

**WIC LOCAL AGENCY INCENTIVE FUNDING SUMMARY REPORT**

THIS REPORT MUST BE RECEIVED BY THE STATE WIC OFFICE NO LATER THAN THE 15<sup>TH</sup> DAY OF THE FOLLOWING MONTH TO PARTICIPATE IN THIS INCENTIVE

**LOCAL AGENCY #** \_\_\_\_\_

**REPORTING MONTH**\_\_\_\_\_

**EXTENDED HOURS**

Total number of participants served during extended hours at all clinics.  
(Initial certifications, sub-certifications and NE) \_\_\_\_\_

**INSTRUCTIONS**

1. Local Agencies who wish to participate in the incentive funding must complete this form for the report months of October 1, through September 30, for each fiscal year.
2. Local Agencies must complete and submit this report to the State WIC by the 15<sup>th</sup> day of the month following the report month.
3. All back-up documentation for the Extended Hours report will be submitted with this summary page to the State WIC office by the 15<sup>th</sup> day of the month following the report month.
4. Extended hours (Monday thru Friday before 8am or after 5pm, all hours on Saturdays and Sundays)
  - A. Report must be generated at the clinic level.
  - B. Report dates must begin with the first day of the report month and end with the last day of the report month.
  - C. Each clinic report must be submitted to the State WIC office along with this summary page.

SHOULD THE STATE AGENCY AUDIT BACKUP OF DOCUMENTATION REVEAL DISCREPANCIES, ADJUSTMENTS WILL BE MADE TO THIS REPORT.

\_\_\_\_\_WIC Director

I certify that the information stated above is true and correct to the best of my knowledge.