt Your Unborn Baby/Poster</td>
<td>06/04</td>
<td>Single Poster</td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td>(Bilingual)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC – 493/493S</td>
<td>Second Hand Smoke (Spanish on Back)</td>
<td></td>
<td></td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC – 600/600S</td>
<td>Get Healthy with WIC: Try Something New with</td>
<td>Packs of 100</td>
<td></td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td>Fruits and Vegetables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC – 601</td>
<td>Get Healthy with WIC (Make Half of Your Grains-</td>
<td>Packs of 100</td>
<td></td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td>Whole Grains)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC - 602</td>
<td>Get Healthy with WIC (A Healthy Choice Low Fat</td>
<td>Packs of 100</td>
<td></td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td>Dairy)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC-603</td>
<td>Get Healthy with WIC (More Than Meat Protein)</td>
<td>Packs of 100</td>
<td></td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 664/664S</td>
<td>Playing with Your Baby</td>
<td>10/03</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 665/665S</td>
<td>Playing with Your Toddler</td>
<td>10/03</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 666/666S</td>
<td>Playing with Your Preschooler</td>
<td>10/03</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 670/670S</td>
<td>Just Move It!</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 671/671S</td>
<td>Help Your Child Drink for Health!</td>
<td>06/04</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 672/672S</td>
<td>Setting Limits</td>
<td>06/04</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 673</td>
<td>ADPH Employee/Family Receiving WIC Benefits or</td>
<td>08/2018</td>
<td></td>
<td>Doc Library</td>
</tr>
<tr>
<td></td>
<td>Serving as a Proxy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC – 674/674S</td>
<td>Lead the Way - Choose Fruits/Vegs and Physical</td>
<td>Packs of 100</td>
<td></td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td>Activity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC - 675</td>
<td>Learner Centered Approach</td>
<td>Packs of 100</td>
<td></td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC-676</td>
<td>Guide for Obtaining Hemoglobin (Hgb)/Hematocrit</td>
<td></td>
<td></td>
<td>Distributed by State Office when revised</td>
</tr>
<tr>
<td></td>
<td>(Hct) Values</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC-677</td>
<td>Effective Communication Checklist</td>
<td>01/25/2017</td>
<td></td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 678</td>
<td>WIC Coordinator Monitoring Checklist</td>
<td></td>
<td></td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC – 679</td>
<td>WIC Coordinator Monitoring Checklist-Comments Page</td>
<td></td>
<td></td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC-694/694S</td>
<td>WICHealth.org Insert</td>
<td>09/16</td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 697</td>
<td>WIC Measures Up!</td>
<td>2016</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 698</td>
<td>Let WIC Work for You!</td>
<td>2016</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 700/700S</td>
<td>WIC Approved Foods</td>
<td>07/2017</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 720</td>
<td>Breastfeeding Certificate</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>ADPH Form:</td>
<td>Description:</td>
<td>Revision Date:</td>
<td>Packaged:</td>
<td>Available from:</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
<td>---------------</td>
<td>-----------</td>
<td>----------------</td>
</tr>
<tr>
<td>WIC - 737</td>
<td>Electric Breast Pump Reminder/Postcard</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 739</td>
<td>Personal User Electric Breastpump Issuance</td>
<td></td>
<td>Packs of 25</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 740/740S</td>
<td>Pump Kit Cleaning</td>
<td></td>
<td>Pads of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 750</td>
<td>Peer Counselor Client Contact Log</td>
<td></td>
<td>Packs of 50</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC - 752</td>
<td>Alabama WIC Peer Counseling Program (Spanish on Back)</td>
<td>01'06</td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 753</td>
<td>Peer Counselor Weekly Activity Report</td>
<td></td>
<td>Pads of 100</td>
<td>Doc Library</td>
</tr>
<tr>
<td>WIC - 754</td>
<td>Moms Helping Moms. Meet Your WIC Breastfeeding PC</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 755</td>
<td>WIC Circle of Care for Breastfeeding Mothers. How PC's Help</td>
<td>07'07</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 759</td>
<td>Single User Electric Double Breast Pump Issuance</td>
<td></td>
<td>Packs of 50</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 760/760S</td>
<td>Our First Week – Breastfeeding Information</td>
<td>11/14/2008</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 762</td>
<td>Ten Steps to Successful Breastfeeding</td>
<td></td>
<td>Packs of 50</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC – 763/763S</td>
<td>Breastfeeding: The Older Baby</td>
<td></td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 764/764S</td>
<td>Breastfeeding: Growing Healthy Babies &amp; Moms</td>
<td></td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 766/766S</td>
<td>Expressing Your Breast milk</td>
<td></td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC - 767/767S</td>
<td>Breastfeeding Basics: Getting Started</td>
<td></td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 768/768S</td>
<td>Managing Basic Breastfeeding Challenges</td>
<td>10/02/2012</td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC – 770/770S</td>
<td>Thinking about Breastfeeding?</td>
<td>07'2016</td>
<td>Packs of 100</td>
<td>Doc Library/Warehouse</td>
</tr>
<tr>
<td>WIC - 771</td>
<td>Busy Moms Loving Support</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 772</td>
<td>Encouragement Loving Support</td>
<td>2014</td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 773</td>
<td>Ready, Set, Breastfeed! Loving Support</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 774</td>
<td>10 Tips for Dads Loving Support</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 775</td>
<td>Confidence Loving Support</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC - 782</td>
<td>Breastfeeding Support Card</td>
<td></td>
<td>Packs of 100</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC-NVRA-1</td>
<td>A &amp; B, State of AL Agency-Based Voter Registration Application</td>
<td></td>
<td>Packs of 250</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC-NVRA-2</td>
<td>State of AL Postcard Voter Registration Form</td>
<td></td>
<td>Packs of 200</td>
<td>Warehouse</td>
</tr>
<tr>
<td>ADPH Form:</td>
<td>Description:</td>
<td>Revision Date:</td>
<td>Packaged:</td>
<td>Available from:</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------</td>
<td>----------------</td>
<td>--------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>WIC-NVRA-3</td>
<td>State of AL instructions for Agency-Based</td>
<td></td>
<td>Single Sheet</td>
<td>Warehouse</td>
</tr>
<tr>
<td></td>
<td>compliance to NVRA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC-NVRA-4</td>
<td>Voter Registration Application Transmittal Form</td>
<td></td>
<td>Single Sheet</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC-NVRA-5</td>
<td>Envelope for mailing to Board of Registration</td>
<td></td>
<td>Packs of 25</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC-NVRA-6</td>
<td>Registration Guideline</td>
<td></td>
<td>Single Sheet</td>
<td>Warehouse</td>
</tr>
<tr>
<td>WIC-NVRA-6</td>
<td>Expired/Damaged Formula Form</td>
<td>09/15/2016</td>
<td></td>
<td>Doc Library</td>
</tr>
<tr>
<td></td>
<td>Vendor Training Checklist Form</td>
<td></td>
<td></td>
<td>State WIC Office</td>
</tr>
</tbody>
</table>
EGGS

JUICE

NOT Allowed:

• Brown • Hard boiled
• Organic • Specialty eggs such as
cage free, grain fed hen, Eggland’s Best, omega 3, or low cholesterol

CHEESE

Least expensive brand available of any of the following at
the time of purchase. 8 oz. or 16 oz. package, domestic only.
May purchase block, sliced, string or shredded.
• Cheddar • Colby • Swiss • Monterey Jack
• Mozzarella • Provolone • Muenster
• Processed American
• Any combination of the approved types
Low fat, low cholesterol,
and low sodium cheese is
allowed if available in the
approved type and size.

NOT Allowed:

FOR FULLY BREASTFEEDING MOMS & WOMEN
PREGNANT WITH OR BREASTFEEDING MULTIPLES

100% Fruit Juices

• 1 dozen carton • Large white

SHREDDED
8 or 16 oz.

• Select only the size(s) specified on the shopping list or benefit
balance. Pictures may change. Selections may vary by store.

48 oz. Containers (for women only)

Select only the brands and flavors pictured.
Must be 100% JUICE and Must have MINIMUM 72 mg (80%) of Vitamin C
per 8 fl oz. OR 120% Vitamin C (when mg are not listed on the label).
JUICY JUICE
All Flavors.
Teasers &
Organic Not
Allowed

ANY
BRAND
JUICE
48 OZ.

ANY BRAND
• White Grape
• Orange
• Grapefruit • Pineapple
• Cranberry
• Apple
• Grape

Select only the brands and flavors pictured.

ORANGE JUICE
12 OZ.
ANY BRAND

• Cheese food, spread, product, or imitation
• Cubes, sticks, crumbles, or cheese from a deli
• No peppers, cream cheese or other added ingredients

DOLE
Pineapple Juice

STRING
8 or
16 oz.

SENECA
Apple Juice

OLD ORCHARD
ORANGE JUICE
All Flavors - Green Lid Only (May Contain Calcium)

1 Frozen Can = 48 oz. Container

64 oz. Containers (for children ages 1 to 5 only)

Select only the brands and flavors pictured.
Must be 100% JUICE and Must have MINIMUM 72 mg (80%) of Vitamin C
per 8 fl oz. OR 120% Vitamin C (when mg are not listed on the label).

CANNED PEAS/BEANS, DRY PEAS/BEANS,
PEANUT BUTTER
16 oz.

NOT Allowed:

BEANS =
1 CONTAINER

1516 oz.

• Vegetables • Added seasonings, fats, meats, oils or sauces • Organic
Examples: Green Beans, Sweet Peas, Baked Beans and Chili Beans

Dry Peas/Beans: 16 oz. bag, Any brand.
NOT Allowed:
• Added flavorings • Organic

NS OR
DRIED BEA
PEAS 16 OZ.

Peanut Butter:

16-18 oz. container, Any brand. May be creamy,
crunchy, chunky, or low sodium.

NOT Allowed:

• Whipped • Spreads • Omega-3 • Reduced Fat
• Organic • Combinations with jelly, honey, etc.

PEANUT
BUTTER
16-18 OZ.

6 oz.

5 oz.

5 oz.

5 oz.

5 oz.

6 oz.

5 oz.

5 oz.

6 oz.

7.5 oz.

12 oz.

7.5 oz.

6 oz.

Five 6 oz. Cans

Six 5 oz. Cans

7.5 oz.

6 oz.

14.75
oz.

12 oz.12 oz.

7.5 oz.

JUICY JUICE
All Flavors.
Teasers &
Organic Not
Allowed

NOT Allowed:

NORTHLAND
Cranberry
and all
Cranberry
Blend Flavors

• Fruit punch
• Fruit drink
• Drink ades
• Diet juices
• Organic
• Teasers
• Gourmet
• Juice cocktails
• Any Brand blended juices

WELCH’S
Original Grape
Red Grape
White Grape
Grape with Calcium
White Grape Peach
Super Berry

ANY BRAND
• White Grape
• Orange
• Grapefruit • Pineapple
• Cranberry
• Apple
• Grape

64 oz. Refrigerated Containers
100% Orange
Juice only.
May contain
calcium.

7.5 oz.
7.5 oz.
6 oz.
7.5 oz.
7.5 oz.

14.7514.75
14.7514.75
oz. oz. oz. oz.

12 oz.12 oz.
6 oz. 6 oz.

Four 7.5 oz.
Cans

Two 12 oz. Cans
Plus One
6 oz. Can

Two 14.75 oz. Cans

14.75
oz.

6 oz. albacore or yellow fin tuna • Sockeye or Red Salmon
• White,
• Tuna or salmon flavored varieties such as smoked, grilled, etc.
• Low-sodium • Single serving • Lunch packs/pouches
• Ready to serve

Dry Infant Cereal

INFANTS

8 oz. or 16 oz. container, Gerber or Beech-Nut.
• Barley • Rice • Whole Wheat
• Oatmeal • Multigrain

NOT Allowed:

BEECH-NUT

GERBER

• Organic • Fruit or other additives • DHA • Sensitive
Any 2nd stage fruits and
vegetables, in these sizes and
brands:

ANY
BRAND
JUICE
64 OZ.

16 oz.

1516 oz.

5 oz. 5 oz.
5 oz. 5 oz.6 oz.

6 oz.
How to buy up to 305 oz.ounces
ofoz.fish:
5 oz.
6 oz. 6 oz.
5 oz. 5

Infant Fruits and Vegetables

Each container = your choice of one of these three options.
4 CANS OF PEAS/
Canned Peas/Beans: Any brand.
1515-

15-16 oz. cans of mature legumes, such as:
Blackeye peas, Black, Pinto, Garbanzo, Red,

Can size may be 5 oz., 6 oz., 7.5 oz., 12 oz., or 14.75 oz.
7.5 oz.
7.5 oz.
Tuna - Any brand, light tuna, chunk style packed in water.
6 oz. 6 oz.
7.5 oz.
7.5 oz.
5 oz. 5 oz.
5 oz. 5 oz.
6
oz.
6
oz.
Pink Salmon - Any brand pink salmon.
6 oz.

NOT Allowed:
12 oz.

11.5 oz. - 12 oz. Frozen (for women only)

BLOCK
8 or 16 oz.

SLICED
8 or 16 oz.

Canned Fish - Up to 30 oz. (Any combination that does not go over 30 oz.)

OR
BEECH-NUT: 4 oz. Jars
Nothing Artificial Added

GERBER: 4 oz. 2 Packs

You may select single fruit, single vegetable, fruit combination, vegetable
combination or fruit and vegetable combination.

NOT Allowed:

• Pouches • Toddler foods • Desserts, dinners and casseroles
• Added sugars, starches, salt (sodium), DHA, or organic
• With meat, cereal, noodles, rice or yogurt • Naturals

FOR INFANTS THAT FULLY BREASTFEED

Infant Meat
ORANGE
JUICE
64 OZ.

ORANGE
JUICE
64 OZ.
ANY
BRAND

• Meat sticks • DHA • Organic

FOLLOW WIC PROGRAM RULES:
Selling or offering to sell WIC foods or benefits, whether in person, in
print, or online is a violation of the WIC program. Participating in these
activities, or allowing someone else to do so on your behalf may result
in disqualification from the WIC program and repayment of benefits.
You may also be subject to civil or criminal prosecution under state
and federal law.
In accordance with Federal civil rights law and U.S. Department
of Agriculture (USDA) civil rights regulations and policies, the USDA,
its Agencies, offices, and employees, and institutions participating in
or administering USDA programs are prohibited from discriminating
based on race, color, national origin, sex, disability, age, or reprisal
or retaliation for prior civil rights activity in any program or activity
conducted or funded by USDA.
Persons with disabilities who require alternative means of
communication for program information (e.g. Braille, large print,
audiotape, American Sign Language, etc.), should contact the Agency
(State or local) where they applied for benefits. Individuals who are deaf,
hard of hearing or have speech disabilities may contact USDA through
the Federal Relay Service at (800) 877-8339. Additionally, program
information may be made available in languages other than English.
To file a program complaint of discrimination, complete the USDA
Program Discrimination Complaint Form, (AD-3027) found online at:
http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA
office, or write a letter addressed to USDA and provide in the letter all of
the information requested in the form. To request a copy of the complaint
form, call (866) 632-9992. Submit your completed form or letter to USDA
by:
(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or
(3) email: program.intake@usda.gov.

2.5 oz. container, Gerber or Beech-Nut
plain meat with broth or gravy.

NOT Allowed:

IF FOODS DON'T SCAN:
• The item is not Alabama WIC approved.
• The item is WIC approved, but not in the Approved Product List (APL).
• The WIC shopper has not been issued the WIC approved item.
• The WIC shopper has the benefit, but does not have enough of
the benefit available to make the purchase.

This institution is an equal opportunity provider.
BEECH-NUT
GERBER

alabamapublichealth.gov/WIC
WIC_700APPROVEDFOODS2020

Special Supplemental Nutrition Program for Women, Infants
and Children from the Alabama Department of Public Health

EFFECTIVE OCTOBER 1, 2020 - SEPTEMBER 30, 2021

DOWNLOAD OUR
FREE ALABAMA
WIC APP!


### FRESH FRUITS
- Any variety of fresh fruit, whole or cut. Organic is allowed.
- Examples:
  - Bananas
  - Apples
  - Oranges
  - Strawberries
  - Blueberries

### FRESH VEGETABLES
- Any variety of fresh vegetables, whole or cut. Organic is allowed.
- Examples:
  - Carrots
  - Cucumbers
  - Edible blossoms or flowers
  - Potatoes (Any Color)

### CEREALS
- Select only the cereals listed. Pictures may change. Selections may vary by store. 11 oz. or less. Established house brands may be purchased when approved on specific transactions.
- Whole Grain Cereals:
  - Quaker Instant Grits
  - Honey Bunches of Oats
  - Honey Bunches of Oats Honey Roasted
  - Honey Bunches of Oats with Almonds
  - Quaker Instant Oatmeal
  - Great Grains 11 to 36 oz. boxes or bags only.
  - Oats with Almonds
  - Honey Kix
  - Cheerios
  - Oats Honey Roasted
  - Essentials
  - Sugar Free Cheerios

### FRESH VEGETABLES
- Any variety of fresh vegetables, whole or cut. Organic is allowed.
- Examples:
  - Tomatoes
  - Green Beans

### EWIC SHOPPING TIPS
- Know your food benefit balance when you go to the store. This can check your benefit balance by using your shopping list, calling 811-279-MILL, visiting WCOConnect.com, saving your last store receipt or requesting a balance inquiry at the store. Purchase as much or as little as you want.
- Some items may vary by store. Pictures may change.

### FRESH VEGETABLES
- Edible blossoms or flowers
- Potatoes (Any Color)
- Carrots

### FRESH VEGETABLES
- Whole Grain Cereals
- Oats with Almonds
- Honey Bunches of Oats
- Honey Bunches of Oats Honey Roasted
- Honey Bunches of Oats with Almonds
- Quaker Instant Oatmeal
- Great Grains 11 to 36 oz. boxes or bags only.
- Oats with Almonds
- Honey Kix
- Cheerios
- Oats Honey Roasted
- Essentials
- Sugar Free Cheerios

### EWIC SHOPPING TIPS
- Know your food benefit balance when you go to the store. This can check your benefit balance by using your shopping list, calling 811-279-MILL, visiting WCOConnect.com, saving your last store receipt or requesting a balance inquiry at the store. Purchase as much or as little as you want.
- Some items may vary by store. Pictures may change.

### FRESH VEGETABLES
- Edible blossoms or flowers
- Potatoes (Any Color)
- Carrots
CHAPTER III

MANAGEMENT INFORMATION SYSTEM (MIS)
III. MANAGEMENT INFORMATION SYSTEM (MIS)

(Please indicate) State Agency: Alabama for FY 2021

This section, Management Information System (MIS), involves the planning, documentation, security/confidentiality and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level.

A. System Planning and Operation – 246.4(a)(11)(iv): Describe the procedures for planning, approving and monitoring Automated Data Processing (ADP) goods and services, and any interaction with other statewide ADP operations which may take place, including system costs for services and security.

B. Participant Characteristics Minimum Data Set (MDS) – 246.4(a)(11)(i): All State agencies currently collect all required Minimum Data Set items. Please confirm that your State agency will continue to do so. For the Supplemental Data Set (SDS), which varies by the capacity of State systems, please describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future.

C. WIC Systems Functional Requirements Checklist – 246.4(a)(8); (9); (11); (12); (13); (14); (15); and (18): Describe those functions which are currently incorporated into the MIS or which are planned to be incorporated in the future.
A. System Planning and Operation (Online and Offline)

1. ADP System Planning

a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):
   - ☐ Title IVa (TANF)
   - ☐ Title V (MCH)
   - ☐ Title XIX (Medicaid)
   - ☐ Supplemental Nutrition Assistance Program (SNAP)
   - ☒ Other (specify): The Alabama Department of Public Health follows state procedures for planning, approving and monitoring goods and services as regulated by the Office of Information Technology (OIT) of the Alabama Department of Finance. See AL OIT Policy 380-01, Computer Device Refresh.
   - ☐ No

   If no, please provide a copy of the WIC State agency’s ADP utilization plan.

b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services. If yes, please provide a copy of written procedures.
   - ☐ Yes
   - ☒ No

   ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

2. System Documentation

a. The State system is fully documented in accordance with (check all that apply):
   - ☒ USDA/FNS Advance Planning Document Handbook No. 901
   - ☐ USDA/FNS ADP Security Guide
   - ☐ Other (specify):

b. The State agency maintains overall system documentation (check all that apply):
   - ☐ A general design
   - ☒ User’s manual
   - ☒ Method for updating documentation for system changes/modifications
   - ☒ A detailed design
   - ☐ Maintenance manual

   Note: These documents are NOT required for FNS review or submission with the State plans, but should be available if requested.

   ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):
   All documents related to the Crossroads MIS are available for access by state and local staff.

3. Automated Data Processing Services

a. Indicate below whether the following ADP functions, if applicable, are performed by State agency staff or are contracted to an outside firm.

<table>
<thead>
<tr>
<th>Function</th>
<th>Performed SA Staff</th>
<th>Performed LA Staff</th>
<th>Contracted to Outside Firm (specify company name):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data entry</td>
<td>☒</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>Food instrument production</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Management reports/EBT ☒ ☒
Feasibility study ☒ ☐
ADP development ☒ ☐
ADP system hardware operation ☐ ☐
Custom software development ☐ ☐
Custom software maintenance ☐ ☒
Printing forms/FIs ☐ ☒
Backup computer facility ☒ ☐
Other (specify): ☐ ☐
Back-up files ☐ ☐
EBT processing ☒ ☐
☐ ☒
☐ ☐
☐ ☐

☐ ☐

b. The State agency has a blanket purchase agreement in effect (check all that apply). Please provide a copy of agreement.

☐ Equipment ☐ Services ☐ Software

c. The State agency has methods in place for ensuring that the cost of equipment or services used by WIC and other programs are equitably prorated among funding sources. Please provide policy of method used.

☒ Yes ☐ No

d. The State agency periodically reviews system costs billing.

☒ Yes ☐ No

e. The State agency acquires banking services through:

☐ Competitive bids among banks within the State
☐ Competitive bids among in-State and out-of-State banks
☐ Use of State agency designated bank
☐ Other:

f. The State agency acquires EBT services through:

☐ Competitive bids among EBT processors
☐ State agency IT services
☐ State hosted EBT services
☒ Other: Request for Proposal

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):

4. System Security/Data Confidentiality

a. To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):

☒ There is a separate organizational area/individual to control access to electronic storage media.
☒ Access to WIC Program data files is controlled through password access or similar control.
☒ Operational personnel are limited to only those jobs for which they are responsible.
☒ Passwords are protected.
☒ Passwords are changed periodically.
The system access procedures are audited at least once a year. Please provide a copy of access procedures.

Procedures are implemented for timely removing passwords, ID's etc. when personnel leave.

Biennial security reviews are performed by . Please provide a written summary of the most current biennial security review.

Periodic risk assessments are performed by ADPH Security Office .

Other (specify): Password auditing (every 60 days) is an internal process not performed by an external auditor.

To ensure that disaster contingency plans (e.g., file storage, backup hardware, and software procedures) are sufficient to allow the management information and benefit delivery systems to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):

- Backup copies of files and program are stored off-site in a secure location. Please provide address of location. ADPH Warehouse, 1635 Mitchell Young Road, Montgomery, Alabama 36108.
- Backup copies are kept up-to-date.
- There is an agreement with another processing unit with compatible hardware to provide services in an emergency. Please provide copy of agreement.
- A contingency plan is in place in the event of service interruption. Please provide a copy of contingency plan.
- A recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility. Please provide a written summary of the conducted test.
- Other (specify):

ADDITIONAL DETAIL: Management Information System Appendix and/or Procedure Manual (cite):
See Funding Narrative, Chapter 5, Property/Procurement Section, for a description of purchases and proration.

5. Description of MIS changes that occurred in the past year:

6. Description of MIS changes planned for the upcoming year:
   Crossroads User Group requested defect fixes and enhancements.

B. Participant Characteristics Minimum Data Set

The Participant Characteristics (PC) Minimum Data Set (MFDS) contains data items which are reported to FNS electronically by State agencies in April in even numbered years on all or a State-representative sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set (SDS) is comprised of data items which State agencies have agreed are desirable to collect and report at the national level. Please check MDS or SDS data items the State agency currently collects in its Information Systems and those MDS or SDS data items it is planning to collect within the next two years.

State Agency IS Collects:

- **State Agency ID**. A unique number that permits linkage to the WIC State agency where the participant was certified.

- **Local Agency ID**. A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.

or

- **Service Site ID**. A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.
Case ID. A unique record number for each participant which maintains individual privacy at the national level. (This may not be the case number used in the State agency's MIS for the individual.) Participant or Case IDs for each participant should continue to maintain individual privacy at the national level.

Client Date of Birth. Month, day and year of participant's birth reported in MMDDYYYY format.

Client Race/Ethnicity. The classification of the participant into one of the five (5) racial/ethnic categories: For race: American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; and White. For ethnicity: Hispanic or Latino; Not Hispanic or Latino.

Certification Category. The category—one of five (5) possible categories—under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).

Expected Date of Delivery or Weeks Gestation. For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.

Date of Certification. The date the person was declared eligible for the most current WIC Program certification. Month, day, and year should be reported in MMDDYYYY format.

Sex. For infants and children, male or female.

Priority Level. Participant priority level for WIC Program certification.

Participation in TANF, SNAP, Medicaid. The participant's reported participation in each of these programs at the time of the most recent WIC Program certification.

Migrant Status. Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 798 report).

Number in Family/Household or Economic Unit. The number of persons in the family/household or economic unit upon which WIC income eligibility was based. A self-declared number in the family/household or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF, SNAP, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means-tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and in-stream migrant farmworker applicants).

Family/Household or Economic Unit Income. For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification. For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii). Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.

Nutrition Risk(s) Present at Certification. Up to 10 highest priority nutritional risks present at the WIC Program certification.

Hemoglobin or Hematocrit. That value for the measure of iron status that applies to the WIC Program certification. It is assumed that the measure was collected at the time of certification or within ninety (90) days of the certification date.

Date of Blood Measurement. The date of the blood measurement that was used during the most recent WIC
Program certification in MMDDYYYY format.

- **Weight.** The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.

- **Height.** The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and 1/8 inches, height may be reported in centimeters.

- **Date of Height and Weight Measure.** The date of the height and weight measures that were used during the most recent WIC Program certification in MMDDYYYY format.

- **Currently Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant is currently receiving breastmilk.

- **Ever Breastfed.** Information is needed for all infant participants ages six through thirteen months, whether or not the infant was ever breastfed.

- **Length of Time Breastfed.** For infants ages six through thirteen months, the number of weeks the infant received breastmilk.

- **Date Breastfeeding Data Collected.** For infants ages six through thirteen months, the date on which breastfeeding status was reported in MMDDYYYY format.

- **Food Packages.** The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

**OPTIONAL:**

**Supplemental Data Set**

<table>
<thead>
<tr>
<th>State Agency IS Collects</th>
<th>State Agency IS Plans to Collect</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

- **Date of First WIC Certification.** Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women, this applies to the current/most recent pregnancy and not to prior pregnancies.

- **Educational Level.** For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker.

- **Number in Family/Household on WIC.** The number of people in the participant's family/household receiving WIC benefits.

- **Date Previous Pregnancy Ended.** For pregnant women, the date previous pregnancy ended in MMDDYYYY format.

- **Total Number of Pregnancies.** For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth.

- **Total Number of Live Births.** For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth.
Pre-pregnancy Weight. For pregnant women only, the participant's weight immediately prior to pregnancy. Pre-pregnancy weight may be reported either in pounds and ounces or in grams.

Participant's Weight Gain During Pregnancy. For breastfeeding and postpartum women, the participant's weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams.

Birth Weight. For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs./ounces). Birth weight may be reported in either pounds or ounces, or in grams.

Birth Length. For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters.

Participation in the Food Distribution Program on Indian Reservations. The participant's reported participation in this program.

C. WIC Systems Functional Requirements Checklist

The following checklists were taken from the WIC Functional Requirements Document (FRED) which is provided as guidance to State agencies on functions they should consider incorporating into their Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

<table>
<thead>
<tr>
<th>State Agency</th>
<th>State Agency</th>
<th>Performs/Planned</th>
<th>Automated Cord Function/Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☒ ☐</td>
<td>1. Calculates the date certification is due to expire.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☒ ☐</td>
<td>2. Assigns the participant a nutritional risk code and assigns a priority level. (CPA confirms the code is correct.)</td>
</tr>
<tr>
<td>☒ ☐</td>
<td>☐</td>
<td>2a. Assigns one risk code.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>2b. Assigns up to 3 risk codes.</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>2c. Assigns up to 6 risk codes.</td>
<td></td>
</tr>
<tr>
<td>☒ ☐</td>
<td>☐</td>
<td>2d. Assigns more than 6 risk codes.</td>
<td></td>
</tr>
<tr>
<td>☒ ☐</td>
<td>☐</td>
<td>3. Calculates the applicant's household income and flags individuals whose income exceeds program standards.</td>
<td></td>
</tr>
<tr>
<td>☒ ☐</td>
<td>☐</td>
<td>3a. Converts incremental income (weekly, monthly) to an annual figure.</td>
<td></td>
</tr>
<tr>
<td>☒ ☐</td>
<td>☐</td>
<td>4. Associates family members.</td>
<td></td>
</tr>
<tr>
<td>☒ ☐</td>
<td>☐</td>
<td>5. Statewide data is maintained to facilitate families transferring within the State.</td>
<td></td>
</tr>
<tr>
<td>☒ ☐</td>
<td>☐</td>
<td>6. Transfers certification data to the central computer facility electronically either in real time or batch mode.</td>
<td></td>
</tr>
</tbody>
</table>
7. Captures or documents the nutrition education provided each participant as well as the topics covered.

8. Uses table-driven food packages.
   8a. Uses standard pre-defined food packages.
   8b. Enables easy food package tailoring.
   8c. Performs edits to prevent over-issuance during food package creation.

9. Enables food instruments to be issued when the participant is present for pick-up, i.e., on-demand.

10. Captures or documents the name of the programs to which the participant was referred.

11. Performs food instrument reconciliation.


17. Captures basic transaction data by vendor.

18. Flags high-risk vendors through peer group analysis of redemption data.
   18a. Identifies vendors with high average food instrument redemptions.
   18b. Identifies vendors with a narrow variation in redemptions.

19. Assigns a maximum value for each food instrument type (paper) or each item/UPC (EBT).
   19a. Receives data about the amount a vendor requests for each food instrument (paper) or item/UPC (EBT) redeemed.

20. Captures source of income.

21. Has the capability of annualizing household income occurring at more than one frequency.

22. Performs automated dietary assessment.

23. Has automated growth charts.

24. Has point of certification data entry, i.e., a personal computer at each "station" within the clinic.

25. Allows for ad hoc reporting.
### POLICY 380: Computer Device Refresh

<table>
<thead>
<tr>
<th>VERSION NUMBER</th>
<th>Policy 380-01</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERSION DATE</td>
<td>August 10, 2018</td>
</tr>
<tr>
<td>POLICY TITLE</td>
<td>Computer Device Refresh</td>
</tr>
<tr>
<td>OBJECTIVE</td>
<td>The objective of this policy is to establish an effective approach to information technology (IT) lifecycle management by replacing aging IT equipment following a planned device upgrade strategy.</td>
</tr>
<tr>
<td>AUTHORITY</td>
<td>The authority of the Office of Information Technology (OIT) to create and enforce policies relating to the management and operation of IT by state agencies, and exceptions to such authority, are derived from:</td>
</tr>
<tr>
<td></td>
<td>Policies of the OIT are approved and signed by the Governor</td>
</tr>
<tr>
<td>APPLICABILITY</td>
<td>The requirements and responsibilities defined in OIT policies apply to all departments, agencies, offices, boards, commissions, bureaus, and authorities (referred to generally as agency or agencies) and authorized individuals in the employment of the State of Alabama responsible for the management, operation, or use of state IT.</td>
</tr>
<tr>
<td></td>
<td>This policy applies to the following IT devices:</td>
</tr>
<tr>
<td></td>
<td>- Desktops, laptops, tablets, and smartphones</td>
</tr>
<tr>
<td></td>
<td>- Servers, mass-storage systems, and backup systems</td>
</tr>
<tr>
<td></td>
<td>- Peripheral devices such as printers and scanners</td>
</tr>
<tr>
<td></td>
<td>- Network communications and control equipment</td>
</tr>
<tr>
<td></td>
<td>- Security, access control systems, and logging devices</td>
</tr>
<tr>
<td></td>
<td>- IP-based voice communications equipment</td>
</tr>
<tr>
<td></td>
<td>- Software running on any of the devices listed above</td>
</tr>
</tbody>
</table>
STATEMENT OF POLICY

It is imperative that agencies establish and implement policies to refresh (replace) or extend the useful life of IT equipment under their control. As IT equipment ages, the cost of maintenance increases and the likelihood of downtime (and lost productivity) increases. An effective IT refresh cycle ensures IT assets are compatible with the current technological environment and allows state agencies to maximize their service productivity.

The optimal age for replacing IT devices varies by device and is influenced by many factors including (but not limited to) the type of use, changes in technology, changes to user requirements, and the expected duration of vendor support.

This policy does not require a single standard schedule for refresh, but does require agencies to plan for system refresh based on the requirements and recommendations provided herein.

It is the policy of the OIT that:

- Agencies track the age of IT assets under their control.
- Agencies establish a device refresh policy for IT devices (as listed above) based on these recommended guidelines:
  - Portable devices: refresh every 2-4 years
  - Desktop PCs and peripheral devices: 3-5 years
  - Servers, network devices, appliances: 5-10 years
  - Software: follow vendor support dates
  - Include consideration of systems that may outlive their component parts (e.g., a mass-storage system lifespan may be 10 years or more, but individual hard drives may need to be replaced more frequently)

OIT RESPONSIBILITIES

Advise agencies when widely utilized applications and major operating systems are approaching the end of vendor support.

Utilize available forums (user groups, State Security Council, or CIO Advisory Council) to encourage agencies to review annually their IT refresh policy.

When requested, provide advice to agencies for the establishment and implementation of an IT refresh policy.
AGENCY RESPONSIBILITIES

Develop an IT refresh policy for routine replacement of IT equipment that provides, within budgetary constraints, a complete refresh of IT within expected and supported system lifespans.

Include within IT expenditures, a line item on the annual budget for planned future replacement cost of computer hardware and software items.

Select IT equipment that can be reasonably expected to meet users’ needs for at least 3 to 4 years (except for mobile devices which may have a shorter expected lifecycle).

For leased computers and other data processing equipment, ensure the replacement cycle is defined in the lease contract and that it complies with the requirements of this policy.

Enforce this policy through periodic compliance inspections of agency information systems with intent of identifying systems older than the recommended refresh age or no longer supported by the vendor (or by a third-party support provider).

When it is required that IT systems continue operation beyond life-expectancy or without vendor (or third-party) support, agency shall provide to OIT written documentation justifying continued use of unsupported systems and include a remediation plan and replacement or upgrade schedule.

Other than computer equipment kept for temporary replacement parts, all other computer equipment, upon warranty or support expiration, shall be decommissioned, sanitized, and sent to surplus or disposed of in accordance with applicable policies or procedures.

USER RESPONSIBILITIES

Inform supervisors when computer systems are suboptimal to properly fulfill their roles and responsibilities.

EFFECTIVE DATE

This policy shall be effective upon its approval by the Secretary of Information Technology and the Governor of Alabama as evidenced by the signatures of the Secretary and Governor being affixed hereto.

SUPERSEDES

This is the initial policy and does not supersede a previous version.
The undersigned, as Acting Secretary of Information Technology of the State of Alabama, exercising the power vested in that Office by the laws of this state, declares this policy to be adopted as of the date on which the Governor has approved and signed it.

Jim Purcell  
Acting Secretary of Information Technology

ORDERED

Kay Ivey  
Governor

This 13 day of September, 2018.

DOCUMENT CHANGE HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Version Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>380-01</td>
<td>08/10/2018</td>
<td>Initial version</td>
</tr>
</tbody>
</table>
**Business Continuity Plan for Local Agency Operations in the Event Crossroads is Unavailable**

**Prerequisites:**
1. Staff has been trained on the Business Continuity plan.
2. Crossroads required Data Elements form is available.
3. Form is available to document other activities (classes, nutrition ed, care plan, changes in family/participant demographics, food Rx)
4. Staff has run the AL Master Participant List report from Crossroads monthly and printed or saved it to a local device or jump drive.
5. All Crossroads data is replicated to databases at the ADPH disaster recovery site.
   a. If one or more clinics are down, the state office and other clinics assist with reporting and information sharing. The clinic staff will complete certifications on paper as stipulated below and benefits can be loaded remotely.
   b. If the state office is down, a copy of the main application server would be installed at the disaster recovery site and users would be given an alternate URL to access Crossroads.

When Crossroads is initially unavailable, and duration is uncertain:
- Check with local IT support to determine if a local problem.
- If not a local problem, notify AL Help Desk and appropriate AL Crossroads staff.
- Continue to certify participants using Required Data Elements form.
- Order special formulas from AL state office.

When Crossroads is expected to be unavailable for a week or longer:
- Continue to certify applicants:
  - Complete new certifications by completing Required Data Elements form.
  - Complete subsequent certifications by reviewing the AL Master Participant List and completing Required Data Elements form.
- Continue to provide classes, individual nutrition education, assessments:
  - Ask family about any changes in demographic or personal information, and food prescription. Document any reported changes on Required Data Elements form.
  - Complete Required Data Elements form to document services.
- Continue to provide food benefit issuance:
  - Ask family about any changes in demographic or personal information, and food prescription. Document any reported changes on Required Data Elements form.
  - For all participants except those on exempt formula or WIC-eligible medical foods:
    - Issue each participant one month food benefit and possibly issue up to three months if the situation warrants.
    - Ask participant to call for a future appointment when Crossroads is back on line or continue procedure in place for open access clinics.
  - For any participant on exempt formula or WIC-eligible medical foods, select one of these options:
    - Issue up to a week’s supply from inventory on hand.
- Order product from AL state office.
- Thoroughly document actions/instructions.

When Crossroads system is available again:
- Enter data documented on forms:
  - Required Data Elements
  - Other data forms as needed
  - Print required notices
  - When Crossroads becomes available participants may be contacted either by phone or mail to schedule appointments.
CHAPTER IV

ORGANIZATION AND MANAGEMENT
Organization and management involves the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

A. **State Staffing – 246.3(e), 246.4(a)(4) and (24):** describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.

B. **Evaluation and Selection of Local Agencies - 246.4(a)(5)(i) and (7) and 246.5:** describe the procedures and criteria utilized in the selection and authorization of local agencies.

C. **Local Agency Staffing - 246.4(a)(4):** describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.

D. **Disaster Planning** - describe the disaster plans to be implemented in the event of a disaster.
IV ORGANIZATION AND MANAGEMENT

A. State Staffing

1. State Level Staff

   a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in the section's Appendix noted here:

<table>
<thead>
<tr>
<th>Position</th>
<th>FTE WIC</th>
<th>FTE WIC</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritionist</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vendor Specialist</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Specialist</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Specialist</td>
<td>2.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Coordinator</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(MIS/EBT) Specialist</td>
<td>3.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify): Program Admin</td>
<td>0.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify): Administrative</td>
<td>4.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify): SAM Crossroads</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.
      ☒ Yes    ☐ No

      If yes, please attach and/or reference the location of the State agency's WIC organization chart:
      WIC Organization Chart attached. Chart doesn't include positions that work outside the WIC Division.

   c. If available, please attach and/or reference the location of the overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization:
      Alabama Dept of Public Health (ADPH) and Family Health Services (FHS) Organizational Charts attached.

   d. The State agency has updated position descriptions for each of the above positions.
      ☒ Yes    ☐ No

      If yes, please attach and/or reference the location of the position descriptions:
      Alabama WIC Employee Responsibilities attached.

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):
Alabama WIC Procedure Manual, Chapter 1
A. State Staffing

2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:

<table>
<thead>
<tr>
<th>Function</th>
<th>Percent of Total Staff Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification, including nutrition risk determination</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding training/promotion and support</td>
<td></td>
</tr>
<tr>
<td>Nutrition education</td>
<td></td>
</tr>
<tr>
<td>Monitoring of local agencies</td>
<td></td>
</tr>
<tr>
<td>Fiscal reporting</td>
<td></td>
</tr>
<tr>
<td>Food delivery system management</td>
<td></td>
</tr>
<tr>
<td>Vendor management, including vendor training</td>
<td></td>
</tr>
<tr>
<td>Staff training and continuing education</td>
<td></td>
</tr>
<tr>
<td>(MIS/EBT) system development and maintenance</td>
<td></td>
</tr>
<tr>
<td>Civil Rights</td>
<td></td>
</tr>
<tr>
<td>Coordination with and referrals to other assistance programs and social service agencies</td>
<td>100</td>
</tr>
</tbody>
</table>

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

3. Drug-Free Workplace

a. The State agency has a plan that will enable them to achieve a drug-free workplace.
   ☒ Yes   ☐ No

b. Please attach and/or reference the location of a description of the State agency’s plans to provide and maintain a drug-free workplace in Appendix of this section.
   ADPH Drug Free Workplace Policy #2004-019 attached.

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):
IV ORGANIZATION AND MANAGEMENT

B. Evaluation and Selection of Local Agencies

☐ Does not apply because the State agency has only one location (PROCEED TO NEXT SECTION)

1. Local Agencies Authorized
   10 Number of local agencies authorized to provide WIC services last year
   10 Number of local agencies planned to provide WIC services this year

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

2. The State agency accepts applications from potential local agencies:
   ☐ Annually
   ☐ Biennially
   ☑ On an on-going basis
   ☒ Other (specify) ADPH solicits a RFP when there is a need & funds are available.

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

3. Existing local agencies must reapply and compete with new applicant agencies for authorization:
   ☐ Annually
   ☐ Biennially
   ☑ Not applicable
   ☒ Other (specify) RFP is submitted annually for services in the Montgomery, AL area

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

4. Selection Criteria
   a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:

<table>
<thead>
<tr>
<th>New Service Areas</th>
<th>Existing Service Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Coordination with other health care providers</td>
<td></td>
</tr>
<tr>
<td>☑ Projected cost of operations/ability to operate with available funds</td>
<td></td>
</tr>
<tr>
<td>☑ Location/participant accessibility</td>
<td></td>
</tr>
<tr>
<td>☑ Financial integrity/solvency</td>
<td></td>
</tr>
<tr>
<td>☑ Relative need in the area</td>
<td></td>
</tr>
<tr>
<td>☑ Range and quality of services</td>
<td></td>
</tr>
<tr>
<td>☑ History of performance in other programs</td>
<td></td>
</tr>
<tr>
<td>☑ Ability to serve projected caseload</td>
<td></td>
</tr>
<tr>
<td>☑ Non-smoking facility</td>
<td></td>
</tr>
<tr>
<td>☑ Americans with Disabilities Act (ADA) compliance</td>
<td></td>
</tr>
<tr>
<td>☐ ☐ Other (specify by typing into the cells below):</td>
<td></td>
</tr>
</tbody>
</table>

☐ ☐
IV ORGANIZATION AND MANAGEMENT

B. Evaluation and Selection of Local Agencies

b. The State agency conducts studies (provide date of most recent study: 6/13/2019) of the cost-effectiveness of local agency operations that examine:

☐ Location and distribution of local agencies in proportion to participants/potential eligibles
☒ Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)
☒ Staff-to-participant ratios and related staffing analyses
☒ Comparative analyses of local agency/clinic costs
☒ Other

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

5. The State agency enters into a formal written agreement or contract with each local agency.

☒ Yes (state duration): 1 year unless otherwise stated   ☐ No

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

6. The State agency has established statewide fair hearing procedures for local agency appeals.

☒ Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:  
☐ No
☐ Not Applicable

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):
Alabama WIC Procedure Manual Chapter XII Program Abuse

7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach and/or reference the location of the listing:

☒ Location  
☐ Type of site (e.g., hospital, health department, community action program)  
☐ Service area  
☒ Hours of operation  
☒ Days of operation  
☐ Health services provided on-site  
☐ Social services provided on-site  
☐ Participation  
☒ Other (specify): Contact Information

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):
WIC Clinic List by District attached.
IV ORGANIZATION AND MANAGEMENT

C. Local Agency Staffing

☐ Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)

1. Staffing Standards

a. The State agency prescribes local agency staffing standards that include:
   ☒ Credentials
   ☒ Staff levels
   ☒ Staff-to-participant ratio standards
   ☐ Time spent on WIC functions
   ☐ Other (specify):
   ☒ Functions of CPAs
   ☐ Paraprofessional requirements
   ☒ Separation of duties to ensure no conflicts of interest
   ☐ Other (specify):
   ☐ Not applicable

b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards.
   ☒ Yes ☐ No

c. The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices.
   ☒ Yes ☐ No

d. Local agencies follow staffing standards established by unions or local governmental authorities.
   ☐ Yes ☒ No

   If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities?

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

2. Local Level Staffing Data

a. The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):

   ☒ For each clinic/local agency  ☒ By function
   ☐ At regular intervals  ☐ Program management
   ☐ Monthly  ☐ Food delivery
   ☒ Quarterly  ☐ Certification
   ☐ Annually  ☐ Nutrition education
   ☐ Breastfeeding promotion and support
   ☒ Other (specify): Provider/Clerical to Participant Ratio
   ☒ Other (specify): Provider/Clerical Visits per Day
C. Local Agency Staffing

b. Results of analyses are reported back to local agencies.

☐ No
☒ Yes, in a single report comparing all local agencies
☒ Yes, in a local agency-specific report (no comparative data)

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

3. Local Agency Breastfeeding Staffing Requirement

a. Number of local agencies with a designated a staff person to coordinate breastfeeding promotion and support activities.

b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the WIC Breastfeeding Support.

☒ Yes ☐ No

c. Number of local agencies with breastfeeding peer counselors.
D. Disaster Plan

1. State agency has developed a WIC disaster plan.
   ☒ Yes    ☐ No

2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan.
   ☒ Yes, what agency(ies): ADPH Emergency Management Plan
   ☐ No

3. The State agency shares the disaster plan with its local agencies and clinics?
   ☒ Yes    ☐ No

4. The Disaster Plan addresses:
   ☒ Procedures to access the extent of a disaster and report findings
   ☒ MIS alternate procedures
   ☐ Emergency authorization of vendors
   ☒ Access to program records
   ☒ Back up computer systems
   ☒ Certification and food issuance sites and procedures
   ☒ Back up filing systems
   ☒ Food package adjustments
   ☒ Staffing arrangements
   ☒ Food delivery systems to include electronic benefits transfer (EBT)
   ☒ Use of mobile equipment, clinics
   ☐ Management Information System (MIS) Recovery
   ☐ Publication notification of Variances in program operations
   ☐ Other (describe):

5. The State agency requires local agencies/clinics to have individual disaster plans.
   ☒ Yes    ☐ No
   If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.
   ☐ Yes    ☒ No

6. The State agency has a designated staff person to coordinate disaster planning.
   ☒ Yes    ☐ No
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>PHONE / FAX</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>011 - Autauga</td>
<td>Prattville</td>
<td>219 North Court St. Prattville, AL 36067</td>
<td>334-361-3743/361-3718</td>
<td>M-F 7:30-5:00</td>
<td>Jennifer Holtzscher, RDN</td>
</tr>
<tr>
<td>061 - Bullock</td>
<td>Union springs</td>
<td>674 Hicks Industrial Blvd, Union Springs, AL 36089</td>
<td>334-738-3030/738-3008</td>
<td>M-F 8:00-5:00</td>
<td>Tracey Johnson, NA/Kathy Ricks, RDN</td>
</tr>
<tr>
<td>092 - Chambers</td>
<td>Valley</td>
<td>S North Medical Park Dr., Valley, AL 36854</td>
<td>334-756-0758/756-0765</td>
<td>M-F 8:00-5:00</td>
<td>Vivian Nellom, ASA/Kathy Ricks, RDN</td>
</tr>
<tr>
<td>261 - Elmore</td>
<td>Wetumpka</td>
<td>6501 Hwy, 231 No., Wetumpka, AL 36092</td>
<td>334-567-1171/567-1186</td>
<td>M-F 8:00-5:00</td>
<td>Jessica N. Smith, NA/Jennifer Holtzscher, RDN</td>
</tr>
<tr>
<td>411 - Lee</td>
<td>Opelika</td>
<td>1801 Corporate Drive, Opelika, AL 36801</td>
<td>334-745-5765/745-9830</td>
<td>M-F 8:00-5:00</td>
<td>Jenna Kayworth, RDN/Kathy Ricks, RDN</td>
</tr>
<tr>
<td>433 - Lowndes</td>
<td>Hayneville</td>
<td>507 E. Tuskeena St., Hayneville, AL 36744</td>
<td>334-548-2564/548-2566</td>
<td>M-F 8:00-5:00</td>
<td>Pamela Foster, ASA/Anissa McCants, ASA Jennifer Holtzscher, RDN</td>
</tr>
<tr>
<td>441 - Macon</td>
<td>Tuskegee</td>
<td>812 Hospital Rd., Tuskegee, AL 36083</td>
<td>334-727-1800/727-7100</td>
<td>M-F 8:00-5:00</td>
<td>Tracey Johnson, NA/Kathy Ricks, RDN</td>
</tr>
<tr>
<td>511 - Montgomery</td>
<td>Montgomery</td>
<td>3060 Mobile Hwy., Montgomery, AL 36108</td>
<td>334-293-6450/293-6404</td>
<td>M-F 7:30-5:00</td>
<td>Tina Allen, RDN</td>
</tr>
<tr>
<td>514 - Montgomery Training Clinic</td>
<td>Montgomery</td>
<td>401-A Coliseum Blvd., Montgomery, AL 36109</td>
<td>334-270-9263/271-1314</td>
<td>M-F 7:30-4:30</td>
<td>Carmalita Green, RDN</td>
</tr>
<tr>
<td>517 - Health Services, Inc. (Main)</td>
<td>Montgomery</td>
<td>2905 East South Blvd. Montgomery, AL 36116</td>
<td>334-834-5811/356-1487</td>
<td>M-F 7:30-4:30</td>
<td>Noelle Perkowski, RDN</td>
</tr>
<tr>
<td>519 - ‘HSI/Chisholm</td>
<td>Montgomery</td>
<td>100 Vandiver Blvd., Montgomery, AL 36110</td>
<td>334-832-4338/832-9971 ext. 6</td>
<td>W,F 7:30-4:30</td>
<td>Noelle Perkowski, RDN</td>
</tr>
<tr>
<td>571 - Russell</td>
<td>Phenix City</td>
<td>1850 Crawford Rd., Phenix City, AL 36867</td>
<td>334-297-0251/291-5478</td>
<td>M-F 7:30-5:00</td>
<td>Kourttni M Baker, NA/Kathy Ricks, RDN</td>
</tr>
<tr>
<td>621 - Tallapoosa</td>
<td>Dadeville</td>
<td>220 Lafayette Street, Dadeville, AL 36853</td>
<td>256-825-9203/329-1798</td>
<td>M-F 8:00-5:00</td>
<td>Bonnie Johnson, ASA/Kathy Ricks, RDN</td>
</tr>
<tr>
<td>622 - Tallapoosa</td>
<td>Alexander City</td>
<td>2078 Sportplex Blvd., Alexander City, AL 35010</td>
<td>256-329-0531/825-6546</td>
<td>M-F 8:00-5:00</td>
<td>Michele Epperson, OM/Kathy Ricks, RDN</td>
</tr>
</tbody>
</table>

Alisa.Champion@adph.state.al.us
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>PHONE / FAX</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>371 - Jefferson Central</td>
<td>Central Health Center</td>
<td>1400 6th Ave., So., Birmingham, AL 35233</td>
<td>205-930-1158/930-1379</td>
<td>M-F 7:45-4:30</td>
<td>Janie Clay, MSPH, RDN</td>
</tr>
<tr>
<td>373 - Jefferson Western</td>
<td>Western Health Center</td>
<td>631 Bessemer Super Hwy, Midfield, AL 35228</td>
<td>205-715-6142/241-5235</td>
<td>M-F 7:45-4:30</td>
<td>Cheryl Hill, RDN</td>
</tr>
<tr>
<td>375 - Jefferson Eastern</td>
<td>Eastern Health Center</td>
<td>601 West Blvd, Birmingham, AL 35206</td>
<td>205-510-3404/838-4394</td>
<td>M-F 7:45-4:30</td>
<td>Micah Madsen RDN</td>
</tr>
<tr>
<td>Jefferson Administration</td>
<td></td>
<td>1400 6th Ave., So., Birmingham, AL 35233</td>
<td>205-930-1482/930-13280109</td>
<td></td>
<td>Natalie Clements, RDN</td>
</tr>
</tbody>
</table>

Jeanne.Baker@adph.state.al.us
jeanne.baker@jcdh.org

Phone line for participants to call:
205-558-2144
1 = Central
3 = Eastern
5 = Western
e-mail: wic@jcdh.org
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>PHONE / FAX</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>492 - Mobile</td>
<td>Teens/Women's Center</td>
<td>248 Cox Street, Mobile, AL 36604</td>
<td>251-690-8942/694-9324</td>
<td>M-F 7:30-4:30</td>
<td>Gina Clark, NA/Minette Elder, RDN</td>
</tr>
<tr>
<td>493 - Mobile</td>
<td>Keeler</td>
<td>251 N. Bayou St. Mobile, AL 36603</td>
<td>251-690-8829/690-8903</td>
<td>M-F 7:30-4:30 Sat-8:00-12:00</td>
<td>Minette Elder, RDN</td>
</tr>
<tr>
<td>494 - Mobile</td>
<td>Southwest Mobile</td>
<td>5580 Inn Road, Mobile, AL 36619</td>
<td>251-602-8451/666-7471</td>
<td>M-F 7:30-4:30</td>
<td>LaDina Hudson, NA/Minette Elder, RDN</td>
</tr>
<tr>
<td></td>
<td>Formerly Tillman's Corner</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>495 - Mobile</td>
<td>Citronelle</td>
<td>19255 Main St., Citronelle, AL 36522</td>
<td>251-866-5940/866-9121</td>
<td>T, Th 8:00-3:00</td>
<td>Margaret McCulloch, RDN/Minette Elder, RDN</td>
</tr>
<tr>
<td>498 - Mobile</td>
<td>Semmes</td>
<td>3810 Wulff Road East, Semmes, AL 36575</td>
<td>251-445-0581/649-6708</td>
<td>M-F 8:00-4:30</td>
<td>Ashley Rocker/Minette Elder, RDN</td>
</tr>
<tr>
<td>499 - Mobile</td>
<td>Eight Mile</td>
<td>4547 St. Stephens Rd., Eight Mile, AL 36613</td>
<td>251-457-4186/456-8340</td>
<td>M-F 7:30-4:30 Closed 12 - 1</td>
<td>Margaret McCulloch, RDN/Minette Elder, RDN</td>
</tr>
</tbody>
</table>

Amanda.Arnold@adph.state.al.us
aarnold@mchd.org
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>Phone</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - Blount</td>
<td>Oneonta</td>
<td>1001 Lincoln Ave, Oneonta, AL 35121</td>
<td>205-274-2120/274-2210</td>
<td>M-F 7:30-5:00</td>
<td>Heidi Marsh, ASA/Jennifer Kujan, RDN</td>
</tr>
<tr>
<td>081 - Calhoun</td>
<td>Anniston</td>
<td>3400 McClellan Blvd, Anniston, AL 36204</td>
<td>256-237-7523/741-3679</td>
<td>M-F 7:30-5:00</td>
<td>Becky Dawson, NA/Megan McKinney, RDN</td>
</tr>
<tr>
<td>101 - Cherokee</td>
<td>Centre</td>
<td>833 Cedar Bluff Road, Centre, AL 35960</td>
<td>256-927-3132/927-2809</td>
<td>M-F 8:00-5:00</td>
<td>Regina Majors, ASA/Megan McKinney, RDN</td>
</tr>
<tr>
<td>141 - Clay</td>
<td>Lineville</td>
<td>86892 Hwy 9, Lineville, AL 36854</td>
<td>256-396-6421/396-9172</td>
<td>M-F 8:00-5:00</td>
<td>Jenny Adams, RDN</td>
</tr>
<tr>
<td>151 - Cleburne</td>
<td>Heflin</td>
<td>90 Brockford Road, Heflin, AL 36264</td>
<td>256-463-2296/463-2772</td>
<td>M-F 8:00-5:00</td>
<td>Christina Clemons, ASA/Jenny Adams, RDN</td>
</tr>
<tr>
<td>251 - Dekalb</td>
<td>Ft. Payne</td>
<td>2401 Calvin Dr., SW, Ft Payne, AL 35967</td>
<td>256-845-1931/845-2967</td>
<td>M-F 8:00-5:00</td>
<td>Teresa Alexander, RDN</td>
</tr>
<tr>
<td>281 - Etowah</td>
<td>Gadsden</td>
<td>709 E. Broad Street, Gadsden, AL 35903</td>
<td>256-547-6311/549-1579</td>
<td>M-F 8:00-5:00</td>
<td>Wendy Jones, ASA/Jessy Hooper, RDN</td>
</tr>
<tr>
<td>561 - Randolph</td>
<td>Roanoke</td>
<td>320 Main Street, Roanoke, AL 36274</td>
<td>334-863-8981/863-8975</td>
<td>M-F 8:00-5:00</td>
<td>Carol Brown, ASA/Jenny Adams, RDN</td>
</tr>
<tr>
<td>581 - St. Clair</td>
<td>Ashville</td>
<td>31675 US Hwy 411, Ashville, AL 35953</td>
<td>205-594-4919/594-7134</td>
<td>1st &amp; 3rd Thur, 8-4:30</td>
<td>Jennifer Kujan, RDN</td>
</tr>
<tr>
<td>582 - St. Clair</td>
<td>Pell City</td>
<td>1175 23rd St. No., Pell City, AL 35125</td>
<td>205-338-3357/338-4863</td>
<td>M-F 8:00-5:00</td>
<td>Jennifer Kujan, RDN</td>
</tr>
<tr>
<td>592 - Shelby</td>
<td>Pelham</td>
<td>2000 County Services Dr. Pelham, AL 35124</td>
<td>205-685-4197/664-3164</td>
<td>M-F 7:30-5:00</td>
<td>Laura Griffin, RDN</td>
</tr>
<tr>
<td>611 - Talladega</td>
<td>Talladega</td>
<td>1004 South St. East, Talladega, AL 35160</td>
<td>256-362-2593/362-0529</td>
<td>M-F 8:00-5:00</td>
<td>Anna Keith, RDN</td>
</tr>
<tr>
<td>612 - Talladega</td>
<td>Sylacauga</td>
<td>311 North Elm Ave., Sylacauga, AL 35150</td>
<td>256-249-3807/245-0169</td>
<td>M-F 8:00-5:00</td>
<td>Blair Sims, NA/Anna Keith, RDN</td>
</tr>
</tbody>
</table>

Reba.Brannan@adph.state.al.us
Amy.Minish@adph.state.al.us
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>PHONE / FAX</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>171 - Colbert</td>
<td>Tuscumbia</td>
<td>1000 S. Jackson Hwy., Sheffield, AL 35660</td>
<td>256-383-1231/314-6435</td>
<td>M-F 7:30-5:00</td>
<td>Tammie Aycock, RN/Danna Rutz, RDN</td>
</tr>
<tr>
<td>221 - Cullman</td>
<td>Cullman</td>
<td>601 Logan Ave., S.W., Cullman, AL 35055</td>
<td>256-734-1030/737-9646</td>
<td>M-F 7:00-5:00</td>
<td>Judith Lucas ASA/Kendra Whitley, RDN</td>
</tr>
<tr>
<td>301 - Franklin</td>
<td>Russellville</td>
<td>801 Hwy 48, Russellville, AL 35654</td>
<td>256-332-2700/332-1563</td>
<td>M-F 8:00-5:00</td>
<td>Amber Fugate, RN/Danna Rutz, RDN</td>
</tr>
<tr>
<td>360 - Jackson</td>
<td>Scottsboro</td>
<td>204 Liberty Lane, Scottsboro, AL 35769</td>
<td>256-259-4161/574-5691</td>
<td>M-F 8:00-5:00</td>
<td>Priscilla Hope, ASA/Lauren Jett, RDN</td>
</tr>
<tr>
<td>391 - Lauderdale</td>
<td>Florence</td>
<td>4112 Chisholm Road, Florence, AL 35630</td>
<td>256-764-7453/764-4185</td>
<td>M-F 8:00-5:00</td>
<td>Jennifer Tolbert, RN/Danna Rutz, RDN</td>
</tr>
<tr>
<td>401 - Lawrence</td>
<td>Moulton</td>
<td>13299 Alabama Hwy 157, Moulton 35650</td>
<td>256-974-1141/974-5350</td>
<td>M-F 8:00-5:00</td>
<td>Misty Appleton, ASA/Danna Rutz, RDN</td>
</tr>
<tr>
<td>421 - Limestone</td>
<td>Athens</td>
<td>20371 Clyde Mabry Dr., Athens, AL 35611</td>
<td>256-232-3200/232-6632</td>
<td>M-F 8:00-5:00</td>
<td>LeAnn Barron, NA/Geraldine Remisse, RDN</td>
</tr>
<tr>
<td>450 - Madison</td>
<td>Max Luther</td>
<td>301 Max Luther Dr. NW, Huntsville, AL 35811</td>
<td>256-533-0826/533-1570</td>
<td>M-F 7:30-5:00</td>
<td>Madeline Godwin, ASA/Kasha Simas, MS, RDN</td>
</tr>
<tr>
<td>451 - Madison</td>
<td>New Hope</td>
<td>156 Church Ave, New Hope, AL 35760</td>
<td>256-723-4199/533-1570</td>
<td>Friday 9:00-4:00</td>
<td>Kashera Simas, MS, RDN</td>
</tr>
<tr>
<td>454 - Madison</td>
<td>Huntsville Hosp</td>
<td>Huntsville Hospital, Huntsville, AL</td>
<td>256-265-4961/533-1570</td>
<td>M-F 8:00-5:00</td>
<td>Valerie Tabor, MS, RDN/Kasha Simas, MS, RDN</td>
</tr>
<tr>
<td>455 - Madison</td>
<td>Redstone</td>
<td>3443 Aerobee Road, Huntsville, AL 35808</td>
<td>256-876-2798/533-1570</td>
<td>Wed-1st,3rd,5th 8-12 Wed-2nd, 4th 1-4</td>
<td>Sheryl Gilbreath, NA/Kasha Simas, MS, RDN</td>
</tr>
<tr>
<td>471 - Marion</td>
<td>Hamilton</td>
<td>2448 Military St. So., Hamilton, AL 35570</td>
<td>205-921-3118/921-7954</td>
<td>M-F 8:00-5:00</td>
<td>Paige Taylor, RN/Danna Rutz, RDN</td>
</tr>
<tr>
<td>482 - Marshall</td>
<td>Guntersville</td>
<td>150 Judy Smith Drive, Guntersville, AL 35976</td>
<td>256-582-3174/582-3548</td>
<td>M-F 8:00-5:00</td>
<td>Lauren Jett, RDN</td>
</tr>
<tr>
<td>521 - Morgan</td>
<td>Decatur</td>
<td>3821 US Hwy 31 South, Decatur, AL 35603</td>
<td>256-560-6574/355-0345</td>
<td>M-F 8:00-5:00</td>
<td>Geraldine Remisse, RDN</td>
</tr>
<tr>
<td>671 - Winston</td>
<td>Double Springs</td>
<td>110 Legion Road, Double Springs, AL 35553</td>
<td>205-489-2101/489-2634</td>
<td>M-F 8:00-5:00</td>
<td>Janet Baughn, RN/Kendra Whitley, RDN</td>
</tr>
</tbody>
</table>

Jessie.Simmons@adph.state.al.us
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>PHONE / FAX</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>032 - Barbour</td>
<td>Eufaula</td>
<td>634 School St., Eufaula, AL 36027</td>
<td>334-687-4808/687-6470</td>
<td>M-F 8:00-5:00</td>
<td>Angela Stevens, RDN</td>
</tr>
<tr>
<td>071 - Butler</td>
<td>Greenville</td>
<td>350 Airport Road, Greenville, AL 36037</td>
<td>334-382-3154/382-3530</td>
<td>M-F 7:30-5:00</td>
<td>Elaine Womack, ASA/Jody Lee, RDN</td>
</tr>
<tr>
<td>161 - Coffee</td>
<td>Enterprise</td>
<td>2841 Neal Metcalf Rd., Enterprise, AL 36017</td>
<td>334-347-9574/347-7104</td>
<td>M-F 8:00-5:00</td>
<td>Debbie Grim, ASA/Jody Lee, RDN</td>
</tr>
<tr>
<td>201 - Covington</td>
<td>Andalusia</td>
<td>23989 Alabama Hwy 55, Andalusia, AL 36420</td>
<td>334-222-1175/222-1560</td>
<td>M-F 8:00-5:00</td>
<td>Vivian Burnette, ASA/Jody Lee, RDN</td>
</tr>
<tr>
<td>211 - Crenshaw</td>
<td>Luverne</td>
<td>15 Hospital Dr., Luverne, AL 36049</td>
<td>334-335-2471/335-3795</td>
<td>M-F 8:00-5:00</td>
<td>Patty Rushing, RN/Jody Lee, RDN</td>
</tr>
<tr>
<td>231 - Dale</td>
<td>Ozark</td>
<td>532 W. Roy Parker Rd., Ozark, AL 36360</td>
<td>334-774-5146/774-2333</td>
<td>M-F 8:00-5:00</td>
<td>Angela Stevens, RDN</td>
</tr>
<tr>
<td>311 - Geneva</td>
<td>Hartford</td>
<td>300 Co. Rd., 41 Hartford, AL 36344</td>
<td>334-684-2257/684-3970</td>
<td>M-F 8:00-5:00</td>
<td>Linda Owens, ASA/Angela Stevens, RDN</td>
</tr>
<tr>
<td>341 - Henry</td>
<td>Abbeville</td>
<td>505 Kirkland St., Abbeville, AL 36310</td>
<td>334-585-2660/585-3036</td>
<td>M-F 8:00-5:00</td>
<td>Stacy Anderson, RN/Angela Stevens, RDN</td>
</tr>
<tr>
<td>351 - Houston</td>
<td>Dothan</td>
<td>1781 E. Cottonwood Rd., Dothan, AL 36302</td>
<td>334-678-2800/678-5307</td>
<td>M-F 8:00-5:00</td>
<td>LaKresha Tucker RN/Angela Stevens RDN</td>
</tr>
<tr>
<td>551 - Pike</td>
<td>Troy</td>
<td>900 S. Franklin Dr., Troy, AL 36081</td>
<td>334-566-5744/566-8534</td>
<td>M-F 8:00-5:00</td>
<td>Jody Lee, RDN</td>
</tr>
</tbody>
</table>

Darlene.Hicks@adph.state.al.us
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>PHONE / FAX</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>021 - Baldwin</td>
<td>Bay Minette</td>
<td>312 Courthouse Sq., Bay Minette, AL 36507</td>
<td>251-937-6935/580-4767</td>
<td>M-F 8:00-5:00</td>
<td>Janet Bush, ASA/Stacy Lewis, MS, RDN</td>
</tr>
<tr>
<td>025 - Baldwin</td>
<td>Robertsdale</td>
<td>22280 Gilbert Dr., Robertsdale, AL 36567</td>
<td>251-946-8040/946-8080</td>
<td>M-F 8:00-5:00</td>
<td>Lisa Bowman, ASA/Stacy Lewis, MS, RDN</td>
</tr>
<tr>
<td>026 - Baldwin</td>
<td>Foley</td>
<td>8158 Hwy 59, Unit 108, Foley, AL 36535</td>
<td>251-943-7260/943-7280</td>
<td>M-F 8:00-5:00</td>
<td>Maria Clarke, ASA/Liane Martin, RDN</td>
</tr>
<tr>
<td>121 - Choctaw</td>
<td>Butler</td>
<td>1001 South Mulberry Ave. Butler, AL 36904</td>
<td>205-459-4026/459-4027</td>
<td>M-F 8:00-5:00</td>
<td>Michelle Norwood, ASA/Rebecca Stewart, RDN</td>
</tr>
<tr>
<td>131 - Clarke</td>
<td>Grove Hill</td>
<td>22600 Hwy 84 E., Grove Hill, AL 36451</td>
<td>251-275-3772/275-4253</td>
<td>M-F 8:00-5:00</td>
<td>Kelly Boykin, ASA/Rebecca Stewart, RDN</td>
</tr>
<tr>
<td>181 - Conecuh</td>
<td>Evergreen</td>
<td>102 Wild Avenue, Evergreen, AL 36401</td>
<td>251-578-1952/578-5566</td>
<td>M-F 8:00-5:00</td>
<td>Julie Salter, ASA/Rachel Todd, RDN</td>
</tr>
<tr>
<td>241 - Dallas</td>
<td>Selma</td>
<td>100 Sam O. Moseley Dr., Selma, AL 36701</td>
<td>334-877-2809/875-7960</td>
<td>M-F 8:00-5:00</td>
<td>Tarneisha Ervin, ASA/Rebecca Stewart, RDN</td>
</tr>
<tr>
<td>271 - Escambia</td>
<td>Brewton</td>
<td>1115 Azalea Place, Brewton, AL 36426</td>
<td>251-867-5765/867-5179</td>
<td>M-F 8:00-5:00</td>
<td>Rhonda Hall, ASA/Liane Martin, RDN</td>
</tr>
<tr>
<td>272 - Escambia</td>
<td>Atmore</td>
<td>8600 Hwy 31 N., Atmore, AL 36502</td>
<td>251-368-9188/368-9186</td>
<td>M-F 8:00-5:00</td>
<td>Rhonda Hall, ASA/Liane Martin, RDN</td>
</tr>
<tr>
<td>273 - Escambia</td>
<td>Atmore</td>
<td>5811 Jack Springs Rd, Atmore, AL 36502</td>
<td>251-368-9136/368-1329</td>
<td>M-F 8:00-5:00</td>
<td>Courtney Floyd, Clerk/Jill Lee, DTR</td>
</tr>
<tr>
<td>460 - Marengo</td>
<td>Poarch</td>
<td>303 Industrial Drive, Poarch, AL 36748</td>
<td>334-295-4205/295-0124</td>
<td>M-F 8:00-5:00</td>
<td>Tina Parker, NA/Rebecca Stewart, RDN</td>
</tr>
<tr>
<td>501 - Monroe</td>
<td>Monroeville</td>
<td>416 Agriculture Dr. Monroeville, AL 36460</td>
<td>251-575-3109/575-7935</td>
<td>M-F 8:00-5:00</td>
<td>Jennifer Perryman, ASA/Rachel Todd, RDN</td>
</tr>
<tr>
<td>650 - Washington</td>
<td>Chatom</td>
<td>14900 St. Stephens, Ave, Chatom, AL 36518</td>
<td>251-847-2245/847-3480</td>
<td>M-F 8:00-5:00</td>
<td>Shannon Mitchell, ASA/Stacy Lewis, MS, RDN</td>
</tr>
<tr>
<td>661 - Wilcox</td>
<td>Camden</td>
<td>107 Union Street, Camden, AL 36726</td>
<td>334-682-4515/682-4796</td>
<td>M-F 8:00-5:00</td>
<td>Melanie McIntosh, ASA/Rachel Todd, RDN</td>
</tr>
</tbody>
</table>

Sharon.Eiland@adph.state.al.us
<table>
<thead>
<tr>
<th>CLINIC # / COUNTY</th>
<th>COUNTY</th>
<th>CITY</th>
<th>ADDRESS</th>
<th>PHONE / FAX</th>
<th>HOURS</th>
<th>CONTACT / WIC COORDINATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>041 - Bibb</td>
<td>Bibb</td>
<td>Centreville</td>
<td>281 Alexander, Ave., Centerville, AL 35042</td>
<td>205-926-9702/926-6536</td>
<td>M-F 8:00-5:00</td>
<td>Sandy Wilson, NA /LeeAnn Wagner, RDN</td>
</tr>
<tr>
<td>111 - Chilton</td>
<td>Chilton</td>
<td>Clanton</td>
<td>301 Health Center Dr., Clanton, AL 35045</td>
<td>205-755-1287/755-2027</td>
<td>M-F 8:00-5:00</td>
<td>Amy Cleckler, NA/LeeAnn Wagner, RDN</td>
</tr>
<tr>
<td>291 - Fayette</td>
<td>Fayette</td>
<td>Fayette</td>
<td>215 1st. Ave., N.W., Fayette, AL 35555</td>
<td>205-932-5260/932-3532</td>
<td>M-F 8:00-5:00</td>
<td>Savannah Smith, RDN/Leigh Ann Colvin, RDN</td>
</tr>
<tr>
<td>321 - Greene</td>
<td>Eutaw</td>
<td>Eutaw</td>
<td>412 Morrow Avenue, Eutaw, AL 35462</td>
<td>205-372-9361/372-9283</td>
<td>M-F 8:00-5:00</td>
<td>Dorinda Jones, NA/Jane Neill, RDN</td>
</tr>
<tr>
<td>331 - Hale</td>
<td>Greensboro</td>
<td>Greensboro</td>
<td>670 Hall Street, Greensboro, AL 36744</td>
<td>334-624-3018/624-4721</td>
<td>M-F 8:00-5:00</td>
<td>Jane Neill, RDN</td>
</tr>
<tr>
<td>381 - Lamar</td>
<td>Moundville</td>
<td>Vernon</td>
<td>300 Springfield Rd, Vernon, AL 35592</td>
<td>205-695-9195/695-9214</td>
<td>M-F 8:00-5:00</td>
<td>Savannah Smith, RDN/Leigh Ann Colvin, RDN</td>
</tr>
<tr>
<td>531 - Perry</td>
<td>Marion</td>
<td>Marion</td>
<td>1748 S. Washington St., Marion, AL 36756</td>
<td>334-683-6155/628-3010</td>
<td>M-F 8:00-5:00</td>
<td>Jane Neill, RDN</td>
</tr>
<tr>
<td>532 - Perry</td>
<td>Uniontown</td>
<td>Uniontown</td>
<td>54 Hamburg-Duncan Rd, Untiontown, AL Mail goes to 531 Perry/Marion</td>
<td>334-628-6226/628-3010</td>
<td>T-Thur 8:30-4:00</td>
<td>Jane Neill, RDN</td>
</tr>
<tr>
<td>541 - Pickens</td>
<td>Carrollton</td>
<td>80 Hospital Drive, Carrollton, AL 35447</td>
<td>205-367-8157/367-8374</td>
<td>M-F 8:00-5:00</td>
<td>Dorinda Jones, NA/Sailaja Reddy, RDN</td>
<td></td>
</tr>
<tr>
<td>601 - Sumter</td>
<td>Livingston</td>
<td>1121 N Washington St., Livingston, AL 35470</td>
<td>205-652-2320/6527919</td>
<td>M-F 8:00-5:00</td>
<td>Dorinda Jones, NA/Jane Neill, RDN</td>
<td></td>
</tr>
<tr>
<td>631 - Tuscaloosa</td>
<td>Tuscaloosa</td>
<td>Tuscaloosa</td>
<td>2350 Hargrove Rd., E. Tuscaloosa, AL 35405</td>
<td>205-562-6900/562-6902</td>
<td>M-F 8:00-5:00</td>
<td>Sailaja Reddy, RDN</td>
</tr>
<tr>
<td>635 - Tuscaloosa</td>
<td>Tuscaloosa</td>
<td>Maude Whatley</td>
<td>2731 M.L. King Jr. Blvd., Tuscaloosa, AL 35403</td>
<td>205-614-6139/345-3993</td>
<td>M, TU, TH, F 8:00-4:00</td>
<td>Sandy Wilson, NA/Renee Cole, RDN</td>
</tr>
<tr>
<td>641 - Walker</td>
<td>Jasper</td>
<td>Jasper</td>
<td>705 20th Ave E., Jasper, AL 35501</td>
<td>205-221-9775/221-8810</td>
<td>M-F 7:30-5:00</td>
<td>Leigh Ann Colvin, RDN</td>
</tr>
</tbody>
</table>

Renee.Cole@adph.state.al.us
### Bureau of Family Health Services

#### Director - Grace Thomas (PHPD)

<table>
<thead>
<tr>
<th>Administrative Division</th>
<th>Deputy Director - Amanda Martin (HSA 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Dan Mikkola (HSA 3)</td>
<td></td>
</tr>
<tr>
<td>Assistant Director</td>
<td></td>
</tr>
<tr>
<td>Claudia Cauthen (SR ACCT)</td>
<td></td>
</tr>
<tr>
<td>Tarina Moores (ASA 3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Prevention and Control Division</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Nancy Wright (HSA 3)</td>
<td></td>
</tr>
<tr>
<td>Assistant Director</td>
<td></td>
</tr>
<tr>
<td>Amy Stratton (NM)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Management</td>
<td></td>
</tr>
<tr>
<td>Dan Mikkola (HSA 3)</td>
<td></td>
</tr>
<tr>
<td>Assistant Director</td>
<td></td>
</tr>
<tr>
<td>Claudia Cauthen (SR ACCT)</td>
<td></td>
</tr>
<tr>
<td>Tarina Moores (ASA 3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatric Consultant</td>
<td></td>
</tr>
<tr>
<td>Karen Landers (PHPD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Health</td>
<td></td>
</tr>
<tr>
<td>Tommy Johnson (DD)</td>
<td></td>
</tr>
<tr>
<td>Jennifer Morris (DD)</td>
<td></td>
</tr>
<tr>
<td>Summeer Macias (PPI Spec)</td>
<td></td>
</tr>
<tr>
<td>Jessica Durham (DD)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>MCH Coordinator</td>
<td></td>
</tr>
<tr>
<td>Samantha Jackson (HSA 2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>MCH Epidemiology</td>
<td></td>
</tr>
<tr>
<td>Tamea Brown (MCH sup)</td>
<td></td>
</tr>
<tr>
<td>Alice My (MCH sup)</td>
<td></td>
</tr>
<tr>
<td>Miranda Daniels (MCH)</td>
<td></td>
</tr>
<tr>
<td>Julie Nightengale (MCH)</td>
<td></td>
</tr>
<tr>
<td>William Donovan (MCH)</td>
<td></td>
</tr>
<tr>
<td>Fe Zhao (MCH)</td>
<td></td>
</tr>
<tr>
<td>Kristen Johnson (MCH)</td>
<td></td>
</tr>
<tr>
<td>Crystal Page (MCH)</td>
<td></td>
</tr>
<tr>
<td>Alycia Boykin (MCH)</td>
<td></td>
</tr>
<tr>
<td>Martha Galloway (MCH)</td>
<td></td>
</tr>
<tr>
<td>Judy Cunningham (MCH)</td>
<td></td>
</tr>
<tr>
<td>Teresa Good (MCH)</td>
<td></td>
</tr>
<tr>
<td>Deborah Weaver (MCH)</td>
<td></td>
</tr>
<tr>
<td>Pamela Jennings (MCH)</td>
<td></td>
</tr>
<tr>
<td>Vacant (MCH)</td>
<td></td>
</tr>
<tr>
<td>Vacant (MCH)</td>
<td></td>
</tr>
<tr>
<td>Assisted by the Bureau Deputy</td>
<td></td>
</tr>
<tr>
<td>Tarina Moores (ASA 3)</td>
<td></td>
</tr>
<tr>
<td>Ruthie Spencer (RSE)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC Division</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Allison Hatchett (HSA 3)</td>
<td></td>
</tr>
<tr>
<td>Assistant Director</td>
<td></td>
</tr>
<tr>
<td>Sandy Powell (NM)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Child and Adolescent Health Division</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Meredith Adams (HSA 3)</td>
<td></td>
</tr>
<tr>
<td>Assistant Director</td>
<td></td>
</tr>
<tr>
<td>Candace Johnson (HSA 3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition Services</td>
<td></td>
</tr>
<tr>
<td>Vacant (Nut 1)</td>
<td></td>
</tr>
<tr>
<td>Vacant (Nut 1)</td>
<td></td>
</tr>
<tr>
<td>Lead</td>
<td></td>
</tr>
<tr>
<td>Serita Johnson (NM)</td>
<td></td>
</tr>
<tr>
<td>Ruby Mccullough (NM)</td>
<td></td>
</tr>
<tr>
<td>Anna Moore (NM)</td>
<td></td>
</tr>
<tr>
<td>Healthy Child Care</td>
<td></td>
</tr>
<tr>
<td>Alabama</td>
<td></td>
</tr>
<tr>
<td>Theresa Davis (NM)</td>
<td></td>
</tr>
<tr>
<td>Julie Till (NM)</td>
<td></td>
</tr>
<tr>
<td>Note Smith (NM)</td>
<td></td>
</tr>
<tr>
<td>Katie Brem (NM)</td>
<td></td>
</tr>
<tr>
<td>Gwen Kennedy (NM)</td>
<td></td>
</tr>
<tr>
<td>Sheila Davis (NM)</td>
<td></td>
</tr>
<tr>
<td>Dawn Parto (NM)</td>
<td></td>
</tr>
<tr>
<td>Vacant (NM)</td>
<td></td>
</tr>
<tr>
<td>Am Fox (NM)</td>
<td></td>
</tr>
<tr>
<td>Karen Coh (NM)</td>
<td></td>
</tr>
<tr>
<td>Ginger Leton (NM)</td>
<td></td>
</tr>
<tr>
<td>Crystal Page (NM)</td>
<td></td>
</tr>
<tr>
<td>Alycia Boykin (NM)</td>
<td></td>
</tr>
<tr>
<td>Martha Galloway (NM)</td>
<td></td>
</tr>
<tr>
<td>Judy Cunningham (NM)</td>
<td></td>
</tr>
<tr>
<td>Teresa Good (NM)</td>
<td></td>
</tr>
<tr>
<td>Deborah Weaver (NM)</td>
<td></td>
</tr>
<tr>
<td>Pamela Jennings (NM)</td>
<td></td>
</tr>
<tr>
<td>Vacant (NM)</td>
<td></td>
</tr>
<tr>
<td>Vacant (NM)</td>
<td></td>
</tr>
<tr>
<td>Assistant to Bureau Deputy</td>
<td></td>
</tr>
<tr>
<td>Tarina Moores (ASA 3)</td>
<td></td>
</tr>
<tr>
<td>Ruthie Spencer (RSE)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Women's Health Division</td>
<td></td>
</tr>
<tr>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Beth Allen (NDP)</td>
<td></td>
</tr>
<tr>
<td>Assistant Director</td>
<td></td>
</tr>
<tr>
<td>Jennifer Hardy (NA)</td>
<td></td>
</tr>
<tr>
<td>(Telehealth Consultant)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>State Clinical Operations</td>
<td></td>
</tr>
<tr>
<td>Jessica Hardy (NA)</td>
<td></td>
</tr>
<tr>
<td>Josa Powell (ASA 3)</td>
<td></td>
</tr>
<tr>
<td>Likhita Raparity (Stu Aide)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Planning Plan/Ticket X</td>
<td></td>
</tr>
<tr>
<td>Laurie Gregory (NM)</td>
<td></td>
</tr>
<tr>
<td>Nikki Kruier (HSA 1)</td>
<td></td>
</tr>
<tr>
<td>Vacant (HSA 2)</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td></td>
</tr>
<tr>
<td>Cheryl McKelvie (HSA 2)</td>
<td></td>
</tr>
<tr>
<td>Deythe Gordon (PHES)</td>
<td></td>
</tr>
</tbody>
</table>

**Abbreviations:**
- ACCT - Accountant
- ASA - Administrative Support Assistant
- AT - Ascendent Technician
- CTR - Certified Tumor Registry Senior
- DI - Dietitian
- Epi - Epidemiologist
- FM - Family Medicine
- HSA - Health Services Administrator
- NAA - Nutritionist Assistant Administrator
- NM - Nurse Manager
- Nutr Sr - Nutritionist Senior
- PCP - Primary Care Provider
- PI Spec - Public Information Specialist
- PPI - Public Information Specialist
- PM - Patient Manager
- RSE - Registered State Employee
- SW Sr - Social Worker Senior
- SW - Social Worker
- TC - Team Coordinator
- VPI - Volunteer Program Administrator
- WIC - Women, Infant, and Child
MEMORANDUM OF UNDERSTANDING
BETWEEN
THE ALABAMA DEPARTMENT OF PUBLIC HEALTH
AND
THE ____________ COUNTY HEALTH DEPARTMENT

This Memorandum of Understanding entered into by and between the State of Alabama, Department of Public Health, hereinafter, “Department”, and The ____________ County Health Department, hereinafter referred to as “__________ CHD”, is effective 1 October 2010 and shall be terminated upon 30 days prior notice of either party.

WHEREAS, the Federal Child Nutrition Act of 1966, as amended, authorized the establishment of a Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) within the State of Alabama, and

WHEREAS, Chapter 12C of Title 22 of the Code of Alabama 1975, as amended, authorizes the State Board of Health to promulgate rules and adopt procedures it deems necessary for the Department to implement and administer the WIC Program; and

WHEREAS, the ____________ CHD, under the supervision and direction of the Department’s WIC Division of the Bureau of Family Health Services, has a WIC office for the purpose of determining eligibility of participant applicants, certifying participants, issuing WIC food instruments, providing information on healthy eating and referrals to health care; and

WHEREAS, 7 CFR § 246.6 requires signed written agreements with each local agency, including subdivisions of the State agency which sets forth the local agency’s responsibilities for WIC Program operations; and

WHEREAS, the Department is a “State agency” a defined by 7 CFR § 246.2; and

WHEREAS, representatives of the Food and Nutrition Service (FNS), a Federal agency of the U.S. Department of Agriculture, have concluded that a county health department is a subdivision of the Department, and thus requires a signed written agreement with the Department; and

NOW THEREFORE, the parties herein agree to the following:

1. The Department’s WIC Division of the Bureau of Family Health Services shall be responsible for assuring proper statewide administration of the WIC Program in accordance with existing Federal and State laws, regulations, policies, procedures and plans which shall include, but not necessarily be limited to, the following:
(a) Entering into vendor contracts with local grocery vendors; and

(b) Supplying food instruments; and

(c) Paying contract bank for food instruments paid; and

(d) Providing administrative support and Nutrition Education services to the ____________ CHD; and

(e) Approving the specific foods, including infant formulas, that can be provided to participants.

2. The ____________ CHD shall be responsible for administering the WIC Program in the county in which it is located in accordance with existing Federal and State laws and regulations, as well as Department policies, procedures, and plans pertaining thereto which shall include, but not necessarily be limited to the following:

(a) Complying with all applicable uniform administrative rules for cooperative agreements pursuant to 7 CFR part 3016.

(b) Complying with the restrictions of 7 CFR part 3018 which prohibits expenditure of federal funds on lobbying activities, as well as the policies and instructions of the Department pertaining to political activity and lobbying; and

(c) Complying with all the fiscal and operational requirements of the Department pursuant to Departmental policies and procedures and 7 CFR part 246 and providing in a timely manner to the Department all required information regarding fiscal and program information; and

(d) Maintaining competent professional staff to perform certification and appropriate nutrition education services; and

(e) Making available appropriate health and nutritional education services to participants; and

(f) Providing nutrition education services to participants, in compliance with 7 CFR § 246.11, FNS guidelines and instructions, and Department policy and procedures; and

(g) Informing participants of available health services. Health services means ongoing routine pediatric and obstetric care (such as infant and child care and prenatal and postpartum examinations) or referral for treatment; and
(h) Prohibiting smoking in the space used to carry out the WIC Program during the time any aspect of WIC services are performed; and

(i) Implementing the food delivery system prescribed by the Department and approved by FNS; and

(j) Maintaining complete, accurate, documented and current accounting of all WIC program funds received and expended; and

(k) Maintaining complete and accurate records ensuring that the WIC Program is administered in accordance with the State WIC Policy and Procedure Manual, Federal Regulations, and Department policies and procedures; and

(l) Making all records, including medical records and financial statements available to authorized personnel from the Department or FNS, or their representatives for audit inspection purposes. These records shall be made available at any reasonable time during normal business hours; and

(m) Maintaining on file and having available for review and audit all criteria used for certification, including residence information, income standards and other criteria used to determine nutritional risk and eligibility for participation; and

(n) Complying with Titles IV, VI, and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statues with respect to nondiscrimination on the basis of race, color, national origin, age, sex or handicap, as defined in the above laws and regulations. The _____________ CHD shall follow the Department of Agriculture regulations on nondiscrimination (7 CFR Parts 15, 15a, and 15b), and U. S. Department of Agriculture, Food and Nutrition Service instructions to ensure that no person shall, on the grounds of race, color, national origin, age, sex, or disability, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under the WIC Program; and

(o) Ensuring that _____________ CHD WIC employees attend all applicable training required by the Department’s WIC Office; and

(p) Obtaining prior written approval from the WIC Program Director for all equipment purchased (to include ADP) with WIC funds and ensuring that
all equipment purchased with WIC funds is used 100 percent for the WIC Program. All equipment purchased with WIC funds shall be returned to the Department upon termination of this agreement or upon disposal of the equipment; and

(q) Complying with the Drug-Free Workplace Act of 1988, 7 CFR Part 3017, Subpart F, Section 3017.600; and

(r) Maintaining the security of all electronic patient data entered into PHALCON and preventing inappropriate disclosures of confidential patient information. __________ CHD employees who manage PHALCON system data are required to follow the procedures outlined in the Department’s PHALCON Security Policy, #2005-16.

Alabama Department of Public Health

County Health Department

This MOU has been reviewed as to content

SIGNED: ______________________     SIGNED: ______________________

______________________
Carolyn J. Battle
Director, WIC Division,
Bureau of Family Health Services

DATE: ________________________ DATE: ______________________

Address: ______________________

Telephone: ____________________

Alabama Department of Public Health

Fax: ______________________

APPROVED:

Donald E. Williamson, M.D.
State Health Officer

DATE: ______________________

4
CHAPTER V

NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES
V. NUTRITION SERVICES AND ADMINISTRATION (NSA) EXPENDITURES

(Please indicate) State Agency: Alabama WIC Program for FY 2021

NSA expenditures involve the process of allocating, documenting and monitoring the distribution of administrative funds to local agencies, including the monitoring of nutrition education costs, and State and local agency direct/indirect costs.

A. **Funds Allocation-246.4(a)(13):** describe the policies and procedures used to allocate administrative funds to local agencies, including start-up funds, and conversion of food funds to NSA funds.

B. **Local Agency Budgets/Expenditure Plans-246.4(a)(2):** describe the policies and procedures for preparing and submitting local agency budgets and expenditure plans and the services that are entirely supported by WIC Program funds.

C. **State and Local Agency Access to Funds-246.4(a)(13):** describe the procedures and method(s) of distribution/reimbursement of NSA funds to local agencies.

D. **Reporting and Reviewing of State and Local Agency Expenditures-246.4(a)(11)(iv); (12); and (13):** describe the policies and procedures used to report, monitor, and review State and local agencies’ expenditures, including the documentation of staff time, local agency report forms, on-site reviews of local agencies’ NSA expenditures, and in-kind contributions.

E. **Nutrition Education Costs-246.4(a)(9) and 246.14(c)(1):** describe the plans and procedures used to meet the nutrition education expenditure requirements, including monitoring activities, local agency reports, and assurances that the special nutrition education needs of migrant farmworkers and their families, Indians, and homeless persons are met.

F. **Indirect Costs-246.4(a)(12):** describe the policies and procedures used to document and monitor indirect cost rates and services at the State and local level.
A. Funds Allocation

1. Allocation Process

a. The State agency has established and provided written procedures to local agencies describing the process for allocation of NSA funds among local agencies.

☒ Yes ☐ No ☐ Not applicable, State agency does not have separate local agencies. (Proceed to A. 2. Conversion of Food Funds to NSA Funds)

b. Local agencies were involved in developing these procedures via:

☐ Task force/committee of selected local agencies
☒ Comment on proposals made available to all local agencies
☐ Other (describe):

c. The State agency allocates NSA funds to local agencies through the use of:

☐ A negotiated budget ☒ Flat cost per participant Statewide
☐ Formula (variable) ☐ Other method (describe):

d. The allocation procedure takes the following factors into account (check all that apply):

☐ Staffing needs
☐ Number of participants
☐ Population density
☐ Cost-containment initiatives
☐ Availability of administrative support from other sources
☒ Other (specify): Availability of funding

e. The State agency methodology for funds allocations to local agencies includes a mechanism for reallocation.

☒ Yes ☐ Monthly ☐ Quarterly ☐ Semiannually ☒ Other (specify): As additional funds are received from USDA
☐ No


2. Conversion of Food Funds to NSA Funds

a. The State agency converts food funds to NSA funds:

☐ Based on a plan submitted to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency.

☐ The State agency achieves, through acceptable measures, increases in participation in excess of the FNS-project level for the State agency.

☒ Describe measures used to increase participation:

media, WIC website, digital media, local outreach, advisory councils, various outreach materials, WIC smart phone application (Alabama WIC), food package changes
A. Funds Allocation

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):
Procedure Manual Chapter XIV Outreach

3. The State’s Fiscal Year runs from 10/01/2020 to 09/30/2021

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

B. Local Agency Budgets/Expenditures Plans

1. Local Agency Budgets/Expenditure Plans

☐ Not applicable, State agency does not have separate local agencies.
(Proceed to C. State and Local Agency Access to Funds.)

a. The State agency requires its local agencies to prepare and submit administrative budgets.

☒ Yes ☐ No

If yes, the State agency requires that local agency budgets include the same cost categories as those used for State-level budget preparation.

☒ Yes ☐ No

b. Local agencies’ budgets are broken out by (check all that apply):

☒ Line items
☐ Accounting
☐ ADP services
☐ Breastfeeding aids
☐ Capital expenditures
☐ Clinic/lab services
☐ Communications
☒ Employee salaries
☒ Employee fringe benefits
☐ Lease or rental of space

☐ Maintenance and repair
☐ Materials and supplies
☐ Memberships, subscriptions, and professional activities
☐ Printing and reproduction
☐ Training and education
☐ Transportation
☐ Travel

☒ Other (specify): Local agency budgets also include indirect costs. Private local agency (PLA) budgets include salary, fringe benefits, indirect costs, supplies, travel, and utilities.

☐ Functions
☐ General administration/program management
☐ Food delivery
☐ Certification
☐ Nutrition education

☐ Breastfeeding promotion/support (e.g., breastfeeding aids
☐ Client services
☐ Other (specify):
B. Local Agency Budgets/Expenditures Plans

c. The State agency has an established formal process for local agencies to follow when requesting amendments or modifications to their budgets.
   ☒ Yes □ No

d. In order to prepare the federally required WIC administrative budget, the State agency:
   □ Uses local agency budgets or prior year expenditures
   □ Reports under an ongoing system to collect this data
   ☒ Extracts or consolidates data reported under other State or local agency systems to group costs under the federal line items and functions
   □ Other (describe):

   (State WIC administrative budgets are not submitted to FNS, but are used by State agencies as a management tool and may be reviewed by FNS.)

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):

C. State and Local Agency Access to Funds

1. The State Agency manages its NSA Grant on a/an:
   ☒ Cash basis □ Accrual basis
   □ Other (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Reimbursement/Provision of Funds to Local Agencies
   a. The State agency provides local agencies with funds in advance.
      □ Yes (state conditions):
      ☒ No
      □ Not Applicable (Proceed to next section.)

      If yes, advances must be reconciled to incoming claims. Local agency claims are submitted:
      □ Monthly □ Quarterly

   b. In order to qualify for payment, an expenditure must be (check all that apply):
      ☒ At or below the level of its approved budget line item
      ☒ Supported by appropriate documentation (e.g., check or receipt)
      ☒ A reasonable and necessary expense for WIC
      □ Other (specify):
C. State and Local Agency Access to Funds

c. If an expenditure exceeds the budget provided for that particular line item, the State agency requires the local agency to (check all that apply):

☐ Submit a supplemental request
☒ Provide a justification for exceeding the budget line item
☐ Make an offsetting adjustment to another line item in its budget
☐ Request approval of a budget modification
☐ Other (explain):

d. Local agencies receive payment via:

☐ Electronic funds transfer
☒ State treasury check/warrant
☐ Other (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

D. Reporting and Reviewing of State and Local Agency Expenditures

1. Documentation of Staff Time

a. How does the State agency determine the percentage of staff time devoted to WIC tasks to document allowable staff costs under the WIC Program (check all that apply):

<table>
<thead>
<tr>
<th>At SA</th>
<th>At LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ ☒</td>
<td>100 percent reporting</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>Random moment sampling</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>Periodic time studies:</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>1 week/month</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>1 month/quarter</td>
</tr>
<tr>
<td>☐ ☐</td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

b. The State agency last evaluated its time documentation protocol on (specify date). If available, please attach a copy of the protocol to this section or cite Procedure Manual reference.

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):
See attached Employee Time Report and Timesheet Summary. Cost accounting for ADPH employees is completed electronically through the TimeTrac system.

2. Please indicate below the services that are entirely supported by WIC funds:

☒ Anthropometric measurements
☒ Nutrition counseling/education
☒ Breastfeeding promotion/support
☒ Immunization status assessments
☒ Referrals to health and/or social services
☒ Hematological assessments
☐ Other (specify):
### D. Reporting and Reviewing of State and Local Agency Expenditures

**ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):**

#### 3. Local Agency Report Forms

**a. The State agency specifies standard forms and/or procedures for local agencies to use in reporting monthly local-level expenditures.**

- Yes
- No
- Not Applicable (Proceed to next section)

**b. Local agencies’ budgets are broken out by (check all that apply):**

- Not applicable
- Line items
  - Accounting
  - ADP services
  - Breastfeeding aids
  - Capital expenditures
  - Clinic/lab services
  - Communications
  - Employee salaries
  - Employee fringe benefits
- Maintenance and repair
- Materials and supplies
- Memberships, subscriptions, and professional activities
- Printing and reproduction
- Training and education
- Transportation
- Travel
- Other (specify): See response to B.1.b.

- Functions
  - General administration/Program management
  - Food Delivery
  - Certification
  - Nutrition education
- Breastfeeding promotion/support (e.g., breastfeeding aids)
- Client services
- Other (specify):

**ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):**

#### 4. On-Site Review of Local Agencies’ Administrative Expenditures

**a. The State agency conducts on-site reviews of local agency administrative expenditures:**

- Annually
- Every two years
- Every three years
- Other (specify):

**The review is conducted by:**

- WIC State agency staff
- State Department of Health fiscal or audit staff
- CPA or audit firm
- Other (specify): All of the above plus the Alabama Examiners of Public Accounts
D. Reporting and Reviewing of State and Local Agency Expenditures

b. The State agency utilizes a standard format/guide to review local agencies' NSA expenditures.

☐ Yes ☒ No

If yes, the standard review guide includes the following procedures (check all that apply):

☐ Verification of at least one monthly billing/claim/expenditure report against source
☐ Documents
☐ Tracking written approval of procurements
☐ Requesting records of ordering, receipt, billing, and payment
☐ Determination that costs were necessary, reasonable and appropriate
☐ Determination that costs were properly allocated among WIC and other programs
☐ Determination that personnel costs charged to WIC were appropriate
☐ Determination that local agencies' indirect costs were appropriately charged
☐ Other (specify):

c. If available, please attach a copy of the State agency's NSA expenditure review guide.

d. The State agency notifies local agencies of findings and establishes claims for unallowable costs, as appropriate.

☒ Yes ☐ No

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):
See attached Alabama WIC NSA Funding Narrative

5. The State agency requires local agencies to document the sources and values of in-kind contributions.

☐ Yes ☒ No

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):
E. Nutrition Education Costs

1. The State agency documents that it meets its nutrition education and breastfeeding promotion expenditure requirements per 7 CFR 246.14(c)(1) via:
   - ☐ Activity reports
   - ☒ Time studies
   - ☐ Itemizing expenditures
   - ☐ Other (specify):

   ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. The State agency monitors expenditures for the following activities related to breastfeeding promotion and support at the State and/or local level (check all that apply):

<table>
<thead>
<tr>
<th>Activity</th>
<th>At SA</th>
<th>At LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding promotion coordinator’s salary</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Written educational materials</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Participant education/counseling</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Staff training</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Breastfeeding promotion activities</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Direct support costs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Breastfeeding aids and equipment (e.g., breast pumps purchased with NSA funds)</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

   (If other, specify): State Lactation Coordinator salary and Peer Counselors’ salaries at the SA level.

   ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

3. In the event that the State agency uses funds from other sources in meeting minimum expenditure requirements for nutrition education (NE) and breastfeeding promotion and support (BFPS), please provide below the source of these funds, the amount, and the method the State agency will use to document the use of these NE and BFPS funds. (Federal WIC food funds used to purchase/rent breast pumps, and expenditures from breastfeeding peer counseling funds, cannot be counted toward the nutrition education and breastfeeding expenditure requirement.)
   - ☒ Does not apply. (Proceed to E. 4. Local agencies report nutrition education and breastfeeding promotion and support costs.)

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Method(s):
   - ☐ Activity reports
   - ☐ Time studies
   - ☐ Itemizing expenditures
   - ☐ Other (specify):

   ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):
E. Nutrition Education Costs

4. Local agencies report nutrition education and breastfeeding promotion and support costs:
   ☒ When they report routine NSA costs          ☐ Does not apply
   ☐ Through a different system (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):
F. State and Local Agency Indirect Costs

1. Indirect Cost Rate and Services
   a. Please list below indirect cost/cost allocation agreements in which the State agency is included:
      Department of Health and Human Services State and Local indirect cost rate.
   b. The State agency's indirect cost rate(s) is [ ](%) and is based on:
      ☐ Salaries  ☐ Direct costs for administration  ☐ Both
      ☑  [ ]
   c. Please cite the effective date of the State agency's current negotiated agreement and/or cost allocation plan for indirect costs: 10/01/2018.
   d. The State agency receives the following types of services under the indirect cost rate agreement(s):
      ☑ Budgeting/accounting  ☑ Personnel/payroll
      ☑ ADP  ☑ Space usage/maintenance
      ☑ Communication/phone/mail  ☑ Central supply
      ☑ Legal services  ☑ Procurement/contracting
      ☑ Printing/publication  ☑ Audit services
      ☑ Equipment usage/maintenance  ☑ Other (specify):
   e. The State agency allows local agencies to report indirect costs.
      ☑ Yes  ☐ No  ☐ Not Applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Review of Indirect Cost Documentation
   a. The State agency and local agencies ensure that services received and paid for through indirect costs benefit WIC and are not also charged directly to WIC by comparing direct charges by line item to a listing of services paid by funds collected through the application of the indirect cost rate:
      ☑ Done for State agency level indirect costs (frequency): annually
      ☑ Done for local agency level indirect costs (frequency): annually
      ☐ Not done at either level.
F. State and Local Agency Indirect Costs

b. State and local agency WIC management have access to and review the following documents as applicable to ensure that indirect cost services are not also charged directly to WIC (check all that apply):

<table>
<thead>
<tr>
<th>Document</th>
<th>At SA</th>
<th>At LA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect cost agreements/plans</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>The accounting mechanism used to ensure the propriety of indirect cost charges</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>A copy of the cost allocation plan</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>A list of all services paid from indirect costs</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Other documentation related to the establishment and charging of indirect costs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Not applicable</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

c. When the State agency reviews the local agencies’ indirect cost rate agreements, the review includes (check all that apply):

☒ Required submission of indirect cost agreement by the local agency to the State agency
☐ Assessment of how the rate or method is applied (correct time period, percentage, and base)
☐ Verification that the State agency had previously approved the local agency to negotiate such an agreement
☒ Post-review or audit to ensure the rate was applied correctly
☐ Other documentation related to the establishment and charging of indirect costs (list):
☐ Not applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):
Funds Allocation

The method for allocating Nutrition Services Administration funds (NSA) among the State/Local agencies begins with determining an estimate of funds that will be available. Usually, this process starts with the NSA/Food/Rebate funds received in the previous fiscal year, adjusted for any probable factors at the time the budget is established. The allocation process begins with removing the State Office Women, Infants, and Children (WIC) Program budget from the estimated administrative funds, taking in consideration any factors that may affect this calculation. The State Office WIC budget is usually based on previous fiscal year expenditures. After removing the State Office WIC budget, the net administrative funds are available for distribution to the counties.

The allocation process continues with determining the estimated food available number which is divided by the targeted caseload to establish the cost per participant. Cost per participant is the rate that is used to distribute the funds based on projected target caseload for a county. Projected participation is determined using the average monthly caseload calculated from the total of previous closed months’ caseload with each county receiving a proportional share of the total caseload. Each county caseload is annualized and multiplied by the cost per participant establishing the projected administrative fund for the fiscal year. The same method that is used to determine projected participation is used to allocate any subsequent increases or decreases in the Federal allocation. Alabama’s WIC program does not do any conversion of funds until the fiscal year closes.

These funds pay for only personnel costs (salary, fringe, and indirect) at the county level. The State Office budget includes WIC personnel costs (salary, fringe, and indirect), travel, supplies, WIC Crossroads data system, banking voucher processing, printing and nutrition education, and breastfeeding, etc.

Local Agency Budgets/Expenditure Plans

Prior to the start of a new fiscal year, each District Administrator presents and defends their budget at a hearing attended by the State Health Officer, Health Budget and Finance, county and WIC State Office personnel. The State Health Officer has final approval of all budgets. Alabama is separated into eight Public Health Districts with each District Administrator responsible for a defined number of counties. County budgets include all Programs administered by the State, including WIC. These budgets include line items: salaries, benefits, travel, supplies, indirect and other typical categories. As previously mentioned, WIC funds are only used for personnel costs which includes salary, fringe, and indirect cost.

Any revisions to the budgets (WIC) are limited to increases or decreases in federal funding, changes in State/Federal law regulations or policy or special requests received from a county. These changes/requests are processed by the Bureau Administration Division, approved by the WIC Director, and reviewed by the Administrative Division Director/Assistant Director, then forwarded to Health Finance for final distribution to the counties.

Employees of the Department are required to maintain monthly time and attendance records that indicate the cost centers on which that employee’s time was expended on a daily basis. These cost centers are used to capture costs related to specific programs. All time sheets are reviewed and
approved by each employee’s immediate supervisor prior to input into ADPH’s cost accounting time system, TimeTrac. Once approved by the employee’s immediate supervisor, the employee’s time is also entered into the State of Alabama’s payroll system, GHRS, and programmatically integrates to the State of Alabama Accounting and Resource System (STAARS) accounting system. These monthly time records are sufficient certifications that the employee worked on the federal program. The Bureau of Financial Services also produced a Timesheet Summary Report which is issued on TimeTrac.

The following cost centers capture time charged to the WIC Program:

1. 034 - WIC Breastfeeding Promotion
2. 035 - WIC Certification
3. 036 - WIC Administration
4. 037 - WIC Nutrition Education
5. 039 - WIC Food Instrument Issuance

Direct salaries and fringe benefits are charged to programs through journal vouchers automatically generated during the semi-monthly payroll cycle. Direct salaries include paid absences (annual, sick, military leave, etc.). All hours for paid absences are charged to cost center 010 and are classified as nonproductive time. Gross salary is then allocated to programs based on an individual’s percentage of actual time charged to that program to the total productive time.

Indirect costs charged to the program are determined by applying a federally approved indirect cost rate to direct salaries charged to each program. The indirect cost rates have been approved by the Department of Health and Human Services. The Department’s Indirect Cost Rate Agreement includes a predetermined rate applied to direct salaries charged to each program. The allocation base (direct salaries) does not include fringe benefits, which are charged individually as direct costs and include FICA, retirement, unemployment and health insurance. The Department’s indirect cost rate agreement does not include Jefferson and Mobile counties because they negotiate their own indirect cost rates. Provisional rates are used until final rates are determined. Current approved provisional rates for the period beginning October 1, 2018 through September 30, 2021 are:

1. 27.20 percent - State
2. 75.30 percent - County
3. 7.50 percent - Area Groups (i.e., Public Health Districts)

The cost accounting system charges expenditures for supplies, utilities, etc. directly to programs. The indirect cost rate agreement also includes charges for depreciation to buildings and equipment.

Various STAARS infoAdvantage and Cost Accounting System reports are used to monitor programs. This financial data is compiled monthly in an Excel spreadsheet that enables the comparison of prior year cost and full-time employees (FTEs) to current year-to-date cost and FTEs. A WIC grant review is scheduled monthly for financial/program management to discuss the spreadsheet and other factors that could affect the calculations necessary to project total State/Local expenditures and funds availability.
The review process allows the program to make timely decisions involving the availability of funds to accomplish objectives, adjusting working FTEs and efficiency standards.

Property/Procurement

Property

All equipment with a purchase price over $500 purchased by the Department is on the Inventory Tracking Electronic Management System (I.T.E.M.S.). With each purchase, a copy of the purchase order is sent to the Department’s Logistics Division. Logistics then issues an identification tag to be placed on the newly purchased item. This tag number is entered into I.T.E.M.S. by Logistics, and then it is sent to the division to be placed on the item. Once the equipment has been received, the tag is placed directly on the item. The division that is responsible for the new property then updates the record in I.T.E.M.S. to include the serial number, property location, and the person responsible for the property. An inventory audit is conducted every year and a state audit is conducted every other year. All equipment must be accounted for during this period.

When property is no longer of use to the Department, it is sent to surplus. The Division Property Manager contacts Logistics to ask for the property to be picked up. Logistics picks up the item, and the record in I.T.E.M.S. is updated to reflect that the property is in surplus.

Procurement

The purchasing process starts with the requesting bureau (end user) preparing an internal requisition (HF-10). The requisition provides a description of the item, estimated cost, funding information and signed approval by the program or bureau director. The requisition is submitted to the Department’s Finance Procurement Officer for further processing. Equipment shared by multiple programs is prorated based upon time coded to each program.

Sources for purchases:

1. Contract Vendors. State Division of Purchase awards purchasing contracts based on a competitive bid process.
2. Purchases Less than $15,000 (State Bid Law). At least two quotes are obtained for commodities/services not on state purchasing contracts and less than $15,000. Quotes are usually obtained by the requesting bureau and attached to the internal requisition.
3. Purchases Greater than $15,000 (State Bid Law). Items not available on state contracts and estimated total cost is $15,000 or more require a formal bid process through State Division of Purchasing.
4. Sole Source. The purchases commodities/services that are available from only one vendor are considered sole source and formal bid process is not required. To satisfy the requirements for sole source purchases the following are provided: (a) Quote from the sole source vendor, (b) Letter from the vendor stating they are sole source and/or do not sell through distributors, and
(c) Letter signed by ADPH State Health Officer indicating the uniqueness of the item/service, how it is used by ADPH and state the vendor is sole source.

The Department’s Finance Procurement Officer will process the internal requisition by entering pertinent data into State Purchasing data system referred to as SNAP. This will cause a new external requisition to print and will be forwarded to State Purchasing. A copy of this is also sent to the requesting bureau for their records. State Purchasing will process, issue, and send a purchase order to the vendor and a copy back to Department.

If a formal bid process is required, State Purchasing will send out an invitation to bid (ITB) to registered vendors. State Purchasing will receive the ITBs, and send copies to the Department for review. The Department will determine the lowest responsible bidder meeting all specifications, terms, and conditions of the ITB. The Department’s Procurement Officer will send a memo recommending award to this vendor. After due process, State Purchasing will issue a purchase order to that vendor. Vendor payments will appear on a Detail Voucher List that is available to programs for monitoring expenditures.

After goods are received, the invoice is reviewed and approved for payment by the requesting bureau. The invoice is then sent to the Department’s Finance Division to initiate the payment voucher.

Purchases under $1,000 can be bought directly from the vendor, excluding equipment. Most telephone and over-the-counter orders are handled this way. The requesting program fills out the BH form for the items to be purchased, price, and vendor. The request must be approved by the Program Director (WIC) and then forwarded to Bureau Administration Division staff to verify whether it is allowable (OMB Circular A-87, 7 CFR Part 3016), has correct fund codes, and is mathematically accurate. The request is reviewed by the Administrative Division Director/Assistant Director for final approval. A BH number is then assigned by the Administrative staff accountant and returned to the requesting program to place the order with the vendor. After the order has been received, a material receipt is prepared and submitted with the invoice to the Health Finance Procurement Division to process for payment to the vendor. Vendor payments will appear on a Detail Voucher List that is available to programs for monitoring expenditures.

Financial Management Reviews

The Office of Program Integrity (OPI) conducts financial management reviews of the local agencies at least once every two years with at least 20 percent of the sites being monitored as required by United State Department of Agriculture (USDA) guidelines. Local agencies are defined as private contract agencies providing WIC services on behalf of the department, and the eight public health districts within ADPH. Site visits include an examination of selected WIC protocols to include WIC income eligibility guidelines; internal control procedures over formula and food instruments, including security and issuance procedures; and accountability of expenditures, particularly personnel costs through the examination of cost accounting records. Additional subrecipient monitoring procedures are applied to the private contract agencies as well as Jefferson and Mobile counties. Mobile and Jefferson are treated as subrecipients to the department since they were established as separate, legal entities prior to the creation of the State Department of Public Health. For these subrecipients, independent audit reports
are reviewed to verify compliance with the requirements of OMB Circular A-133, as required. Findings presented in these audits affect the way audits are conducted by Program Integrity staff.

Management’s corrective action plan to audits conducted by OPI are reviewed by the Director of OPI and a Nutrition Consultant with the State WIC division. As part of the corrective action plan, management must identify a review or follow-up plan that will occur in 6 months to determine whether the corrective actions identified are effective. This 6-month follow-up is documented and forwarded to the State WIC division Nutrition Consultant for review. Finally, any findings identified in the independent audit reports for the subrecipients (as identified in number 1 above) that are directly related to the WIC program require a Management Response Letter from the State WIC Director. The Director of OPI works with the State WIC Director to ensure the letter is prepared timely, in accordance with the requirements of OMB Circular A-133. Any required recoupment of funds are either adjusted during the current fiscal year, if appropriate, or returned to USDA, FNS as required.

FNS 798 Report

Estimated Adjusted Gross Obligations (Line 1) are calculated from the number of estimated participants for future months times the average food cost per participant. Estimations are made using the most recent food package costs for closed out months adjusted for inflation. Estimated Participation is based on comparison of historical participation and monthly patterns of redemption. These estimates are adjusted for future months on subsequent reports.

Estimated Rebates (Line 2) historical participation and formula redemption data are used to determine the future rebates to be received. Reports used are the Monthly Infant Formula Invoice and the Formula Purchased by WIC Participants.

Net Federal Obligations (Line 3) is the difference of Adjusted Gross Obligations minus Estimated Rebates (Line 1 – Line 2).

Total Participation prior to month closeout (Line 18) is determined utilizing the maximum caseload that can be supported by the food funding available, and is determined during the Annual Budget Process for the WIC Program. The monthly projected participation for each month is multiplied by an average monthly food package cost which should not exceed the available food funds. Historical participation and seasonality are used to develop trends.

Gross Outlays and Unliquidated Obligations (Lines 4 and 6) - WIC transactions are recorded daily into the Department’s automated STAARS accounting system. Food expenses are recorded daily based on funding requirements received from the department’s electronic WIC (e-WIC) processor, Conduent. Administration expenses are approved by appropriate program staff and processed through STAARS. Receipts as well as encumbrances are also entered into STAARS.

Food outlays as reported on the FNS-798 are taken from the Department’s WIC Crossroads system. A financial status report is generated monthly from Crossroads that captures when and what was redeemed.
State level administration expenses as well as encumbrances are taken from reports that are processed through the Department’s STAARS system.

Vendor and participant collections are receipted in STAARS and recorded as program income on the FNS-798.

Federal Participation (Lines 15 to 18) - Federal participation numbers are produced by the Department’s WIC County Operations Network (Crossroads) system. The State Agency receives participation counts for all Local Agencies and Clinics from Crossroads, through the monthly Enrollment/Participation Report. The Enrollment/Participation Report is provided by Crossroads in 3 forms:

1. Statewide (Attachment A)
2. District/Local Agency (Attachment B)
3. Clinic (Attachment C)

A copy of each is attached. The Enrollment/Participation Report bases the participation counts on the number of persons issued food or food instruments (computer generated and manual); the number of fully breastfed infants who receive no food instruments or food instruments, but are breastfed by participating women; and the number of women who receive no food or food instruments, but are partially breast feeding a participating 6 to 12 month old infant.

All forms of the Enrollment/Participation Report are produced by Crossroads at the State level and then distributed to the Clinic and District (Local Agency) levels on a monthly basis. Enrollment/Participation Reports provide the number of participants enrolled and participating by category and priority. Reports also include other participant characteristic data. Priority level is automatically assigned by Crossroads based on the nutritional risk criteria. The report provides participation data by District (Local Agency) to measure breastfeeding performance.

Enrollment and participation numbers are also monitored monthly by District level staff and a monitoring report is submitted to the State WIC Office on a quarterly basis by the District level staff. The monitoring reports are reviewed by the State WIC Director. Strategies are developed by District level staff to address caseload concerns, when needed.

**Letter of Credit**

ADPH finance determines, on a daily basis, if any federal draws are necessary. All WIC transactions are recorded on a daily fund balance report.

This report shows the Department’s balance on hand for both Food and NSA and is used to ensure that any federal draws are not in excess of immediate cash needs.

**Food Draws**

ADPH runs a report out of the Conduent Administrative Terminal detailing daily food costs to determine what our funding requirement is for that day. The amount, if any, drawn from the Department’s Letter
of Credit will be the difference between the updated Food Balance on the Department’s daily fund balance report and the daily food costs detailed on the Conduent report. This process is altered when monthly formula rebates are received from Mead Johnson Nutritionals, Alabama’s contracted formula manufacturer. Once the rebate deposit is recorded in STAARS, foods draws are stopped until the rebate is completely exhausted.

**NSA Draws**

Per the Cash Management Improvement Act Agreement (CMIA) [Section 6.2.4 - Scheduled Draws Funding] between The State of Alabama and The Secretary of the Treasury, United States Department of the Treasury, the State will draw Federal Funds for administrative cost-payroll, administrative costs-other, and indirect cost on a pro-rata basis to coincide with the semi-monthly payroll cycle (24 times per year) in accordance with 31 CFR 205.18(a). At the beginning of a quarter, a STAARS infoAdvantage report is run off the previous quarter’s expenditures. The total expenditure amounts are divided by 6 (bimonthly) to calculate an estimated administration amount that will be drawn on or around each payday. The day’s WIC Administration Fund Balance amount is then added to or subtracted from this calculated draw amount. If the Administration Fund Balance is a positive amount, then this amount will be subtracted from the calculated draw amount. If the Administration Fund Balance is a negative amount, then this amount will be added to the calculated draw amount. This total is the amount drawn from the administration account in the WIC Letter of Credit rounded to the nearest dollar.

**Monitoring Fiscal Operations at the Local Level**

The WIC Director and Bureau of Family Health Services Financial Administrator meet monthly with the Department’s Finance staff to review the status of WIC grant expenditures at the Clinic, District, and State level. Finance produces a spreadsheet with the status of expenditures to date at the time of the grant review for each District (Local Agency) and rolls this up to a statewide total. Districts that are over budget are contacted for adjustment, as needed. District Administrators are allowed to reallocate funds between clinics as long as the District total is not exceeded to better maximize caseload and funding.

**Subgrantee Claims**

Subgrantee claims may be assessed based upon subgrantee financial management reviews. If a claim is assessed during the fiscal year, subgrantees are required to reduce the next monthly invoice by the claim amount. If a claim occurs at the end of the fiscal year, subgrantees are required to pay back funds.

**Payments to Subgrantees**

All subgrantees submit their signed monthly invoices with back-up data for processing. The WIC account technician examines and verifies the accuracy of the invoice and supporting documents. The Director of the Bureau of Family Health Services Administration branch examines and approves the invoice for payment. The invoice is then paid by the WIC grant accountant within the Bureau of Financial Services.
## ALABAMA DEPARTMENT OF PUBLIC HEALTH
### REQUISITION

**FOR FINANCE USE ONLY**

| SHIP CODE: |  |
| BILL CODE: |  |
| SNAP#: |  |
| REQ #: |  |

**REQUESTING UNIT:**

**SHIP TO ADDRESS:**

**CITY** **STATE** **ZIP:**

**DATE:**

<table>
<thead>
<tr>
<th>FUND</th>
<th>AGENCY</th>
<th>ORGAN.</th>
<th>OBJECT</th>
<th>QUANTITY ORDERED</th>
<th>UNIT MEASURE</th>
<th>COMMODITY CODE/DESCRIPTION</th>
<th>UNIT COST</th>
<th>EXTENDED COST</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

---

**STATE HEALTH OFFICER**

**Authorized Program Approval**

ADPH-F-HF-10/REV. 1-95
State of Alabama
Department of Finance
Division of Purchasing
Purchase Order

PURCHASE ORDER NUMBER:
PO 011 20000003804
Version Number: 1
ORDER TOTAL: $491,741.88

VENDOR: Csc Covansys
10975 Grandview Ste 500
Overland Park KS 66210
VENDOR CONTACT: Angela Stevens
9134698700

A Stevens7@Csc.Com
DEPARTMENT: Michele Rogers
CONTACT: 206-5243
michele.rogers@adph.state.al.us

PROCUREMENT CONTACT:

REASON MODIFIED:

Order Summary: 013740 - CROSSROADS M&E - FHS/WIC

SHIP To: DEPARTMENT OF PUBLIC HEALTH FAMILY HEALTH SERVICES
DAN MILSTEAD / 334-206-5444
THE RSA TOWER, SUITE 1350
201 MONROE STREET
MONTGOMERY AL 36104

BILL To: DEPARTMENT OF PUBLIC HEALTH BUREAU OF FINANCIAL SERVICES
NANCY HOLMES / 334-206-5563
P. O. BOX 303017
MONTGOMERY AL 361303017

COMMODITY / SERVICE INFORMATION

<table>
<thead>
<tr>
<th>Line</th>
<th>Quantity</th>
<th>UOM</th>
<th>Unit Price</th>
<th>Service Amount</th>
<th>Service From</th>
<th>Service To</th>
<th>Line Sub Total</th>
<th>Line Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>$491,741.88</td>
<td></td>
<td></td>
<td>$491,741.88</td>
<td>$491,741.88</td>
</tr>
</tbody>
</table>

92045 - Software Maintenance and Support Services
Software Maintenance and Support Services
CROSSROADS MIS MAINTENANCE AND ENHANCEMENTS FOR ALABAMA WIC PROGRAM WITH USDA.
AUTHORITY:
The Department of Finance Code of Administrative Procedure, Chapter 355-4-1 effective January 1990 is incorporated by reference and made a part of this document as if fully set out herein. To receive a copy, call (334)242-7250.

If the value of this purchase order is more than $5000, then vendor must submit a disclosure form as required by ACT 2001-955. This form can be accessed, along with instructions, from the Attorney General's website www.ago.alabama.gov/Form. This form must be submitted within 10 days of receiving this purchase order. Do not submit this form to the Division of Purchasing. Submit the form to the 3 locations as described in the Attorney General's instructions.

If this purchase order is a Delivery Order from a Master Agreement, where this form has been previously submitted to the Division of Purchasing, it is not necessary to submit the disclosure form again, unless information on it has changed.

Approved:  

Purchasing Director
STATE OF ALABAMA  
DEPARTMENT OF FINANCE  
Division of Control and Accounts  

Contract Cover Sheet  

Check one:  
☐ CT- Original  
☐ CA - Amendment  

Contract Number - - 011  
Agency  

Contract  C00119156  

Effective Date: 07/01/2020  
Expiration Date: 06/30/2022  

Contract Type:  
☐ Contract  
☐ Grant  
☐ IMOU  
☐ MOA  
☐ MOU  
☐ Blanket Approval  
☐ Business Associate Agreement  

Contractor Number (FEIN or SS#) 11 digits: 131996647  

Contractor Name: Conduent State & Local Solutions, Inc.  
Contractor Address: 12410 Milestone Center Drive, 5th Fl.  
750 1st St Ne Fl. 10 Washington, DC 20002-4241  
City: Germantown, State: MARYLAND  
Zip Code: 20876  

Total Amount: 1,190,276.00  

Revision Amount:  

Grant: 10,557 - WIC, WIC EBT AND BF PEER COUNSELING  

ADPH Contact Name: Ashley Johnson  
Contact Phone: 334-206-3071  

For non-automated departments, this section must be completed.  
This information will be entered into the Contract Sub-System by the Comptroller’s Office for non-automated departments Only.  

<table>
<thead>
<tr>
<th>Ln</th>
<th>Fund</th>
<th>Agcy</th>
<th>Org</th>
<th>S/Org</th>
<th>Appr</th>
<th>Activ.</th>
<th>Obj</th>
<th>S/Obj</th>
<th>Cost</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>005</td>
<td></td>
<td></td>
<td>0000</td>
<td></td>
<td></td>
<td>036</td>
<td></td>
</tr>
</tbody>
</table>

Quarter 1 | I/D | Quarter 2 | I/D  
Quarter 3 | I/D | Quarter 4 | I/D  

Rev. 05/2004
SUMMARY DATA SHEET (A-36)

BUREAU/OFFICE#: F-WIC-2019 OGC 20-301 CONTRACT#: C00119156
Contract BETWEEN Alabama Department of Public Health & Family Health Services AND Conduent State & Local Solutions, Inc.

Physical Address: 12410 Milestone Center Drive, 5th Fl., Germantown, MARYLAND 20876
And Mailing Address if different than above: 750 1st St Ne Fl. 10 Washington, DC 20002-4241
EFFECTIVE DATE: 07/01/2020 EXPIRATION DATE: 06/30/2022

Purpose of Contract: The purpose of this Contract is to provide e-WIC processing for the Alabama WIC program.

<table>
<thead>
<tr>
<th>TYPE OF FUNDING</th>
<th>CONTRACT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>State: 0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Federal: 100%</td>
<td>$1190276.00</td>
</tr>
<tr>
<td>In-Kind: 0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other*: 0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total: 100%</td>
<td>$1190276.00</td>
</tr>
</tbody>
</table>

Specify Other *

CSP PROCESS? ○ YES ☐ NO Approval Number:
RFP PROCESS? ☐ YES ○ NO

Contract exempt under Act No 2001-956 ○ YES ☐ NO
§ 41-16-78. Exceptions (b) This article shall also not apply to direct health care services provided by the Alabama Department of Public Health

REVIEW AND APPROVAL WITHIN HEALTH DEPARTMENT

ORIGINATING PROGRAM/AREA/COUNTY: Family Health Services WIC Division

1. PROCESSED BY: e-Signed by Ashley Johnson Date 5/5/2020 10:27:52 AM
2. Bureau. Dir/Area Admin e-Signed by Claudia Cauthen Date 5/5/2020 5:09:41 PM
3. IT: e-Signed by Regina Patterson Date 5/6/2020 11:51:39 AM

IF "IT" Related Contract

4. COMPLIANCE: Signature not required Date __________/________/________
   BAA Only

5. PERSONNEL: Signature Not Required Date __________/________/________
   Personal Services contracts only BRENT M. HATCHER

6. GENERAL COUNSEL: e-Signed by Brian Hale Date 5/8/2020 2:54:59 PM
   Approved as to form

7. FINANCIAL SERVICES: e-Signed by Arlene Judy Date 5/8/2020 11:13:15 AM

8. STATE HEALTH OFFICER: Scott Harris, M.D., M.P.H. Date 5/18/2020

ADPH: A36/Rev 3/05 Legal
CONTRACT BETWEEN
THE ALABAMA DEPARTMENT OF PUBLIC HEALTH
AND
CONDUENT STATE & LOCAL SOLUTIONS, INC.

This Contract entered into by and between The Alabama Department of Public Health, hereinafter "Department," and Conduent State & Local Solutions, Inc., hereinafter "Contractor," is effective July 1, 2020, or upon signature by the Governor, and terminates June 30, 2022.

WHEREAS, the purpose of this Contract is to provide e-WIC processing for the Alabama Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This includes the materials and hardware needed to support e-WIC.

WHEREAS, funding for activities performed under this Contract is provided by the Alabama Department of Public Health, Bureau of Family Health Services, Division of Women, Infants, and Children (WIC), through a cooperative agreement with the United States Department of Agriculture Food and Nutrition Service, being grant number CFDA 10.557, 5AL700700, for budget period of October 1, 2019, through September 30, 2020. The program was authorized through the following Act: Section 17 of the Child Nutrition Act of 1966, as amended.

WHEREAS, this Contract is entered into following a request for proposal (RFP) in accordance with Code of Ala. 1975 § 41-16-72 and following a competitive process.

WHEREAS, the Contractor will fully comply with the request for proposal, Contractor's proposal, Department's acceptance thereof and the plan or scope of work, which are herein incorporated by reference.

WHEREAS, the Department acknowledges that all intellectual property developed by the Contractor prior to or independently of the Alabama WIC EBT Project shall continue to be owned by Contractor and will only be used for the term of the Agreement.

NOW THEREFORE, in consideration of the mutual covenants herein below specified, and other good and valuable consideration, the receipt of which is hereby acknowledged, the parties herein agree to the following:

The Department shall:

1. Pay Contractor for completion of e-WIC implementation services and ongoing e-WIC processing as outlined in the RFP.

The Contractor shall:

1. Perform the implementation activities and e-WIC processing services as outlined in the RFP.
Under no circumstances shall the maximum amount payable under this Contract exceed $1,190,276.00 for the Contract period. Contractor shall have the right to stop work if any payment shall not be made, when due, to Contractor under this Agreement.

CONTINGENCY CLAUSE. Funding for the activities to be performed under this Contract has historically been provided through a cooperative agreement with the United States Department of Agriculture, Special Supplemental Nutrition Program for Women, Infants, and Children, and the Department anticipates receipt of continued federal funding in cooperation with the United States Department of Agriculture, Special Supplemental Nutrition Program for Women, Infants, and Children, pursuant to the provisions of Public Law 116-37, which became effective August 2, 2019 (the Bipartisan Budget Act of 2019), for the grant period October 1, 2019 through September 30, 2020.

Each and every part of this Agreement is dependent upon receipt of the federally appropriated funds in Public Law 116-37. Failure of the Department to qualify and receive said funds will render this Contract null and void.

PERSONNEL
The Contractor shall provide the skilled personnel as proposed in the RFP response. The Department will approve the personnel assigned initially and replacement personnel if necessary; provided such approval shall not be unreasonably withheld or delayed.

PAYMENTS
Contractor shall submit monthly invoices to the Department for reimbursement. The monthly invoice shall reflect the deliverables accepted during the month of the invoice. Invoices are due and payable within thirty (30) days of the date of the invoice.

A. Payments will be made for successful completion of deliverables, as agreed upon during negotiations. Completion will be deemed successful after sign-off by the Department.

B. Sales Taxes – Pursuant to the Code of Alabama, 1975, Title 40-23-4 (A) (11), the State of Alabama is exempt from paying sales taxes.

ORDER OF PRECEDENCE CLAUSE
The terms and conditions of this contract shall include the following:

1. This contract document
2. Revised RFP Table 3: Performance Standards, a copy of which is attached hereto as Attachment A
3. The RFP, a copy of which is attached hereto as Attachment B
4. Contractor’s Proposal, a copy of which is attached hereto as Attachment C
5. Alabama Department of Public Health Request for Proposal e-WIC Service Provider Proposer Follow Up Questions Regarding Cost Proposal for
Contractor

6. Alabama Department of Public Health Request for Proposal e-WIC Service Provider Proposer Follow Up Questions Regarding Cost Proposal for Contractor

7. Alabama Department of Public Health's Response to Proposers Questions

Where there is an apparent conflict among the contract documents which cannot be resolved by interpretation, this document controls.

FEDERAL ASSURANCES

EQUAL EMPLOYMENT OPPORTUNITY

Executive Order 11246, entitled "Equal Employment Opportunity", as amended by Executive Order 11375, and as supplemented by the Department of Labor Regulations (41 CFR Part 60): The Executive Order prohibits federal contractors and federally-assisted construction contractors and subcontractors who do over $10,000 in Government business in one year from discriminating in employment decisions on the basis of race, color, religion, sex, or national origin. The Executive Order also requires Government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment.

CLEAN AIR ACT

The Clean Air Act, Section 306 stipulates:

No Federal agency may enter into any contract with any person who is convicted of any offense under section 113(c) for the procurement of goods, materials, and services to perform such contract at any facility at which the violation which gave rise to such conviction occurred if such facility is owned, leased, or supervised by such person. The prohibition in the preceding sentence shall continue until the Administrator certifies that the condition giving rise to such a conviction has been corrected. For convictions arising under section 113(c)(2), the condition giving rise to the conviction also shall be considered to include any substantive violation of this Act associated with the violation of 113(c)(2). The Administrator may extend this prohibition to other facilities owned or operated by the convicted person.

The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a).

In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation's air, the President shall, not more than 180 days after enactment of the Clean Air Amendments of 1970 cause to be issued an order (1) requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate
the purpose and policy of this Act in such contracting or assistance activities, and (2) setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement.

The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption. The President shall annually report to the Congress on measures taken toward implementing the purpose and intent of this section, including but not limited to the progress and problems associated with implementation of this section. [42 U.S.C. 7606]

The President shall annually report to the Congress on measures taken toward implementing the purpose and intent of this section, including but not limited to the progress and problems associated with implementation of this section. [42 U.S.C. 7606]

CLEAN WATER ACT

The Clean Water Act, Section 309 stipulates:

a. No Federal agency may enter into any contract with any person who has been convicted of any offense under Section 309(c) of this Act for the procurement of goods, materials, and services if such contract is to be performed at any facility at which the violation which gave rise to such conviction occurred, and if such facility is owned, leased, or supervised by such person. The prohibition in preceding sentence shall continue until the Administrator certifies that the condition giving rise to such conviction has been corrected.

The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a) of this section.

In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation’s water, the President shall, not more than 180 days after the enactment of this Act, cause to be issued an order:

1. requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate the purpose and policy of this Act in such contracting or assistance activities, and

2. setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement. The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption.
The President shall annually report to the Congress on measures taken in compliance with the purpose and intent of this section, including, but not limited to, the progress and problems associated with such compliance.

(1) No certification by a contractor, and no contract clause, may be required in the case of a contract for the acquisition of commercial items in order to implement a prohibition or requirement of this section or a prohibition or requirement issued in the implementation of this section.

(2) In paragraph (1), the term "commercial item" has the meaning given such term in section 4(12) of the Office of Federal Procurement Policy Act (41 U.S.C. 403(12)).

ANTI-LOBBYING ACT

The Anti-Lobbying Act prohibits the recipients of Federal contracts, grants, and loans from using appropriated funds for lobbying the Executive or Legislative branches of the Federal government in connection with a specific contract, grant, or loan. As required by Section 1352, Title 31 of the U.S. Code and implemented at 34 CFR Part 82 for persons entering into a grant or cooperative agreement over $100,000, as defined at 34 CFR Part 82, Section 82.105 and 82.110, the applicant certifies that:

a. 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 any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement;

b. 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, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions;

c. The undersigned shall require that the language of this certification be include in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

AMERICANS WITH DISABILITIES ACT
This Act (28 CFR Part 35, Title II, Subtitle A) prohibits discrimination on the basis of disability in all services, programs, and activities provided to the public and State and local governments, except public transportation services.

DRUG-FREE WORKPLACE STATEMENT

The Federal government implemented the Drug Free Workplace Act of 1988 in an attempt to address the problems of drug abuse on the job. It is a fact that employees who use drugs have less productivity, a lower quality of work, and a higher absenteeism, and are more likely to misappropriate funds or services. From this perspective, the drug abuser may endanger other employees, the public at large, or themselves. Damage to property, whether owned by this entity or not, could result from drug abuse on the job. All these actions might undermine public confidence in the services this entity provides. Therefore, in order to remain a responsible source for government contracts, the following guidelines have been adopted:

a. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the work place.

b. Violators may be terminated or requested to seek counseling from an approved rehabilitation service.

c. Employees must notify their employer of any conviction of a criminal drug statute no later than five (5) days after such conviction.

d. Contractors of federal agencies are required to certify that they will provide drug-free workplaces for their employees.

Transactions subject to the suspension/debarment rules (covered transactions) include grants, sub grants, cooperative agreements, and prime contracts under such awards. Subcontracts are not included. Also, the dollar threshold for covered procurement contracts is $25,000. Contracts for Federally required audit services are covered regardless of dollar amount.

DEBARMENT AND SUSPENSION

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, Sections 85.105 and 85.110.

The applicant certifies that it and its principals:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery,
falsification or destruction of records, making false statements, or receiving stolen property;

- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- Have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

ROYALTY-FREE RIGHTS TO USE SOFTWARE OR DOCUMENTATION DEVELOPED

The federal government reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for federal government purposes, the copyright in any work developed under a grant, sub-grant, or contract under a grant or sub-grant or any rights of copyright to which a contractor purchases ownership.

Notwithstanding any other provision, Contractor shall retain exclusive ownership of all hardware and software tools ("Contractor Tools") used in the performance of the services, and the State shall have no residual rights to the Contractor Tools beyond the term of the contract.

FORCE MAJEURE Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations as a result of events beyond its reasonable control, including without limitation, fire, Acts of God, power failures, any act of war, hostile foreign action, nuclear explosion, riot, civil insurrection, earthquake, hurricane, epidemic, quarantine restriction, or tornado, provided that the Party seeking relief from its obligations promptly advises the other Party forthwith of the Force Majeure event.

BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT. By signing this Contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

OFFICE OF INSPECTOR GENERAL EXCLUSION PROVISION. Section 6501 of the Patient Protection and Affordable Care Act ("PPACA") regarding exclusions from federal health care programs took effect on January 1, 2011. This Section of PPACA amends the Social Security Act to provide that State Medicaid agencies must exclude or terminate from participation any individual or entity excluded from participating in any
Federal healthcare program, such that, if an individual or entity is excluded or terminated by Medicare or by Medicaid in any state, that individual or entity must be excluded from all other states' Medicaid programs.

Pursuant to that provision, if the Contractor is entering into this agreement for a federal health care program, Contractor agrees to screen all employees and subcontractors against the OIG list of excluded individuals and entities upon engagement and at least monthly. This includes screening of former names and variations of names.

CLOSEOUT CLAUSE. Contractor acknowledges that all invoices or other demands for payment must be received by the Department by September 30, 2022. Invoices or demands for payment received after that date cannot be paid and are forfeited.

ANTI-DISCRIMINATION CLAUSE. Contractor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, creed, color, religion, national origin, age, sex, or disability, as defined in the above laws and regulations. Contractor shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with the Rehabilitation Act of 1973 or the Americans With Disabilities Act of 1990.

ANTI-BOYCOT CLAUSE. Contractor represents that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

GOVERNOR'S PRORATION CLAUSE. It is agreed that the Department may terminate this Contract providing a thirty (30) day written notice to Contractor should the Governor of Alabama declare proration of the fund from which payment under this Contract is to be made. This termination for cause is supplemental to other rights the Department may have under this Contract or otherwise to terminate this Contract.

TERMINATION CLAUSE. This Contract may be terminated by either party providing a thirty (30) day written notice to the other party.

AMENDMENT CLAUSE. This Contract may be amended only by mutual agreement in writing, signed by Department and Contractor, and processed through and approved by all necessary authorities.

STANDARD OF PRACTICE CLAUSE. Contractor agrees to observe and comply at all times with all Federal and State laws and rules in effect during the term of this Contract which in any manner affect performance under this Contract. Contractor
agrees to perform services consistent with customary standard of practice and ethics in the profession.

WHISTLEBLOWER PROTECTION CLAUSE. Pursuant to 41 U.S.C. § 4712, an employee of a contractor, subcontractor, or grantee may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing. The statute defines whistleblowing as making a disclosure that the employee reasonably believes is evidence of:

- Gross mismanagement of a Federal contract or grant;
- A gross waste of Federal funds;
- An abuse of authority relating to a Federal contract or grant;
- A substantial and specific danger to public health or safety; or
- A violation of law, rule, or regulation related to a Federal contract or grant.

To qualify under the statute, the employee's disclosure must be made to:

- A Member of Congress or a representative of a Congressional committee;
- An Inspector General;
- The Government Accountability Office;
- A federal employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor, subcontractor, or grantee who has responsibility to investigate, discover or address misconduct.

ASSIGNMENT CLAUSE. The rights, duties, and obligations arising under the terms of this Contract shall not be assigned by any of the parties hereto without the written consent of all other parties.

ENTIRE AGREEMENT CLAUSE. This Contract contains the entire agreement of the parties and there are no other agreements, verbal or written, affecting this Contract that have not been incorporated herein or attached hereto.

SEVERABILITY CLAUSE. Each provision of this Contract is intended to be severable. If any term or provision of this Contract is illegal or invalid for any reason whatsoever, said illegality or invalidity shall not affect the legality or validity of the remainder of this Contract.

HEADINGS CLAUSE. Headings in this Contract are for convenient reference only and shall not be used to interpret or construe the provisions of this Contract.

DO NOT WORK CLAUSE. Contractor acknowledges and understands that this Contract is not effective until it has received all requisite State government approvals and Contractor shall not begin performing work under this Contract until notified to do so.
by the Department. Contractor is entitled to no compensation for work performed prior to the effective date of this Contract.

EMERGENCY CANCELLATION CLAUSE. Notwithstanding any other provision of this Contract, upon the issuance of a Declaration of Financial Necessity by the State Health Officer, this Contract may be canceled immediately upon notice of such cancellation being given in writing to the Contractor. Notwithstanding such cancellation, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

FINANCIAL NECESSITY CLAUSE. All terms and conditions of this Contract notwithstanding, the parties agree that upon the issuance of a Declaration of Financial Necessity by the State Health Officer, the maximum amount payable under this Contract may be unilaterally reduced by the Department to an appropriate amount to be determined by the Department upon notice of such being given in writing to the Contractor. Notwithstanding such reduction, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

DEBT OF STATE CLAUSE. It is agreed that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article XI, Section 213 of the Constitution of Alabama of 1901, as amended by Amendment Number 26. It is further agreed that if any provision of this Contract shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the Contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this Contract shall be limited to the filing of a claim with the Board of Adjustment for the State of Alabama.

DISPUTES. In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involves the payment of money, a party's sole remedy is the filing of a claim with the Board of Adjustment of the State of Alabama. For any and all other disputes arising under the terms of this contract which are not resolved by negotiation, the parties agree to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

MERIT SYSTEM CLAUSE. Contractor shall not be entitled to receive any benefits under this Contract that merit system employees receive by virtue of their status or employment, nor may Contractor nor any of its officers, agents, servants or employees be employed as a merit system employee during the term of this Contract. Any such employment automatically voids this Contract.
HOLD HARMLESS CLAUSE. Contractor hereby indemnifies and holds harmless the State of Alabama and the Department and their officers, agents, servants, and employees from any and all claims arising out of acts or omissions committed by the Contractor or any Subcontractor, agent, servant or employee of Contractor while in performance hereunder.

FUND APPROPRIATION CLAUSE. It is agreed that the Department may terminate this Contract by providing a thirty (30) day written notice to Contractor should the Legislature of Alabama fail to appropriate funds for the continued payment of this Contract. This termination for cause is supplemental to any other rights Department may have under this Contract or otherwise to terminate this Contract.

TOBACCO SMOKE CLAUSE. Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor facility routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children’s services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to one-thousand dollars ($1000) per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this Contract the Contractor certifies that it will comply with the requirements of the Act.

The Contractor further agrees that it will require the language of this certification to be included in any sub-awards which contain provisions for the children’s services and that all Subcontractors shall certify accordingly.

LOBBYING CLAUSE. 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 awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, 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, 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, loan, or
cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than ten-thousand dollars ($10,000) and not more than one-hundred-thousand dollars ($100,000) for each such failure.

DEBARMENT, SUSPENSION CLAUSE. For the purposes of this clause, "prospective lower tier participant" or "lower tier participant" refers to the Contractor.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

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 whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had 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 meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal 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 proposed for debarment under 48 CFR part 9, subpart 9.4, 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 proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," 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 proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, 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 List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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 sub-paragraph 5 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, 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. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions.

(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.

RECORD RETENTION. The Contractor is aware that it must retain all records pertinent to expenditure incurred under this Contract for a period of three (3) years after the termination of all activities funded under this Contract. Records for any displaced person must be kept three (3) years after he/she has received final payment. Notwithstanding the above, if there are litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the three-year period, then such records must be retained until completion of the actions and resolutions of all issues, or the expiration of the three-year period, plus the current year whichever occurs later. See Department of Public Examiners for its record retention policy.

AVAILABILITY OF FINANCIAL STATEMENTS. All records and financial statements, to include a copy of the independent audit report, shall be made available to authorized personnel from the State or Federal Program Office, the Examiners of Public Accounts or their representatives, for audit and inspection purposes.
AUDIT REQUIREMENTS. A non-Federal Contractor that expends $750,000 in federal awards or more during the Contractor's fiscal year must have a single audit conducted in accordance with the Uniform Administrative Requirements, 2 CFR Part 200, Subpart F.

HIPAA CLAUSE. This clause is necessitated by the application of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). References to this clause are to the Code of Federal Regulations, hereinafter "CFR."

The parties agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"). The definitions set forth in the Privacy Rule are incorporated by reference into this Contract (45 C.F.R. §§ 160.103 and 164.501). The Parties likewise agree to take all necessary precautions to protect the integrity of electronic protected health information (e-PHI) by complying with the HIPAA Security Rule.

INTERPRETATION CLAUSE. Where there is an apparent conflict among the Contract documents which cannot be resolved by interpretation, this document controls.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.]
Contractor:
Conduent State & Local Solutions, Inc.

Signed: [Signature]

Date: 5/11/20

Address:
12410 Milestone Center Drive, 5th Fl.
Germantown, MD 20876

750 1st St Ne Fl. 10
Washington, DC 20002-4241

Telephone: (770) 829-1033
Fax:

Contractor please type or print your email address:

Social Security or FEIN: 13-1996647

Alabama Department of Public Health
This Contract has been reviewed as to content

Signed: [Signature]

Date: 5/15/2020

APPROVED:
Alabama Department of Public Health

Signed: [Signature]
Scott Harris, M.D., M.P.H.
State Health Officer

Date: 5/18/2020

APPROVED:
State of Alabama

Signed: [Signature]
Kay Ivey, Governor

Date: 6/25/2020

Reviewed by Contract Review Committee
Contract 
JUN 22 2020
Alabama Legislature
Megan Statom, Clerk

APPROVED AS TO FORM AND COMPLIANCE WITH APPLICABLE RULES AND REGULATIONS DEPT. OF PUBLIC HEALTH

MAY 15 2020
OFFICE OF GENERAL COUNSEL
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

   CONDIENT STATE & LOCAL SOLUTIONS, INC.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

   □ Individual/sole proprietor or single-member LLC
   □ Limited liability company, Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)
   □ Check the appropriate box on line 5 above for the tax classification of the single-member owner.
   □ Limited liability company, LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
   □ Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

   Exempt payer code (if any) 5
   Exemption from FATCA reporting code (if any) E
   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.) See instructions.

   12410 Milestone Center Dr, 5th Fl

6. City, state, and ZIP code

   Germantown, MD 20876

7. List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part II, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

| 1 | 3 | 1 | 9 | 9 | 6 | 6 | 7 |

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1098 (home mortgage interest, 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.
State of Alabama
Disclosure Statement
Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM
Conduent State & Local Solutions, Inc.

ADDRESS
12410 Milestone Center Drive, 5 Fl.

CITY, STATE, ZIP
Germantown, MD, 20876

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD
Alabama Department of Public Health

ADDRESS
201 Monroe Street, Suite 1300

CITY, STATE, ZIP
Montgomery, AL 36104

TELEPHONE NUMBER
770-829-1033

334-206-5673

This form is provided with:
✓ Contract □ Proposal □ Request for Proposal □ Invitation to Bid □ Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?
✓ Yes □ No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

<table>
<thead>
<tr>
<th>STATE AGENCY/DEPARTMENT</th>
<th>TYPE OF GOODS/SERVICES</th>
<th>AMOUNT RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL Dept of Public Health</td>
<td>E-WIC Processing Services</td>
<td>$1,190,276.00 (2020-21)</td>
</tr>
<tr>
<td>AL Dept of Human Resources</td>
<td>E-Childcare Services</td>
<td>$1,495,328.00 (2019-2020)</td>
</tr>
</tbody>
</table>

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?
□ Yes ✓ No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

<table>
<thead>
<tr>
<th>STATE AGENCY/DEPARTMENT</th>
<th>DATE GRANT AWARDED</th>
<th>AMOUNT OF GRANT</th>
</tr>
</thead>
</table>

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>NAME OF PUBLIC OFFICIAL/EMPLOYEE</th>
<th>ADDRESS</th>
<th>STATE DEPARTMENT/AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 1 of 2
2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

<table>
<thead>
<tr>
<th>NAME OF FAMILY MEMBER</th>
<th>ADDRESS</th>
<th>NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE</th>
<th>STATE DEPARTMENT/ AGENCY WHERE EMPLOYED</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

NA

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

NA

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

<table>
<thead>
<tr>
<th>NAME OF PAID CONSULTANT/ LOBBYIST</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed $10,000.00, is applied for knowingly providing incorrect or misleading information.

Signature: [Signature]  
Date: [5/7/20]  
[Notary's Signature]  
Date: [5/7/20]  
Date Notary Expires: [04/08/2023]

Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of $5,000.
CHAPTER VI

FOOD FUNDS MANAGEMENT
VI. FOOD FUNDS MANAGEMENT

(Please indicate) State Agency: Alabama WIC Program for FY: 2021

Food funds management involves monitoring cost containment measures and procedures related to infant formula and other authorized food items, the monitoring and management of State agency funding sources, and the accurate reporting of participation figures.

A. Cost Containment Measures - 246.4(a)(14)(xi): describe the policies and procedures used to implement cost containment measures as they relate to infant formula contracts, their approval and the processing of infant formula and/or other rebates, and food package cost containment practices.

B. Funds Monitoring/Reporting - 246.4(a)(2); (a)(12); and (a)(14): describe the State agency's funding sources, how food obligations are calculated to allow for inflation, rebate cash management, and monthly closeout monitoring activities.

C. Participation Reporting - 246.4(a)(11): describe the methods used to accurately document and monitor participation at the State and local level, and methods for monitoring changes in participation by priority.
VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

1. The State agency seeks FNS approval related to infant formula cost containment measures (check one):
   ☐ For a waiver of the requirement for a single-supplier competitive system. State agency must complete a cost comparison projecting food cost savings in the single-supplier competitive system based on the lowest monthly net price or highest monthly rebate [as required in Section 246.16a(d)(2)(i) through (d)(2)(iii) and savings under an alternative cost containment system, Section 246.16a(d)(2)(B)].
   ☐ To issue an infant formula bid solicitation that evaluates bids by highest rebate. A State agency must demonstrate to FNS’ satisfaction that the weighted average retail prices for different brands of infant formula in the State vary by 5% or less [as required in Section 246.16a(c)(5)(iii)].
   ☒ Not applicable

   Please attach in the Appendix supporting documentation for requests for FNS approval.

   ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

2. Cost Containment Contracts for Infant Formula
   a. The State agency acquires infant formula through (check all that apply):
      ☐ Home food delivery system
      ☐ Direct distribution food delivery system
      ☒ Retail food delivery system
      ☒ Other (specify): Infant formula purchased directly from the manufacturer or wholesaler.

   b. The State agency has a rebate contract/agreement for infant formula.
      ☒ Yes
      ☐ No

      If yes, attach contract in Appendix
      If no, check which applies:
      ☐ Granted waiver
      ☐ ITO with participation under 1,000 as of April (Proceed to question A.4. Cost Containment for Other Foods)

   c. For a single-supplier system or multi-supplier: Date contract/agreement: 10/01/2016

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Original Term Begun</th>
<th>Original Term Expires</th>
<th>Extension Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mead Johnson</td>
<td>10/01/2016</td>
<td>9/30/2019</td>
<td>2 One Year Extension Options</td>
</tr>
</tbody>
</table>

   *If contract expires during the fiscal year see sections 3 and 4
VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

d. Current fiscal year rebates and current net price per unit paid (note the price should reflect current prices rather than original contract prices and rebate amounts):

My rebate price sheet is available and attached as Appendix  Chapter VI. Infant Formula Rebate Price Sheet (Proceed to A. 3. Infant Formula Issuance.)

<table>
<thead>
<tr>
<th>Primary Contract Infant Formula</th>
<th>Manufacturer</th>
<th>Rebate/Unit</th>
<th>Net price/Unit</th>
<th>% WS Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid Concentrate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk-Based</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy-based*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk-based</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy-based*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ready to Feed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk-Based</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy-based*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exempt Formula (If applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If uncoupled/separate contracts for milk- and soy-based infant formula.

3. Infant Formula Issuance.

a. Does the State agency issue the Primary Contract Infant Formula as the first choice of issuance (by physical form), with all other infant formulas issued as an alternative? (Section 246.16a(c)(8) & 246.10(e)(1)(iii))

☐ Yes  ☐ No

b. The percent of infants receiving each type of formula is estimated at:

Contract 83 percent
Non-contract

Exempt infant formula  17 percent
Non-exempt infant formula

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

Contract versus non-contract formula percentages for FY 2020 as of June 2020 (i.e., 10/012019 to 06/30/2020).

4. Cost Containment for Other Foods

a. Rebates are also obtained on other WIC foods.

☐ Yes (specify foods and attach contract in Appendix):

☒ No

b. The State agency intends to pursue rebates on other authorized foods.

☐ Yes (specify):

☒ No
VI. FOOD FUNDS MANAGEMENT

A. Cost Containment Measures

   c. To contain food costs, the State agency has limited authorized foods/container sizes/types, etc.

   ☒ Yes (If yes, note such limitations on the following table)   ☒ No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

<table>
<thead>
<tr>
<th>Item</th>
<th>Specific brands are designated/ Disallowed</th>
<th>Only certain container sizes are allowed</th>
<th>Allowable types are limited</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exempt formula for women, infants &amp; children</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant cereal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Infant Fruit/Veg/Meat</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Whole fresh fluid milk</td>
<td>X</td>
<td></td>
<td>LEB</td>
<td></td>
</tr>
<tr>
<td>Lowfat fresh fluid milk</td>
<td>X</td>
<td></td>
<td>LEB</td>
<td></td>
</tr>
<tr>
<td>Skim fresh fluid milk</td>
<td>X</td>
<td></td>
<td>LEB</td>
<td></td>
</tr>
<tr>
<td>Fresh milks (e.g., Lactaid, cultured buttermilk, goat milk) (specify):</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelf-stable milk (e.g., evaporated milk, UHT, whole/low fat/nonfat dry milk)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cheese</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>LEB</td>
</tr>
<tr>
<td>Yogurt</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soy-based beverage</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tofu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fresh eggs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dried egg mix</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot cereal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cold cereal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Single strength fruit/vegetable juice</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Concentrated fruit/vegetable juice</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Whole wheat bread</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Other whole grains</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Peanut butter</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dry beans/peas</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canned Fish</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canned beans/peas</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

1. The State agency has procedures to assure that the requirements are met regarding the nonprocurement of food in bulk lots, supplies, equipment and other services from entities that have been debarred or suspended.
   ☒ Yes ☐ No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

2. Food Cost Obligations
   a. The State agency calculates food obligations based on the following data (check one):
      ☒ Number of expected participants and average food cost per participant
      ☐ Number of expected participants by category (e.g., pregnant woman, infant, etc.) and average food cost per participant category
      ☐ Number of expected redemptions by food instrument type and cash-value voucher type and average value per food instrument type and cash-value voucher type
      ☐ Other (specify):
   
   b. The State agency estimates the impact of inflation on food costs through the use of the following inflation escalators:
      ☐ Inflation factor used in Federal funding formula
      ☐ State-generated estimates of inflation based on State market basket of foods
      ☒ Best guess by food item based on economic reports or other sources
      ☐ Other (specify):
   
   c. The State agency ADP system automatically produces a monthly obligation amount
      ☐ Yes
      ☒ No, data are pulled from various sources and an estimated amount is calculated manually or with a PC spreadsheet
      ☐ Other (specify):
   
   d. The State agency system (in-house or contracted) provides the following data on food instrument and cash-value voucher redemptions at specific (daily, weekly, monthly, as needed) frequencies (check all that apply and provide frequency):
      | Frequency | Data                                           |
      |-----------|------------------------------------------------|
      | D/W/M     | ☒ Food instruments and cash-value vouchers paid for issue month |
      |           | ☐ Food instruments and cash-value vouchers outstanding for issue month |
      |           | ☐ Food instruments and cash-value vouchers that have expired |
      |           | ☐ Food instruments and cash-value vouchers that are void/unclaimed |

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):
VI. FOOD FUNDS MANAGEMENT

B. Funds Monitoring/798 Reporting

3. Rebate Cash Management
   a. The State agency has a billing system in place that ensures rebate invoices for all authorized food, including infant formula, under competitive bidding, provide a reasonable estimate, or actual count of the number of units purchased by participants during WIC transactions (Section 246.16a(k)).
      ☒ Actual count of units purchased
      ☐ Estimate of units purchased (attach methodology)
      ☐ Other (describe):
   b. The State agency uses a food instrument that enables it to identify the type and brand of infant formula redeemed.
      ☒ Yes, for all formula types, brands, and physical forms
      ☐ Yes, for exempt infant formulas
      ☐ No
   c. The invoice to the formula manufacturer is issued by:
      ☒ The WIC unit  ☐ The State agency fiscal unit
      ☐ Other (specify):
   d. Monthly invoices are submitted with supporting data.
      ☒ Yes  ☐ No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

4. Closeout of Report Month Outlays
   a. The State agency allows the food vendor (and farmer if any) the following number of days to submit food instruments and cash-value vouchers for payment (provide the number of days):
      N/A  Days from the participant's first valid date
   b. The State agency is generally able to close out a report month completely within:
      ☐ 90 days  ☐ 120 days
      ☒ Other (specify number of days): 30 days

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):

5. Indicate the method used to reimburse vendors (and farmers if any) for redeemed food instruments and cash-value vouchers or other services and specify the entity responsible for making payment:

<table>
<thead>
<tr>
<th>State WIC</th>
<th>State FM</th>
<th>Other (Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>By check directly to vendor or farmer</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>By check directly to vendor’s or farmer’s bank</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>eWIC (Conduent) By electronic transfer to vendor’s or farmer’s bank</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):
VI. FOOD FUNDS MANAGEMENT

C. Participation Reporting

1. Participation Counting
   a. The State agency counts an enrollee who received at least one food instrument/food package (or who received no food instrument/food package, but was either a fully-breastfed infant of a participating breastfeeding woman or a woman partially breastfeeding a participating 6 to 12 month old infant) as a participant during:
      ☒ The calendar month
      ☐ The computer system cycle month
      ☐ Other (specify):
   b. The State agency receives participation counts from:
      ☒ The State agency computer system based on the number of persons issued food or food instruments (manual and automated food instruments), the number of fully-breastfed infants who receive no food or food instruments, but are breastfed by participating breastfeeding women, and the number of women who receive no food or food instruments, but are partially breastfeeding a participating 6 to 12 month old infant.
      ☐ Counts reported from local agencies based on issuance records
      ☐ Other (specify):
   c. If State funds are present, the State agency differentiates between Federal-supported and State-supported participants by:
      ☐ Special code on food instrument
      ☐ Special areas of State designated as State-supported areas
      ☐ Pro rata allocation based on proportion of Federal to State funds spent
      ☒ Other (specify): N/A
   d. When local agencies are chronically late in furnishing food instrument and/or certification data needed for participation counts, the State agency:
      ☐ Sends warnings
      ☐ Applies financial sanctions
      ☐ Requires manual reporting
      ☒ Other (specify): N/A

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):
VI. FOOD FUNDS MANAGEMENT

C. Participation Reporting

2. Participation by Priority
   a. Priority level is a critical data field in the State agency's computer system.
      ☑ Yes ☐ No
   b. The State computer system automatically assigns priority level based on the enrollee's nutritional risk condition.
      ☑ Yes ☐ No
   c. The State agency's computer system revises the priority level determination when a participant changes category (e.g., infant becomes child and receives a child’s food package).
      ☑ Yes ☐ No
   d. The State agency has an “unknown” priority category for VOC transfers where priority is unknown.
      ☐ Yes ☑ No

3. Participation by Local Agency
   The State agency's computer system supports its requirement to report participation data by local agency to measure breastfeeding performance.
      ☑ Yes ☐ No

ADDITIONAL DETAIL: Food Funds Management Appendix and/or Procedure Manual (citation):
INVITATION TO BID
INFANT FORMULA REBATE

STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY HEALTH SERVICES
DIVISION OF WIC
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Purpose</td>
<td>3</td>
</tr>
<tr>
<td>II. Scope of Bid</td>
<td>3</td>
</tr>
<tr>
<td>A. Manufacturer Requirements</td>
<td>4</td>
</tr>
<tr>
<td>B. State Requirements</td>
<td>6</td>
</tr>
<tr>
<td>III. Purchase of Formulas with Medical Documentation</td>
<td>7</td>
</tr>
<tr>
<td>IV. Methodology of Invoice Remittance</td>
<td>8</td>
</tr>
<tr>
<td>A. Monthly Invoice Remittance</td>
<td>8</td>
</tr>
<tr>
<td>B. Payment Procedures</td>
<td>9</td>
</tr>
<tr>
<td>V. Bid Format and Content</td>
<td>11</td>
</tr>
<tr>
<td>A. Technical Component</td>
<td>11</td>
</tr>
<tr>
<td>B. Cost Component</td>
<td>11</td>
</tr>
<tr>
<td>VI. Analysis of Bid</td>
<td>12</td>
</tr>
<tr>
<td>VII. Terms and Conditions</td>
<td>12</td>
</tr>
<tr>
<td>VIII. Bid Due Date</td>
<td>13</td>
</tr>
<tr>
<td>IX. Opening of Bids</td>
<td>13</td>
</tr>
<tr>
<td>X. Notice of Award</td>
<td>13</td>
</tr>
<tr>
<td>XI. Contract Provisions</td>
<td>13</td>
</tr>
<tr>
<td>A. Return of Signed Contract</td>
<td>13</td>
</tr>
<tr>
<td>B. Contract Inclusions</td>
<td>13</td>
</tr>
<tr>
<td>C. Contract Period</td>
<td>14</td>
</tr>
<tr>
<td>D. Clauses</td>
<td>14</td>
</tr>
<tr>
<td>XII. Bid and Certification</td>
<td>21</td>
</tr>
<tr>
<td>XIII. Participation per Month and Estimated Containers</td>
<td>23</td>
</tr>
</tbody>
</table>

Attachment A: WIC Infant Formula Rebate Cost Component Calculation Sheets | 24   |
Attachment B: Sample Alabama WIC Formula Rebate Invoice | 27   |
Attachment C: AL e-WIC Implementation Milestones | 33   |
INVITATION TO BID

STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY HEALTH SERVICES
DIVISION OF WIC

I. PURPOSE

This is an invitation to bid (ITB) to obtain the lowest net cost per container, using the lowest national wholesale price for a full truckload, on infant formula provided to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participants by the Alabama Department of Public Health, Bureau of Family Health Services, Division of WIC, hereafter referred to as the STATE, through STATE’S retail food delivery system for a period of thirty-six months beginning October 1, 2016, through September 30, 2019. The contract may be renewed by mutual consent for up to two (2) one-year terms, not to exceed two years beyond the initial contract period for thirty-six months. The rebate structure of the agreement shall not be modified nor renegotiated at the time the option to extend is exercised, but will continue in full force and effect for the entire term of this agreement and any extension periods. The terms and conditions of the initial contract during the two one-year extension periods, if renewed, shall remain in force. Such renewal shall be contingent upon satisfactory performances as determined by the STATE. Prior to each renewal, any changes agreed upon by both parties shall be confirmed in writing. Contract extensions must be agreed upon and signed by January 31, 2019, and January 31, 2020, if applicable. The ITB is issued pursuant to the WIC regulations at 7 CFR 246.2 and 246.16a.

II. SCOPE OF BID

STATE intends to contract with one manufacturer whose iron-fortified, milk-based and soy based infant formulas will be the contract brand infant formula issued on WIC food instruments (12.1 - 13 ounce liquid concentrate, 12 to 12.9 ounce powdered, and 32 - 33.8 ounce ready-to-feed). Iron-fortified formula shall be complete; not requiring the addition of any ingredients other than water prior to being served in a liquid state. Infant formulas shall contain at least 10 milligrams of iron per liter of infant formula at standard dilution which supplies 67 kilocalories per 100 milliliters; i.e., approximately 20 kilocalories per fluid ounce of infant formula at standard dilution. The formula for which the bid is submitted must be suitable for the routine issuance to the majority of generally healthy, full-term infants.

“Infant formula” is defined as any formula in the manufacturer’s product line that: 1) complies with the Infant Formula Act of 1980 as amended which defines “infant formula” as “a food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk”; and 2) complies with the definition and requirements for “infant formula” under the Federal Food, Drug, and Cosmetic Act including [Sections 201(z) and 412 of Act, 21 U.S.C. 321 (z) and 350a respectively], excluding “exempt” infant formulas as
defined by the Food and Drug Administration (FDA).

A. Manufacturer Requirements:

1. Manufacturer must be registered with the Secretary of Health and Human Services under the Federal Food, Drug and Cosmetic Act (21 U.S.C. 321 et seq.), and its products are in compliance with Federal regulations issued pursuant to Public Law 100-137.

2. Manufacturer must comply with the Department of Agriculture (USDA) Food and Nutrition Service (FNS) Instruction 800-2 dated June 2, 1992, and WIC Policy Memorandum #2009-1 dated December 31, 2008, which restricts the usage of the WIC acronym and logo. The following are provisions for “use of WIC Service Marks”:
   a. Manufacturer acknowledges that the WIC Acronym and the WIC Logo are service marks owned by the USDA, and that all rights therein and goodwill pertaining thereto belong exclusively to USDA.
   b. Manufacturer shall not use these service marks in any manner on its goods or their containers or packaging or on tags or labels affixed thereto. Manufacturer also shall not use the WIC Logo in advertising or other promotional materials (collectively: “advertising”).
   c. Manufacturer shall not use the WIC Acronym in advertising in any manner that is likely to cause confusion, mistake, or deception as to the affiliation, connection, or association of Manufacturer with the WIC Program, or as to the sponsorship or approval of Manufacturer’s goods, services, advertising, or commercial activities, including nutritional message(s), by the WIC Program, USDA, or the State agency.
   d. Manufacturer shall include the following statement with any use of the WIC Acronym in advertising: “WIC is a registered service mark of the U.S. Department of Agriculture for USDA’s Special Supplemental Nutrition Program for Women, Infants and Children.”

3. Manufacturer certifies all items quoted represent the products of the manufacturer.

4. Any price increase or decrease of the manufacturer’s lowest national wholesale prices for a full truckload of infant formula after the bid is opened, will automatically adjust the rebate amounts per container by the same amount cent for cent. The manufacturer shall agree that the rebate amount will adjust in the same amount (cent for cent) as the difference between the manufacturer’s lowest national wholesale prices per container for a full truckload and the base wholesale price on the first day of each month covered by the contract. Manufacturer’s must provide in writing, to include a new wholesale price catalog, to the STATE changes in the per container rebate amount within thirty (30) days of the effective date of the price change. These changes will be made effective in the STATE’s rebate invoice for food instruments issued and redeemed on or after the first day of the month following the 30 day notification period.
5. A rebate must be paid on all formula in the manufacturer’s infant formula product line that the State agency chooses to issue, including any existing and new infant formula introduced during the term of the contract. If a new infant formula is introduced to take the place of the primary contract brand infant formula, the manufacturer must pay a rebate that yields the same net cost per ounce as the original primary contract brand infant formula. The rebate to be paid on all other contract infant formula must yield the same percentage discount as the corresponding physical form of the primary contract infant formula for which bids were solicited. The rebate for infant formula added to the contract after the start date (new and existing) will be calculated using the wholesale price of the formula at the time the formula is approved for issuance by the State agency. Rebates will be adjusted as specified in the above paragraph 4.

6. In the event the STATE is unable to issue the physical form of the issued contract brand infant formula due to factory back order or a formula recall, manufacturer must pay a rebate on other physical forms of the contract brand infant formula. This will be done prior to issuing a non-contract infant formula. In the event the manufacturer cannot provide the contract brand infant formula in any physical form, a rebate must be paid on a non contract infant formula that yields the same net cost per ounce as the formula is it replacing.

7. The manufacturer shall have a current retail distribution network established in the State of Alabama and guarantee that sufficient quantities of the rebate formulas will be available to major wholesalers and approximately 700 authorized WIC grocery vendors statewide to meet STATE needs 60 days prior to contract implementation on October 1, 2016, so that WIC participants can begin redeeming food instruments with the WIC authorized vendors at implementation.

8. The manufacturer shall provide the STATE advance notification, not less than ninety (90) days, of any changes in labels, unit size, and/or reformulation of infant formula. Due to the impact on an EBT system, products that change both size and yield must change the Universal Product Code (UPC) or the manufacturer must work with the STATE to reset the authorized WIC vendors’ shelves and wholesalers’ inventory.

9. Manufacturer shall provide the STATE by October 1, 2016, a list of all representatives with their addresses, phone numbers, and areas of responsibility. Manufacturer will update the list as changes are made. Manufacturer representatives will visit each WIC Area Nutrition Director in the state no less than once each quarter of the year during the contract period beginning October 1, 2016. These visits will be used to inform AL WIC staff of any upcoming formula changes and to promote customer service relations between the Manufacturer and AL WIC. A list of the manufacturer’s representatives assigned to each Public Health Area will be provided to the WIC Program Director on an annual basis no later than October 31, of each fiscal year.
Manufacturer will comply with all contract provisions required by the STATE as specified in Section XI, Contract Provisions.

B. STATE Requirements:

1. The STATE operates a retail food delivery system. The STATE will use printed or manual (handwritten) food instruments that designate the manufacturer’s brand of rebate formulas for one, two, or three months issuance. At such point that the state implements electronic benefits, the benefits will include the manufacturer’s brand of rebate formulas (see attachment C). The primary contract brand infant formula is that which the manufacturer submits in the bid and will be the formula of first choice. The primary contract brand infant formula will be available to major wholesalers and contracted WIC grocery vendors statewide.

2. The STATE will issue only the manufacturer’s brand of milk-based and soy-based products, with the exception of the exempt formulas or in rare cases, any non-exempt milk or soy based formula with appropriate medical documentation. The STATE may choose to issue none, some, or all of the winning bidder’s other formula.

3. The STATE will issue infant formula in accordance with §246.10(e)(1) through (e)(9), of the WIC Program regulations which detail providing the full nutrition benefit (FNB) for each infant food package category and infant feeding option.

4. The STATE will issue infant formula using the rounding up option when the maximum monthly allowance of reconstituted infant formula does not provide the full nutritional benefit (FNB) for any food package category and/or infant feeding option in accordance with 246.10(h)(1) of the WIC Program Regulations.

5. The STATE will issue a monthly rebate invoice. For paper food instrument issuance, payment due to the STATE shall be based on the number of containers listed on the redeemed food instruments during the current billing period. The rebate shall be multiplied by the number of containers listed on the redeemed food instruments to determine the rebate amount due the STATE. A partial redemption factor will be applied to the total amount as defined in Section IV, Methodology of Remittance. The amount of formula purchased will fluctuate with the availability of federal funds, caseload, and other factors. For electronic benefit issuance, payment due to the STATE shall be based on the number of containers redeemed during the current billing period. No partial redemption factor will be applied.

6. The base price per container is established upon submission of the bid to the STATE. The STATE will calculate the lowest net price using the lowest national wholesale price per unit for a full truckload of the infant formula on the date of the bid opening. The rebate to be paid on all other contract brand infant formula, to include new formula, must yield the same percentage discount as the corresponding physical form of the primary contract brand infant formula for which bids were solicited. Meaning the discount established at the beginning of the contract (by physical form), is used to
calculate the rebate for infant formula (new and existing) added to the contract subsequent to the initiation of the contract per 246.16a(c)(6)(i-iii).

7. The STATE shall notify all local and private agencies, retailers, and physicians of any change to the rebate brand of formulas and shall monitor for retail compliance.

8. The STATE shall supply the manufacturer with the number of current infant participants, excluding infants that are solely breastfed and infants that are issued exempt infant formula. The manufacturer may not have access to any records identifying participants by name and/or address.

9. The STATE shall also supply the manufacturer a list of contracted grocers/vendors. The manufacturer may not have access to any information about a vendor that individually identifies the vendor, except for vendor’s name, address, website, email address, store type, and authorization status.

10. BID solicitations and awards are in compliance with the Code of Alabama 1975, Chapter 16, Article 2, State Bid Laws. There are no provisions to prevent manufacturers of infant formula and that meet the requirements of the bid from competing in the bid process. All bidders must register with the Alabama Department of Finance, Division of Purchasing and can do so by calling 334-242-4284 or by visiting the Division’s website at http://purchasing.alabama.gov/pages/vendors.aspx. All bids are sealed until the specified opening date and time.

11. Formula food instruments issued through September 30, 2016, will contain the formula for which the STATE currently holds a contract. Food instruments issued for three months on September 30, 2016, will contain the contract formula in place on the day of issuance. Formula food instruments issued on or after October 1, 2016 will contain the newly awarded contract formula. Should the current contract formula be replaced with a new contract formula, rebate invoices will be issued to both contract formula manufacturers until all issued formula food instruments containing the previous contract formula, i.e., those issued on or before September 30, 2016, are redeemed. Note: Any formula food instrument replacement occurring on or after October 1, 2016, will be replaced with the contract formula in place on October 1, 2016.

III. PURCHASES OF FORMULAS WITH MEDICAL DOCUMENTATION

Per WIC Program regulations §246.10 (d), the STATE requires medical documentation for the issuance of any non-contract brand infant formula, any infant formula prescribed to a child or adult with a documented qualifying condition, any exempt infant formula, any authorized soy-based beverage, and any contract brand infant formula that does not meet the minimum nutrition requirements as specified in Subpart D 246.10, Table 4 of paragraph (e)(12). These are allowed only with a written prescription from a physician or health professional for specific medical indication as designated by WIC policy.
IV. METHODOLOGY OF INVOICE REMITTANCE

A. Monthly Invoice Remittance:

Paper Food Instrument Issuance
The STATE shall issue a monthly invoice (Attachment B) for the number of containers listed on redeemed food instruments during the current billing period. The rebate amount in effect on the first day of the month of redemption shall be applied in the computation.

The STATE shall calculate monthly the rebate due in the following manner:
1. The number of containers of manufacturer’s formula listed on redeemed food instruments during the current billing period.

2. Multiply the containers by the rebate amounts to arrive at the invoice amount to be remitted to the STATE for the billing month. Redeemed food instrument data validating the accuracy of the invoice amount will be provided upon request.

3. Apply a percentage discount rate derived from quarterly reviews of partial redemption data. One quarter of partial redemption data will be used to determine the percentage discount each contract year. Information supporting this percentage will be provided to the manufacturer by October 31, of each contract year. The percentage discount will be applied to each monthly invoice for the applicable contract year unless the manufacturer requests a further review prior to November 15th of each contract year. The rate will be calculated and adjusted on an annual basis throughout the contract and each renewal period if applicable. The percentage discount due to partial redemption will be applied to the October rebate invoice each year.

The percentage discount rate is computed as follows:

a. Adjust the invoice amount to be remitted by the State based upon a partial redemption methodology using redeemed food instrument data for 12.1 - 13 ounce liquid concentrate and 12 – 12.9 ounce powdered containers of standard milk and soy based infant formulas.

b. The expected total dollar amount of the redeemed infant formula food instrument will be calculated based upon the most current price survey of the vendor redeeming the food instrument and the number of containers listed on the food instrument.

c. The expected total dollar amount will be compared to the dollar amount listed on the redeemed food instrument by the vendor. If the redeemed amount is less than the calculated food instrument amount, that food instrument will be flagged as a potential adjustment. Standard accounting practices will be used to determine the amount of cans redeemed if not a whole number. NOTE: Some transactions which appear as partial redemptions may be omitted in the analysis. For example, documented instances of cashiers reversing the paid amounts on infant/child food instruments.
d. The State will calculate a percentage of partial redemptions to total redemptions for the analysis period, and this percentage discount will be applied to the monthly billing invoice as described in I.V.A.3.

4. This methodology for calculating the partial redemption will be applied to the first rebate invoice of the first contract year regardless of the manufacturer before and after October 1, 2016.

NOTE: WIC food instruments are valid for deposit up to 60 days after the First Day to Use. Monthly claims will be invoiced based on redemption month. This means that monthly rebate invoices may contain redemptions for previous months to include months in a previous fiscal year.

NOTE: Monthly rebate invoices may contain early redemptions. The STATE has a process for addressing early redemptions that does not include withholding benefits therefore manufacturer will be expected to pay a rebate for early food instrument redemptions.

Electronic Benefit Issuance
The STATE shall issue a monthly invoice (Attachment B) for the number of containers redeemed during the current billing period. The rebate amount in effect on the first day of the month of redemption shall be applied in the computation.

The STATE shall calculate monthly the rebate due in the following manner:
1. The number of containers of manufacturer’s formula listed on redeemed food benefits during the current billing period.

2. Multiply the containers by the rebate amounts to arrive at the invoice amount to be remitted to the STATE for the billing month. Redeemed food benefit data validating the accuracy of the invoice amount will be provided upon request.

3. No partial redemption factor will be applied.

B. Payment Procedures:

On a monthly basis, the STATE shall issue a formula rebate invoice by midmonth. Payment due to the STATE shall be based on the number of containers listed on the redeemed food instruments during the current billing period. The rebate shall be multiplied by the number of containers listed on the redeemed food instruments to determine the rebate amount due the STATE. For paper food instrument issuance only, a partial redemption factor will be applied to the total amount as defined in Section IV, Methodology of Invoice Remittance.

As supporting documentation to this invoice, the STATE will submit a formula purchased report with the invoice.

Upon verification that the manufacturer has received the invoice, the STATE will submit a formula detail report as an electronic file. This file will contain:
1. Formula name
2. Clinic code from where the formula was issued
3. Units of formula issued
4. Redeemed date
5. First day to redeem the food instrument
6. Food instrument redemption amount
7. Local agency, county name, and clinic name for the clinic issuing the food instrument

The following steps outline the procedures for payment:
1. Upon receipt of the STATE’S monthly invoice the manufacturer shall pay the STATE within thirty (30) days by means of an electronic funds transfer. Late payment of monthly invoice amount will result in manufacturer paying interest penalties to the STATE in the amount of 1% per working day of the invoiced amount. The STATE will use all funds received from the invoiced billings for food costs per WIC Regulations.

2. During the fourth quarter of each fiscal year, the STATE may prepare an invoice for an advance payment based on the most recent month’s actual number of containers billed to the manufacturer. Such invoice(s) shall be invoiced approximately thirty (30) calendar days earlier than the normal invoice date for such invoice. Such advance invoice(s) shall be remitted by the manufacturer to the STATE within fifteen (15) calendar days from receipt by the manufacturer of the STATE’S advance invoice(s). The manufacturer shall be entitled to a non-refundable discount of 1% for each month that such rebate is remitted before its normal payment due date. If rebate payments are made portions of a month early, such discount shall be proportioned based on the fraction of a month that the payment is advanced.

3. The manufacturer shall notify the STATE of any dispute or error in the rebate invoice within ninety (90) days of receipt by manufacturer. If the manufacturer misses the deadline, any requirement to return funds to the manufacturer as a result of a dispute or over a billing error is waived.

4. All disputes must be settled by closeout of the fiscal year in which the dispute occurred.

5. The manufacturer shall not withhold any rebate payments under any circumstances.

6. If an over billing error occurs, the STATE must make every effort to validate.

7. Upon resolution of the dispute, the STATE will promptly disburse any funds due to the manufacturer.

8. The manufacturer is responsible for meeting via phone or in person on a quarterly basis with the STATE to discuss products as well as any issues regarding billing procedures.
V. BID FORMAT AND CONTENT

The bid response shall provide a concise description of the manufacturer’s capabilities to satisfy the requirements of this invitation to bid. Emphasis shall be on completeness and clarity of content.

There is no intent to limit the contents of this bid to prohibit the inclusion of any additional information a manufacturer deems pertinent. Each bid must be in sufficient detail to permit understandable and comprehensive evaluation of the technical and cost components.

The bid submitted shall contain at least the following two indicated sections. These will be used to evaluate bids received. The award will be based on the manufacturer which passes the technical component and whose rebate per can yields the lowest net cost to the STATE.

A. Technical Component. The Technical Component requirement will be evaluated only on a pass/fail basis. The Technical Component will provide the necessary information to determine the financial and infrastructure capability to produce and distribute infant formula based on current caseload and to meet STATE’s requirements for operating a retail food delivery system. This section shall contain:

1. A copy of the manufacturer’s latest annual report, annual financial report and/or Dunn and Bradstreet’s current rating. Other sources of “financial information” may be provided to permit the STATE to be satisfied with the manufacturer’s financial stability.
2. A brief narrative in which the products being quoted are described.
3. The manufacturer’s plans and approach for accomplishing the tasks described in Scope of Bid.
4. A description of the current distribution network in the State of Alabama. Include a list of distributors who carry the manufacturer’s infant formula product line as well as their addresses and phone numbers.

B. Cost Component
1. Manufacturer must provide their nationally published lowest national wholesale price per container for iron-fortified milk-based 12.1 -13 ounce liquid concentrate, 12-12.9 ounce powdered, and 32-33.8 ounce ready-to-feed infant formula as of the date bids must be submitted which is June 10, 2016.

2. Manufacturer will also write a rebate amount and compute a net amount for each of the products indicated. The cost component will be analyzed and based on a standardized number of ounces using the evaluation tool labeled Attachment A. Bidders should request an electronic copy to complete the analysis of Attachment A.
VI. ANALYSIS OF BID

Each bid will be analyzed and award made to the manufacturer who:
1. Passes the Technical Component criteria;
2. Provides the lowest net cost per container to the STATE on iron-fortified milk based on:
   12.1 - 13 ounce liquid concentrate, 12 - 12.9 ounce powdered, and 32 - 33.8 ounce ready-to-feed infant formula as provided on page 14 of the manufacturer’s Bid and Certification; and
3. Agrees to other conditions as set forth in sections IV, VII, XI, and XII of the Invitation to Bid.

VII. TERMS AND CONDITIONS

The manufacturer’s bid must be in the form and detail specified in this invitation to bid:
1. All manufacturers shall submit one typed original and two copies of the bid.
2. Late bids will not be considered under any circumstances. Late bids properly identified will be returned to the manufacturer unopened.
3. The award will be based on the manufacturer which passes the technical component, provides a rebate per can that yields the lowest net cost to the STATE, and agrees to conditions set forth in sections IV, VII, XI, and XII of the Invitation to Bid.
4. Electronic transmissions of any kind are not acceptable.
5. Rebate amounts must be submitted as a specific dollar and cent amount (extend to four decimal places) or the bid will be disallowed.
6. Bid shall be signed by a manufacturer representative with the authority to commit the manufacturer to the bid.

Any contract resulting from this Invitation to Bid may be canceled by the STATE giving Thirty (30) days written notice of intent to cancel as of a specific date.

Manufacturers must provide 12 month advance written notice of intent to cancel the contract resulting from the Invitation to Bid.

Any questions and comments concerning this Invitation to Bid shall be directed in writing to the STATE for receipt no later than 5:00 p.m.; CST, April 29, 2016. Submit to:
Amanda C. Martin, Director
Division of WIC
Alabama Department of Public Health
The RSA Tower, Suite 1300
201 Monroe Street
Montgomery, AL 36104
amanda.martin@adph.state.al.us
All questions will receive a response in writing which will be sent to all companies who were sent the ITB. Based on the evaluation of any questions received, STATE may issue an extension in the bid opening date, provide modifications to the Invitation to Bid, and if necessary, provide written responses to questions at that time. However, at this time, STATE is not anticipating any further extension in the bid opening or any additional modifications in the requirements or specifications included in the Invitation to Bid. Only information supplied by the STATE in writing or contained herein shall be used in preparing manufacturer’s bid.

VIII. BID DUE DATE

All bids must be received no later than noon, CST, June 10, 2016. Submit bids to:

State of Alabama
Division of Purchasing
RSA Union Building
100 North Union St., Suite 192
Montgomery, AL 36130

IX. OPENING OF BIDS

The bids will be publically opened and read aloud at 2:00 p.m., CST, on June 10, 2016, in the RSA Union Building, 100 North Union Street, Suite 192, Montgomery, AL. The STATE reserves the right to reject all bids. Bids will not be awarded until both the technical and cost components have been evaluated.

X. NOTICE OF AWARD

Successful manufacturer will receive a notice of contract award by approximately June 24, 2016.

XI. CONTRACT PROVISIONS

The following are the terms and conditions of the contract the STATE will require. In addition to these terms and conditions, manufacturer shall meet all requirements as specified in Section II, Scope of Bid, Part A.

A. Return of Signed Contract:
Manufacturer’s failure to return a signed contract, by certified mail, within 14 calendar days of receipt may, at the option of the STATE, result in awarding the contract to another vendor.

B. Contract Inclusions
The contract shall include all pertinent information resulting from contract negotiations, which are to become a part of the contract. In addition, the contract document shall name and include as part of the contract by reference thereto, the documents listed below:
1. The ITB as issued, plus all addenda, amendments, and/or written clarifications.
2. All documents included by reference in the ITB.
3. The executed contract, and all documents included by reference, shall constitute the entire agreement. In case of any conflicts between the various included documents, the contract shall govern over all other documents. In case of conflicts between the ITB or the addenda/amendments and the bid, the ITB and the addenda/amendments shall govern. Those areas where the proposal exceeds the requirements of this contract, the ITB and the addenda/amendments to the ITB shall not be considered conflicts.

C. Contract Period
This contract will be for the period October 1, 2016, through September 30, 2019; with the possibility to extend the bid agreement for an additional two years. It is expressly understood this contract is conditional upon appropriations and funding from the Government of the United States; should such funding be discontinued, this contract will terminate immediately. This contract shall not be binding upon the parties until it is approved by the STATE and its officials and a copy of said approved contract provided to the manufacturer. This contract shall not be construed to create a debt against the State of Alabama in violation of Section 213 of the Constitution of Alabama 1901.

D. Clauses:

BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT. By signing this contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting there from.

OFFICE OF INSPECTOR GENERAL EXCLUSION PROVISION. Section 6501 of the Patient Protection and Affordable Care Act (“PPACA”) regarding exclusions from federal health care programs took effect on January 1, 2011. This Section of PPACA amends the Social Security Act to provide that State Medicaid agencies must exclude or terminate from participation any individual or entity excluded from participating in any Federal healthcare program, such that, if an individual or entity is excluded or terminated by Medicare or by Medicaid in any state, that individual or entity must be excluded from all other states’ Medicaid programs.

Pursuant to that provision, if the Contractor is entering into this agreement for a federal health care program, Contractor agrees to screen all employees and subcontractors against the OIG list of excluded individuals and entities upon engagement and at least monthly. This includes screening of former names and variations of names.

CLOSEOUT CLAUSE. Contractor acknowledges that under the terms of the grant received by the Department from Federal sources including general Federal grants practices and procedures, the Contractor herein must submit all invoices or other demands for payment hereunder by a date which allows the Department to finalize and submit a financial status report to the granting Federal agency. For purposes of this Contract, that date is Invoice Due date Invoices or demands for payment received after that date for work and labor performed cannot be paid and
DISCRIMINATION CLAUSE. Contractor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, creed, color, religion, national origin, age, sex, or disability, as defined in the above laws and regulations. Contractor shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with the Rehabilitation Act of 1973 or the Americans With Disabilities Act of 1990.

GOVERNOR’S PRORATION CLAUSE. It is agreed that the Department may terminate this Contract by giving thirty (30) day written notice to Contractor should the Governor of Alabama declare proration of the fund from which payment under this Contract is to be made. This termination for cause is supplemental to other rights the Department may have under this Contract or otherwise to terminate this Contract.

AMENDMENT CLAUSE. This Contract may be amended only by mutual agreement in writing, signed by Department and Contractor, and processed through and approved by all necessary authorities.

STANDARD OF PRACTICE CLAUSE. Contractor agrees to observe and comply at all times with all Federal and State laws and rules in effect during the term of this Contract which in any manner affect performance under this Contract. Contractor agrees to perform services consistent with customary standard of practice and ethics in the profession.

WHISTLEBLOWER PROTECTION CLAUSE. Pursuant to 41 U.S.C. § 4712, an employee of a contractor, subcontractor, or grantee may not be discharged, demoted, or otherwise discriminated against as a reprisal for whistleblowing. The statute defines whistleblowing as making a disclosure that the employee reasonably believes is evidence of:

- Gross mismanagement of a Federal contract or grant;
- A gross waste of Federal funds;
- An abuse of authority relating to a Federal contract or grant;
- A substantial and specific danger to public health or safety; or
- A violation of law, rule, or regulation related to a Federal contract or grant.

To qualify under the statute, the employee’s disclosure must be made to:

- A Member of Congress or a representative of a Congressional committee;
- An Inspector General;
- The Government Accountability Office;
- A federal employee responsible for contract or grant oversight or management at the relevant agency;
- An official from the Department of Justice or other law enforcement agency;
- A court or grand jury; or
- A management official or other employee of the contractor, subcontractor, or grantee who has responsibility to investigate, discover or address misconduct.
ASSIGNMENT CLAUSE. The rights, duties, and obligations arising under the terms of this Contract shall not be assigned by any of the parties hereto without the written consent of all other parties.

ENTIRE AGREEMENT CLAUSE. This Contract contains the entire agreement of the parties and there are no other agreements, verbal or written, affecting this Contract that have not been incorporated herein or attached hereto.

SEVERABILITY CLAUSE. Each provision of this Contract is intended to be severable. If any term or provision of this Contract is illegal or invalid for any reason whatsoever, said illegality or invalidity shall not affect the legality or validity of the remainder of this Contract.

HEADINGS CLAUSE. Headings in this Contract are for convenient reference only and shall not be used to interpret or construe the provisions of this Contract.

DO NOT WORK CLAUSE. Contractor acknowledges and understands that this Contract is not effective until it has received all requisite State government approvals and Contractor shall not begin performing work under this Contract until notified to do so by the Department. Contractor is entitled to no compensation for work performed prior to the effective date of this Contract.

EMERGENCY CANCELLATION CLAUSE. Notwithstanding any other provision of this Contract, upon the issuance of a Declaration of Financial Necessity by the State Health Officer, this Contract may be canceled immediately upon notice of such cancellation being given in writing to the Contractor. Notwithstanding such cancellation, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

FINANCIAL NECESSITY CLAUSE. All terms and conditions of this Contract notwithstanding, the parties agree that upon the issuance of a Declaration of Financial Necessity by the State Health Officer, the maximum amount payable under this Contract may be unilaterally reduced by the Department to an appropriate amount to be determined by the Department upon notice of such being given in writing to the Contractor. Notwithstanding such reduction, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

DEBT OF STATE CLAUSE. It is agreed that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article XI, Section 213 of the Constitution of Alabama of 1901, as amended by Amendment Number 26. It is further agreed that if any provision of this Contract shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the Contract shall be deemed null and void. The Contractor’s sole remedy for the settlement of any and all disputes arising under the terms of this Contract shall be limited to the filing of a claim with the Board of Adjustment for the State of Alabama.
DISPUTES. For any and all disputes arising under the terms of this Contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through mediators approved by the State of Alabama or where appropriate, private mediators.

MERIT SYSTEM CLAUSE. Contractor shall not be entitled to receive any benefits under this Contract that merit system employees receive by virtue of their status or employment, nor may Contractor nor any of its officers, agents, servants or employees be employed as a merit system employee during the term of this Contract. Any such employment automatically voids this Contract.

HOLD HARMLESS CLAUSE. Contractor hereby indemnifies and holds harmless the State of Alabama and the Department and their officers, agents, servants, and employees from any and all claims arising out of acts or omissions committed by the Contractor or any Subcontractor, agent, servant or employee of Contractor while in performance hereunder.

FUND APPROPRIATION CLAUSE. It is agreed that the Department may terminate this Contract by giving thirty (30) days written notice to Contractor should the Legislature of Alabama fail to appropriate funds for the continued payment of this Contract. This termination for cause is supplemental to any other rights Department may have under this Contract or otherwise to terminate this Contract.

TOBACCO SMOKE CLAUSE. Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor facility routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to one-thousand dollars ($1000) per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this Contract the Contractor certifies that it will comply with the requirements of the Act.

The Contractor further agrees that it will require the language of this certification be included in any sub-awards which contain provisions for the children's services and that all Subcontractors shall certify accordingly.

LOBBying CLAUSE. 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 awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the
extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, 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, 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, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than ten-thousand dollars ($10,000) and not more than one-hundred-thousand dollars ($100,000) for each such failure.

DEBARMENT, SUSPENSION CLAUSE. For the purposes of this clause, “prospective lower tier participant” or “lower tier participant” refers to the Contractor or Grantee or Sub-grantee herein.

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

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 had 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 meaning 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 proposal 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 proposed for debarment under 48 CFR part 9, subpart 9.4, 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 proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," 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 proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, 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 List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

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 sub-paragraph 5 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, 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.

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

(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.

RECORD RETENTION. The manufacturer shall maintain documentation of all payments made to the STATE under this contract. The books, records, and all documents of the manufacturer, insofar as they relate to work performed or money remitted under this contract, shall be maintained for a period of five full years from the date of the final payment and until all other pending matters related to the contract are closed. All records shall be subject to audit, at any reasonable time and upon reasonable notice, by the STATE or the office of the Examiners of Public Accounts, USDA, The Comptroller General of the United States, and the Alabama Department of Public Health, Office of Program Integrity, or their duly appointed representatives.

AVAILABILITY OF FINANCIAL STATEMENTS. All records and financial statements, to include a copy of the independent audit report, shall be made available to authorized personnel from the State or Federal Program Office, the Examiners of Public Accounts or their representatives, for audit and inspection purposes.

HIPAA CLAUSE. This clause is necessitated by the application of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). References to this clause are to the Code of Federal Regulations, hereinafter “CFR.”
The parties agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (“Privacy Rule”). The definitions set forth in the Privacy Rule are incorporated by reference into this Contract (45 C.F.R. §§ 160.103 and 164.501). The Parties likewise agree to take all necessary precautions to protect the integrity of electronic protected health information (e-PHI) by complying with the HIPAA Security Rule.

INTERPRETATION CLAUSE. Where there is an apparent conflict among the Contract documents which cannot be resolved by interpretation, this document controls.
XII. BID AND CERTIFICATION

The undersigned certifies as follows:

1. That the manufacturer has read and understands all requirements and specifications of this invitation to bid.

2. That the manufacturer agrees to all requirements, specifications, terms, and conditions of this invitation to bid.

3. That the manufacturer will furnish the designated item(s) and/or service(s) as quoted in their bid.

4. The bid price was arrived at independently without collusion, consultation or communication with any other bidder or competitor;

5. The said bid price was not disclosed by the bidder and was not discussed prior to the submission, directly or indirectly, to any other bidder or to any competitor; and

6. No attempt was made by the bidder to induce any other person, partnership, or corporation to submit a bid restricting competition.

7. Contractor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable federal and state laws, rules and regulations.

8. The manufacturer shall obey all applicable federal and STATE licensing and certification requirements. The manufacturer shall comply with all applicable federal regulations in the performance of its duties under this contract. This shall include all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act 42 U.S.C. 1875 (h) Section 508 of the Clean Air Act (33 U.S.C. 1368), Executive Order 11738, and the Environmental Protection Agency regulations (40 CFR part 15), which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. The manufacturer shall report violations to the STATE and the U.S.E.P.A. Assistant Administrator for Enforcement (EN-329).
9. The manufacturer warrants that no part of any rebate provided herein shall be paid directly or indirectly to any officer or employee of the STATE of Alabama as wages, compensation, or gifts in exchange for acting as officer, agent, employee, sub-contractor, or consultant to the manufacturer in connection with any work contemplated or performed relative to the bid.

10. The bidder hereby certifies that the company is registered under the Food, Drug and Cosmetic Act with the United States Department of Health & Human Services and its products are in compliance with Federal regulations issued pursuant to P.L. 100-137. Bids for all physical forms of formula must meet the requirements of 246.10 (e) (l)(iii) and 246.10(e)(2)(iii) and be suitable for the routine issuance to the majority of generally healthy, full term infants.

11. Each infant formula product to be supplied under the terms of the contract complies with the Federal Food, Drug, and Cosmetic Act.

12. The Bidder certifies that the company can and will supply the quantities of infant formula offered to meet one hundred percent (100%) of the WIC Program’s needs in all geographic areas.

13. The BIDDER, being an independent contractor and not an employee of the STATE agrees to carry adequate public liability and other appropriate forms of insurance, and to pay all taxes incident hereto.
   a. If self-insured, the BIDDER shall provide to the STATE a certified statement which summarizes its self insurance plan at the time this contract is submitted for approval, and report any changes of said plan which may occur during the term of this contract period.
   b. The State shall have no liability to pay the Contract Bank except as specifically provided in this contract.

14. The STATE shall have no liability except as specifically provided in this invitation to bid.

15. Manufacturer certifies all items quoted represent the products of the manufacturer.

16. The manufacturer has read and will comply with the list of contract provisions and clauses which begin on page 14 of this ITB
XIII. PARTICIPATION PER MONTH and ESTIMATED CONTAINERS

Based upon a (6) six month average (July 2015 through December 2015) of the most current data available at time of the ITB announcement. These figures are only an estimate, as the STATE provides no guarantee of the quantity, type, or physical form that will be used under a new contract. The participation numbers exclude infants that are solely breastfed and infants that are issued exempt infant formula. The participant and infant formula usage data does not necessarily reflect the actual issuance and redemption that will occur under this contract. Additionally the STATE does not guarantee the quantity, type, or physical forms that will be used under a new contract.

<table>
<thead>
<tr>
<th>Formulation</th>
<th>Containers (Avg. per Month)</th>
<th>Participation (Avg. per Month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 oz. Concentrate milk base formula with iron</td>
<td>40,702</td>
<td>1,540</td>
</tr>
<tr>
<td>13 oz. Concentrate soy base formula with iron</td>
<td>17,628</td>
<td>680</td>
</tr>
<tr>
<td>Powder milk base formula with iron</td>
<td>136,988</td>
<td>17,991</td>
</tr>
<tr>
<td>container size: 12, 12.9, or 14.3 oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Powder soy base formula with iron</td>
<td>41,028</td>
<td>5,315</td>
</tr>
<tr>
<td>container size: 12, 12.9, or 14.3 oz.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 oz. ready-to-feed milk base formula with iron</td>
<td>340</td>
<td>17</td>
</tr>
<tr>
<td>32 oz. ready-to-feed soy base formula with iron</td>
<td>47</td>
<td>2</td>
</tr>
</tbody>
</table>
WIC Infant Formula Rebate Cost Component Calculation Sheets

**State Agency**

**WIC Infant Formula Rebate—Ibid Sheet, Page 1 of 2**

**ATTACHMENT A**

<table>
<thead>
<tr>
<th>Manufacturer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### CARRY ALL FIGURES TO THREE (3) DECIMAL PLACES

**Instructions:** Enter manufacturer's name, product name, UPC code, unit size (ounces), reconstituted ounces per unit, lowest national wholesale price per unit for adulterated load, and reconstituted per unit in the chart below.

Data entry fields are price sections.

Calculations will be performed automatically within the spreadsheet in Page 2.

Sign and Notate this page.

<table>
<thead>
<tr>
<th>Physical Form</th>
<th>Product Name Being Bid</th>
<th>UPC Code</th>
<th>Unit Size In Ounces</th>
<th>Reconstituted Ounces Per Unit</th>
<th>Lowest Wholesale Full Truckload Price Per Unit</th>
<th>Rebate Bid Per Unit</th>
<th>Net Cost</th>
<th>Percent Rebate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powdered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liquid Concentrate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Readymix Food</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Certification**

The bidder hereby certifies that the company is registered under the Food, Drug and Cosmetic Act with the United States Department of Health & Human Services and its products are in compliance with Federal regulations issued pursuant to P.L. 160-237. Beds for all physical forms of formula must meet the requirements of 246.10(e)(1)(ii) and 246.10(e)(2)(iii) and be suitable for the routine issuance to the majority of generally healthy, full term infants.

Each infant formula product to be supplied under the terms of the contract complies with the Federal Food, Drug, and Cosmetic Act.

The Bidder certifies that the company can and will supply the quantities of infant formula offered to meet one hundred percent (100%) of the WIC Program’s needs in all geographic areas.

**Signature**

**Date**

**Notated Signature**

**Box/Code**

Bidders should request and electronic copy of this attachment.
WIC Infant Formula Rebate Cost Component Calculation Sheets

<table>
<thead>
<tr>
<th>Type</th>
<th>Brand Name</th>
<th>Unit Size</th>
<th>Rec constellation Ounces Per Unit</th>
<th>Infant Age Category</th>
<th>Number of Successful Outcomes Issued per Month Based on Title*</th>
<th>Estimated Average # Infants by Form Based on 6 Months Average**</th>
<th>Total Monthly Recalled Outcomes to Date</th>
<th>Total Monthly Units</th>
<th>Lowest Wholesale Price Per Unit</th>
<th>Rebate Per Unit</th>
<th>Net Cost Per Unit</th>
<th>Total Net Cost</th>
<th>IDW/X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powdered</td>
<td>0</td>
<td>1</td>
<td>0.0</td>
<td>6-11 months</td>
<td>696</td>
<td>1,372</td>
<td>350</td>
<td>534</td>
<td>577</td>
<td>201</td>
<td>10</td>
<td>127</td>
<td></td>
</tr>
<tr>
<td>Liquid Concentrate</td>
<td>0</td>
<td>1</td>
<td>0.0</td>
<td>6-11 months</td>
<td>632</td>
<td>1,328</td>
<td>350</td>
<td>534</td>
<td>577</td>
<td>201</td>
<td>10</td>
<td>127</td>
<td></td>
</tr>
<tr>
<td>Ready-to-Feed</td>
<td>0</td>
<td>1</td>
<td>0.0</td>
<td>6-11 months</td>
<td>632</td>
<td>1,328</td>
<td>350</td>
<td>534</td>
<td>577</td>
<td>201</td>
<td>10</td>
<td>127</td>
<td></td>
</tr>
</tbody>
</table>

1. Based on six months of the most recent data available
2. Excludes those infants exclusively breastfed or judged exempt infant formula

Bidders should request an electronic copy of this attachment.
We agree to furnish the above at the prices shown and guarantee that each item offered will meet or exceed all specifications, terms, conditions, and requirements listed herein. We agree to the terms, conditions, and specifications as set forth in the Invitation to Bid. We hereby affirm we have not been in any agreement or collusion among respondents or prospective respondents in restraint of freedom of competition by agreement to respond at a fixed price or to refrain from responding or otherwise.

Authorized Signature (ink)  Manufacturer Name
Typed Authorized Name  Mailing Address
Title of Authorized Person  City, State, Zip Code
FEIN #  Telephone No. (including Area Code)
Fax No. (including Area Code)

Personally appeared before me and sworn to and subscribed before me this _____ day of ____________________, 2016.

________________________
Notary Public
<table>
<thead>
<tr>
<th>Task Name</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement Process e-WIC Service Provider</td>
<td>October 1, 2015</td>
<td>December 31, 2016</td>
</tr>
<tr>
<td>Procurement Process for QA Contractor</td>
<td>October 1, 2015</td>
<td>December 31, 2016</td>
</tr>
<tr>
<td>Design, Develop and Test Pilot</td>
<td>May 1, 2016</td>
<td>September 30, 2017</td>
</tr>
<tr>
<td>Implement Area 1 - PHAs 8 and 10</td>
<td></td>
<td>January 2018</td>
</tr>
<tr>
<td>Implement Area 2 - PHAs 9 and 11</td>
<td></td>
<td>February 2018</td>
</tr>
<tr>
<td>Implement Area 3 - PHAs 3, 4 and 7</td>
<td></td>
<td>March 2018</td>
</tr>
<tr>
<td>Implement Area 4 - PHAs 5 and 6</td>
<td></td>
<td>April 2018</td>
</tr>
<tr>
<td>Implement Area 5 - PHAs 1 and 2</td>
<td></td>
<td>May 2018</td>
</tr>
<tr>
<td>Project Closeout</td>
<td>June 2018</td>
<td>September 2018</td>
</tr>
</tbody>
</table>

Note: These dates are subject to change.
CHAPTER VII

CASELOAD MANAGEMENT
VII. CASELOAD MANAGEMENT

(Please indicate) State Agency: Alabama for FY 2021

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to implement these strategies.

A. No-Show Rate - 246.4(a)(11)(i): describe the procedures used by the State agency to monitor potential and current participants’ utilization of program services.

B. Allocation of Caseload - 246.4(a)(5)(i) and (13): describe how the State agency assigns and manages local agency caseload allocations.

C. Caseload Monitoring - 246.4(a)(5)(i): describe the information and procedures used by the State agency to monitor caseload.

D. Benefit Targeting - 246.4(a)(5)(i); (6), (7), (19), (20), (21), and (22): describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.

E. Outreach Policies and Procedures - 246.4(a)(5)(i)-(ii); (6), (7), (19), and (20): describe the types of outreach materials used, where these materials are directed, special agreements with other service organizations and how special populations are addressed. Also, provide data on unserved and underserved areas.

F. Waiting List Management - 246.4(a)(11)(i); 246.7(f)(1)(2): describe the policies and procedures used for processing applicants.
VII. CASELOAD MANAGEMENT
A. No-Show Rate

1. Policies and Procedures for Missed Certification Appointments and Food Instrument/Cash Value Voucher Pick-Up (No-Shows)
   a. The State agency has specific policies and procedures to ensure follow-up of no-shows for (check all that apply):
      - Initial certification for any potential participant
      - Subsequent certifications for high-risk participants
      - Subsequent certification for any current participant
      - Food instrument/cash value voucher pick-up
      - Food instrument/cash value voucher/cash value benefit non-redemption
      - State agency has no specific policies and procedures for no-show follow-up
   b. The local agency or State agency, when the SA has no separate local agencies, attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):
      - At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number
      - If the applicant misses her first certification appointment, an attempt is made to contact her by:
        - Telephone
        - Mail
        - Email
        - Text
      - If contact is established, she is offered an additional certification appointment.
      - If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
        - Postcard
        - Letter
        - Email
        - Text
      - A second appointment is provided upon request from the applicant.

2. Monitoring No-Show Rates
   a. The State agency has (check all that apply):
      - Standards defining acceptable no-show rates
      - Policies and procedures designed to assist local agencies to improve no-show rates; Please attach
      - Sanctions that may be applied to local agencies that have chronically unacceptable no-show rates; Please attach
      - Provides regular feedback to local agencies concerning no-show rates
      - Reports to address appropriate follow-up of no-shows
      - No specific policies or procedures concerning local agency no-show rates

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter I-Program Administration, Chapter II-Certification, Chapter III-Nutrition Education
VII. CASELOAD MANAGEMENT
A. No-Show Rate

b. As a matter of standard procedure, the State agency monitors no-show rates through (check all that apply):

- [ ] State agency does not monitor local agency no-show rates
- [ ] Local agency reviews
- [x] Automated reports
- [ ] Local agency reports on no-show rates
- [ ] Other (specify): __________________________

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

VII. CASELOAD MANAGEMENT
B. Allocation of Caseload

- [ ] DOES NOT APPLY (EXPLAIN WHY AND PROCEED TO NEXT SECTION)

1. The State agency considers the following factors in its initial allocation of caseload to local agencies (check all that apply):

- [ ] Percent of target population served by local agency's service area
- [ ] Analysis of no-show, void, non-redemption rates by local agencies
- [ ] Participation by priority and category
- [ ] Special population pockets
- [ ] Waiting lists
- [x] Staffing/ability of local agencies to serve caseload
- [x] Prior year caseload
- [x] Food package costs per person
- [ ] Special projects
- [ ] Other (identify): __________________________

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

2. The State agency has a written procedure for allocation of caseload to local agencies.

- [x] Yes  [ ] No

If yes, attach written procedure in the Caseload Management Appendix or specify location in the Procedure Manual below.
If no, what guidelines does the State agency use for caseload allocation? (Describe in Caseload Management Appendix)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
AL FY 2021 State Plan, Chapter V-NSA Expenditures, Chapter VI-Food Funds Management
VII. CASELOAD MANAGEMENT
B. Allocation of Caseload

3. The State agency has a procedure in place to ensure that current/prior year caseload levels are maintained.
   ☒ Yes ☐ No
   If No, explain why not:

4. If it appears that during the course of the program year all funds will not be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):
   ☐ The State agency does not reallocate caseload mid-year
   ☒ Same basis as for initial allocation of caseload
   ☒ Local agency participation levels
   ☐ Local agency high priority participation
   ☐ Waiting lists
   ☐ Successful special projects
   ☐ Other (specify):

   ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

5. The State agency has written procedures for local agencies to follow in situations of overspending:
   ☐ Yes ☒ No
   If a written procedure is available, provide in the Caseload Management Appendix or specify location in the Procedure Manual below.

   ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
Local Agencies must develop a budget based upon the caseload allocated by the State Agency. Expenditures are monitored monthly by program and financial staff to ensure Local Agencies are not overspending.
VII. CASELOAD MANAGEMENT  
C. Caseload Monitoring  

1. The State agency’s caseload monitoring process includes the review of the following data (check all that apply):

- Participation levels/rates
- High-risk participant levels/rates
- No-show rates
- Food costs per participant
- Food costs by area
- Other (specify): Quarterly reports submitted by District Nutrition Directors.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):  
See attached FY 2021 Projected Statewide Participation. AL WIC Procedure Manual, Chapter I-Program Administration; District Nutrition Director’s Monitoring Report

2. The State agency uses the following methods to monitor the above areas (check all that apply):

- Manual reports submitted by local agencies
- MIS-generated reports (If utilized please attach a description of each report and how they are used)
- On-site reviews
- Other (specify): Quarterly Reports submitted by District Nutrition Directors.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

3. Local agency caseload utilization, by any method, is reviewed by the State agency at least:

- Monthly
- Quarterly
- Other (specify): monthly when necessary
- Not applicable

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter 1-Program Administration
VII. CASELOAD MANAGEMENT
D. Benefit Targeting

1. Development and Monitoring of State Agency Targeting Plans

a. The State agency has a plan to inform the following classes of individuals of the availability of program benefits (check all that apply):

- Pregnant women, with special emphasis on pregnant women in the early months of pregnancy
- High-risk postpartum women (e.g., teenagers)
- Parents/Caregivers of Priority I & II infants
- Migrants
- Homeless persons/families
- Incarcerated pregnant women
- Institutionalized persons
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter XIV-Outreach

b. The local agency or State agency, when the SA has no separate local agencies, contacts the following organizations to provide WIC Program information to eligible infants and children:

- Foster care agencies
- Protective service agencies
- Child welfare authorities
- Other (specify): AL WIC Procedure Manual, Chapter XIV-Outreach, Attachment 14-2 Local Agencies/Partners

c. The State agency ensures that benefits are targeted to those at greatest risk by limiting the use of regression as a nutrition risk criterion to only once after a certification period.

- Yes
- No

d. In addition to, or in lieu of, State-developed plans, the State agency encourages/permits local agencies to develop their own targeting plans.

- Yes
- No
- Not Applicable

e. If yes, the State agency assures the appropriateness/quality of local agency targeting plans by:

- Requiring local agencies to submit plans for State agency approval
- Review plans during local agency reviews
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
D.1.f. Participation Characteristics Study; ad hoc Crossroads reports for adjunctively eligible participants.

f. The State agency monitors benefit targeting through (check all that apply):

- Automated reports developed by State agency
- Manual reports submitted by local agencies
- Local agency reviews
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation)
VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

1. Outreach Policies, Procedures and Materials

a. To administer outreach activities, the State agency (check all that apply):
   - ☒ Issues a standard set of outreach materials for use by all local agencies
   - ☒ Requires local agencies to develop outreach plans
   - ☒ Reviews outreach plans developed by local agencies
   - ☒ Reviews and approves any outreach materials developed by local agencies
   - ☒ Utilizes broadcast media for outreach activities
   - ☒ Other (specify): Social media, AL WIC phone app

b. Availability of Program benefits is publicly announced at least annually via:

<table>
<thead>
<tr>
<th>State Agency</th>
<th>Local Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Newspapers</td>
<td>☒ Newspapers</td>
</tr>
<tr>
<td>☒ Radio</td>
<td>☒ Radio</td>
</tr>
<tr>
<td>☒ Posters</td>
<td>☒ Posters</td>
</tr>
<tr>
<td>☒ Letters</td>
<td>☒ Letters</td>
</tr>
<tr>
<td>☒ Brochures/pamphlets</td>
<td>☒ Brochures/pamphlets</td>
</tr>
<tr>
<td>☒ Television</td>
<td>☒ Television</td>
</tr>
<tr>
<td>☒ Social Media (Twitter, Facebook, etc.)</td>
<td>☒ Social Media (Twitter, Facebook, etc.)</td>
</tr>
</tbody>
</table>

   - ☒ Other (specify): Radio and television media are utilized when funds are available or through public service announcements, Social Media, WIC phone app or ADPH website.

c. Outreach materials are available in the following languages (check all that apply):
   - ☒ English
   - ☒ Spanish
   - ☒ Vietnamese
   - ☒ Tribal Language(s)
   - ☒ Other (specify): 


d. Outreach materials are distributed to (check all that apply):
   - ☒ Health and medical organizations
   - ☒ Hospitals and clinics
   - ☒ Welfare and unemployment offices or social service agencies
   - ☒ Migrant farmworker organizations
   - ☒ Indian and tribal organizations
   - ☒ Homeless organizations
   - ☒ Faith-based and community organizations in low-income areas
   - ☒ Shelters for victims of domestic violence
   - ☒ Other (specify): local businesses and community organizations

**ADDITIONAL DETAIL:** Caseload Management Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter XIV-Outreach, Attachment 14-2
VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

When an ITO State agency operates as both the State and local agency "All" should be checked.

2. Accessibility to Special Populations

a. The State agency requires [all, some, none] local agencies to implement the following to meet the special needs of employed applicants/participants.

<table>
<thead>
<tr>
<th>All</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Early morning/evening clinic hours by appointment
- Early morning/evening clinic hours, walk-in basis
- Weekend hours, by appointment
- Weekend hours, walk-in basis
- Priority appointment scheduling during regular clinic operations
- Food instrument/cash value voucher mailing procedures specifically designed for working participants
- Expedited clinic procedures for working participants
- Evening/weekend nutrition education classes
- Other (specify): Some clinics offer early morning/evening and Saturday clinics where staffing allows.

b. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of rural participants (check all that apply):

<table>
<thead>
<tr>
<th>All</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Special clinic hours to accommodate travel time to clinic sites
- Use of mobile clinics to rural areas
- Food instrument/cash value voucher mailing procedures specifically designed for rural participants
- Special appointment/scheduling procedures for rural participants who do not have access to public transportation
- Special food instrument/cash value voucher issuance cycles for rural participants (check one):
  - 2 months issuance
  - 3 months issuance
- Other (specify): Multiple Local Agencies offer special clinic hours; low risk participants receive 3 months food benefit issuance to reduce travel to clinics

C. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of migrant families (check all that apply):

<table>
<thead>
<tr>
<th>All</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Formal coordination with rural/migrant health centers
- Special outreach activities aimed at migrants
- Special clinic hours/locations to service migrant populations
- Expedited appointment procedures to accommodate migrant families
- Special food instrument/cash value voucher issuance cycles for migrant families (check one):
  - 2 months issuance
  - 3 months issuance
- Other (specify): Clinics work with local agencies/groups to promote WIC services to migrants.
VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

d. The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):

☐ Yes (If yes, please identify the State agencies ☐ No
with whom formal agreements exist):


e. The State agency requires [all, some, none] local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):

<table>
<thead>
<tr>
<th>All</th>
<th>Some</th>
<th>None</th>
</tr>
</thead>
</table>
| ☐  | ☐    | ☒    | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements
| ☐  | ☐    | ☒    | Undertake regular and ongoing outreach to homeless individuals
| ☐  | ☐    | ☒    | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service
| ☐  | ☐    | ☒    | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals
| ☐  | ☐    | ☒    | Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility
| ☒  | ☐    | ☐    | Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(n)(1)(i) regarding homeless facilities are met
| ☐  | ☐    | ☐    | Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

3. Unserved Geographical Areas

a. State agency's definition of an unserved geographic area (specify):
   A geographic area of the state where a WIC clinic is located and the clinic is not accessible by residents of the geographic area.

b. Please list unserved geographic areas or attach a list to appendix:
   ☒ No current unserved areas (check if applicable)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

4. Underserved Geographic Areas

a. State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):
   See definition 3.a. No one geographic area of the state takes priority over the other in regards to being accessible to WIC services.

   ☒ No current underserved areas (check if applicable)

b. The State agency has a list on file of served and/or unserved geographic areas including the number of potential eligibles, the priority level currently being served, and the level of participation.
   ☒ Yes ☐ No
VII. CASELOAD MANAGEMENT
E. Outreach Policies and Procedures

c. The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation
   ☑ Yes  ☐ No, an update list is provided in the Appendix  ☐ N/A, State agency has no local agencies

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

5. The State agency has a plan to:
   ☐ Inform nonparticipating local agencies of the Program and the availability of technical assistance in implementation
   ☐ Encourage potential local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served
   ☐ The State agency does not have local agencies and does not plan to have local agencies. Explanation of how underserved and/or partially served areas are addressed is below.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation) AND/OR SA/ITO explanation of how the State agency without local agencies addresses underserved or partially served areas:
   AL has 67 counties with 90+ clinics; there is not a geographic area of the state without access to WIC services.
VII. CASELOAD MANAGEMENT
F. Waiting List Management

Waiting List Management and Procedures

1. The State agency has specific policies/procedures for the establishment and maintenance of waiting lists, which are used by all local agencies.
   - Yes  No

2. Waiting list procedures are uniform throughout the State.
   - Yes  No, but State agency approves all exceptions
   - No, local variation allowed without State agency approval

3. The State agency routinely monitors waiting lists.
   - Yes  No  No. for the current Fiscal Year, the State agency does not have a waiting list.

4. The State agency requires/allows subprioritization of waiting lists by (check all that apply):
   - No subprioritization permitted
   - Income
   - Nutrition risk
   - Age
   - Point system
   - Special target populations (specify): ________________________________
   - Other (specify): ________________________________

5. The State agency requires pre-screening for certification of individuals prior to placement on waiting lists.
   - Yes
   - No, only categorical eligibility established
   - No, only categorical and income eligibility established
   - No, local agency variation
   - Other (specify): ________________________________

6. Waiting lists are maintained:
   - Manually
   - Automated system linked to State agency's central system
   - Automated system, stand alone at some/all local agencies

7. Telephone requests for placement on the waiting list are accepted.
   - Yes  No

8. The State agency requires all local agencies to maintain waiting lists (telephone and/or pre-certification) with the following information (check all that apply):
   - Name
   - Address
   - Phone number(s)
   - Date placed on waiting list
   - Category
   - Priority
   - Nutritional risk
VII. CASELOAD MANAGEMENT

F. Waiting List Management

☒ Income eligibility status
☒ Method of application
☒ Date applicant notified of placement on the waiting list
☒ Other (specify): Crossroads allows the State Agency to define a wait list and complete the certification process. However, if the participant meets the defined wait list requirements, they are added to the wait list maintained by Crossroads. No food benefits are issued.

9. The State agency requires local agencies to provide information on other food assistance programs to applicants who are placed on a waiting list. If the State agency has no locals, it provides the information.

☐ Yes ☒ No

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter II-Certification
Alabama WIC

FY 2021

Chapter VII. Section C. Caseload Management

FY 2021 Projected Statewide Participation

Total = 117,286
Women = 28,149 (24%)
Infants = 31,667 (27%)
Children = 57,470 (49%)
LOCAL AGENCIES/PARTNERS

AL Food Bank Association
AL Dept of Economic & Community Affairs Workforce Development
AL Coalition Against Hunger
AL Migrant and Seasonal Farm Workers Council
ALLKids/Children’s Health Insurance Program
Boys and Girls Club
Community Action Agency
Cooperative Extension Systems
County Children’s Policy Council
Day Care Centers
Department of Human Resources
Dept of Rehabilitation Services
Early Intervention Program
Faith Based Organizations
Family Planning Agency
Head Start Centers
Housing Authority/Community Centers
LaLeche League
Legal Aide
Local Health Centers
Medicaid
Neighborhood Youth Corps
Physicians’ Offices
Red Cross
School Nurses
SNAP ( Formerly Food Stamps)
Soup Kitchen
Unemployment Office
<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>District Nutrition Director's Monitoring Report</td>
<td>West Central District</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Date Submitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Report Quarter</td>
<td>1st</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
</tr>
<tr>
<td>J</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>October C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
<td>Comments</td>
</tr>
<tr>
<td>6</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Marion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Union Town</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Maudie Whatley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>District Average</td>
<td>1,113</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>November C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
<td>Comments</td>
</tr>
<tr>
<td>21</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Marion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Union Town</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Maudie Whatley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>December C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
<td>Comments</td>
</tr>
<tr>
<td>36</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Marion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Union Town</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Maudie Whatley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-------</td>
<td>---</td>
<td>-------</td>
<td>---</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>District Average</td>
<td>1,133</td>
<td>0</td>
<td>#DIV/0!</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>---------------</td>
<td>-------------</td>
<td>--------------</td>
<td>---------------</td>
<td>----------------</td>
<td>----------</td>
<td>---------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>District Nutrition Director's Monitoring Report</td>
<td>West Central District</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Date Submitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Report Quarter</td>
<td>2nd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
</tr>
<tr>
<td>7</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>January C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
<td>Comments</td>
</tr>
<tr>
<td>8</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Marion</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>Union Town</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17</td>
<td>Pickens</td>
<td>677</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18</td>
<td>Sumter</td>
<td>504</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20</td>
<td>Tuscaloosa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21</td>
<td>Maude Whatley</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>0</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>

| 25  | County | Projected C/L | Prior Month C/L | February C/L | Inc/Dec over prior mo. | Participation Rate % | Show Rate % | Number of Walk Ins | Comments |
| 26  | Bibb | 649 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27  | Chilton | 1,141 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 28  | Fayette | 447 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29  | Greene | 425 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30  | Hale | 641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31  | Lamar | 375 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32  | Perry Total | 411 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33  | Marion | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 34  | Union Town | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35  | Pickens | 677 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 36  | Sumter | 504 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 37  | Tuscaloosa Total | 4,931 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 38  | Tuscaloosa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 39  | Maude Whatley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40  | Walker | 2,047 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 41  | District Total | 12,248 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 42  | District Average | 1,113 | 0 | 0 | #DIV/0! | 0 | 0 | #DIV/0! | #DIV/0! | 0 | 0 |

<p>| 43  | County | Projected C/L | Prior Month C/L | March C/L | Inc/Dec over prior mo. | Participation Rate % | Show Rate % | Number of Walk Ins | Comments |
| 44  | Bibb | 649 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45  | Chilton | 1,141 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46  | Fayette | 447 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 47  | Greene | 425 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 48  | Hale | 641 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49  | Lamar | 375 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50  | Perry Total | 411 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 51  | Marion | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52  | Union Town | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 53  | Pickens | 677 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 54  | Sumter | 504 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 55  | Tuscaloosa Total | 4,931 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 56  | Tuscaloosa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 57  | Maude Whatley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 58  | Walker | 2,047 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 59  | District Total | 12,248 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60  | District Average | 1,113 | 0 | 0 | #DIV/0! | 0 | 0 | #DIV/0! | #DIV/0! | 0 | 0 |</p>
<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td>#DIV/0!</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
</tr>
<tr>
<td>----</td>
<td>------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>1</td>
<td>District Nutrition Director's Monitoring Report</td>
<td>West Central District</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Date Submitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Report Quarter</td>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
</tr>
<tr>
<td>5</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>April C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
</tr>
<tr>
<td>6</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Marion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Union Town</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Tuscaloosa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Maude Whatley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>May C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
</tr>
<tr>
<td>23</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Marion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Union Town</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Tuscaloosa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Maude Whatley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>June C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
</tr>
<tr>
<td>40</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Marion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Union Town</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Tuscaloosa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Maude Whatley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td></td>
<td>#DIV/0!</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>67</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>District Average</td>
<td>1,111</td>
<td>0</td>
<td>#DIV/0!</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td>District Nutrition Director's Monitoring Report</td>
<td>West Central District</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Date Submitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Report Quarter 4th</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
</tr>
<tr>
<td>5</td>
<td>County</td>
<td>Projected C/L</td>
<td>Prior Month C/L</td>
<td>July C/L</td>
<td>Inc/Dec over prior mo.</td>
<td>Participation Rate %</td>
<td>Show Rate %</td>
<td>Number of Walk Ins</td>
</tr>
<tr>
<td>6</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Marion</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Union Town</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>Tuscaloosa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Maude Whatley</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
</tr>
<tr>
<td>20</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td>0</td>
<td>#DIV/01</td>
<td>#DIV/01</td>
<td>#DIV/01</td>
<td>#DIV/01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>28</th>
<th>County</th>
<th>Projected C/L</th>
<th>Prior Month C/L</th>
<th>August C/L</th>
<th>Inc/Dec over prior mo.</th>
<th>Participation Rate %</th>
<th>Show Rate %</th>
<th>Number of Walk Ins</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Marion</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Union Town</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Tuscaloosa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Maude Whatley</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td>0</td>
<td>#DIV/01</td>
<td>#DIV/01</td>
<td>#DIV/01</td>
<td>#DIV/01</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>49</th>
<th>County</th>
<th>Projected C/L</th>
<th>Prior Month C/L</th>
<th>September C/L</th>
<th>Inc/Dec over prior mo.</th>
<th>Participation Rate %</th>
<th>Show Rate %</th>
<th>Number of Walk Ins</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Bibb</td>
<td>649</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Chilton</td>
<td>1,141</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Fayette</td>
<td>447</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Greene</td>
<td>425</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Hale</td>
<td>641</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Lamar</td>
<td>375</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Perry Total</td>
<td>411</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Marion</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Union Town</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Tuscaloosa Total</td>
<td>4,931</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>Tuscaloosa</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>Maude Whatley</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Walker</td>
<td>2,047</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>District Total</td>
<td>12,248</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>DIV/01</td>
<td>DIV/01</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>District Average</td>
<td>1,113</td>
<td>0</td>
<td>#DIV/0!</td>
<td>0</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>
CHAPTER VIII

CERTIFICATION, ELIGIBILITY and COORDINATION of SERVICES
The review of certification, eligibility and coordination of services involves the process of determining and documenting participant eligibility (income eligibility as well as nutritional risk determination, standards and criteria), and the coordination of certification activities with other health services.

**A. Eligibility Determination and Documentation - 246.7(c)(1); 2(1); 246.7(d)(1); (2)(v)(B):** describe the policies and procedures for determining and documenting eligibility including the application process, residency requirements, identity requirements, documented physical presence or valid exception; proof of categorical eligibility, income limits, income eligibility documentation, determination of special populations and a definition of and policy toward the economic unit.

**B. Nutrition Risk Determination, Documentation, and Priority Assignment - 246.4(a)(11)(i):** describe the policies and procedures for determining and documenting nutritional risk and priority assignments. Include a copy of the nutritional risk criteria the State agency plans to use with the appropriate documentation.

**C. Health Care Agreements, Referrals, and Coordination - 246.4(a)(6); (7); (8) and (19):** describe the procedures for coordinating agreements and services with other health care providers at the State and local agency level including procedures to ensure that benefits are provided to persons with special needs.

**D. Processing Standards - 246.4(a)(11)(i); 246.7(f)(2):** describe the State agency’s processing procedures to ensure that the required standards and timelines are met.

**E. Certification Periods - 246.4(a)(11)(i); 246.7(g):** describe the policies and procedures used to establish certification periods for participants and the autonomy (if applicable) granted to local agencies in determining eligibility time periods.

**F. Transfer of Certification - 246.4(a)(6); (11)(i); and 246.7(k):** describe the State agency’s procedures for the transfer of certification and VOC cards ensuring that vital participant and program information is included.

**G. Dual Participation, Participant Rights and Responsibilities, Fair Hearing Procedures, and Sanction System - 246.4(a)(11)(i); (16); (17) and (18); 246.7(h); 246.7(i)(10); 246.7(j); 246.7(l):** describe the procedures used to detect and prevent dual participation at the State and local level, the procedures for ensuring participants are notified of their rights and responsibilities, and the procedures regarding participant fair hearings and sanction system.
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
A. Eligibility, Determination, and Documentation

1. Application Process
a. The State agency requires all local agencies to use a standardized application process for all persons applying for the WIC Program
   ☒ Yes ☐ No

b. The State agency shares ☐ State wide or ☒ at local agency (check one), a common income application or certification form with (check all that apply):
   ☒ No other benefit programs ☐ Medicaid
   ☐ TANF ☐ SNAP
   ☐ MCH ☐ Other reduced price health care program(s)
   ☐ Other (specify): _______________________________________________________

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

2. Residency, Identity and Physical Presence Requirements
a. The State agency requires documentation of residency
   ☐ Yes
   ☒ Signed statement that documentation of residency information is not available and why (e.g. homeless, theft, fire)
   ☐ No (Specify why, e.g., ITOs and Alaska natives who are exempt from this requirement):

b. The State agency has special residency policies and procedures for how the following special categories should be treated (check all that apply):
   ☒ Homeless applicants ☒ Institutionalized Applicants
   ☒ Migrants ☐ Indian Tribal Organizations
   ☐ None ☐ Other (specify): _______________________________________________________

c. The State agency requires proof of identity from each applicant at certification
   ☒ Yes
   ☐ No (If no, why not?): _______________________________________________________

d. The State agency has reciprocal agreements concerning residency with other States
   ☐ Yes; list states: _______________________________________________________
   ☒ No
   Describe any reciprocal agreements: ___________________________________________
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
A. Eligibility, Determination, and Documentation

e. The State agency requires physical presence of the applicant or a valid exception to be documented:

☐ Yes except for the following condition(s):
☐ Applicant or parent/caretaker is an individual with disabilities which prevent him/her from being physically present at the WIC clinic (e.g., medical equipment, bed-rest, or serious illness exacerbated by coming in to clinic).
☐ Applicant is an infant or child receiving documented ongoing health care from any health care provider, including the local agency; being physically present would pose an unreasonable barrier; and the infant or child was present at his/her initial WIC certification.
☐ Applicant is an infant under 8 weeks of age who cannot be present at the time of certification (for a reason determined appropriate by the local agency) and for whom all necessary certification information is provided.
☐ Applicant is an infant or child who was present at his/her initial WIC certification; was present at certification within the one-year period of the most recent determination; and is under the care of one or more working parent, or more primary working caretakers whose working status presents a barrier to bringing the infant or child in to the WIC clinic.

f. The State agency uses a shortened (up to 30 days) certification for applicants that have one qualifying nutrition risk and are able to present at least two of the three required documents (identification, residency, and income) during a certification appointment.

☐ Yes  ☐ No

3. The State agency requires applicants to submit proof of categorical eligibility for (check all that apply):

☐ All pregnant women  ☐ Pregnant women not visibly pregnant
☐ Postpartum women  ☐ Children
☐ Infants  ☐ Other (specify): ____________________________

4. Income Limits for Eligibility
a. The State agency gross income limit for income eligibility is 185% of the federal income guidelines

☐ Yes, with no local agency exceptions
☐ Yes, with local agency variation
☐ No, with no local agency exceptions
  (specify State maximum percent of poverty: ________ %)
☐ No, with local agency variation
  (specify State maximum percent of poverty: ________ %)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

b. The State agency implements income eligibility guidelines concurrently with Medicaid

☐ Yes  ☐ No

ADDITIONAL DETAIL: Please attach a copy of the income guidelines in the Appendix or the appropriate citation in the Procedure Manual, Certification and Eligibility Appendix and/or Procedure Manual (citation):
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility, Determination, and Documentation

c. The State agency requires documentation of an applicant's, or certain family members' eligibility to receive benefits in the following means-tested programs that confer adjunctive income eligibility for WIC, as set forth in 246.7(d)(2)(vi):

- TANF (specify State "percent of poverty")
- SNAP
- Medicaid (specify State "percent of poverty" for each)
  - Pregnant women and infants: 146.00%
  - Children: 146.00%
  - Other categorically eligible women: 146.00%

Poverty Level

-%

Poverty Level

-%

Poverty Level

-%

Poverty Level

-%

d. The State agency uses documented eligibility for/participation in other means-tested programs to establish automatic WIC income eligibility (check all that apply and the poverty levels used for each):

- Free or Reduced-Price School Lunch
- SSI
- Other State-provided health insurance (specify State "percent of poverty" maximum) %
- FDPIR
- Other (specify):

Poverty Level

-%

Poverty Level

-%

Poverty Level

-%

Poverty Level

-%

e. Individuals are required to document that they or a family member are certified as eligible to receive TANF, Medicaid, or SNAP benefits or, under the State option, certified as eligible to receive benefits in State-administered programs by providing:

- Program ID card (only if it includes dates of eligibility) or notice of current eligibility
- Documentation of participation in State-administered programs (and such programs require documentation of income and have income guidelines at or below WIC's income guideline of 185% of poverty).

(Program[s]:)

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

TANF-based on payment standards and not percentage of poverty level per DHR Office of Family Assistance; SNAP based on monthly gross income test and monthly net income test according to FNS/SNAP; also see AL WIC Procedure Manual, Chapter II-Certification. A.4.c. Crossroads interfaces with AL SNAP and Medicaid programs to verify eligibility.

---

5. Income Eligibility Documentation

a. For WIC applicants whose income eligibility is not based on adjunctive or automatic income eligibility in another means-tested program, the State requires (check all that apply):

- Documentation of income information
- Signed statement that documentation of income information is not available and why
- Notation in the participant record if the applicant declares no income and why
- Other (specify):
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
A. Eligibility, Determination, and Documentation

b. Exceptions to income documentation are made for the following:
   - The necessary information is not available
   - The income documentation presents an unreasonable barrier to participation as determined by the State agency
   - Those applicants with no income
   - Those applicants who work for cash
   - Other (specify): Victims of fire/disaster or those applicants who work for cash and the employer refuses to write a Letter of Support

c. If the applicant does not supply the necessary documentation at the certification appointment, local agencies are generally instructed to do one of the following:
   - Certification process is terminated and no food instruments/cash-value vouchers are provided; appointment rescheduled
   - Temporary certification (not to exceed 30 days) is completed and food instruments are provided. However, if applicant does not provide documentation within 30 days, the certification expires and a new eligibility determination must be conducted.
   - Other (specify):

d. The State agency requires ☒ State-wide, or at ☐ local agency (check one), the verification of applicant income information, if determined necessary.
   - No
   - Yes (check all sources required, as appropriate):
     - Employer
     - Public assistance offices
     - State employment offices (wage match, unemployment)
     - Social Security Administration
     - School districts/offices
     - Collateral contacts
     - Other (specify): See AL WIC Procedure Manual, Chapter II-Certification, Attachment 2-12, Guide for Determining WIC Eligibility

e. The State agency has specific policies that define actions to be taken for mid-certification changes in participant income circumstances.
   - Yes; Please specify ☐ No

f. The State agency allows documentation of alternate income procedures for Indian or Indian Health Service (IHS) operated local agencies.
   - Yes ☒ No ☐ Not Applicable

g. The State agency has specific policy that addresses income from benefits provided by a State-administered programs.
   - Yes ☒ No ☐
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

A. Eligibility, Determination, and Documentation

h. The State agency has specific policy to ensure that certain types of income, such as combat pay or FSSA payments for households that include service members, are excluded from consideration in the WIC income eligibility determination, as provided by law and regulation.

☐ Yes □ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
A.5.h. AL WIC Procedure Manual, Chapter II-Certification, Attachment 2-13, Guide for Determining WIC Eligibility

6. In determining an applicant’s income eligibility for WIC, the State agency excludes basic allowance for housing received by military services personnel residing off military installations and in privatized housing, whether on- or off-base.

☐ Yes, State-wide □ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter II-Certification, Attachment 2-13, Guide for Determining WIC Eligibility

7. The State agency excludes cost-of-living allowances for military personnel on duty outside of the contiguous 48 States (OCONUS COLA) from applicant income for purposes of WIC income determination

☐ Yes, State-wide □ No

8. In determining an applicant’s income eligibility for WIC, the State agency excludes payments given to deployed military service members. These payments are in accordance with Chapter 5 of Title 37 of the U.S.C.

☐ Yes, State-wide □ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Per WIC Policy Memo 2010-2, Military combat pay is excluded.

9. In determining an applicant’s income eligibility for WIC, the State agency calculates multiple income sources received by an applicant’s household at different frequencies in accordance with WIC Policy Memo 2011-7, and compares the sum to the established WIC IEGs.

☐ Yes, State-wide □ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

10. The State agency defines the economic unit in accordance with WIC Policy Memo 2013-3.

☐ Yes □ No (if no, why not):

Provide the definition of an economic unit used by the State agency in the Appendix or the appropriate citation in the Procedure Manual.

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter II-Certification
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
A. Eligibility, Determination, and Documentation

11. The State agency has specific policies or lists examples concerning the determination of the economic unit for (check all that apply):

- Foster children
- Divorced/legally separated parents; step parents
- Absentee spouse (military hardship tours, etc.)
- Cohabitation
- Institutionalized applicants (including incarcerated applicants)
- Homeless applicants
- Minors ("emancipated" minors)
- Separate economic units under the same roof
- Striker/unemployed
- Students away at school
- Self-employed applicants
- Other (specify): _______________________________________

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter II-Certification

12. Mid-Certification Disqualification

a. The State agency ensures that local agencies are required to stipulate that an individual is not automatically disqualified mid-certification due to the fact that she/he no longer participates in one or more of the Programs for which they were originally determined adjunctively/automatically income eligible.

- Yes  □  No

b. WIC regulations specify that when income eligibility is reassessed mid-certification, State/local agencies are required to reevaluate the programs for which the individual could be determined adjunctively/automatically income eligible. If the individual cannot qualify based on eligibility for one of these programs, eligibility must be determined based on WIC income guidelines and disqualification made only after all of these options are exhausted. The State ensures its policy and procedures comply with this requirement:

- Yes  □  No
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
B. Nutrition Risk Determination, Documentation and Priority Assignment

1. Nutrition Risk Determination and Documentation

a. Professionals authorized by the State agency as Competent Professional Authorities (CPAs) to determine nutritional risk include (check all that apply):

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Can certify for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Priorities I-III</td>
</tr>
<tr>
<td>RD or Master's Level Nutritionist</td>
<td></td>
</tr>
<tr>
<td>Bachelor's Level Nutritionist</td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td></td>
</tr>
<tr>
<td>Physician Assistant</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td></td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td></td>
</tr>
<tr>
<td>Home Economist</td>
<td></td>
</tr>
<tr>
<td>Paraprofessional</td>
<td></td>
</tr>
<tr>
<td>Other (Specify): Dietetic Technician, Registered (DTR)</td>
<td></td>
</tr>
<tr>
<td>Other (Specify):</td>
<td></td>
</tr>
</tbody>
</table>

b. The State agency authorizes local agencies to (check all that apply):

- Conduct Anthropometric and Hematological measurements
- Use medical referral data for Anthropometric and Hematological measurements
- Conduct measurements only when medical referral data are unavailable

Please append a copy of the revised nutrition risk criteria in its entirety to this State Plan.

c. The State agency uses only FNS-approved nutrition risk criteria, as referenced in Policy Memorandum #2011-5, WIC Nutrition Risk Criteria, and transmittal memorandum (dated June 13, 2018) that list the revised risk criteria requiring implementation by 10/1/2019, published on the FNS PartnerWeb, to document nutrition risk.

- Yes  [ ]  No  [ ]

Please append a copy of the revised nutrition risk criteria in its entirety to this State Plan.

d. The State agency modifies nutrition risk criteria such that criteria definitions are more restrictive than nationally established definitions.

- Yes (list criteria): ____________________________________________
- No  [ ]

FY 2021 Alabama  Page 8 of 23
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

e. Hematological risk determination:

The State agency requires (check one of the following):

☐ Bloodwork data to be collected at the time of certification (Statewide).

☒ Bloodwork data to be collected within 90 days of certification, so long as the participant is determined to have at least one qualifying nutritional risk at the time of certification (Statewide), and the State has implemented procedures to ensure receipt of data.

The State agency ensures that hematological assessment data are current and reflective of participant status, to include a bloodwork periodicity schedule that conforms to the requirements as described in 246.7(e)(1)(ii)(B).

☒ Yes ☐ No

The State agency allows local agencies the option of obtaining bloodwork on children ages 2-5 annually if prior certification results were normal.

☒ Yes ☐ No

f. Anthropometric risk determination:

The State agency allows (check one):

☒ Anthropometric data for certification to be no older than 60 days (Statewide)

☐ A shorter (less than 60 days) limit on age of anthropometric data for certification

g. Nutrition assessment:

(i) Local agencies are required to perform a complete nutrition assessment (as described in the Value Enhanced Nutrition Assessment [VENA] Guidance) for all participants.

☒ Yes ☐ No (explain):

(ii) Local agencies are required to perform a mid-certification nutrition assessment (as described in the Guidance for Providing Quality Nutrition Services during Extended Certification Periods) for all participants with an extended certification period.

☒ Yes ☐ Not Applicable: (The State Agency does not utilize the extended certification option for any participant category)

(iii) The State agency policy requires that nutrition assessment intake information be collected on a State agency mandated form or Management Information System (MIS).

☒ Yes ☐ No

If yes, attach mandated forms (or MIS screen shots) or specify location in the procedure manual and reference below.

If no, the State agency assures quality of nutrition assessment by:

☐ Requiring local agencies to submit forms for approval

☐ Annually monitoring the locally developed forms during local agency reviews

☐ Other (specify):

(iv) Dietary assessment is based on professionally recognized guidelines (e.g., Dietary Guidelines for Americans, My Plate Food Guide, American Academy of Pediatrics)


☐ No (explain):

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

B. Nutrition Risk Determination, Documentation and Priority Assignment

B.1.c. AL WIC Procedure Manual, Chapter II-Certification, Attachment 2-2 to 2-7 (Risk Criteria), B.1.g.(iii). See attached Nutrition/Dietary assessment forms for each status. Forms are from Crossroads, AL WIC Training environment

2. Documentation
a. The State agency requires documentation in the applicant’s case file for all nutrition risk criteria used to establish WIC eligibility (check one) (as described in FNS Policy Memorandum #2008-4, WIC Nutrition Services Documentation):
   - Yes, supported by a written "exceptions" policy (e.g., policies to direct clinic staff in situations in which documentation is unavailable)
   - Yes, with CPA discretion when to waive documentation requirement (no written policy)
   - No (explain): __________________________________________________________

b. As a matter of policy, the State agency requires the documentation of nutritional risk criteria on a participant’s certification form in the following manner:
   - All identified risk criteria are recorded
   - A set number of criteria ______ is recorded (maximum number is 10 criteria)
   - Local agency personnel decide how many and which criteria are recorded
   - Other (specify): ________________________________________________________

3. Priority Assignments
a. Participants certified for regression
   - Remain in the same priority in which they were previously assigned
   - Are assigned to Priority VII, regardless of their initial priority at first certification
   - Other (specify): _______________________________________________________

b. The State agency requires verification for all nutrition risk criteria that require a physician’s diagnosis.
   - Yes  No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (cite):

c. Participants may be certified for regression (check all that apply):
   - A single six-month period
   - One time following a certification period
   - No policy, local agency discretion

d. High risk postpartum women are assigned to the following priority:
   - Priority III
   - Priority IV
   - Priority V
   - Priority VI
e. Participants certified solely due to homelessness/migrancy are assigned to the following priority:

<table>
<thead>
<tr>
<th>Category</th>
<th>IV</th>
<th>V</th>
<th>VI</th>
<th>VII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Women</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postpartum Women</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

f. Attach a copy of any nutrition risk criteria that will be added, modified or deleted during the coming fiscal year. For each criterion, indicate:
- Applicable participant category
- Applicable priority level(s)
- Whether a physician’s diagnosis is required
- SA code number which conforms to list of codes provided by USDA for Participant Characteristics data collection

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
All required risk criteria changes were implemented for FY 2020. No risk criteria changes were made for FY 2021.
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
C. Health Care Agreements, Referrals, and Coordination

1. State Agency Referral Agreements and Coordination of Services

   a. The State agency has written formal agreements that permit the sharing of participant information with the following programs/providers (indicate whether information is shared manually (M) or through ADP (A) by placing either an M or A in front of the appropriate service):

   A SNAP __ Rural/migrant health centers
   A TANF __ Hospitals
   A Medicaid __ Childhood immunization
   ___ SSI __ Immunization registries
   ___ EPSDT __ Well-child programs
   ___ MCH programs __ Child protective services
   ___ Children with special health care needs program(s) __ Children’s health insurance
   ___ Family planning __ Private physicians
   ___ IHS facilities
   ___ other (specify): ____________________________

   b. Formal agreements for coordination of services include:

   □ Responsibilities of each party
   □ Assurance that information is used only for program eligibility and/or outreach
   □ Assurance that information will not be shared with a third party

   c. The State agency requires local agencies to coordinate services with, and/or develop referral systems for, the following (check all that apply):

   □ SNAP □ Children with special health care needs
   □ TANF □ Other food assistance program (TEFAP, FDPIR, CSFP, etc.)
   □ SSI □ Breastfeeding promotion
   □ Medicaid □ Child protective services
   □ CHIP □ Head Start
   □ IHS facilities □ Early Head Start
   □ MCH (clinics/facilities) □ Healthy Start
   □ EPSDT □ Substance abuse programs
   □ Family planning □ Child abuse counseling
   □ Prenatal care □ Foster care agencies
   □ Postnatal care □ Homeless facilities
   □ Immunization □ Mental health services
   □ Dental services □ Rural/migrant health centers
   □ Private physicians
   □ Hospitals
   □ Well-child programs
   □ Other (specify): ____________________________

   ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation): ____________________________
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
C. Health Care Agreements, Referrals, and Coordination

2. Local Agency Referral Procedures

a. The State agency ensures that local agencies make available to all adults applying or re-applying for the WIC Program for themselves or on behalf of others the following types of information:

- State Medicaid Program, including presumptive eligibility determinations, where available
- Child support services
- SNAP
- Substance abuse counseling/treatment programs
- TANF, including presumptive eligibility determinations, where available
- Other State-funded medical insurance programs (specify): ____________________________
- Other nutrition services (specify): ____________________________
- EPSDT Program
- Children’s Health Insurance program(s)
- Other (specify): ____________________________

b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral using the checkbox on the right):

- State agency-developed referral forms ☑
- Local agency-developed referral form ☐
- Telephone call to referring agency ☐
- Verbal referral to participants ☑
- Automated client/participant information exchange ☐
- Written literature on referral programs ☐
- Follow-ups by staff to monitor ☐
- Maintain a list of local resources for drug and other harmful substance abuse ☐
- Counseling ☐
- Other (specify): ____________________________ ☐

Primary

☐ State agency-developed referral forms
☐ Local agency-developed referral form
☐ Telephone call to referring agency
☐ Verbal referral to participants
☐ Automated client/participant information exchange
☐ Written literature on referral programs
☐ Follow-ups by staff to monitor
☐ Maintain a list of local resources for drug and other harmful substance abuse
☐ Counseling
☐ Other (specify): ____________________________

b. The referral methods used by local agencies to other health and social service programs include (check all that apply and indicate the primary method of referral using the checkbox on the right):

- WIC Program referral form ☐
- Health/social program referral form ☐
- Telephone call ☑
- Verbal referral ☑
- Automated client/participant information exchange ☐
- Written literature on the WIC Program ☐
- Other (specify): ____________________________ ☐

Primary

☐ WIC Program referral form
☐ Health/social program referral form
☐ Telephone call
☐ Verbal referral
☐ Automated client/participant information exchange
☐ Written literature on the WIC Program
☐ Other (specify): ____________________________
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
C. Health Care Agreements, Referrals, and Coordination

d. The State agency has a system in place to monitor the extent to which WIC participants are using other health or social services (check all that apply):

☐ Yes (check): ☐ Medicaid ☐ TANF ☐ MCH ☐ SNAP
☐ Yes, other (specify): ____________________________________________
☒ No

e. The State agency requires local agencies to monitor referrals to determine the extent of health or social services utilization in addition to State monitoring systems.

☐ Yes ☒ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):

f. In order to facilitate referrals to the Medicaid Program, the State agency provides each local agency a chart showing the maximum income limits, according to family size, applicable to pregnant women, infants, and children up to age 5 under the Medicaid Program.

☐ Yes ☒ No

g. The State agency assures that each local agency operating the Program within a hospital, and/or that has a cooperative arrangement with a hospital, advises potentially eligible individuals that receive inpatient or outpatient prenatal, maternity, or postpartum services, or that accompany a child under the age of 5 who receives well-child services, of the availability of program services.

☒ Yes ☐ No

h. The State agency ensures that, to the extent possible, local agencies provide an opportunity for individuals who may be eligible to be certified within the hospital for participation in WIC.

☒ Yes ☐ No

i. The State agency ensures that when WIC is at maximum caseload, local agencies make referrals to:

☐ Food banks
☐ Food pantries
☐ Soup kitchens or other emergency meal providers
☐ SNAP
☐ The Emergency Food Assistance Program
☐ Food Distribution Program on Indian Reservations
☒ Other (specify): Local Agencies make all appropriate referrals based on nutrition assessment and not solely on maximum caseload

j. The State agency ensures that when WIC is at maximum caseload, local agencies notify the State agency of any waiting lists established.

☒ Yes ☐ No

k. The State agency ensures that when WIC is at maximum caseload, the State agency notifies FNS of any waiting lists established.

☒ Yes ☐ No
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
C. Health Care Agreements, Referrals, and Coordination

I. The State agency ensures that when the WIC participant's family has immediate needs for food beyond what WIC might provide, local agencies make referrals to:

- Food banks
- Food pantries
- Soup kitchens
- SNAP
- The Emergency Food Assistance Program
- Food Distribution Program on Indian Reservations
- Other (specify): Medicaid, if receiving special medical formula and needs are in excess of WIC allowance.

m. Immunization Screening and Referral

The State agency assures that each local agency is meeting the requirements of WIC Policy Memorandum #2001-7, August 30, 2001: Immunization Screening and Referral, as follows:

- Screening children under the age of two using a documented immunization history:
  - Using the minimum screening protocol; or
  - Using a more comprehensive means, (specify):
    Screening and referrals are completed for all WIC infants and children.

- Using another program or entity to screen and refer WIC children using a documented immunization history; (specify): ______________________________; or

- Implementing the minimum screening protocol is unnecessary because immunization coverage rates of WIC children by 24 months are 90% or greater; or

- The State agency has been unable to formalize a coordination agreement with the State Immunization Program.

  Provide explanation of extenuating circumstances:

  ______________________________________________________

The State agency’s policy and procedure manual has been updated to include the above immunization screening and referral protocol.

- Yes   - No
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

D. Processing Standards

1. Notification Standards

a. The State agency defines special nutritional risk applicants who are to be notified of their eligibility within 10 days of the date of the first request (at the local agency) for program benefits as the following (check all that apply):

- Pregnant women eligible as Priority I
- High-risk infants (optional)
- Migrant farmworkers/family members
- Homeless (optional)
- Optional; please specify: ___________________________

b. The State agency requires local agencies to follow special policies and procedures to ensure timely certification of:

- Rural applicants
- Employed applicants
- No special policies/procedures

b. The State agency's policy allows it to authorize an extension of the notification period up to 15 days for special nutritional risk applicants when local agencies provide a written request with justification.

- Yes
- No

c. Policies and procedures are in place to assure all other applicants are notified of eligibility within 20 days of first request (at the local agency) for program benefits.

- Yes
- No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
D.1. Crossroads captures reason appointment is made outside processing standards for monitoring compliance to Federal Regulations.

2. Processing Standards

a. Processing standards begin when the applicant (check all that apply):

- Telephones the local agencies to request benefits
- Visits the local agency in person
- Makes a written request for benefits

b. The State agency requires the local agency to have a monitoring system in place to ensure processing standards are being met for all categories of applicants.

- Yes
- No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
Crossroads is programmed to ensure that processing standards are met (AL WIC Procedure Manual, Chapter II-Certification). The Pending List (AL WIC Procedure Manual, Chapter II-Certification) in Crossroads provides information for those appointments made outside processing standards. The pending list is monitored at least weekly.
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
E. Certification Periods

1. Certification Period Standards

   a. (i) The State agency authorizes local agencies to certify infants under six months of age for a period extending up to the first birthday provided the quality and accessibility of health care services are not diminished (known as “extended certification”):
      - Yes, at all local agencies
      - Yes, at selected local agencies
      - No

   (ii) The State agency authorizes local agencies to certify children for a period of up to one year provided that participant children receive required health and nutrition services:
      - Yes, at all local agencies
      - Yes, at selected local agencies
      - No

   (iii) The State agency authorizes local agencies to certify breastfeeding mothers for a period extending up to the infant's first birthday or until breastfeeding is discontinued (whichever comes first), provided that there will be no decrease in health and nutrition services that the participant would otherwise receive during a shorter certification period:
      - Yes, at all local agencies
      - Yes, at selected local agencies
      - No

   (iv) The State agency ensures that health care and nutrition services are not diminished for participants certified for longer than six months:
      - No
      - Yes (describe): A mid certification appointment is scheduled. This appointment includes updating participant's anthropometric measurements, re-evaluating the nutrition assessment completed at certification, providing appropriate nutrition education and making referrals, as needed.

   b. Extended certification is an option for the following (check all that apply):
      - Priority I infants
      - Priority II infants
      - Priority IV infants
      - Priority III Children
      - Priority V Children
      - Priority I Breastfeeding Women
      - Priority IV Breastfeeding Women

   c. The State agency authorizes local agencies to shorten or extend the certification period up to 30 days in certain circumstances.
      - Yes (If yes, provide citation indicating circumstances): No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter II-Certification
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

E. Certification Periods

2. The State agency authorizes local agencies to disqualify an individual in the middle of a certification period for the following reasons (check all that apply):

- Participant volunteers the information that they are over income
- Participant abuse
- Family member found income ineligible at recertification
- Failure to pick up food instruments/cash-value vouchers for 2 consecutive issuances
- Other (specify): Dual participation, Priority II infant that has not been evaluated by eight (8) weeks of age. Pregnant woman who fails to bring proof of pregnancy and is not visibly pregnant.

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
AL WIC Procedure Manual, Chapter II-Certification.
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

1. Procedures for Transfer of Certification and Verification of Certification (VOC) Cards

   a. The State agency has procedures in place that are used by all local agencies for transfers of certification within the State agency (intra-State), between State agencies (inter-State), and to the WIC Overseas Program (WICO):

      | Intra-State | Inter-State | WIC Overseas |
      |  X          |  X          |      X       |
      |  No         |  No         |      No     |

   b. A participant ID card/folder is provided which also serves as a VOC card:

      □ Yes  □ No

   c. The State agency requires all local agencies to use a standardized Verification of Certification card:

      □ Yes □ No

   d. Verification of Certification Cards are issued to the following (check all that apply):

      □ All participants
      □ Migrants
      □ Homeless
      □ Participants relocating during certification period
      □ Persons affiliated with the military who are transferred overseas
      □ Other (specify): Issued upon request to any participants.

   ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
   F.1. AL WIC Procedure Manual, Chapter II-Certification

2. The State agency requires all local agencies to include the following information on the Verification of Certification card (check all that apply):

   □ Name of participant
   □ Date certification performed
   □ Date income eligibility last determined
   □ Nutritional risk condition of the participant
   □ Date certification period expires
   □ Signature/printed or typed name of certifying local agency official
   □ Name/address/phone number of certifying local agency
   □ Identification number or some other means of accountability
   □ Migrant status (non-resident)
   □ Other (specify): Nutrition Risk 803, if migrant; Food benefit data (first day to spend, last day to spend), Food prescription

3. The State agency requires all local agencies to accept as valid all VOC cards from both the domestic WIC Program and the WIC Overseas Program that contain the following essential elements:

   □ Participant name
   □ Name and address of the certifying agency
   □ Date the current certification period expires
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES

F. Transfer of Certification

4. The State agency honors the one year certification period for transferring participants (infants, children, and breastfeeding women) even if it certifies participants every six months.

☐ Yes  ☐ No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
F.4. AL WIC Procedure Manual, Chapter II-Certification
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

1. Dual Participation
   a. The State agency has written procedures to prevent and detect dual participation within each local agency and between local agencies:
      ☒ Yes  (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): AL WIC Procedure Manual, Chapter XII-Program Abuse
      ☐ No

   b. The State agency has a written agreement with the Indian State agency(ies) or other geographic State agencies in close proximity for the detection and prevention of dual participation (attach a copy of each applicable agreement or provide a citation of where a copy is located):
      ☒ Yes  ☐ No  ☐ Not applicable

   c. The State agency has established procedures to handle participants found in violation due to dual participation:
      ☒ Yes  (Please attach any descriptions of policy in Appendix or cite appropriate section(s) of the Procedure Manual): AL WIC Procedure Manual, Chapter XII-Program Abuse, Attachment 12-1
      ☐ No

   ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
   G.1.b. AL WIC Procedure Manual, Chapter XII-Program Abuse, Attachment 12-2

2. Participant Rights and Responsibilities
   a. The State agency has uniform notification procedures that are used by all local agencies statewide:
      ☒ Yes  ☐ No

   b. The State agency requires all local agencies to inform applicant/participant of his/her rights and responsibilities in written form, and must be read by or to the applicant, parent, or caretaker:
      ☒ Yes  ☐ No

   c. The State agency has implemented a policy of disqualifying participants for not picking up food instruments:
      ☒ Yes  ☐ No  ☐ Not applicable

      If yes, the policy is communicated to participants in the participant rights and responsibilities materials:
      ☒ Yes  ☐ No  ☐ Not applicable

   d. The State agency has implemented a policy to specifically inform participants that they are not allowed to sell WIC food benefits, including online:
      ☒ Yes  ☐ No; explain:

   e. The State agency has policies and procedures to identify attempted sales of WIC food benefits in their WIC State Plan:
      ☒ Yes  ☐ No; explain:

   ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
   G.2. Revised Participant Sanctions are attached. AL WIC Procedure Manual, Chapter XII-Program Abuse, AL WIC Procedure Manual, Chapter II-Certification. Rights and Responsibilities are in Crossroads and must be read and signed by the participant/parent/guardian/proxy. Revised AL WIC Rights and Responsibilities are attached.
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

f. The State agency has developed special notification policies and procedures for the following:
   - Applicant/participant who cannot read
   - Applicant/participant who speaks in a language other than English
   - Homeless
   - Migrants
   - Persons with disabilities
   - Other (specify): ____________________________

   [Bullet list to be completed]

   [Box to be checked or left unchecked]

   f. The State agency has developed special notification policies and procedures for the following:

   [Box to be checked or left unchecked]

   g. The State agency requires all local agencies to provide notification of participant rights and responsibilities in the following situations:
   - Eligibility at each certification
   - Ineligibility at initial certification
   - Mid-certification disqualification
   - Expiration of a certification period
   - Waiting list status
   - Other (specify): ____________________________

   [Box to be checked or left unchecked]

   ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
   AL WIC Procedure Manual, Chapter II-Certification, Chapter X-Civil Rights

3. Fair Hearing and Sanction System

   a. The State has a law or regulation governing participant appeals:
   - Yes
   - No

   b. The State agency has established statewide fair hearing procedures:
   - Yes; attach fair hearing procedures for participants or specify the location in the Procedure Manual and reference in additional detail section below.

   c. State or local agency actions against participants include (check all that apply):
   - Reclaiming the value of improperly received benefits
   - Disqualification from the program for up to one year
   - Suspension from the program mid-certification
   - Other (specify): ____________________________

   d. Appeal hearings are held at:
   - WIC State agency parent agency
   - Other State agency or hearing board (specify): ____________________________

   - Local WIC agency
   - Other (specify): ____________________________
VIII. CERTIFICATION, ELIGIBILITY & COORDINATION OF SERVICES
G. Dual Participation, Rights and Responsibilities, Fair Hearings, Sanctions

e. Statewide fair hearing procedures include (check all that apply):
   - Request for hearing
   - Denial or dismissal of request
   - Rules of procedure
   - Fair hearing decision
   - Local agency responsibilities
   - Continuation of benefits
   - Responsibilities of hearing official
   - Judicial review

f. State agency procedures require written notification for (check all that apply):
   - Appeal rights
   - Denial or dismissal of request
   - Termination within certification period
   - Fair hearing decision
   - Request for hearing
   - Notice of hearing
   - Judicial review

   Other (specify): ________________________________

   Yes    No

f. The State agency has established timeframes to govern each step of the hearing process:
   - Yes    No

h. The State agency requires all local agencies to document any notification/correspondence in the participant’s file:
   - Yes    No

i. The State agency has a written sanction policy for participants:
   - Yes (If yes, provide appropriate citation below)
   - No

j. The State agency has established procedures which determine the type and levels of sanctions to be applied against participants:
   - Yes    No

ADDITIONAL DETAIL: Certification and Eligibility Appendix and/or Procedure Manual (citation):
G.3.b. AL WIC Procedure Manual, Chapter XII-Program Abuse; Chapter XIII-Administrative Appeals, 13.2, Attachment 13-1
## WIC Income Eligibility Guidelines

**Effective June 15, 2020 - June 30, 2021**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice-Monthly</th>
<th>Bi-Weekly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,606</td>
<td>$1,968</td>
<td>$984</td>
<td>$908</td>
<td>$454</td>
</tr>
<tr>
<td>2</td>
<td>$31,894</td>
<td>$2,658</td>
<td>$1,329</td>
<td>$1,227</td>
<td>$614</td>
</tr>
<tr>
<td>3</td>
<td>$40,182</td>
<td>$3,349</td>
<td>$1,675</td>
<td>$1,546</td>
<td>$773</td>
</tr>
<tr>
<td>4</td>
<td>$48,470</td>
<td>$4,040</td>
<td>$2,020</td>
<td>$1,865</td>
<td>$933</td>
</tr>
<tr>
<td>5</td>
<td>$56,758</td>
<td>$4,730</td>
<td>$2,365</td>
<td>$2,183</td>
<td>$1,092</td>
</tr>
<tr>
<td>6</td>
<td>$65,046</td>
<td>$5,421</td>
<td>$2,711</td>
<td>$2,502</td>
<td>$1,251</td>
</tr>
<tr>
<td>7</td>
<td>$73,334</td>
<td>$6,112</td>
<td>$3,056</td>
<td>$2,821</td>
<td>$1,411</td>
</tr>
<tr>
<td>8</td>
<td>$81,622</td>
<td>$6,802</td>
<td>$3,401</td>
<td>$3,140</td>
<td>$1,570</td>
</tr>
<tr>
<td>Each additional family member add</td>
<td>$8,288</td>
<td>$691</td>
<td>$346</td>
<td>$319</td>
<td>$160</td>
</tr>
</tbody>
</table>
Guide to Determining WIC Income Eligibility

Definition of Income: Current income is defined as all income received by the household during the month (30 days) prior to the date the application for WIC benefits. Applicants must provide documentation of income of everyone that is working in the household during the past 30 days, i.e., weekly pay (4 paycheck stubs). If income assessment is being done when the sole supporter of family has just been laid off but, has not been authorized to receive unemployment benefits for the next 6 months, "current income" refers to income that will be available to the family in the next 30 days. When determining household income, gross income from all sources before deductions must be used.

A. Determining WIC Eligibility

Income eligibility must be determined at certification/subsequent certification prior to issuance of benefits (foods, formula). Infants born to mothers who participated in WIC as a prenatal patient must be income eligible. This includes certifications conducted at a clinic or hospital. Proof of income is required and the type of proof document must be entered in Crossroads at each certification/subsequent certification.

The WIC Program will use the same Income Guideline Chart used by other programs in the Health Department. All programs will implement changes in the income schedule at the same time. WIC participants cannot exceed 185% of poverty, unless there is proof of current participation in Medicaid, SNAP, or Family Assistance.

B. Migrants

A migrant farm worker or logger is defined as an individual:

- Whose principal employment is in agriculture on a seasonal basis,
- Who has been employed in agriculture within the last 24 months, and
- Who establishes, for the purposes of employment, a temporary abode or home

Principal employment means over 5 percent of the migrant farm worker's job is in agriculture. Agriculture means all activities which includes:

- Cultivation and tillage of the soil
- Cultivation, growing, and harvesting of any commodity grown in or on the land
- Or as an adjunct or part of a commodity grown in or on the land including loggings or harvesting of trees

When determining income for migrants at certifications, annual income is often more reliable and more easily obtained than current income.

The migrant farm worker family who presents expired VOC cards/letters indicating that income eligibility was accomplished within the previous 12 months does not need income reassessed. They are considered income eligible.
Sources of Income

<table>
<thead>
<tr>
<th>Counts Towards Gross Income</th>
<th>DOES NOT Count Towards Gross Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alimony</td>
<td>• Bank loans</td>
</tr>
<tr>
<td>• Annuities</td>
<td>• Student loans</td>
</tr>
<tr>
<td>• Business Profits</td>
<td>• Earned Income Tax Credit</td>
</tr>
<tr>
<td>• Child Support</td>
<td>• Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970</td>
</tr>
<tr>
<td>• Help from relatives and non-relatives not living in the household</td>
<td>• Home Energy Assistance Act</td>
</tr>
<tr>
<td>• Lump Sum payments</td>
<td>• Title I (VISTA and others) and Title II (RSVP, foster grandparents and others) of the Domestic Volunteer Services Act of 1973</td>
</tr>
<tr>
<td>• Gifts</td>
<td>• Domestic Volunteer Services Act of 1973</td>
</tr>
<tr>
<td>• Inheritance</td>
<td>• Small Business Act (SCORE and ACE)</td>
</tr>
<tr>
<td>• Lottery winnings</td>
<td>• Job Training Partnership Act</td>
</tr>
<tr>
<td>• Severance pay</td>
<td>• National School Lunch Act</td>
</tr>
<tr>
<td>• Military pay includes: Basic Allowance for Subsistence (BAS), Hardship Duty Pay, Jump, and Separation/Family Separation pay, Continental United States (CONUS) Cost of Living (COLA)</td>
<td>• Child Nutrition Act of 1966</td>
</tr>
<tr>
<td>• Net earnings from self-employment</td>
<td>• Food Stamp Act of 1977 (The Food Stamp benefit amount does not count as income)</td>
</tr>
<tr>
<td>• Net investment income (rent, interest, dividends)</td>
<td>• Statutes related to certain claims settled with various Indian tribes</td>
</tr>
<tr>
<td>• Net royalties and any other cash income including received or withdrawn from savings, investments, trusts, or other resources</td>
<td>• Student financial assistance received from any program funded under Title IV which includes:</td>
</tr>
<tr>
<td>• Pension or retirement payment</td>
<td>• The Pell Grant</td>
</tr>
<tr>
<td>• Regular contributions from persons not living in the household</td>
<td>• Supplemental Education Opportunity Programs</td>
</tr>
<tr>
<td>• Salaries</td>
<td>• BYRD Honor Scholarship Programs</td>
</tr>
<tr>
<td>• Social security cash benefits such as widow's benefits or children’s allowance</td>
<td>• Any other Title IV programs</td>
</tr>
<tr>
<td>• Tips</td>
<td>• Military pay does not include:</td>
</tr>
<tr>
<td>• Unemployment compensation</td>
<td>• In-kind benefits, such as on-base housing or other subsidized housing</td>
</tr>
<tr>
<td>• Veteran’s benefits</td>
<td>• Medical and dental benefits</td>
</tr>
<tr>
<td>• Wages</td>
<td>• Family Separation Housing (FSH) provided to military personnel for overseas housing, but military families may continue to receive BAH in the US;</td>
</tr>
<tr>
<td>• Sick pay</td>
<td>• Overseas Housing Allowance (OHA), provided to military personnel living overseas</td>
</tr>
<tr>
<td>• Workman’s compensation</td>
<td>• Family Subsistence Supplemental Allowance (FSSA);</td>
</tr>
</tbody>
</table>

For additional federal assistance programs that can be excluded from being counted as Income, see USDA WIC Regulations, Section 246.7(d)(2)(iv).
<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Counts as Income for WIC**</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAH</td>
<td>BASIC ALLOWANCE FOR HOUSING</td>
<td>NO</td>
</tr>
<tr>
<td>BAS</td>
<td>BASIC ALLOWANCE FOR SUBSISTENCE</td>
<td>YES</td>
</tr>
<tr>
<td>BASE</td>
<td>BASE PAY</td>
<td>YES</td>
</tr>
<tr>
<td>CARSEA</td>
<td>CAREER SEA PAY</td>
<td>YES</td>
</tr>
<tr>
<td>CEFIP</td>
<td>CAREER ENLISTED FLYER INCENTIVE PAY</td>
<td>YES</td>
</tr>
<tr>
<td>CIP</td>
<td>COMBAT RELATED INJURY AND REHAB PAY</td>
<td>NO</td>
</tr>
<tr>
<td>CLOTHING</td>
<td>CLOTHING ALLOWANCE</td>
<td>YEAS</td>
</tr>
<tr>
<td>CMAI</td>
<td>CIVILIAN CLOTHING MAINTAINANCE ALLOWANCE</td>
<td>YES</td>
</tr>
<tr>
<td>COLA</td>
<td>COST OF LIVING ALLOWANCE</td>
<td>YES</td>
</tr>
<tr>
<td>FDP</td>
<td>FOREIGN DUTY PAY</td>
<td>YES</td>
</tr>
<tr>
<td>FLPP</td>
<td>FOREIGN LANGUAGE PROFICIENCY PAY</td>
<td>YES**</td>
</tr>
<tr>
<td>FLY</td>
<td>FLY PAY</td>
<td>YES</td>
</tr>
<tr>
<td>FSA</td>
<td>FAMILY SEPARATION ALLOWANCE</td>
<td>YES**</td>
</tr>
<tr>
<td>FSH</td>
<td>FAMILY SEPARATE HOUSING</td>
<td>NO</td>
</tr>
<tr>
<td>FSSA</td>
<td>FAMILY SUBSIST SUPPLEMENT ALLOWANCE</td>
<td>NO</td>
</tr>
<tr>
<td>HDP</td>
<td>HAZARDOUS DUTY INCENTIVE PAY</td>
<td>YES**</td>
</tr>
<tr>
<td>HDP-L</td>
<td>HARDSHIP DUTY PAY - LOCATION</td>
<td>YES**</td>
</tr>
<tr>
<td>HDP-M</td>
<td>HARDSHIP DUTY PAY - MISSION</td>
<td>YES**</td>
</tr>
<tr>
<td>HFP / IDP</td>
<td>HOSTILE FIRE PAY / IMMINENT DANGER PAY</td>
<td>YES**</td>
</tr>
<tr>
<td>JUMP</td>
<td>JUMP PAY</td>
<td>YES</td>
</tr>
<tr>
<td>OCONUS COLA</td>
<td>OVERSEAS CONTINENTAL U.S.</td>
<td>NO</td>
</tr>
<tr>
<td>OHA</td>
<td>OVERSEAS HOUSING ALLOWANCE</td>
<td>NO</td>
</tr>
<tr>
<td>OLA</td>
<td>OVERSEAS LIVING ALLOWANCE</td>
<td>NO</td>
</tr>
<tr>
<td>SAVE</td>
<td>A CALCULATED DIFFERENCE IN GRADE PAY</td>
<td>YES</td>
</tr>
<tr>
<td>SBP</td>
<td>MILITARY SURVIVOR BENEFITS PLAN</td>
<td>YES</td>
</tr>
<tr>
<td>SDAP</td>
<td>SPECIAL DUTY ASSIGNMENT PAY</td>
<td>YES**</td>
</tr>
<tr>
<td>SEA PAY</td>
<td>CAREER SEA PAY</td>
<td>YES</td>
</tr>
<tr>
<td>SEB</td>
<td>SERVICE MEMBER ENLISTMENT BONUS</td>
<td>YES</td>
</tr>
<tr>
<td>SEP</td>
<td>SEPARATION PAY</td>
<td>YES</td>
</tr>
<tr>
<td>SPEC</td>
<td>SPECIAL FORCES</td>
<td>YES</td>
</tr>
<tr>
<td>SRB or SRBP</td>
<td>SELECTIVE RE-ENLISTMENT BONUS PAY</td>
<td>YES</td>
</tr>
<tr>
<td>TDY</td>
<td>TEMPORARY DUTY</td>
<td>YES</td>
</tr>
<tr>
<td>TLA</td>
<td>TEMPORARY LODGING ALLOWANCE</td>
<td>NO</td>
</tr>
<tr>
<td>REBATE</td>
<td>REBATE</td>
<td>NO</td>
</tr>
</tbody>
</table>

**If determined to be combat pay, exclude from calculation of gross income.
## PARTICIPANT SANCTIONS FOR PROGRAM ABUSE

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NUMBER OF OFFENSES</th>
<th>SANCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts, related to income, family size, residency, health status, medical data, date of birth to obtain WIC benefits.</td>
<td>1st Offense</td>
<td>3 month disqualification</td>
</tr>
<tr>
<td></td>
<td>2nd Offense</td>
<td>6 months disqualification</td>
</tr>
<tr>
<td></td>
<td>3rd Offense</td>
<td>1 year disqualification</td>
</tr>
<tr>
<td>*Exchanging supplemental foods for cash, credit, or non-WIC food items.</td>
<td>1st Offense</td>
<td>3 month disqualification</td>
</tr>
<tr>
<td></td>
<td>2nd Offense</td>
<td>6 months disqualification</td>
</tr>
<tr>
<td></td>
<td>3rd Offense</td>
<td>1 year disqualification</td>
</tr>
<tr>
<td>*Purchasing non-WIC foods or unauthorized food items.</td>
<td>1st Offense</td>
<td>3 month disqualification</td>
</tr>
<tr>
<td></td>
<td>2nd Offense</td>
<td>6 months disqualification</td>
</tr>
<tr>
<td></td>
<td>3rd Offense</td>
<td>1 year disqualification</td>
</tr>
<tr>
<td>*Purchasing supplemental food items in excess of what was issued.</td>
<td>1st Offense</td>
<td>3 month disqualification</td>
</tr>
<tr>
<td></td>
<td>2nd Offense</td>
<td>6 months disqualification</td>
</tr>
<tr>
<td></td>
<td>3rd Offense</td>
<td>1 year disqualification</td>
</tr>
<tr>
<td>*Selling or offering to sell WIC foods or WIC benefits verbally, in print, or online or allowing someone else to do so.</td>
<td>1st Offense</td>
<td>3 month disqualification</td>
</tr>
<tr>
<td></td>
<td>2nd Offense</td>
<td>6 months disqualification</td>
</tr>
<tr>
<td></td>
<td>3rd Offense</td>
<td>1 year disqualification</td>
</tr>
</tbody>
</table>

**Physical abuse of clinic or vendor staff.**

| All Offenses | 1 year disqualification (Participant must change clinic or vendor when reapplying after the disqualification period.) |

**Threatening physical abuse of clinic or vendor staff.**

| 1st Offense | Warning Letter |
| 2nd and 3rd Offense | 3 month disqualification (Participant must change clinic or vendor when reapplying after the disqualification period.) |

**Dual participation.**

| All Offenses | Immediate removal from one program and mandatory one year disqualification. |

All other violations of Federal Regulations and State Administrative Rules. **Sanction** be determined based on the specific violation.

*Indicates a monetary claim for full value of the benefits will be assessed.

Any assessed claim of $100.00 or more is a mandatory 1 year disqualification. The State agency may decide not to impose the mandatory 1 year disqualification if:

- Full Restitution is made within 30 days of receipt of written demand for repayment of the claim.
- A repayment schedule is agreed upon within 30 days of receipt of written demand for repayment of the claim.
- In the case of a participant who is an infant, child, or under age 18 the State or local agency approves the designation of a proxy.
WIC Rights and Responsibilities

I understand that I have the following Rights and Responsibilities:

Communication Assistance
- I understand that free communication assistance is available to me upon request.

Eligibility
- I certify that the information I provide for my eligibility determination is correct, to the best of my knowledge.
- I understand that I may appeal any decision made regarding eligibility for the WIC program.
- I understand that I have the right to a fair hearing and this may be requested by contacting any local WIC agency or the State WIC agency in writing or by any clear expression by me or my representative within 60 days of the time I received notice of adverse action.

WIC Benefits
- I understand that WIC supplemental foods are only for the person who qualifies today.
- I understand that I/my child may not receive WIC foods from more than one WIC program at a time.
- I understand that I/my child will be removed from the WIC Program if I fail to pick up my food benefits.
- I understand that the local agency will make health services, nutrition education, and breastfeeding support available to me/my child, and I am encouraged to participate in these services.
- I understand that I am responsible to keep my eWIC card secure and my PIN confidential.

Program Abuse
- I understand that the following violations may result in disqualification from the program and repayment of food benefits issued to me and subject me to civil or criminal prosecution under state and federal law: 1) exchanging supplemental foods for cash, credit, or non-WIC food items; 2) purchasing non-WIC foods or unauthorized food items; 3) purchasing supplemental food items in excess of what was issued to me; and 4) selling or offering to sell my WIC foods or WIC benefits verbally, in print, or online or allowing someone else to do so.
- I understand that disruptive behavior, threatening to abuse, or physically abusing any staff and vendor and farmer’s market personnel is a violation of WIC Program regulations and may result in disqualification from the program.

Information Sharing
- I understand that WIC records may be transferred to other WIC agencies when I/my child transfer(s).
- I understand that my/my child’s WIC data may be shared with other Alabama Department of Public Health programs, such as Immunization.
- I understand that I may receive a Verification of Certification (VOC) letter to validate my/my child’s current WIC eligibility if I move out of state.

Proxies
- I understand that I may appoint up to two proxies to act on my behalf for WIC services.
- I understand that all proxies must abide by these Rights and Responsibilities.

Notifications
- I understand if I choose to receive appointment notifications via text message (SMS Messaging) that I am subject to all costs incurred based upon my cellular plan.
Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. This certification is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

My electronic signature indicates I understand my rights and responsibilities.
CHAPTER IX

FOOD DELIVERY/FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL
Food delivery and food instrument (FI) (Food instrument means a voucher, check, electronic benefits transfer card (EBT), coupon or other document which is used by a participant to obtain supplemental foods) accountability and control involve the production, issuance, redemption, and monitoring of automated and manual food instruments through retail systems and the delivery of WIC Program foods by non-retail methods, i.e., home delivery and direct distribution.

**Retail Food Delivery Systems**

**A. Food Instrument Control Overview** - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), and (a)(14)(xii): describe the policies and procedures used by the State agency in producing, monitoring and accounting for the use of food instruments.

**B. Food Instrument Pick-up and Transaction** - 246.4(a)(11)(iii) and (a)(14)(vi): describe the State agency's procedures for issuing food instruments to participants, including procedures for verification, prorating food packages, training and proxy policies.

**C. Food Instrument Redemption and Disposition** - 246.4(a)(14)(vi): describe the procedures used to reconcile food instruments as either issued or voided, and as either redeemed or unredeemed, and redeemed food instruments as either validly issued, lost/stolen/damaged, expired, duplicate, or not matching issuance records.


**E. Special Food Instrument Issuance Accommodations** - 246.4(a)(11)(iii), (a)(14)(i), (a)(14)(vi), (a)(14)(ix), (a)(14)(xiv) and (a)(21): describe alternatives to participant food instrument pick-up for issuance (e.g., mail or electronic issuance) and how the integrity of program services and fiscal accountability is ensured.

**F. Vendor Cost Containment System Certification** - 246.4(a)(14)(xv), 246.12(g)(4)(vi): describe the competitive pricing and reimbursement methods that the State agency will implement to ensure that average payments per food instrument to above-50-percent vendors do not exceed average payments per food instrument to comparable regular vendors.

**Non-Retail Food Delivery Systems**

**G. Home Food Delivery Systems** - 246.4(a)(11)(iii), 246.4(a)(14)(i), (a)(14)(vi), (a)(14)(vii) and (a)(14)(xii): describe how the State agency's home delivery system operates including but not limited to the types of authorized home food delivery contractors, the frequency of deliveries, and the procedures for documenting deliveries and ensuring safe food delivery of WIC foods, if applicable.

**H. Direct Distribution Food Delivery Systems** - 246.4(a)(11)(iii), (a)(14)(i), and (a)(14)(vi), (a)(14)(vii), and (a)(14)(xii): describe the methodology and procedures used in the direct distribution of supplemental foods, including types of foods distributed, warehouse and distribution centers, the verification process, and assurance of food safety, as applicable.

**Electronic Benefit Transfer (EBT) Implementation and Management**

**I. Electronic Benefit Transfer (EBT):** 246.4(a)(1), (a)(14)(xix), (a)(14)(xx), (a)(19), 246.12(h)(3), (w)-(bb): describe the policies and procedures the State agency is using to implement and operate EBT.
IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

A. Food Delivery and Food Instrument Control Overview

1. Food Instruments - General

a. The State agency uses the following types of FIs (check all that apply):

☐ Automated-point of certification
☐ Manual-individual prescription
☐ Pre-printed manual-standard prescription
☐ Automated-central generation
☒ EBT
☐ Other (specify):

b. The State agency conducts FI inventories (Place an S=[State agency] or L=[Local agency] under the appropriate column to designate primary responsibility):

<table>
<thead>
<tr>
<th>Automated - EBT Cards</th>
<th>Physical - Paper FIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>L Daily/perpetually</td>
<td>Daily</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>Weekly</td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Other (specify):</td>
</tr>
</tbody>
</table>

c. The FI contains/allows for the following information (check all that apply):

☒ Not applicable
☐ Local agency identifier
☐ Participant WIC ID number
☐ Vendor/farmer endorsement
☐ Countersignature for participant/proxy
☐ Authorized supplemental foods
☐ First date of use
☐ Last date of use
☐ Redemption period
☐ Serial number
☐ Purchase price
☐ Signature space

Provide a facsimile or FI in Appendix or cite Procedure Manual:

d. The EBT system allows for the following (check all that apply):

☒ A unique and sequential number benefit issuance identifier
☒ Each EBT purchase is matched to an authorized vendor, farmer, or farmers' market prior to authorizing payment per 7 CFR 246.12(x)(3)
☒ System contains authorized supplemental foods
☒ System contains first and last dates of use for electronic benefits

e. The State agency provides a toll-free number for participant/vendor/farmer inquiries on:

☐ Paper Food Instrument ☐ Cash-value voucher ☒ EBT Card/Sleeve ☐ None
2. Food Instrument Accountability

a. FIs are delivered to local agencies by:

☐ State agency staff
☐ Local agency staff
☐ US Postal Service
☐ On-demand printing
☒ Contracted service (e.g., UPS, Purolator, etc.)
☐ Other (specify):

b. FIs (blank stock and preprinted ready for issuance) are delivered to the local agency (check all that apply):

<table>
<thead>
<tr>
<th>Blank</th>
<th>Preprinted</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Not applicable</td>
<td>☐ Not applicable</td>
</tr>
<tr>
<td>☐ Weekly</td>
<td>☐ Weekly</td>
</tr>
<tr>
<td>☐ Twice a month</td>
<td>☐ Twice a month</td>
</tr>
<tr>
<td>☐ Once a month</td>
<td>☐ Once a month</td>
</tr>
<tr>
<td>☐ Once every two months</td>
<td>☐ Once every two months</td>
</tr>
<tr>
<td>☐ Other (specify):</td>
<td>☐ Other (specify):</td>
</tr>
<tr>
<td>Blank Specify:</td>
<td></td>
</tr>
<tr>
<td>Preprinted Specify:</td>
<td></td>
</tr>
</tbody>
</table>

c. The State agency uses the following procedures to ensure that unclaimed FIs are not being used fraudulently (check all that apply):

☐ Signatures on the documentation of receipt are compared for similarities in writing style implying one person signed for multiple participants
☐ Local agencies conduct an initial review to void food instruments for participants known to have been terminated from the Program
☐ Inventories of food instruments are not conducted by the same local agency staff responsible for issuing/voiding food instruments
☐ Procedures are in place to ensure the proper disposal of unused/duplicate/voided FIs
☒ Other (specify): NA

3. The State agency has established food delivery procedures in cases of natural disaster and emergencies for the following (check all that apply):

☐ Manual Issuance
☒ Automated issuance
☐ Mailing
☐ Home food delivery
☐ Direct distribution
☐ Other (specify):
IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

B. Food Instrument Pick-up

1. Food Instrument Pick-Up Policy and Procedures
a. Food instruments are issued by (check all that apply):

<table>
<thead>
<tr>
<th>Local agency director</th>
<th>All Locals</th>
<th>Most Locals</th>
<th>Some Locals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local agency nutritionist</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Local agency paraprofessional</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Clerical staff</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (specify):</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

b. The State agency utilizes a participant identification card:

☐ Yes □ Yes, with photo □ No

If yes, issuance is controlled numerically and each card is accounted for:

□ Yes ☒ No

c. The State agency requires the following proof of receipt when issuing automated food instruments:

□ Participant/parent/caretaker/proxy signature block on register confirming receipt
□ Carbon copy of food instrument
□ Local agency staff initials
□ Date of food instrument pick-up
□ Stub with participant signature or initials
☒ Other (specify): Electronic Signature.

d. The State agency has a policy to prorate food packages for the following:

☒ Late FI pick-up □ Certification due to expire within 30 days
□ Mid-month certification ☒ Other (specify): Late Subsequent Certification.

e. The State agency requires local agency staff to provide each new participant/parent/caretaker/proxy with training in (check all that apply):

☒ Authorized vendors/farmers ☒ Selecting WIC-approved foods
☒ FI transaction procedures □ Signature on FIs
☒ Use of proxy ☒ Reporting problems/requesting assistance
☒ Participant violations (i.e. selling or offering to sell WIC benefits)
□ Other (specify):

f. The State agency requires local agency staff to provide participants with a list of authorized vendors/farmers/farmers’ markets:

□ Yes ☒ No

g. The State agency permits a participant to transact food instruments with any authorized vendor or farmer/farmers’ market in the State:

☒ Yes □ No

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):
IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

2. The State agency's proxy policy includes the following:
   ☐ Limits the number of participants a single proxy may sign for, except that a proxy may pick up FIs for all homeless WIC participants in a facility
   ☐ Limits proxy to a specified number of FI pick-ups
   ☒ Limits proxy to a minimum age
   ☐ Limits proxy assignment to local WIC staff
   ☐ Other (specify):

   ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

C. Food Instrument Redemption and Disposition

1. Food Instrument Disposition Procedures
   a. The State agency system assures 100% disposition of all issued FIs
      ☒ Yes          ☐ No
      If no, specify the circumstances that prevent 100% disposition:
   b. Local agencies are supplied with a report on the final disposition of its FIs:
      Yes (specify period):          ☐ No
   c. The State agency monitors each local agency's:
      ☐ Number of manual FIs utilized
      ☐ Number of unclaimed FIs
      ☐ Number of voided FIs
      ☐ Number of redeemed FIs with no issuance record

   ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

2. Unclaimed, Voided, Prorated FIs
   a. The State agency requires local agencies to return "unclaimed/not picked up" FIs:
      ☒ Not applicable          ☐ Daily          ☐ Weekly          ☐ Monthly
      ☐ Other (specify):
   b. The State agency requires local agencies to return "voided" FIs:
      ☒ Not applicable          ☐ Daily          ☐ Weekly          ☐ Monthly
      ☐ Other (specify):

   ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

3. Lost/Stolen/Damaged Food Instruments
   a. The State agency requires local agencies to report lost/stolen/damaged FIs to (check all that apply):
      ☐ State agency          ☐ Police department          ☐ State agency’s banking institution
      ☒ EBT Coordinator
      ☐ Other (specify):  The SA reviews a report of deactivated and replaced eWIC cards.
IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

b. Replacement/duplicate FIs Issuance

(1) Replacement/duplicate FIs are issued when FIs are reported lost:

☐ No
☐ Depends on the circumstances
☒ Yes (If FIs are reissued, it is done):
   ☒ Immediately
   ☐ Following notification of State agency/bank agency
   ☐ After a ______ day waiting period (specify number of days)

(2) Replacement/duplicate FIs are issued when FIs are reported stolen:

☐ No
☐ Depends on the circumstances
☒ Yes (If FIs are reissued, it is done):
   ☒ Immediately
   ☐ Following notification of State agency/bank agency
   ☐ After a ______ day waiting period (specify number of days)

(3) Replacement/duplicate FIs are issued when FIs are reported damaged:

☐ No
☐ Depends on the circumstances
☒ Yes (If FIs are reissued, it is done):
   ☒ Immediately
   ☐ Following notification of State agency/bank agency
   ☐ After a ______ day waiting period (specify number of days)
   ☐ Other (specify):

☐ Other (specify):

---

c. Is a police report required before replacement benefits are issued when reported stolen?

☐ Yes
☒ No

d. The State agency or its banking institution takes the following action after it is notified by the local agency of lost/stolen/damaged FIs (check all that apply):

☐ Stops payment on the lost/stolen/damaged FIs
☐ Notifies vendor or farmer
☒ Other (specify): eWIC cards are automatically deactivated if reported lost/stolen/damaged.

Please provide a copy/citation of the State agency’s policy and procedures that ensure that lost/stolen FIs cannot be redeemed OR lost/stolen/damaged EBT cards will be replaced and associated benefits transferred (7 CFR 246.4(a)(14)(xix)). Procedure Manual Chapter VIII Food Benefit Delivery, Section 8.4.C

e. The local agency documents in the participant’s file that replacement FIs were issued:

☒ Yes
☐ No

f. If it is established that lost/stolen/damaged FIs are transacted by the participant who reported them lost/stolen/damaged, the following actions are taken:

☐ A claim for cash repayment is issued to participant
☐ Participant is disqualified; specify the period of time:
☐ Participant receives a warning
Other (specify): eWIC cards are automatically deactivated if reported lost/stolen/damaged.

If lost/stolen/damaged FIs are transacted by someone other than the participant, the following actions are taken, check all that apply:
☐ Reported to police for investigation
☐ State agency or local agency does an investigation
☐ State agency or local agency notifies the participant
☒ Other (specify): eWIC cards are automatically deactivated if reported lost/stolen/damaged.

The State agency monitors the level of reported lost/stolen/damaged FIs by local agency:
☒ Yes ☐ No

4. Food Instrument Redemption Screening (7 CFR 246.12(k)(1))

a. Describe in detail how the State agency sets maximum allowable reimbursement levels for payment of food instruments (including whether the State agency uses vendors’ shelf prices to set maximum reimbursement levels and how reimbursement levels are linked to competitive price criteria). If the State agency sets maximum allowable reimbursement levels differently for above-50-percent vendors and regular vendors, please explain the different methods used.

Alabama Maximum Allowable Reimbursement Levels (MARLs) are calculated as follows: The Alabama WIC Program requires authorized WIC vendors to submit price surveys twice a year. The individual food item prices from the vendor price surveys are entered into the Crossroads Management Information System (MIS) for each vendor. These prices are then exported from Crossroads MIS into an excel spreadsheet. A MARL is set for each individual food item by taking an average of the most recent shelf price for each individual food item and adding two standard deviation. The average and standard deviation are calculated in the excel spreadsheet using the formula in excel for “average” and “standard deviation”. The following excel formulas are used to determine the total, average, and standard deviation. NOTE: Column references are shown as an example of the formula.

\[
\text{TOTAL} = \text{SUM (C2:C258)}
\]
\[
\text{AVERAGE} = \left(\frac{\text{C260}}{\text{COUNT (C2:C258)}}\right)
\]
\[
\text{STANDARD DEVIATION} = \text{STDEVP (C2:C258)}
\]

The eWIC Service Provider is sent the MARL by peer group for each food item (category/sub category) via a nightly batch file from Crossroads MIS. The vendor is not paid over the MARL.

Competitive Price Criteria and MARLs – The individual food items prices submitted by the vendor are compared to the current MARL for the appropriate peer group. Vendors are notified if they have specific food items that are over the MARL. If the vendor will not agree to charge the current MARL or less than the current MARL, then the vendor is no longer cost competitive.

(1) The State agency establishes maximum allowable reimbursement levels for:
   (a) Each peer group ☒ Yes ☐ No
   (b) Each food instrument or food category ☒ Yes ☐ No
   (c) Other (please specify): ☐ Yes ☐ No

(2) The State agency establishes maximum allowable reimbursement levels using:
   (a) Standard deviations ☒ Yes ☐ No

   If yes, specify the standard deviation number and explain how the State agency determined the standard deviation it used is appropriate:
   In accordance with the Interim Guidance on WIC Cost Containment document, Alabama uses two standard deviation from the mean to set maximum allowable reimbursement levels.
   (b) A percentage above the average redemption amount ☐ Yes ☒ No

   If yes, specify the percentage and explain how the State agency determined that this percentage is appropriate.
IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

(c) Other (please specify): □ Yes □ No

(3) The maximum allowable reimbursement levels include a factor to reflect:
☐ Yes ☐ No Wholesale price fluctuations; explain:
☐ Yes ☐ No Inflation; explain:
☒ Yes ☐ No Other (please specify): In accordance with the Interim Guidance on WIC Cost Containment document, Alabama uses two standard deviation from the mean to set maximum allowable reimbursement levels.

b. The State agency screens FI through a pre-edit (before payment) or post-edit (after payment) process to detect the following:

<table>
<thead>
<tr>
<th>Not Applicable</th>
<th>Pre-Edit</th>
<th>Post-Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Purchase price exceeds price limitations (FI only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Purchase price missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Altered purchase price</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Vendor/farmer identification missing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Invalid/counterfeit vendor/farmer identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Transacted before specified period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Transacted after specified period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Redeemed after specified period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Altered dates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Missing signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Mismatched signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Altered signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. When the payment amount on a food instrument exceeds the maximum allowable reimbursement amount, what action does the State agency take?
☒ Reimburses the vendor for amounts up to the maximum allowable reimbursement amount
☐ Reimburses the vendor at the peer group average
☐ Rejects the food instrument, but allow the vendor to resubmit
☐ Rejects the food instrument without allowing the vendor to resubmit
☐ Other (please specify):

d. Where pre-edit screens are used, the proportion of FIs reviewed includes:
☒ All FIs ☐ Percentage of FI (%)
☐ Other (please specify):

e. The edit system(s) that use(s) maximum allowable reimbursement levels to screen for vendor overcharges rejects food instruments based on:

<table>
<thead>
<tr>
<th>Pre-Edit</th>
<th>Post-Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>Not To Exceed or Maximum Prices</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Percentage above average (%)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Amount above average ($)</td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
</tr>
</tbody>
</table>

f. The following actions are used to control against unauthorized stores redeeming FIs:
☐ Provide up-to-date list of authorized vendors to participants at certification and/or FI issuance
☐ Recover vendor/farmer/farmers’ market stamp when vendor/farmer/farmers’ market is no longer authorized
☒ Conduct compliance buy to verify if unauthorized store redeems FIs
IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

☒ State agency or its banking institution checks vendor/farmer/farmers’ market ID numbers on food instruments submitted for redemption against the authorized vendor/farmer/farmers’ market list before paying vendors/farmers/farmers’ markets for FIs submitted for redemption
☐ Inform all participants who might use the unauthorized store
☐ Other (specify): ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation):

5. Price Lists
   a. Price list information is routinely collected from vendors:
      ☒ Yes  ☐ No; Explain: (Proceed to item #6)
   b. Price list data are collected:
      ☐ Real Time or Daily via EBT system  ☐ Monthly  ☐ Quarterly  ☒ Semiannually
      ☐ Other (specify):
   c. Price data are collected by:
      ☐ State agency staff
      ☐ Local agency staff
      ☒ Reports are submitted by vendors
      ☐ EBT system
      ☐ Other (specify):
   d. The data collected has food prices for (check all that apply):
      ☐ All brands and sizes of supplemental foods
      ☒ Highest price supplemental food items within food categories
      ☐ Most commonly redeemed food items; please specify:
      ☒ All authorized vendors
      ☐ A sample of authorized vendors (please describe the sampling method used):
      ☒ Other (specify): All WIC approved cereals in specific size containers and all infant formulas issued by AL WIC that could be purchased at an authorized WIC vendor.
   e. The State agency/local agency verifies price data provided by vendors:
      ☒ During routine monitoring visits
      ☐ Does not verify on a routine basis
      ☐ Other (explain):
      ☐ If the vendor is identified as a high-risk vendor; please explain the method:
   f. The State agency/local agency analyzes price data:
      ☒ Manually on a routine or as needed basis
      ☐ On an Automatic Data Processing system and uses it to:
      ☐ Generate estimated food instrument values
      ☐ Help inform WIC staff on vendor selection decisions
      ☐ Develop vendor peer groups
      ☐ Flag individual food instruments that appear to be overcharges
      ☐ Other (specify):

6. System to Detect Suspected Overcharges
IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

a. Does the State agency screen for suspected overcharges:
   ☐ Yes, vendor claims are issued for overcharges
   ☒ No, the State agency makes price adjustments to food instruments submitted for redemption at amounts above edit limits.
   ☐ No, the State agency does not identify overcharges and/or issue claims for overcharges. (Proceed to section D. Manual Food Instruments.)
   ☐ Other (specify):

b. The methods used to identify vendor overcharges are:
   ☐ Comparison of vendor's reported prices to charged prices
   ☒ Comparison of redemption values of vendor with other vendors in the vendor's peer group
   ☐ Comparison of redemption values of vendor with all vendors
   ☐ Other (specify):

c. To receive payment or justify and correct a claim for a price adjustment or vendor overcharge, the vendor must: (Check all that apply)
   ☒ Provide an updated price list
   ☒ Provide written justification for the higher prices
   ☒ Provide receipts
   ☐ Other (specify):

d. What action(s) is/are taken when a vendor overcharge occurs? (Check all that apply)
   ☒ Routine monitoring or remedial vendor training is conducted
   ☒ Vendor is designated as high-risk and scheduled for compliance investigation
   ☒ Vendor is provided with a written warning of potential sanction for overcharging
   ☐ Vendor is terminated for cause
   ☒ Vendor is sanctioned
   ☐ Other (specify):

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

D. Manual Food Instruments

☒ DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Manual FIs Policy

a. Manual FIs are utilized for the following reasons:
   ☐ New participants
   ☐ Automated FIs not available
   ☐ Mutilated automated FIs
   ☐ Wrong food package on automated FI
   ☐ Wrong dollar amount on automated FI
   ☐ Provide for the special needs of the homeless
   ☐ Food package tailoring
   ☐ Routine monitoring visits (i.e., educational buys) of vendors/farmers
## IX. FOOD DELIVERY and FOOD INSTRUMENT (FI) ACCOUNTABILITY AND CONTROL

- Compliance buys of vendors/farmers
- Special conditions, e.g., disasters
- Other (specify):

### b. The State agency requires the following for completing the manual FI register:

- Participant/proxy signature
- Local agency staff initials
- Date of FI pick-up
- Other (specify):

### c. Manual FIs have a "Not to Exceed Value" of:

- Same dollar amount for all manual food instruments $
- Variable dollar amount depending on type of prescription on manual FI
- Variable dollar amount depending on participant category on manual FI
- No limit
- Other (specify):

**ADDITIONAL DETAIL:** Food Delivery Appendix and/or Procedure Manual (citation):

### 2. Manual FI Documentation and Disposition

#### a. A report containing the serial numbers of manual FIs issued by local agencies is sent to the State agency:

- Not applicable
- Weekly
- Monthly
- Other (specify):

#### b. Local agencies are required to provide documentation to substantiate a valid or invalid certification record for manual FIs issued and redeemed but for which no participant record currently exists by utilizing:

- Turnaround documents to establish valid certification records
- Telephone calls to the State/local agency on irregularities
- Other (specify):

#### c. If the manual FI inventories do not achieve 100% reconciliation of all issued and unissued FIs, the local agency (check all that apply):

- Reports the FI serial numbers to the State agency
- Provides the FI serial numbers to local vendors/farmers
- Other (specify):

**(Provide a copy/citation of the State agency's prescribed procedures if the manual FI inventory cannot be reconciled.)**

**ADDITIONAL DETAIL:** Food Delivery Appendix and/or Procedure Manual (citation):

### E. Special FI Issuance Accommodations

#### 1. Alternative FI Issuance

##### a. The State agency has implemented the following FI issuance policy (check all that apply):

- All participants are required to pick up FIs at the clinic or local agency, except in unusual circumstances
- Participants/proxies are required to show identification at FI card pick up
- FI cards are routinely mailed to participants except (1) when the participant is scheduled for nutrition education (including breastfeeding promotion and support activities) or a certification appointment and (2) in areas where
SNAP benefits are not mailed, as these areas are known to have experienced high mail issuance losses
☐ Benefits are provided electronically to a location such as a grocery store under certain conditions; thus participants may not always pick up FIs at the clinic
☐ Other (specify):

2. Mailing Policy/Procedures
   a. The State agency provides local agencies with guidelines/procedures for mailing FIs to individual participants:
      ☐ Yes ☒ No
   b. Policy requires participants to pick up FIs whenever certification appointment is due or nutrition education (including breastfeeding promotion and support activities) is scheduled:
      ☐ Yes ☒ No
   c. The State agency has implemented the following policy regarding mailing FIs (check all that apply):
      ☐ FIs are sent first class mail *(first class is considered regular mail
      ☐ FIs are sent registered mail
      ☐ FIs are sent certified mail
      ☐ FIs are sent restricted mail
      ☐ Return receipt is requested on FIs sent certified mail
      ☐ Envelope specifies, "Do not forward, return to sender" or "Do not forward, address correction requested"
      ☒ Other (specify): eWIC cards will not be mailed.
   d. The State agency approves mailing FIs under the following conditions (check all that apply):
      State-Wide LA with SA Approval Case by Case
      
      Participant hardship ☐ ☐ ☐
      Travel-related issues ☐ ☐ ☐
      Better clinic management ☐ ☐ ☐
      Participant safety ☐ ☐ ☐
      Participant convenience ☐ ☐ ☐
      Cost effectiveness ☐ ☐ ☐
      Other ☐ ☐ ☐
      (if other, specify): eWIC cards will not be mailed.
   e. When mailing FIs, documentation of FI issuance is:
      ☐ Signed by the participant at the following FI pick-up/visit
      ☐ Noted "mailed" and initialed/dated by local agency staff
      ☐ Signed and dated by local agency staff after return receipt is received
      ☒ Other (specify): eWIC cards will not be mailed.

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation): Chapter VIII, Food Benefit Delivery, Section 8.4.1 and 8.4.2

3. Participants who receive FIs by mail are sent:
   ☐ One month of FIs ☐ Two months of FIs
   ☒ Three months of FIs ☒ Other (specify): eWIC cards will not be mailed.
F. Vendor Cost Containment System Certification

If the State agency has authorized or plans to authorize any above-50% vendors, FNS must certify the State agency’s vendor cost containment system. The State agency that has not yet received FNS certification must submit a request for certification/recertification that contains the following information.

☒ DOES NOT APPLY (PROCEED TO SECTION G)

1. Calculation of new competitive price levels
   Describe how the State agency derived or will derive new competitive price levels for regular vendors, which exclude the prices of above-50-percent vendors.

2. Maximum allowable reimbursement levels for regular vendors and above-50-percent vendors
   a. Explain how the State agency will ensure that average payments to above-50-percent vendors do not exceed average payments to comparable regular vendors.

   b. The State agency plans to exempt above-50-percent vendors from the calculated competitive price criteria and maximum allowable reimbursement levels.
      ☐ Yes ☐ No If yes, how many vendors will be exempted?
      Are these vendors needed to ensure participant access to supplemental foods?
      ☐ Yes ☐ No

   c. The State agency applies peer-group-specific maximum allowable reimbursement levels to food instruments during the food instrument redemption process.
      ☐ Yes ☐ No If yes, describe the procedure or process used:

3. Describe the State agency’s methodology for grouping above-50-percent vendors in its peer group system (i.e., separately or in peer groups with regular vendors) and the criteria the State agency uses to identify comparable vendors for each group of above-50-percent vendors.

4. The State agency plans to exempt non-profit above-50-percent vendors from competitive price criteria and maximum allowable reimbursement levels.
   ☐ Yes ☐ No If yes, provide the following information in detail:
   a. Describe the reason the State agency has decided to exempt such vendors (i.e., the benefits to the program) and the number of non-profit vendors to be exempted.
   b. Describe the reason the non-profit above-50-percent vendors are needed to ensure participant access to supplemental foods.
   c. Does the State agency collect shelf prices from non-profit vendors?
      ☐ Yes ☐ No
   d. Describe how the prices of the non-profit vendors compare to those of other vendors in their geographic area
that are subject to competitive price criteria and allowable reimbursement levels.

e. Describe how the State agency establishes the level of reimbursement for the non-profit above-50-percent vendors that it has exempted.

5. The State agency has fully implemented the competitive price criteria and maximum allowable reimbursement methodologies described in items 1 and 2 above.

☐ Yes ☐ No

If the State agency has not fully implemented the revised competitive price and maximum allowable reimbursement methodologies, describe the current status of this effort and include the timetable for achieving full implementation.

6. The State agency plans to exempt pharmacy vendors from competitive price criteria and maximum allowable reimbursement levels.

☐ Yes ☐ No

If yes, the State agency has confirmed that these pharmacies provide only exempt infant formula and/or WIC-eligible nutritional foods to program participants.

7. Does the State agency collect shelf prices from pharmacies that provide only exempt infant formula?

☐ Yes ☐ No

8. Complete the table on the following page to demonstrate that the State agency’s procedure for establishing and implementing competitive price criteria and maximum allowable reimbursement levels ensures that average payments per food instrument or food item to above-50% vendors do not exceed average payments to regular vendors.

9. Please attach and cite of a copy of the report(s) that the State agency will use to monitor average payments per food instrument to above-50% vendors and regular vendors. If the State agency does not have such a report, describe the State agency’s plans to develop and implement a report(s) for monitoring purposes, including the report contents or fields.
Table 1. Data for WIC Vendor Cost Containment Certification – Overview

Please provide the following information on the regular vendors and the above-50-percent vendors authorized by the State agency as of June 30th. If data are not available through June 30th, the State agency should enter data for the period for which data are available, replacing “June” with the month to which the data are applicable.

1. How many authorized regular vendors did the State agency have as of June 30th? (or month of: )

2. For all authorized regular vendors, what was the total amount of WIC redemptions paid as of June 30th?

3. How many above-50-percent vendors did the State agency have as of June 30th?

   a. Non-pharmacy above-50-percent vendors
      - Number of WIC-only stores
      - Number of other types of above-50-percent vendors (excluding pharmacies)
   b. Above-50-percent pharmacy vendors
   c. Total above-50-percent vendors (sum of a and b)

4. What was the total amount of redemptions paid to these above-50-percent vendors as of June 30th?

   a. Non-pharmacy above-50-percent vendors
   b. Above-50-percent pharmacy vendors
   c. Total above-50-percent vendors (sum of a and b)

5. How many peer groups of above-50-percent vendors (either separate peer groups or groups with regular vendors) has the State agency identified?

6. How many above-50-percent vendors and regular vendors has the State agency authorized that do not meet competitive price criteria, but are needed to ensure participant access to supplemental foods?

Supplemental WIC State Plan Guidance section IX.I – Vendor Cost Neutrality Assessment will be issued in the spring.
G. Home Food Delivery Systems
☒ DOES NOT APPLY (PROCEED TO NEXT SECTION)

1. Home Food Delivery Systems Overview
a. Home delivery vendors include (check all that apply):
   ☐ Dairies
   ☐ Private delivery service doing WIC business only
   ☐ Private delivery service
   ☐ Other (specify):

b. Participants who receive home food delivery:
   ☐ Are notified in writing of the types and quantities of foods
   ☐ Are issued FIs that they sign and provide to the vendor when the food is delivered
   ☐ Are delivered not more than a one-month supply of supplemental foods at any one time
   ☐ Indicate by authorized signature on a FI, receipt or signature document, the supplemental foods received
   ☐ Other (specify):

c. Supplemental foods may be delivered:
   ☐ Only to the participant of record
   ☐ To the participant of record or proxy of record
   ☐ To any adult at home during time of delivery
   ☐ To anyone at home at the time of delivery
   ☐ Other (specify):

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

2. Documentation
a. The forms verifying delivery are reconciled against vendor invoices:
   ☐ Weekly
   ☐ Monthly reconciliation of the signed FIs or other signed receipts or signature documents from participant or proxies.
   ☐ Other (specify):

b. Signatures of participants who sign the food receipt document/FIs are compared to the signature on file.
   ☐ No          ☐ Yes, sample    ☐ Yes 100%

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

H. Direct Distribution Food Delivery Systems
☒ DOES NOT APPLY

1. Direct Distribution Food Delivery - General
a. The State agency uses a direct distribution food delivery system to:
   ☐ Distribute all of its WIC Program foods
   ☐ Distribute only exempt infant formula and/or medical foods
   ☒ Distribute (specify): Some special infant formulas/exempt formulas/WIC eligible nutritionals.
b. The State agency uses:
- [ ] Warehouse not used
- [ ] One central warehouse, deliveries directly to local agencies
- [ ] One central warehouse from which foods are sent to one or more subsidiary warehouses before delivery to local agencies
- ☒ Other (specify): Shipped directly to the local WIC clinic from the manufacturer.

c. Warehouses are operated by:
- [ ] State agency
- [ ] Local agency
- [ ] Other state or public agency
- [ ] Under contract with a private business
- [ ] Other (specify):

d. Warehouses used for storage of WIC foods are also used to store other FNS program commodities (Please specify which commodities):
- [ ] Yes
- [ ] No

Specify commodities:

ADDITIONAL DETAIL: Food Delivery Appendix and/or Procedure Manual (citation):

2. Food Distribution

a. Foods are distributed to participants:
- [ ] Grocery store fashion
- [ ] Pre-packaged
- ☒ Other (specify): Shipped directly to the local WIC clinic from the manufacturer for issuance to participants.

b. Participants receiving food are required to sign:
- [ ] A register once for all foods received
- [ ] A register/form for each food item received
- [ ] Other (specify): WIC Formula Log/Issuance Sheet (ADPH-WIC-112).

c. Foods are distributed to participants:
- ☒ Monthly
- [ ] Not to exceed a one-month supply at any one time to any participant
- ☒ Other (specify): When prescribed by a physician and not available through the local retail market.

d. Participants with limited access to facilities used for distribution have available to them:

<table>
<thead>
<tr>
<th>Services provided by:</th>
<th>Local Agency</th>
<th>Other Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home delivery</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Cost-free transportation</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other (if other, specify):</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation):
3. Warehouse Insurance and Inspections

a. Insurance for the warehouse covers (check all that apply):
   ☐ Theft       ☐ Fire       ☐ Infestation       ☐ Spoilage
   ☐ Other (specify):

b. Warehouses are inspected by a public authority responsible for enforcing:
   ☐ Fire safety laws and regulations (specify date and grade of last inspection):
   ☐ Sanitation laws and regulations (specify date and grade of last inspection):
   ☐ Other (specify):

ADDITIONAL DETAIL: Food Delivery Appendix: and/or Procedure Manual (citation):

4. Monitoring and Inventory Control

Please describe the State agency’s methods for ensuring WIC supplemental foods are under proper inventory control (separation of duties for intake and inventory; stock rotation; performance of perpetual and physical inventory duties; reconciliation against issuance records; etc.).

Special medical formulas not available for purchase at authorized WIC vendors are ordered by the local clinics and submitted to the State Office via Requisition form. The State office places the order with the manufacturer and the order is shipped directly to the requesting clinic via carrier with tracking capabilities. Upon receipt in the clinic, the WIC Coordinator or designated person mail/scans the packing slip or bill of lading to the State WIC Office. The formula is entered into local inventory records, paper and Crossroads computer system; stored in a lockable storage area which remains locked when not in use by clinic staff. Formula is issued according to "first in first out” inventory system. At issuance, parent/proxy signs the Formula Log and/or electronic signature record in Crossroads. A perpetual inventory is kept via Formula Log/Crossroads computer system at issuance and receipt of formula. A monthly physical inventory is conducted by the WIC Coordinator and reconciled with the Formula Log/Crossroads inventory. The Quality Assurance tool includes criteria for physical inventory count of formula and reconciliation with Formula Log/Crossroads during the QA review of the clinic. In addition, the audit of clinics conducted by the Office of Program Integrity also evaluates the security, receipt, and issuance of formula.

I. Electronic Benefit Transfer (EBT)

1. Is EBT implemented statewide?
   ☒ Yes (Proceed to question 2)
   ☐ No (Continue to 1.a.)

a. Does the State agency have an active EBT Project as of July 31, 2016?
   ☐ Yes       ☐ No

b. Does the State agency follow APD requirements for EBT management and reporting?
   ☐ Yes       ☐ No

c. Does the State plan to meet the October 1, 2020 EBT implementation deadline?
   ☐ Yes       ☐ No

2. What is the State agency policy for permitting replacement cards and transfer of balances per 7 CFR 246.12(bb)(2)?
   SA permits replacement of eWIC cards. Participants are required to come to the LA for the replacement card.
3. What are the State agency procedures for providing customer service during non-business hours for EBT cards per 7 CFR 246.12(bb)(3)?

The State agency has a Customer Service line that is available 24 hours a day.

4. Does the State agency use the formula for EBT terminal minimum lane coverage in 7 CFR 246.12(z)?
   ☒ Yes □ No

   a. If no, please provide the date of the approval of the approved alternative installation formula as required per 7 CFR 246.12(z)(2).

5. Does the State agency use the NUPC database?
   ☒ Yes □ No
CHAPTER X

MONITORING AND AUDITS
X. MONITORING AND AUDITS

(Please indicate) **State Agency: Alabama** for FY 2021

Monitoring and Audits involves State agency efforts to review local agency/clinic activities on an ongoing and timely basis, and to track all audits involving WIC Program activity.

A. **Monitoring-246.19(b):** requires State agencies to establish a management evaluation system.

B. **Audits-Subpart F to 2 CFR Part 200, as applicable:** describe State agency audit responsibilities.
A. Monitoring

1. Local Agency/Clinic Monitoring Activity (to be updated each year)

a. Local agencies/clinics monitored:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Number of local agencies monitored last annual period</td>
</tr>
<tr>
<td>4</td>
<td>Number of clinics monitored last annual period</td>
</tr>
<tr>
<td>8</td>
<td>Number of local agencies to be monitored this current annual period</td>
</tr>
<tr>
<td>21</td>
<td>Number of clinics to be monitored this current annual period</td>
</tr>
</tbody>
</table>

Specify last annual period, from: **10/01/2019** to **09/30/2020** (month/day/year – month/day/year; must be applied consistently)

Specify current annual period, from: **10/01/2020** to **09/30/2021** (month/day/year – month/day/year; must be applied consistently)

b. Number of local agencies/clinics required to submit Corrective Action Plans (CAPs) to address deficiencies identified during monitoring last year: **4** (Number)

c. The State agency uses a tracking device, such as a chart or spreadsheet, which summarizes the reviews of all local agencies.

☐ Yes  ☐ No

If the State agency uses a tracking device, it shows (check all that apply):

☐ Date of most recent review for each local agency/clinic
☐ Number of clinics reviewed in most recent review for each local agency/clinic
☐ Listing of findings for most recent review of each local agency/clinic
☐ Date of State agency notice of findings in most recent review for each local agency/clinic
☐ Date of local agency/clinic corrective action plan in most recent review for each local agency and/or clinics
☐ Outcome of corrective action plan

d. In preparing to conduct a local agency review, the State agency reviews data reports on:

☐ No-shows by category
☐ Administrative costs claimed
☐ Financial reports
☐ Priorities served
☐ Caseload
☐ Racial/ethnicity
☐ Staff/participant ratios
☐ Participant nutrition surveillance data for participants in that local agency/clinic
☐ Other (specify):

**ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation): Alabama WIC Procedure Manual, Chapter XV; A.1.b: Number of clinics required to submit corrective action plan to readdress deficiencies identified last year is low as monitoring visits were suspended as of**
X. MONITORING AND AUDITS

March 23, 2020 due to Covid-19. Date that monitoring visits will resume is unknown at this time.

2. Local Agency/Clinic Monitoring Procedures
   a. The State agency uses an established protocol when it monitors local agencies/clinics.
      □ Yes □ No

      If yes, please provide the citation of where it can be found in the appendix or procedure manual:

      This monitoring protocol includes:
      □ Advance notification of monitoring visit
      □ Determination of timeframes for conducting the review
      □ Designation of local agency/clinic staff to assist State agency staff during review
      □ Discussion of review findings on-site with local agency/clinic
      □ Specified time frame for providing written review report
      □ Specified time frame for local agency/clinic submission of corrective action plan, not to exceed 60 days from receipt of State agency’s report
      □ Instructions or guidance for preparation of corrective action plan (e.g., inclusion of implementation time frames)
      □ Evaluation of adequacy of corrective action
      □ Follow-up with local agency/clinic to ensure corrective action measures are implemented
      □ Written notification of closure of the review
      □ Other (specify):

   b. Monitoring of local agencies/clinics is conducted by (check all that apply):
      □ State WIC staff
      □ District or regional staff
      □ Other health programs
      □ Other (specify):

   c. Specialists in the following areas monitor the areas of their expertise:
      □ Certification and eligibility determination
      □ Caseload management
      □ Nutrition service
      □ Breastfeeding promotion and support
      □ Targeting and outreach policies
      □ Financial management of administrative funds
      □ Food delivery system
      □ Vendor management
      □ Civil rights
      □ Information Systems security
      □ Other (specify):
X. MONITORING AND AUDITS

3. Use of Local Agency/Clinic Review Data
   a. The State agency analyzes the results of local agency/clinic monitoring visits to determine whether deficient areas are common among its local agencies/clinics.
      □ Yes □ No
   b. The State agency utilizes local agency/clinic review data to (check all that apply):
      □ Identify outstanding operational approaches that could be shared with other local agencies/clinics
      □ Track individual local agency/clinic performance
      □ Compare administrative costs/expenses among local agencies/clinics
      □ Compare staffing and organization among local agencies/clinics
      □ Other (specify):

   ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):

B. Audits

Do not include management evaluations or other reviews conducted by FNS regional offices or by WIC State agencies. This section concerns the audits conducted under Subpart F to 2 CFR Part 200 and audits conducted by USDA’s OIG.

1. Audits (Federal, State, and Local)
   a. Number of audits conducted during FY-2019: 5
   b. Entities audited (includes both State and local agencies)  Auditor(s)  Period of Audit  Status/disposition of audit at this time (management decision, final action, etc.

<table>
<thead>
<tr>
<th>State Agency</th>
<th>State Examiners of Public Accounts</th>
<th>10/01/2018-09/30/2019</th>
<th>Pending completion and issuance of report as of 7/24/2020; WIC was NOT considered a MAJOR Program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson County Health Dept.</td>
<td>Carr, Riggs &amp; Ingram, LLC</td>
<td>Year ended 9/30/2019</td>
<td>Closed – No matters to be reported.</td>
</tr>
<tr>
<td>Mobile County Health Dept.</td>
<td>S.W. Chiepalich, CPA</td>
<td>Year ended 9/30/2019</td>
<td>Closed – No matters to be reported.</td>
</tr>
<tr>
<td>Poarch Band of Creek Indians</td>
<td>REDW, LLC</td>
<td>01/01/2018-12/31/2018</td>
<td>Closed – WIC was not a major program</td>
</tr>
<tr>
<td>Health Services, Inc.</td>
<td>Warren Averett, LLC</td>
<td>Year ended 01/31/2019</td>
<td>Closed – WIC was not a major program</td>
</tr>
</tbody>
</table>

   If additional audits were conducted, please provide separately.
X. MONITORING AND AUDITS

3. Availability of Audit Reports
   a. The State agency receives and maintains for at least three years copies of all organization-wide audits involving the WIC Program and maintains a listing of those audits.
      □ Yes  □ No, copies are retained by:
   b. Procedures used for maintaining files to reflect the trail from the receipt of the audit to final action include:
      □ Detailed breakdown of each audit finding is tracked separately.
      □ Individuals are assigned to monitor each audit.
      □ One individual is assigned to monitor all audits.
      □ Other (specify):
   c. The State agency maintains a listing of all planned audits for the coming Fiscal Year.
      □ Yes  ☒ No
      (Indicate recent FYs which included WIC in the single audit report): FY 13, FY 14, FY 17, FY 20
   d. The State agency ensures WIC participation in the single audit and other audits by (check all that apply):
      □ Developing a tracking system that monitors the status of each audit
      □ Establishing a contact person for each audit
      □ Including this audit requirement in the local agency contract
      □ Other (specify):
      ADDITIONAL DETAIL: Monitoring & Audits Appendix and/or Procedure Manual (citation):
CHAPTER XI

CIVIL RIGHTS
XI. CIVIL RIGHTS

(Please indicate) State Agency: Alabama for FY 2021

The Civil Rights section of the State Plan should cover the training of State and local staff on issues, rules and regulations related to civil rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with civil rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling civil rights complaints.

A. Administration - 246.4(a)(17): describe the procedures the State will use to comply with the civil rights requirements described in 246.8, including the processing of discrimination complaints.

B. Public Notification Requirements and Nondiscrimination Notification - 246.8(a)(1): describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants in an appropriate language (246.8(c)) through WIC Program materials.

C. Compliance Review and Monitoring Activity - 246.8(a)(2): describe the policies and procedures used to monitor and review local agencies to verify that they are in compliance with civil rights laws and regulations.

D. Data Collection and Reporting - 246.8(a)(3): describe the methods used to collect and monitor racial/ethnic data in compliance with title VI of the Civil Rights Act of 1964.

E. Complaint Handling - 246.4(a)(17): describe the policies and practices used to ensure civil rights complaints are handled properly at the State and local level.
XI. CIVIL RIGHTS

A. Administration

1. The State agency designates an individual to coordinate, implement, conduct training and enforce civil rights efforts.
   ☐ Yes          ☐ No

a. The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations and instructions:

<table>
<thead>
<tr>
<th></th>
<th>State Agency</th>
<th>Local Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefing for new employees</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Handouts for new employees</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Memos and updates</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Presentations by civil rights coordinator</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Presentation by staff other than WIC Program</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Other</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

If other, specify:

b. Civil rights training is provided annually

<table>
<thead>
<tr>
<th></th>
<th>State agency staff</th>
<th>Local agency staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>☒ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

   If other, specify:

   Collection and use of racial/ethnical data
   Effective public notification systems
   Complaint procedures
   Compliance review techniques
   Requirements for reasonable accommodation of persons with disabilities
   Requirements for language assistance
   Conflict resolution
   Customer Service

   If other, specify:

   DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):  Section 1557 of the Affordable Care Act.

2. The State agency has copies of the following materials on file:

   ☒ FNS Instruction, 113-1
   ☒ Title VI (1964), 7 CFR 15
   ☒ Title IX, Education Amendments, 7 CFR 15a (sex discrimination)
   ☒ Section 504, Rehabilitation Act of 1973, 7 CFR 15b
XI. CIVIL RIGHTS

☒ Racial/Ethnic data collection policy and reporting requirements
☒ Age Discrimination Act of 1975, 45 CFR Part 91
☒ Americans with Disabilities Act, 28 CFR Part 35
☒ Civil Rights Restoration Act of 1987

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

3. The State agency's policy for reasonable accommodation for the disabled includes the most up-to-date special provisions for the disabled.
   ☒ Yes ☐ No
   (Refer to FNS Instruction 113-1, Civil Rights Compliance and Enforcement–Nutrition Programs and Activities)

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

B. Public Notification Requirements and Nondiscrimination

1. Public Notification
   a. The State agency requires its local agencies to include the nondiscrimination policy statement and civil rights complaint procedure on the following (check all that apply):

      ☒ Outreach letters to the general public ☒ Radio announcements
      ☒ Program information letters ☒ Publications
      ☒ Program information brochures ☒ Posters
      ☒ Program information bulletins ☒ Newsletters
      ☒ Newspaper announcements ☐ Referral material
      ☒ Internet ☒ Television announcements
      ☐ Letters of invitation in the public hearing process
      ☒ Certification forms to be signed by participants
      ☐ Application forms (including computer-based forms)
      ☐ Other (specify):

   b. The State agency requires that the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute be displayed in the following places frequented by applicants and participants:

      ☒ Clinic waiting rooms
      ☐ Food instrument issuance offices
      ☐ Group/individual nutrition education areas
      ☐ Test kitchens
      ☐ Warehouse distribution centers
      ☐ Other (specify):
XI. CIVIL RIGHTS

c. Check the group categories that the State agency and its local agencies publicly inform of the following information (check all that apply; see key below):

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>Availability of program benefits</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>Eligibility criteria for participation</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>Location of LA/clinics operating WIC Program and (800) telephone numbers</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>Hours of service of LA/clinics operating WIC Program</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>Rights and responsibilities</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>Nondiscrimination policy</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>Civil rights complaint procedure</td>
</tr>
</tbody>
</table>

1 = general public  
2 = grassroots/community organizations that deal with potentially eligible minorities  
3 = potential eligibles/applicants/participants

d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure Manual citation of materials used):

☐ Annually  ☒ More frequently


2. Nondiscrimination Notification

a. The State agency or local agency:

☒ Provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant proportion of people with limited English proficiency (LEP) reside.

☒ Appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants in areas where a significant proportion of people with limited English proficiency (LEP) reside.

☒ All rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.
XI. CIVIL RIGHTS

b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

<table>
<thead>
<tr>
<th>M</th>
<th>VT</th>
<th>PT</th>
<th>BS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

C. Compliance Review and Monitoring Activity

1. Compliance Review
   a. Civil rights reviews of local agencies are conducted:
      ☒ Separately
      ☒ In conjunction with another department, organization or service as part of an overall review
      ☐ Other (specify):

   b. The State agency reviews all of its local agencies for civil rights compliance with the nondiscrimination laws and regulations when it does its reviews.
      ☒ Yes ☐ No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

2. Monitoring Activity
   a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:
      ☒ Review of the racial/ethnic enrollment and/or participation data applications
      ☐ Review of waiting lists
      ☒ Review of denied
      ☒ Review of complaints
      ☒ Review of participant surveys
      ☐ Participant interviews
      ☐ Other (specify):
XI. CIVIL RIGHTS

b. The State agency checks for the following in local agency applications:

- ☒ The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- ☒ The Civil Rights Assurance is included in the State-Local Agency Agreement
- ☐ A description of the racial/ethnic makeup of the service area is included in the application
- ☒ Appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of people with limited English proficiency (LEP) reside

c. The State agency checks for the following in its civil rights reviews of its local agencies:

- ☒ Case records include racial/ethnic data
- ☐ Where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population
- ☐ The local agency has conducted civil rights training for its staff
- ☒ The project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- ☒ Program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- ☒ The nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public
- ☒ Racial/ethnic data are collected by actual count and maintained on file for 3 years
- ☒ The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- ☒ Civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

D. Data Collection and Reporting

1. Data Collection

   a. The State agency ensures the following when collecting civil rights data:

- ☒ All racial/ethnic categories are collected and reported as part of the program participant characteristics report
- ☒ Racial/ethnic data definitions are in accordance with current OMB guidance and WIC policy, and clinic procedures are in place to ensure the data is collected accurately
- ☒ Data reported on participant characteristics include the number of persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits
- ☒ Collected racial/ethnic data and records are accessible only to authorized personnel
XI. CIVIL RIGHTS

b. The State agency maintains a civil rights file which retains collected racial/ethnic data for three years.

☒ Yes ☐ No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):  

2. The State agency instructs its local agencies to obtain a participant's racial/ethnic category by (check all that apply):

☒ Allowing self-identification by participant (must be used at participant's request)
☒ Visual identification/sight assessment by local agency staff
☐ Local agency staff personally know participant's racial/ethnic category
☒ Other (specify): ADPH-ENC-400, Information Request Form allows applicants/participants to choose race & ethnicity.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):  

E. Complaint Handling

1. The State agency ensures the following:

☒ WIC Program applicants and participants are informed where and how they may file a complaint of discrimination by directing them to the USDA Office of the Assistant Secretary for Civil Rights (OASCR) website (http://www.ascr.usda.gov/complaint_filing_cust.html) for proper Discrimination Complaint Filing processes.

☒ WIC Program applicants and participants are informed that they can file their complaints directly with the U.S. Department of Agriculture or directly with the FNS HQ Civil Rights Division, their State Agency or their local Agency. However, the local/State Agency must then forward their complaint either directly to the FNS HQ Civil Rights Division or the U.S. Department of Agriculture.

☒ All local agency staff are trained in discrimination complaint procedures

☒ All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff and forwarded to the FNS HQ Civil Rights Division.

☒ Complaints alleging discrimination based on race, color, national origin, or age are forwarded to the FNS HQ Civil Rights Division through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)

☒ Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division (for those State and local agencies without an FNS-approved grievance procedure in place).

☐ Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

2. The State agency uses a discrimination complaint form it has developed for acceptance of a complaint.

☐ Yes ☒ No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): Alabama WIC Procedure Manual, Chapter X, Civil Rights
XI. CIVIL RIGHTS

3. The State agency establishes and ensures that local agencies implement specific timeframes concerning discrimination complaints:
   ☒ An individual has the right to file a complaint within 180 days of the alleged discriminatory action.
   ☒ All complaints are processed and closed within 90 days of receipt.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation): Alabama WIC Procedure Manual, Chapter X, Civil Rights