

Legal / Contractual Obligation

The Special Supplemental Nutrition Program for Women, Infants, and Children are authorized by Section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786, as amended through PL105-394, and the regulations promulgated pursuant thereto, 7 CFR Ch. II, Part 246.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2021	2021	2022	2022
Personnel	\$1,082,508	\$3,245,493	\$1,293,532	\$3,252,961
Contractual Services	\$88,130	\$0	\$83,000	\$0
Materials & Supplies	\$109,731	\$42,608	\$63,498	\$734
Internal Services	\$814,173	\$385,640	\$816,981	\$431,032
Total GF/non-GF	\$2,094,542	\$3,673,741	\$2,257,011	\$3,684,727
Program Total:	\$5,768,283		\$5,941,738	
Program FTE	11.25	28.55	11.26	29.14

Program Revenues				
Intergovernmental	\$0	\$2,904,037	\$0	\$2,915,023
Other / Miscellaneous	\$0	\$769,704	\$0	\$769,704
Total Revenue	\$0	\$3,673,741	\$0	\$3,684,727

Explanation of Revenues

This program generates \$431,032 in indirect revenues.

WIC's revenue includes federal funds in the intergovernmental revenue agreement between Multnomah County as the local public health authority (LPHA) and the State of Oregon Public Health Services. WIC is also funded with County general fund. County general funds assist the WIC program in meeting the Federal/State funding requirement of scheduling new pregnant women within 10 days of application to the program. Starting in FY17, Title V grant funds were also part of the WIC portfolio of funding. These funds are used to increase African American culturally specific breastfeeding support in Multnomah County through WIC. \$2,840,023 -State WIC grant; \$75,000 -State Maternal & Child Health (Title V) grant; \$769,704 -HSO county Based services -WIC.

Significant Program Changes

Last Year this program was: FY 2021: 40018 Women, Infants, and Children (WIC)

COVID-19-Related Impacts - WIC services became completely remote in March 2020. This change proved to be successful for clients, as it reduced travel and other barriers related to accessing services, and for WIC staff, as they were able to maintain service quality. In FY22, WIC anticipates having both remote and in-person services (in-person services are still preferred by some clients and provide the ability to perform required health assessments).