

WIC Breastfeeding Peer Counseling Line Item Budget Worksheet

State Agency Name					
Fiscal Year					
	•				
Staff Salaries (State and		_			
Staff Salary and Fr	_				
Peer C ounselor Sa	lary Costs and Fringe	,			
Other					
Total Salaries					
Program Expenses					
Travel					
Communications a	ind Forms				
Office Supplies					
Equipment					
Advertising					
Rent and Utilities					
Other					
Total Program Exp	Total Program Expenses				
Training Expenses					
Training Materials					
Conferences and \					
Other	Torkonopo]			
Total Training Exp	enses				
Breastfeeding Demonstr	ation Materials				
Total Breastfeedir	g Demonstration Materials				
Other Expenses			_		
Indirect Costs					
Other					
Total Other Expenses					
Fiscal Vear Total RFPC	Evnances and Pudget	<u>l</u>	1		



Provide an overview of which funds you are using in on page 1.

Example:

Fiscal Year Total BFPC Expenses and Budget from Page 1: \$3,000,000

Fiscal Year	Remaining Balance	Extension Granted? Y/N	Amount Planned to Use in FY23	Amount Planned to Spend Forward	Comments
FY20	\$500,000	Υ	\$500,000	\$0	
FY21	\$500,000	n/a	\$500,000	\$0	
FY22	\$2,255,000	n/a	\$2,000,000	\$255,000	Will use in FY 24

Total Amount to use in FY23: \$3,000,000

Total Amount for Future FY Use: \$255,000

Fiscal Year Total BFPC Expenses and Budget from Page 1: \$

Fiscal Year	Remaining Balance	Extension Granted? Y/N	Amount Planned to Use in FY23	Amount Planned to Spend Forward	Comments
FY20					
FY21					
FY22					
FY23					

Total Amount to use in FY23:	
Total Amount for Future FY Use:	

^{**}BFPC funds are three-year funds**

Fiscal Year	Must be used by:
2020	9/30/22
2021	9/30/23
2022	9/30/24
2023	9/30/25



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Narrative

Please provide a written narrative describing how the available WIC breastfeeding peer
counseling funds will be used for the activities described on the previous page. If
necessary, additional documentation may be provided as a separate attachment.



