Connecticut WIC Program Manual Federal Fiscal Year 2018

Section: Financial Management

102-01	Accounting Records
102-02	Classification of Allowable WIC Program Costs-Major Areas
102-03	Classification of Allowable WIC Program Costs-Line Items
102-04	Special Limitations on Costs
102-05	Annual submission of Local Agency Budget
102-06	Required Accounting Reports
102-07	Settlement of Contract Amount
102-08	Cost Accounting

SUBJECT: Accounting Records

Federal Regulations: §246.13(j)

POLICY

Each WIC local agency and their subcontractors shall maintain accurate and completely documented accounting records listed below:

- Financial Reporting and Cash Needs Report
- eWIC card inventory

The records are required for all program funds received from the WIC state agency.

These records shall be made available, upon request, to State or Federal personnel or agents acting on their behalf for periodic review or auditing purposes.

State of Connecticut	SUPPLEMENTAL TO MONTHLY EXPENDITURE REPORT (Form WIC 1-B)	Agency:
Department of Public Health		Date Submitted:
WIC Program	PERSONNEL EXPENSES	Report Month:

Names of Personnel	Postion or Title	Hourly Rate	Total Wkly Hrs	Weekly Salary	Number of Weeks	Total Montlhly Salary	% of Time Spent on WIC	Monthly Salary (Carry to WIC - 1-B report)	
Numes of Fersonine.	r ostion of the	rioury nate	Total Willy IIIs	Treemy balary	Trainiber of Treeks	Total Monthly Salary	70 or rune spent on trie	Герогеу	
FRINGE BENEFITS						SUMMARY		•	
Type of Benefits (specify)			% Payroll		Expense for this Month:		Current Year:		
						Total salary			
						Total Fringe Benefits			
						Total Salary & Fringe			
						Total Hamber of Fair Time Equival	Total Number of Full Time Equivalents (FTE)		
Totals			%		\$	Remarks:			

WIC/Supplemental Personnel Expense Report

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State of Connecticut - Department of Public Health WIC Program - Cash Flow Report (WIC1C)

Name of Local WIC Program

Fiscal Year 2011

Report Month

September

-Submission Status-

Submission No. 0 Dated / /

Original Submission Date //

 0.00	Outstanding obligations (explain)
 0.00	Funds available at end of this month
 0.00	Expenditures
0.00	Total funds available
 0.00	Funds received during this month
 0.00	Funds available at end of previous month

Explanation of Outstanding Obligations
tanding Obligations

State of Connecticut - Department of Public Health

WIC Program - Monthly Expenditures Report (WIC1B)

Name of Local WIC Program

Fiscal Year Report Month

2011 September

Submission No. 0 Dated / /

Original Submission Date //

Nutrition Education	Breastfeeding	Total This Month	Prior Expenses This FY	Total To Date This FY	Approved Budget	Balance (Deficit) in Budget
0.00	0.00	0.00	0.00	0.00	0	0.00
0.00	0.00	0.00	0.00	0.00	0	0.00
0.00	0.00	0.00	0.00	0.00	0	0.00
0.00	0.00	0.00	0.00	0.00	0	0.00
0.00	0.00	0.00	0.00	0.00	0	0.00
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General Admin.
Client Services
 Explanation of Other —
Nutrition Ed.
Breastfeeding

SUBJECT: Classification of Allowable WIC Program Costs-Major Areas

Federal Regulations: §246.14

POLICY

All WIC local agency budget requests and expenditure records and reports must classify all funds, including personnel salaries and fringe benefits, under the following four functional categories:

- 1. General Administration
- 2. Client Services
- 3. Nutrition Services
- 4. Breastfeeding

All costs must be prorated to the applicable functional category:

General Administration

All costs generally considered to be management costs:

- Salaries
- Fringe benefits
- Equipment
- Contracted Services
- Space Rental
- Supplies
- Postage
- Telephone
- Printing and reproduction
- Travel, in-state
- Certification Costs
- Other, to include: outreach, payroll personnel costs, administrative, fiscal and program records, audit expenses and legal services

Client Services

All costs expended to deliver food and other client services and benefits:

- Salaries
- Fringe benefits
- Contracted Services
- Material preparation
- Space Rental
- Application processing
- Medical supplies
- Travel, in-state
- Notification of rights
- Transfer of Certification
- Planning of Certification
- Telephone
- Training

- Conduct and participate in surveys/studies
- Income determination
- Nutrition assessment/Other assessments
- Equipment
- Anthropometric measurements
- Miscellaneous documentation

Nutrition Education

All costs directly related to general Nutrition Education activities:

- Salaries
- Fringe benefits
- Planning for nutrition education
- Travel, in-state
- Material preparation
- Material procurement
- Equipment
- Printing and reproduction
- Training staff
- Counseling individuals
- Group education
- Continuing education
- Date Collection
- Evaluation
- Monitoring
- Telephone
- Space rental

Breastfeeding

All costs expended for promotion and support of breastfeeding:

- Salaries
- Fringe Benefits
- Material preparation
- Material procurement
- Space Rental
- Printing and reproduction
- Contract services
- Counseling
- Training
- Continuing education
- Breastfeeding promotion and support
- Telephone
- Travel, in-state

SUBJECT: Classification of Allowable WIC Program Costs-Line items

Federal Regulations: §246.13 (j)

POLICY

WIC local agencies and their subcontractor's budget and expenditure records and reports must classify funds under the following twelve functional categories.

1. Salaries

Include costs of all salaries and wages. A spreadsheet or other documentation should be used to list each WIC employee and their gross pay. This may be weekly, bimonthly, or monthly depending on the payroll system. The agency must use the percentages approved by the WIC state agency to tabulate amounts on the spreadsheet as to the breakout of the salaries associated with the general administrative, client services, nutrition education and breastfeeding categories. Time and activity reports supporting these percentages must be kept at the local agency. These must support the summary report submitted to the State WIC agency.

The payroll register shall provide more detail regarding the employee's name, hours worked, rate of gross and net pay.

The employee's time and attendance records (time cards, time sheets, etc.) will reflect the number of hours the employee worked. Documentation used to support personnel costs charged and supporting documents must be available for review by the WIC state agency and United States Department of Agriculture (USDA).

2. Fringe Benefits

The employer must provide Social Security (FICA), Worker's Compensation, Disability and Unemployment insurance.

The agency may offer other fringe benefits to their employees such as health insurance, dental insurance, pension/retirement funds, and other miscellaneous employer provided benefits. This information is normally disclosed in the agency's personnel policies.

The approved budget justification reflects the various fringe benefit components for which the agency can bill the WIC state agency.

The typical source documentation supporting these costs is based on the vendor invoices and related cancelled checks.

3. Equipment

Submit a written request to the WIC state agency. Keep a copy of the request and the approval.

NOTE: There is a special limitation on cost, see 102-04 policy for more detail.

4. Contracted Services

In cases where services are not provided by the parent agency or performed by members of the WIC staff, the local agency may contract with providers for such services.

5. Space Rental

The rental cost of space in a privately or publicly owned building may not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality. The cost of utilities, insurance, security, janitorial service, elevator service, grounds upkeep, normal repairs, and alterations are allowable to the extent they are not otherwise included in rental or other charges for space.

NOTE: For rearrangement and alterations of facilities, see 102-04 policy for more detail.

6. Supplies

Includes office supplies, books, publications, multi-media, food demonstration and breastfeeding promotion aids.

7. Postage

Documentation must be based on number of pieces handled.

8. Telephone

Based on number of telephone instruments and long distance charges directly attributed to those telephones.

9. Printing and reproduction

Include the total costs for printing and reproducing forms, reports, manuals, and informational literature. Costs may be based on direct hours, job basis, pages printed, etc.

10. Travel, in-state

For motor pool cars, include days used. There is a separate pool of funding available at the WIC state agency for out-of-state travel that may be applied for. The typical source document supporting these out-of-state costs is based on transportation and lodging receipts, taxi receipts, etc.

NOTE: There is a special limitation on cost, see 102-04 policy for more detail.

11. Certification costs

Include all direct costs for participant certification fees.

12. Other

Include continuing education costs, equipment maintenance costs, equipment rentals and any other allowable WIC program costs that do not correspond with any other line items.

SUBJECT: Special Limitations on Costs

Federal Regulations: §246.14

POLICY

Nutrition Education: Nutrition education expenditures must account for at least 25% of the total expenditures.

Equipment: All equipment purchases over \$1,000.00 per item and equipment rental charges over \$50.00 per month shall be approved in advance by the WIC state agency.

Travel: Travel costs are an allowable expense for WIC local agency staff traveling on WIC business.

In-state travel you must document the following:

- Date of each trip
- Driver's name
- Beginning and ending odometer readings and/or total mileage
- Origin and destination of each trip
- Parking receipts and tolls
- Reason for each trip

These records shall be reviewed, approved, and signed by authorized personnel at the WIC local agency. Keep and file a copy of the expense report.

All out-of-state travel must be pre-approved by the WIC state agency.

Any requests for out-of-state travel must be submitted in writing to the WIC state agency as far in advance as possible. The request must include:

- Staff name
- Dates
- Purpose of travel
- Good estimate of total cost

The request must also include whether this amount is within the current agency grant, or if additional funding would be needed if approved. Keep a copy of the request and approval with all backup documentation of travel expenses.

Meals are not an allowable expense.

Exception noted: Included in a registration fee or an expense incurred while on an approved out-of-state travel.

Space expenses: Costs for rearrangement and alterations of facilities required specifically for the WIC program or those that materially increase the value or useful life of the facilities are allowable only when the WIC state agency has given prior written approval.

Submit requests in writing with full justification and costs detailed to the WIC state agency. Keep and file a copy of the request and the approval.

Indirect costs: Indirect costs are not allowed

Professional membership dues: Dues for individual memberships in professional organizations are not allowed.

SUBJECT: Annual Submission of WIC Local Agency Budget

POLICY

Each WIC local agency shall submit an annual budget.

Budget preparation

- Compute itemized estimates, based on assigned caseload, for the coming fiscal year starting October 1.
- Complete the WIC program budget form.
- Submit the completed budget to the WIC state agency each fiscal year by June 1.

Guidelines for budget preparation

The budget preparation form divides all planned expenses into the four major areas:

- 1. General administration
- 2. Client services
- 3. Nutrition education
- 4. Breastfeeding

The actual "budget" is twelve separate dollar figures; one for each line item, representing the total planned expending for all four of the program areas combined.

Budget modifications

The WIC state agency must approve, in advance in writing, all budget item modifications from the contract budget, which bring the running total of revisions in excess of 20% of a line item.

For line items of \$5,000.00 or less, modifications of amounts up to \$500.00 shall be forwarded to the WIC state office in writing.

All budget modification requests must be received by the WIC state agency by the end of the fiscal year (September 30).

Submit requests in writing with full justification. Keep and file a copy of the request and the approval.

SUBJECT: Required Accounting Reports

POLICY

The following reports shall be reported to the WIC state agency on a monthly basis:

- Revenue reports
- Expenditure reports
- Staffing reports
- Cash-on-hand

Prepare the monthly cash flow report using form WIC 1-C provided by the WIC state agency.

- Check applicable accounting system (cash or accrual) on which the report is based in upper right corner.
- Cash accounting system, revenues are recorded when received; expenditures are recorded when moneys are distributed.
- Accrual accounting system, revenues are recorded when earned and expenditures are recorded when they are incurred even though the receipt of the revenue or the payment of the expenditure may take place in whole or in part in another month in the same fiscal year.

All revenue earned and expenditures, which result in liabilities, must be reported in the fiscal year for which they are contracted, even though the receipt of the revenue or the payment of the expenditure may take place in whole or in part in a previous or subsequent fiscal year.

- Line 1, Record the name of local agency.
- Line 2, Record the month and year reported.
- Line 3, Check original or revised.
- Line 4, Record funds available at the end of the previous month as reported on line 8 of previous month's final cash flow report.
- Line 5, Record funds received from the State WIC agency during the month.
- Line 6, Record the total funds available by adding the funds available at the end of the previous month on line 4 to the funds received during the month reports on line 5.
- Line 7, Record expenditures using the total amount reported on the monthly expenditures report 1-B.
- Line 8, Record funds available at the end of the month by subtracting the expenditures reported on line 7 from the total funds available on line 6.
- Line 9, Record outstanding obligations by including the total amount of obligations incurred for which an outlay has not been recorded.

- Line 10, Sign and indicate title.
- Line 11, Record date.
- Line 12, Have report reviewed by a representative of the local agency responsible for authorizing the report. Have the authorized representative sign and indicate title.
- Line 13, Record date.
- Submit the report to the WIC state agency by the 20th of the month following the month reported.
- Keep and file a copy in the WIC local program files.
- Prepare revised reports for any changes in figures reported previously. Use the cash flow report form.
- Indicate that the report is a revision of the previously submitted report with a check in the appropriate space on line 3.
- Complete the entire report according to above guidelines.
- Submit the report to the WIC state agency within 48 hours after changes are recognized.

Prepare the Monthly Expenditure Report using WIC 1-B, including the supplement to WIC 1-B monthly as follows:

- Record the name of the WIC local agency.
- Record the month and year reported.
- Record all expenditures according to the major program areas of general administration, client services, nutrition education and breastfeeding, as represented on WIC 1-B. Within these areas, expenditures shall be broken out by the line items listed in the left column of the form WIC 1-B, according to the specifications found under 102-03 policy.
- Sign and indicate title at bottom of report, next to prepared by.
- Have report reviewed by a representative of the local agency responsible for authorizing the report. Have the individual sign; indicate title and date signed, below the signature of the preparer, and keep back-up documentation for review.

State of Connecticut	SUPPLEMENTAL TO MONTHLY EXPENDITURE REPORT (Form WIC 1-B)	Agency:
Department of Public Health		Date Submitted:
WIC Program	PERSONNEL EXPENSES	Report Month:

Names of Personnel	Postion or Title	Hourly Rate	Total Wkly Hrs	Weekly Salary	Number of Weeks	Total Montlhly Salary	% of Time Spent on WIC	Monthly Salary (Carry to WIC - 1-B report)	
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FRINGE BENEFITS						SUMMARY		•	
Type of Benefits (specify)			% Payroll		Expense for this Month:		Current Year:		
						Total salary			
						Total Fringe Benefits			
						Total Salary & Fringe			
						Total Hamber of Fair Time Equival	Total Number of Full Time Equivalents (FTE)		
Totals			%		\$	Remarks:			

WIC/Supplemental Personnel Expense Report

SUBJECT: Settlement of Contract Amount

POLICY

Settlement of the contract account shall be made for each of the twelve line items as separate accounts. Differences shall be totaled to enable settlement with a single payment. Nutrition education expenditures must account for at least 25% of the total expenditures.

Verify the WIC state agency settlement figures and notify promptly of any discrepancies.

Refund excess advancement or request additional reimbursement within 30 days of the date of the settlement letter.

SUBJECT: Cost Accounting

Federal Regulations: §246.14 (c)(1)

POLICY

Document the time spent by all WIC local agency personnel and their subcontractors on general administration, client services, nutrition education, breastfeeding promotion and support activities for the study period. Cost accounting time studies are done one month per guarter.

Daily Worksheet

Use separate daily worksheet for EACH staff member to record time spent on various work activities. Collect data for the time period assigned by the WIC state agency.

Complete the daily worksheet as follows:

- Name of WIC local agency
- Date of activity
- Name and job title of staff person whose activities are to be recorded
- Indicate full or part-time status

All activities MUST be recorded by using the classification of administrative cost categories:

General Administration:

- Outreach
- Food instrument monitoring
- Prepare financial and program reports
- Other

Client Services:

- Food instrument issuance
- Diet and health assessment
- Referrals
- Other (i.e. appointment scheduling)

Nutrition Education:

- Planning and preparing materials
- Primary group (PG)
- Primary Individual (PI)
- Secondary Group (SG)
- Secondary Individual (SI)
- Other

Breastfeeding Promotion:

- Planning and preparing materials
- Primary group (PG)
- Primary Individual (PI)
- Secondary Group (SG)
- Secondary Individual (SI)
- Other

Recording Time

Figure time in 15-minute intervals. Use a check mark and record time in appropriate box or boxes to the nearest 15 minutes. If, for example, an activity is actually 25 minutes, 30 minutes should be recorded. After each activity, record the time.

Tally checkmarks in each column at the end of the workday. Enter the total number of hours and minutes under each category. Convert the total number of checks to hours and minutes and enter figures, for example:

Total # of checks	Total # of hours
4	1
12	3
20	5
28	7

Total hours each day must be tallied for the study period.

Cost Accounting Report

Review individual cost accounting worksheets. Complete and submit the Cost Accounting report to the WIC state agency.

Keep and file a copy at the WIC local agency.

			necticut WIC P				
		Cos	st Accounting I	Report			
Agency					Date:		
		General Administration Total Number	Client Services Total Number	Nutrition Education Total Number	Breastfeeding Promotion and Support Total Number of	Monthly	Fringe
Name	Job Title	of Hours Worked	of Hours Worked	of Hours Worked	Hours Worked	Salary	Benefits
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Grand Total		0	0	0	0	\$ -	\$ -
	A Total Nu	mber of Hours Sp	ont on Conoral A	dministration			#DIV/0!
	B. Total Nu		#DIV/0!				
			#DIV/0!				
C. Total Number of Hours Spent on Nutrition Education D. Total Number of Hours Spent on Breastfeeding Promotion and support					nd support		#DIV/0!
				Total Hours		0.00	
E. Total Hours x 100 divided by the	Total Number of Hours Worked for	r the Month	T		T	_	
F. Total Salary x Total % (E)						\$ -	
G. Total Fringe x Total % (E)						\$ -	
H. Total of (F) (G)						\$ -	
	D C L ID	1	1		L		
	Report Completed By:	1		Date	:		
WIC/Cost Accounting Report Form		1				1	

Connecticut WIC Program Cost Accounting Worksheet

Agency:		Date:
Name:		
	Job Title:	Full Time or Part Time Circle One

Activity	General						Client				Nutrition					Breastfeeding Promotion						
	Administration									Education					and Support							
									Counseling					Counseling								
			orts						s				.9		s				9			
		ing	Prepare Financial & Program Reports		ce	Diet and Health Assessments			Planning and Preparing Materials						Planning and Preparing Materials							
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