

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.

Requesting Agency:	Name and Title of Contact Person:	Contact information (Phone number, Email):
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 <input type="checkbox"/> NO <input type="checkbox"/> If yes, how much of existing funds will be used? \$		
4. Are you requesting additional funds? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, include a detailed budget proposal		
5. Will the item(s) be used by other non-WIC staff or program? YES <input type="checkbox"/> NO <input type="checkbox"/> 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

Date Received:

Approved: YES NO

Additional Information:

Name:

Date:

Signature: