

## Instructions for WISE Cost Report Form WIC-227A

- Block 1:** Enter the organization name and address (Local Agency).
- Block 2:** Enter the WIC local agency number.
- Block 3:** Has been completed for you.
- Block 4:** Has been completed for you.
- Blocks 5-9:** Enter the dollar amount expended during the report month for each one of the four functional categories of NSA expenditures including indirect costs applicable for each category. Include all special funding (Peer Counseling, Registered Dietician (RD), Lactation Services, Improving Participant Experience (IPE), Innovation, Dietetic Internship, etc.) Attached are more detailed explanations of cost categories.

**General Administration:** Expenditures generally considered being overhead or management costs. Includes RD administrative non-client expense.

**Client Services:** Personnel expenditures for certification, food delivery and other client services and benefits. Include all non-personnel expense for the benefit of the clients/participants. Also, include RD, IPE, and extra administration expense for the benefit of our clients/participants.

**Nutrition Education:** NE expenditures for general nutrition education (NE). Also, include RD (NE portion), Obesity Prevention, Dietetic Intern, and Innovation expenses.

**Breastfeeding:** BF expenditures for breastfeeding promotion and support. Includes RD (BF portion), Peer Counseling, Lactation Services, and Lactation Service Centers.

**Total:** Add blocks 5-8. \*

- Block 10:** Signature of the designated official (Local Agency).
- Block 11:** Print or type the name and title of designated official.
- Block 12:** Enter the date the report is submitted to the State Agency.
- Block 13:** Enter the telephone number of designated official.

\*If using the March billing voucher amount, the total should equal all vouchers submitted.

\*If not using March billing voucher amount, put explanation in remarks column.