

Request to Increase Administrative Funds (RIAF) – WIC Program

You must download and save this form to enable the electronic signature fields. Open using Adobe Acrobat or Acrobat Reader and sign using an Adobe Digital Signature or Adobe Fill and Sign.

Local WIC agencies can use this form to request an increase to their authorized grant award for non-recurring costs including but not limited to program improvement, general infrastructure, or other supplemental WIC grants.

- **Discuss this request with your State WIC Consultant first.**
- Please provide an itemized quote/estimate for each item requested.
- MDH WIC will submit all requests for supplies, equipment & capital expenditures over \$5,000 to USDA. A letter of support and rationale from your Administrator is also required for those requests.
- For capital improvements or general infrastructure, 2 quotes/bids & blueprints should accompany this form.
- Provide completed request & supporting documentation to your State WIC Consultant. Agencies will receive a notification of approval/disapproval.

Local Agency: _____ **Fiscal Year:** _____

Quantity	Item(s)	Cost per Item Include tax and delivery	Percent of time item(s) or space will be used by WIC. What other programs (if any) will share this cost?	List supporting documentation

Total Cost: _____

Approvals:

Date	WIC Agency Administrator	Date	MDH Nutrition & Clinic Services Supervisor
Date	MDH State WIC Consultant	Date	MDH WIC Director
Date	MDH Fiscal Analyst	Date	Other MDH Supervisor, if applicable

Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; to obtain this information in a different format, call: 1-800-657-3942.

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