

## Relocating a WIC Site Justification

Submit Completed Form to [ClinicSiteRequests@hhs.texas.gov](mailto:ClinicSiteRequests@hhs.texas.gov)

**Note:** The local agency (LA) must obtain prior written approval 90 days before relocating a site (GA: 21.0).

**Local agency number & name:** \_\_\_\_\_

If question does not apply, enter N/A.

Reason for relocating existing site:

### Section 1: Relocation Information

Relocation Information	Current site	Proposed site
Site number and name		
Address (including zip code and county)		
Permanent (P), Satellite (S), Mobile (M), RV or Conversion Van (CV), Admin (A)	<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> RV <input type="checkbox"/> CV <input type="checkbox"/> A	<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> RV <input type="checkbox"/> CV <input type="checkbox"/> A
Date to end and start services	<b>End:</b>	<b>Start:</b>
If co-located with other programs, please list		

Relocation Information	Current site	Proposed site
Does the clinic provide services to a targeted population (e.g., teen moms, migrants, colonias, military)?		
If clinic is rural, are there WIC vendors in the area?		
Staffing, participation and clinic schedule	Staffing:  Participation:  Clinic Schedule:	Staffing:    Clinic Schedule:
Monthly cost per square foot using the base rent on the lease.	A. Cost:  B: Other if applicable (e.g., utilities)	A. Cost:  B: Other if applicable (e.g., utilities)
Current lease expiration and length of new lease with start and end dates		
Square footage		

## Section 2: Justification for Relocating

1. What is the distance between current site and proposed site?
2. List name and distance of other WIC clinics closest to proposed site (including other LAs) <https://find.texaswic.org/?wicType=Clinic>
3. If there are other LAs within proximity of the proposed site, have the WIC Director(s) been contacted? Attach email from area director agreeing with the opening of the relocated clinic.
4. Explain how current participants will be notified of the clinic relocation.
5. List estimated costs associated with the relocation (e.g., moving, equipment, remodeling, security, personnel cost, etc.) Also, complete *Section 4: Alterations to Proposed Site* if applicable.
6. Were WIC funds used to make improvements or renovations to current site? If yes, when, what type and amount.

7. List other pertinent information.
8. List the required 3 bids received for the new proposed site. (Selected bid must be low bid or provide adequate justification of best value supporting other-than-lowest bid). If less than 3 bids were obtained, provide justification.
9. Name of landlord or agency to whom rent will be paid for proposed site.
10. Provide assurance that the LA procurement process is in compliance with the Texas Grant Management Standards (TxGMS) and WIC policies AC: 12.0, AC:15.0, AC: 18.0, AC: 23.0 and any other applicable policy.
11. Provide assurance that the proposed site complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 by completing a [504 Self Evaluation Checklist](#). If not compliant, submit a plan for serving individuals with disabilities.

### **Section 3: Other Items to Consider for Relocation**

Answer yes or no and supply comments as needed.

1. Is parking adequate for anticipated participation?
2. Will the electrical system support necessary computers?
3. Will the facility have adequate internet (speed/bandwidth)?
4. Is public transportation available?
5. Is there dedicated space for Nutrition Education?
6. Is there dedicated space for Breastfeeding?

### **Section 4: Alterations to Proposed Site (if applicable)**

1. Describe remodeling or alteration plans for the proposed site and provide justification for doing so.
2. List assurance that documentation of 3 bids is available for each contract.

3. List total amount of bid selected (must be low bid or provide justification of best value supporting other-than-lowest bid).
4. List contract period starting and end dates.
5. Describe allocation method and percentage to be charged if the costs are prorated to WIC.
6. List assurance that the procurement process is in compliance with the Texas Grant Management Standards (TxGMS) and WIC Policies.

**Note:** Remember to follow WIC policies when purchasing necessary items and/or any other alterations.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_