



Louisiana WIC
Local Agency (Contract) Application



Instructions: Completion of this Local Agency (Contract) Application is required to be considered for Louisiana WIC local agency services. The submission of this application does not guarantee selection or approval. The information provided will be used to assess applicant eligibility. Information must be legible. Failure to provide all required information may increase the time it takes to process your application and/or make the application ineligible for review. Please include attachments if necessary.

Applications must be submitted to the State Agency via email or by mail to:

Louisiana Department of Health
OPH-Bureau of Nutrition Services
628 North 4th Street, Bin #4
Baton Rouge, LA 70802

APPLICANT/AGENCY INFORMATION

Date of Application: _____

Applicant/Agency Name: _____

Street Address: _____

City, State, ZIP Code: _____

Parish: _____

TAX INFORMATION

Applicant/Agency Tax I.D. Number: _____

Tax Status (profit or non-profit): _____

CONTACT PERSON(S) List the primary contact for this application and any other person responsible for the day-to-day, on-site operations of the agency.

1. Primary Contact (First and Last Name): _____

Title: _____

Phone Number (including area code): _____

Email Address: _____

2. Other Contact (First and Last Name): _____

Title: _____

Phone Number (including area code): _____

Email Address: _____

HISTORY AND TYPE OF ORGANIZATION NARRATIVE Provide a brief history and description of your agency. Include how long the agency has been in existence and whether the organization is a state or local government, educational institution, health care provider or non-profit organization.

PROGRAM OVERVIEW Give a brief overview of the agency's current program(s)/services, the main funding source(s) and the reason(s) the applicant is interested in becoming a WIC provider.

PROPOSED SITE INFORMATION Provide details and information pertaining to the proposed clinic site(s).					
SITE NAME	PHYSICAL ADDRESS	DAYS OF OPERATION	HOURS OF OPERATION	YEARS IN OPERATION	DISTANCE FROM PUBLIC TRANSPORTATION

PROPOSED SERVICE AREA Select the parish(s) the applicant proposes to serve via the site(s) listed above.									
<input type="checkbox"/>	Acadia	<input type="checkbox"/>	Claiborne	<input type="checkbox"/>	Jefferson Davis	<input type="checkbox"/>	Rapides	<input type="checkbox"/>	Tangipahoa
<input type="checkbox"/>	Allen	<input type="checkbox"/>	Concordia	<input type="checkbox"/>	Lafayette	<input type="checkbox"/>	Red River	<input type="checkbox"/>	Tensas
<input type="checkbox"/>	Ascension	<input type="checkbox"/>	DeSoto	<input type="checkbox"/>	Lafourche	<input type="checkbox"/>	Richland	<input type="checkbox"/>	Terrebonne
<input type="checkbox"/>	Assumption	<input type="checkbox"/>	East Baton Rouge	<input type="checkbox"/>	LaSalle	<input type="checkbox"/>	Sabine	<input type="checkbox"/>	Union
<input type="checkbox"/>	Avoyelles	<input type="checkbox"/>	East Carroll	<input type="checkbox"/>	Lincoln	<input type="checkbox"/>	St. Bernard	<input type="checkbox"/>	Vermilion
<input type="checkbox"/>	Beauregard	<input type="checkbox"/>	East Feliciana	<input type="checkbox"/>	Livingston	<input type="checkbox"/>	St. Charles	<input type="checkbox"/>	Vernon
<input type="checkbox"/>	Bienville	<input type="checkbox"/>	Evangeline	<input type="checkbox"/>	Madison	<input type="checkbox"/>	St. Helena	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Bossier	<input type="checkbox"/>	Franklin	<input type="checkbox"/>	Morehouse	<input type="checkbox"/>	St. James	<input type="checkbox"/>	Webster
<input type="checkbox"/>	Caddo	<input type="checkbox"/>	Grant	<input type="checkbox"/>	Natchitoches	<input type="checkbox"/>	St. John	<input type="checkbox"/>	West Baton Rouge
<input type="checkbox"/>	Calcasieu	<input type="checkbox"/>	Iberia	<input type="checkbox"/>	Orleans	<input type="checkbox"/>	St. Landry	<input type="checkbox"/>	West Carroll
<input type="checkbox"/>	Caldwell	<input type="checkbox"/>	Iberville	<input type="checkbox"/>	Ouachita	<input type="checkbox"/>	St. Martin	<input type="checkbox"/>	West Feliciana
<input type="checkbox"/>	Cameron	<input type="checkbox"/>	Jackson	<input type="checkbox"/>	Plaquemines	<input type="checkbox"/>	St. Mary	<input type="checkbox"/>	Winn
<input type="checkbox"/>	Catahoula	<input type="checkbox"/>	Jefferson	<input type="checkbox"/>	Pointe Coupee	<input type="checkbox"/>	St. Tammany		

ESTIMATED POPULATION Provide an estimate of the total population of the parish(es) the applicant proposes to serve.	
PARISH	POPULATION

ECONOMIC CONDITIONS Describe any significant information on economic conditions affecting the proposed service area/parishes.	
Percent of the population living in poverty	
Percent of the population that is Medicaid eligible	
Percent of persons under 5 years	
Median Household Income	
Preterm birth rate	
Maternal mortality rate	
Other:	
Other:	
Other:	

COMMUNITY RESOURCES Indicate which community resources are available, including health, human, and social services, in the proposed service area.		
PROGRAM	YES	NO
SNAP (formerly known as Food Stamps)		
Medicaid		
Breastfeeding Support		
Drug Abuse Prevention		
Domestic Violence Shelter		
Food Bank/Pantry		
Church Pantry		
Family/Reproductive Health		
Immunizations/Vaccinations		
Other:		
Other:		
Other:		
Other:		

REFERRAL SERVICES Describe how your agency will refer WIC participants and families to the above community resources.

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ESTIMATED CASELOAD BY CATEGORY Estimate the caseload of the agency by category and race/ethnicity.

CATEGORY	ESTIMATED CASELOAD	SOURCE OF INFORMATION
WOMEN		
White		
Black		
Hispanic/Latino		
American Indian or Alaskan Native		
Native Hawaiian or Pacific Islander		
Asian		
INFANTS		
White		
Black		
Hispanic/Latino		
American Indian or Alaskan Native		
Native Hawaiian or Pacific Islander		
Asian		
CHILDREN		
White		
Black		
Hispanic/Latino		
American Indian or Alaskan Native		
Native Hawaiian or Pacific Islander		
Asian		

PROPOSED STAFFING Indicate the number of proposed staff as full-time equivalents* and by staff positions.

At start up, at least two individuals shall be employed to service a caseload of up to 375 participants and to equal at least one full time equivalent* (FTE). The responsibilities of the two individuals employed to initiate WIC Program services shall include the duties of a Competent Professional Authority (CPA), Nutritionist, and Nutrition Educator/Clerk.

STAFF POSITION	NUMBER OF FTE*
<p><i>Competent Professional Authority (CPA):</i> an individual authorized to determine nutritional risk and prescribe supplemental foods. A CPA is defined by federal regulation (7 CFR 246.2) and may be a Registered Dietitian/Nutritionist, Registered Nurse, Physician/Doctor, Physician’s Assistant, or Health Educator.</p>	
<p><i>WIC Coordinator:</i> an individual who serves as the WIC clinic site supervisor. The WIC Coordinator must meet the qualifications of a CPA as noted above.</p>	
<p><i>Nutritionist:</i> a Registered Dietitian/Nutritionist with active licensure in the state of Louisiana and one year of professional level experience in public health nutrition or dietetics in a clinical or hospital setting.</p>	
<p><i>High Risk Nutritionist:</i> a Registered Dietitian/Nutritionist with active licensure in the state of Louisiana who provides required high risk nutrition counseling.</p>	
<p><i>Nutrition Educator/Clerk:</i> an individual who performs administrative tasks, provides nutrition information and education, and/or performs clerical program duties.</p>	

* A full-time equivalent (FTE) is a unit of measurement used to figure out the number of full-time hours worked by all employees in an agency/organization. If your agency considers 40 hours to be a full-time workweek, then an employee working 40 hours per week would have an FTE of 1.0. In contrast, a part-time employee working only 20 hours per week would have an FTE of 0.5, which shows that their hours worked are equivalent to half of a full-time employee.

CLINIC STAFFING Clinic staffing shall be incrementally increased as caseload increases to ensure minimum staffing required for WIC service provision. Describe how your agency plans to staff the proposed WIC clinic at opening and as caseload increases.

ESTIMATED BUDGET List proposed one-year budget for the following line items/categories for WIC service provision.

LINE ITEM/CATEGORY	AMOUNT
Salaries and Related Benefits	\$
Equipment	\$
Supplies	\$
Educational Materials	\$
Travel	\$
Rent (or portion of rent)	\$
Telephone (or portion of telephone)	\$
Internet (or portion of internet)	\$
Other:	\$
Other:	\$
Other:	\$
TOTAL AMOUNT:	\$

Provide additional budget details or explanation below if necessary.

TECHNOLOGY INFRASTRUCTURE Provide information about the agency’s technology infrastructure, including but not limited to network/internet connectivity, availability and type of electronic equipment, IT staff support, etc.

Internet Service Provider:		
Internet Service Speed to Upload:		
On a shared network?	Yes	No
Is IT support available on-site?	Yes	No
If IT support is not available, describe how your agency will address IT needs and troubleshooting.		
Provide additional details or explanation if necessary.		

SIGNATURE Provide full name of individual completing this application and signature.

Full Name **Signature**