Washington State WIC  
Local Agency Request for Funds

**PLEASE READ BEFORE COMPLETING:** This form is to request approval for use of current funds or to request additional funds.

<table>
<thead>
<tr>
<th>Requesting Agency:</th>
<th>Name and Title of Contact Person:</th>
<th>Contact information (Phone number, Email):</th>
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</thead>
</table>

1. **What is the purchase request? Be specific. Include item, quantity, cost, shipping fees, sales tax and labor fees when applicable.**

2. **How will the item(s) be used?**

3. **Are you asking for approval to use existing funds?**  
   - YES  
   - NO  
   If yes, how much of existing funds will be used? $  

4. **Are you requesting additional funds?**  
   - YES  
   - NO  
   If yes, include a detailed budget proposal  

5. **Will the item(s) be used by other non-WIC staff or program?**  
   - YES  
   - NO  
   If yes, note that cost sharing must be used for this purchase.  

6. **If this purchase is a cost shared purchase, what percentage is WIC responsible for?** Show your calculation and what it’s based on (example square footage or FTE).
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7. Additional information or comments:

For State WIC office use ONLY

Approved: YES NO Additional Information:

Name:

Signature:

Date Received:

Date: