

WIC LOCAL AGENCY INCENTIVE FUNDING SUMMARY REPORT

**THIS REPORT MUST BE RECEIVED BY THE STATE WIC OFFICE
NO LATER THAN THE 10TH WORKING DAY OF THE MONTH TO
PARTICIPATE IN THIS INCENTIVE.**

PROJ # _____

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, 2000 through September 30, 2001.
- 2. Local Agencies must complete and submit this report to the State WIC office by the 10th working day of the month following the report month.**
3. All back-up documentation for the Extended Hours reports will be submitted with this summary page to the State WIC office by the 10th working 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 OF BACKUP 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.