

Clinic Site Justification

Local Agency Name/Number:

Proposed Clinic Site Name:

(For new sites, the state office will provide a site number.) Please check: Permanent Satellite

Target date to begin services:

****Note: Local Agency (LA) shall obtain prior written approval before opening, relocating, or closing a clinic site. LA shall submit the Clinic Site Justification form to the state agency for approval one hundred twenty (120) days prior to the start date of opening/relocating a clinic site and ninety (90) days prior to the proposed close date of the clinic site.**

I. Opening, Relocating, or Closing

1. Provide justification for need to open a new clinic or to relocate/close an existing clinic site.

2. Using the zip code locator at <https://www.dshs.texas.gov/wichd/>, click on Find your closest WIC clinic, and verify all WIC clinic sites near the proposed site including other local agency WIC clinics. (Attach map(s) with this request.)
 - a.) List the name and location of all WIC clinics including other local agency WIC clinics closest to the proposed site.

3. If relocating, what is the distance between the current site and the proposed site?

4. If closing a site, what is the distance to the nearest WIC clinic?

5. What is your Client Services Plan?

a.) Explain method and timeframes for notification of current participants.

b.) If closing, explain method for serving the clinic's current participants.

c.) Will the new clinic provide services to a targeted population (e.g. teen moms, migrants, coloñias, military)?

d.) Will the new clinic be co-located with other health services?

e.) Describe the timeframes, both for opening of the clinic and expectations for reaching full participation.

6. List the percentage of unserved potential eligibles in the county where clinic is to be opened, relocated, or closed.

7. Are there WIC vendors in the area?

8. List the anticipated staffing, caseload, and clinic schedule for the proposed clinic site.

9. List the anticipated costs associated with clinic (e.g. moving, equipment, refurbishment, security, personnel costs, etc.) Also complete Section IV. Alterations, if applicable.

10. List any other pertinent information.

II. Current Space (applicable when closing/relocating an existing site)

1. Were improvements and/or renovations made to current space?

Yes

No

a.) Were WIC funds utilized to make improvements and/or renovate the current space?

Yes

No

N/A

i. If yes, list the monetary amount and the date of completion.

2. List the monthly cost of the current clinic space.

3. List the total square footage of the current clinic space.

4. List the lease expiration date of the current clinic space.

III. Lease (New Space)

1. List three (3) bids received for comparable space.

2. List the monthly cost of the proposed clinic space (shall be low bid or provide adequate justification of best value supporting other than the lowest bid).

3. List the facility address of the proposed clinic space.

4. List the total square footage of the proposed clinic space.

5. List the length of lease of the proposed clinic space and include the start and end dates.

6. List the name of the agency or individual to whom rent is paid for the proposed clinic space.

7. Provide assurance that the local agency procurement process is in compliance with the Uniform Grant Guidance (UGG) and WIC policies.

8. Provide assurance that the proposed clinic space complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. If not compliant, submit a plan for serving individuals with disabilities.

IV. Other items to consider

Activity	Yes	No	Comments
Is the site ADA compliant?	<input type="checkbox"/>	<input type="checkbox"/>	
Is parking adequate for anticipated caseload?	<input type="checkbox"/>	<input type="checkbox"/>	
Will electrical system support necessary computers?	<input type="checkbox"/>	<input type="checkbox"/>	
Is public transportation available?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there dedicated space for Nutrition Education?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there dedicated space for Breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>	

V. Alterations, if applicable

1. List justification for need and description of the refurbishment or alteration for the proposed clinic space.
 - a.) List assurance that documentation of three (3) bids is available for each contract.

b.) List total amount of bid selected. (shall be low bid or provide adequate justification of best value supporting other than the lowest bid)

c.) List the contract period starting and ending dates.

d.) Describe allocation method and percentage to be charged if the costs are prorated to WIC.

e.) List assurance that the procurement process is in compliance with the Uniform Grant Guidance (UGG) and WIC policies.

IV. Connectivity

1. Will the proposed site have a Verizon EVDO, Verizon T1 or AT&T T1 connection?

2. If closing, what type of connection does your current site have?

Please select one below:

Verizon EVDO

Verizon T1

AT&T T1

3. Please list the primary and secondary point of contact for scheduling installation.

Primary point of contact:

Secondary point of contact:

4. If opening/relocating, how many TexasWIN workstations will be needed?

5. If closing/relocating, how many TexasWIN workstations will be transferred from old site?

Completed by:

Date:



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