

2024 Colorado WIC Local Agency Application



The USDA Special Supplemental Nutrition Program for Women, Infants & Children Program in Colorado (State Agency; COWIC) at the Colorado Department of Public Health and Environment (CDPHE) shall authorize local agencies as recipients of funds in accordance with federal criteria to provide direct Program services statewide. All agencies wishing to hold a contract and receive COWIC funding must submit an application.

Important Note: This application is not for the Breastfeeding Peer Counseling (BFPC) Program or the Farmers' Market Nutrition Program (FMNP), both of which are managed by COWIC but are funded separately. An agency must first be authorized as a COWIC local agency in order to participate in either of these programs.

1. Agency Information

Name of Agency: _____

Address: _____

Website: _____

Unique Entity ID (UEI): _____

If applicable:

CLIA Certificate Number: _____

NPI Number: _____

CIIS Account Number: _____

Does the agency currently hold a COWIC contract? Yes No

List all counties within the Agency's proposed COWIC Service Area (under a single contract):

Type of Agency (pick one):

Which of the following programs and services are offered by the local agency or co-located within WIC clinics? (Select all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Physician Services. | <input type="checkbox"/> Human/Social Services. |
| <input type="checkbox"/> Nursing Services. | <input type="checkbox"/> Family Planning. |
| <input type="checkbox"/> Home Health Services. | <input type="checkbox"/> Prenatal. |
| <input type="checkbox"/> Nutrition Education. | <input type="checkbox"/> Well Child. |
| <input type="checkbox"/> Lactation Education/Support/Pumps. | <input type="checkbox"/> EPSDT. |
| <input type="checkbox"/> Dental Services. | <input type="checkbox"/> Immunization. |
| <input type="checkbox"/> Occupational Therapy. | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Physical Therapy. | |
| <input type="checkbox"/> Pharmacy. | |

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Leadership (Public Health Director or other):

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Credentials (RD, RN, MD, etc): _____

Contract/Fiscal Manager:

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Credentials (RD, RN, MD, etc): _____

WIC Program Lead:

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Credentials (RD, RN, MD, etc): _____

For New Agencies Only:

Describe in detail how the Agency provides ongoing, routine family, nutrition, pediatric and/or obstetric care, including an organizational chart with leadership/policymaking bodies included. If agreements with outside agencies are used to provide care, include the current status of those agreements (copies will be requested if application is approved). If any services are not available in your agency, where are clients referred to for ongoing care?

Number of clients served per month:

Pregnant: _____

Breastfeeding: _____

Non-Breastfeeding: _____

Infants (under 12 months of age): _____

Children (from 1 up to 5 years of age): _____

2. Staffing Information

Statewide service standards are predefined criteria that ensure access, equity, and quality in COWIC core services for all clients. Service standards and staff roles serve as frameworks for maintaining consistency, accountability, and excellence in service delivery and contract accountability; considered to be the minimum required as a COWIC Agency.

For each standard, indicate how the Agency will meet the requirement, either by [a] listing the name, qualifications, and FTE of Agency staff OR [b] through partnership with another Agency (list name of agency). Note that letters of intent/support will be required for any partnerships that are needed for an Agency to meet the basic requirements for authorization.

Service Standard 1:

Clients are able to access COWIC at least four hours per day, five days a week. Ideally via access to trained Program staff via phone; may also be met by providing the option to leave a message with next-business-day response or referring to another agency that is open.

- a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

- b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

Service Standard 2:

Clients are scheduled within the required processing standards as noted in the [Processing Standards policy](#).

- a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

- b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

Service Standard 3:

Clients within the service area with high nutrition risks requiring specialized support are scheduled within the required time frames in the [High and Low Risk Protocols policy](#).

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- a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

- b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

Service Standard 4:

Referrals are contacted within ten days from the date of submission.

- a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

- b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

Service Standard 5:

Clients and staff of each Agency are served directly or via partnership with the following roles as defined in the [Local Staffing Policy](#):

Director that:

- Meets all qualifications, knowledge, skills and abilities for the position of Local Agency WIC Director or Regional WIC Director.
- Performs all Responsibilities/Duties required by the Local Agency WIC Director or Regional WIC Director.
- Best practice is a dedicated 0.8 to 1.0 full-time equivalent (FTE) for this role.

- a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

- b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

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High Risk Counselor(s) that:

- Meets all qualifications, knowledge, skills and abilities for WIC High Risk Counselors.
- Performs all Responsibilities/Duties required by WIC High Risk Counselors.
- Best practice is a ratio of approximately 1 full-time equivalent HRC to 1500-1850 clients for this role, depending on other duties (supervision, clinic oversight, etc.).

a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

Educator(s) that:

- Meets all qualifications, knowledge, skills and abilities for WIC Educator.
- Performs all Responsibilities/Duties required by WIC Educator.
- Best practice is a ratio of approximately 1 full-time equivalent Educator to 400-500 clients for this role, depending on other duties.

a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

Breastfeeding Coordinator(s) that:

- Meets all qualifications, knowledge, skills and abilities for Local Agency Breastfeeding Coordinator.
- Performs all Responsibilities/Duties required by the Local Agency Breastfeeding Coordinator.
- Best practice is based on the number of staff supported by this role, approximately:
 - 0.25 FTE: 1-10 staff
 - 0.25 - 1.0 FTE: 11-25 staff
 - 1.0+ FTE: >25 staff

- a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

- b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

Retailer Coordinator(s) that:

- Meets all qualifications, knowledge, skills and abilities for Local Agency Retailer Coordinator.
- Performs all Responsibilities/Duties required by the Local Agency Retailer Coordinator.
- Best practice staffing is equal to 26 hours per year + (3 hours x # of stores = total hours) = total # of hours needed.

- a. Agency resources dedicated to meet the standard (list name, qualifications, FTE).

- b. Standard met through partnership with another Agency or Agencies* (list partnering agency(ies)).

* Partnerships

Partnership is between an Agency or Agencies (with service areas of one or more counties) that hold separate COWIC contracts. The purpose of partnerships is to sustain the ability of Agencies of varying sizes and types to hold COWIC contracts while maximizing the impact of fiscal resources on the statewide system.

Partnerships require a letter of support/intent from each agency's leadership indicating their willingness to work collaboratively and develop mutually-beneficial partnerships in service to their respective COWIC contract agreements.

Funding may be requested (Section 4) to build capacity/infrastructure in order to create or expand partnerships with other Agencies.

3. Clinic Information

Complete the following for all proposed COWIC clinic locations. Additional documentation or other information may be requested upon application review.

Existing WIC Clinic or New/Planned WIC Clinic

Clinic Name: _____

Clinic Address: _____

Clinic Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Clinic Hours: _____

- Days and hours of operation for appointments?

- Days and hours for phone or in-person access for clients?

- How are inquiries handled outside of these hours?

*New clinics continue on next page.

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For New Clinic Locations Only:

1. Is the clinic listed on the agency's Clinical Laboratory Improvement Amendments (CLIA) certificate? Yes No
2. Is the clinic ADA accessible? Yes No
3. Does the proposed COWIC clinic area offer privacy for clients to receive confidential counseling? Yes No
4. Does the proposed clinic have a designated private and comfortable breastfeeding area? Yes No
5. Will the office(s) offer privacy to clients having discussion with COWIC staff? Yes No
6. Is there a biohazard management plan? Yes No
7. What public transportation is available to this location? Yes No
8. Will clinic phones be answered by an operator or call directly into the clinic? Yes No
9. Will clients need to sign in, go through security, or be "buzzed into" the facility to enter the clinic? Yes No
10. Will the proposed clinic have the ability for videoconferencing and/or teleconferencing for remote client services and/or staff working remotely, if needed? Yes No
11. What office furniture and equipment will be required to make the proposed clinic space ready? Yes No
12. Is there on-site technology support for internet or other system troubleshooting? Yes No
13. Can your agency ensure secure and dependable access to the internet at all clinic locations? Yes No
14. Is there a private, secure space in close proximity to the proposed clinic where heights/weights/blood tests (i.e., hemoglobin/hematocrit screening) can be performed? Yes No
15. Does the clinic have calibrated equipment to measure the height and weight of an adult and the length and weight of infants and children? Yes No
16. Does the clinic have equipment for determining hemoglobin and/or hematocrit (iron) levels? Yes No
17. Does the clinic have adequate locked storage space for breast pumps and eWIC card inventory? Yes No

4. Funding Information

Annual Program Funding (All Agencies):

Annual contract funding (Federal Fiscal Year [FFY], October 1 to September 30) for the operation of the COWIC Program is determined by a formula which is based on annual appropriations and may not cover all the funding needs of the Agency. Based on the estimates provided by COWIC, what is the anticipated total FFY25 budget for the Agency (including all counties within the service area)?

Provide a detailed Program budget (template available), including indirect charges, any supplemental funding provided by the agency or other sources, and the cost allocation plan for shared expenses. Note that Agencies must submit documentation requested by COWIC fiscal staff to support costs in compliance with federal rules and regulations for fiscal management ([OMB OMNI-Circular 2 CFR Part 200](#)).

Agencies Requesting Partnership Funding:

What amount of FFY25 Partnership funding is the Agency requesting to support current Partnerships and/or leadership and capacity development for future Partnerships?

Does the agency currently meet the Partnership funding eligibility requirements? Yes No

If not, is the Agency requesting funding to support leadership and capacity development in order to meet the eligibility requirements?

- *Demonstrates capacity and willingness to serve as a proactive COWIC Program leader and expert, including the support of agency leadership to work collaboratively with other agencies to develop mutually beneficial partnerships.*
- *Meets the staffing requirements and qualifications for designated roles as defined in the Local Staffing policy as well as capacity, bench depth, and expertise in key leadership and direct service roles, specifically Director and High Risk Counselor.*

Describe in detail how the actions/services supported by the proposed Partnership funding will improve:

- *COWIC client experience and customer service/access to services.*
- *Expansion of existing or new inter-agency collaboration.*
- *Strategic use of funding to maximize impact and efficiency of resources/operations.*
- *Agency infrastructure to drive COWIC leadership and partnership potential.*

- Sustainability and cooperation of Agencies within the region, particularly if funding does not keep pace with future growth.
- Commitment to a multi-year plan to build partnership across Agencies.

Agencies Receiving Funds for Breastfeeding Peer Counseling (BFPC) Program:

Please note: WIC BFPC grant funding is separate from regular WIC funds, and COWIC does not plan to expand the program. BFPC support is offered at no cost to all COWIC local agencies throughout the state.

Does the Agency plan to administer a BFPC program in FFY25? Yes No

New Agencies:

Will any start-up funding be requested? If so, please describe those expenses.

5. Compliance and Performance Information

Has the Agency had any findings identified in the last two rounds of routine program monitoring for clinic operations? Yes No

If so, were any of these repeat findings?

What is the action plan for the remediation of these findings?

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Has the agency had any findings on the last two fiscal monitoring cycles? Yes No

If so, were these repeat findings?

What is the action plan for the remediation of these findings?

Has the agency received any CDPHE audit findings in the last five years? Yes No

If so, what were they?

What is the remediation plan for these findings?

Has the agency received any Federal audit findings in the last five years? Yes No

If so, what were they?

What is the remediation plan for these findings?

Please add any additional information/comments that may facilitate review of this application.

6. Acknowledgements

Review each of the following contract requirements. Submission of this application will acknowledge that these expectations are fully understood and can be met by the applicant agency as of the proposed start date unless otherwise noted. These requirements will be referenced and/or included as Deliverables in the Scope of Work for all COWIC contracts.

- i. The Contractor must be an authorized COWIC local agency and may be required to re-apply for authorization from time to time.
- ii. The Contractor shall administer the COWIC program to qualified participants according to specifications outlined in the [COWIC Policy & Procedures](#) (updated annually) available at www.ColoradoWIC.gov. The Contractor is responsible for understanding, implementing, evaluating, and reporting Program activities as noted in the current Policy & Procedure. The Contractor shall contact the COWIC Program staff at CDPHE with any questions regarding interpretation of policies, procedures, and training.
- iii. The content of electronic documents located on the COWIC websites may be updated periodically during the contract term. The Contractor shall comply with all policy, program, and fiscal updates.
- iv. The Contractor agrees to meet or exceed all Program Service Standards and Local Staffing policies.
- v. The Contractor shall provide an environment for COWIC clients and local agency staff that is welcoming, breastfeeding-friendly, accessible, and provides confidential counseling spaces.
- vi. The Contractor shall ensure full access to the BFPC program for all eligible clients.
- vii. The Contractor shall accommodate cultural and language diversity of clients through the use of phone or in-person translation services whenever requested by the client.
- viii. The Contractor shall be responsible for the security and accountability of negotiable food instruments (EBT cards).
- ix. The Contractor shall reimburse the State for any COWIC Program funds that are misused or otherwise diverted due to negligence, fraud, theft, embezzlement, or any other loss caused by the Contractor, its employees, or agents.
- x. The Contractor shall participate in program monitoring activities not less than biannually to assure compliance with federal and state requirements. Program monitoring visits are done by state office nutrition consultants and include onsite and offsite visits that require pre/post work to be completed by the LA depending on the findings. Additional monitoring visits and requirements may be instituted for newly-authorized agencies to ensure compliance and training. Furthermore, if an agency accumulates a high number of findings, they will undergo additional check-ins to facilitate compliance and correction measures. Failure to correct deficiencies in performance, compliance, and/or contract deliverables may result in additional reviews, additional reporting requirements, required remediation plans, contract modifications up to and including termination.
- xi. Fiscal monitoring requires agency staff support and provision of documentation. New agencies will require additional monitoring and oversight prior to opening and during the first one to two years. Details and requirements are included in authorized COWIC Local Agency contracts.
- xii. The Contractor shall inform the COWIC state Program staff at CDPHE when new employees need security roles assigned within the computer system.
- xiii. The Contractor shall require its employees to track time worked and submit a time study report on the following COWIC activities: Nutrition Education; Breastfeeding Support; Clinic Services; Administration. Time Study reports shall be submitted to cdphe_nsbfiscal@state.co.us at the COWIC Program at CDPHE for each of its local agency employees for the timeframe of one week per month OR one month per quarter.
- xiv. The Contractor shall create an annual local agency budget for operating the Program and

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submit a copy of that budget to the COWIC Fiscal Officer at CDPHE at cdphe_nsbfiscal@state.co.us.

- xv. The Contractor shall provide the necessary support to operate COWIC computers and peripheral devices, including on-site Information Technology (IT) support, data security including firewalls and reliable and secure internet access. The Contractor agrees to maintain upgrades of the MIS system when notified by COWIC at CDPHE. The Contractor shall be responsible for the security of all COWIC equipment in its control or possession and shall immediately report loss or damage to equipment caused by Contractor negligence, abuse, or misuse to Program staff at CDPHE. The Contractor shall maintain a computer equipment inventory that includes: computer model; serial number; date purchased; acquisition cost; warranty expiration; computer location.
- xvi. The Contractor shall respond to all requests for information and meetings from the COWIC Program at CDPHE in a timely manner and will require the appropriate staff or a designee to each of the required routine calls/meetings to ensure agency awareness and compliance.
- xvii. The Contractor understands that all COWIC data is owned by COWIC at CDPHE. The Contractor understands that access to Program data is governed by the Data Use Policy as included in the current Policy & Procedures and may not be shared between agency's programs without specific, documented client consent.
- xviii. The Contractor shall protect the confidentiality of a client's identity by limiting access of records to COWIC staff and the designated health care provider (with client's documented permission) only. One-time access to records by other third parties must be accompanied by a release of information signed by the recipient and documented in the computer system.
- xix. The Contractor acknowledges that failure to comply with the COWIC Data Policy may result in the immediate loss of Program contract and funding.

Equal Opportunity Statement & Civil Rights Requirements

Equal Opportunity Statement: *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. This institution is an equal opportunity provider.*

Compliance with the USDA Equal Opportunity Statement is required for all State and Local Agencies contracted to provide the WIC Program.

Will your agency adhere to the USDA equal opportunity statement listed above? Yes No

Does your agency have any other requirements or policies related to access to or quality of programs for all residents? Yes No

Do you currently have any discrimination or civil rights complaints filed against your agency? Yes No

If yes, provide details.

7. Authorized Signature

I acknowledge that the agency has reviewed the current [COWIC Policies & Procedures Manual](#) and agrees to comply with all requirements listed therein if authorized as a local agency.

Signature of Authorized Local Agency Official

Date

Return completed application to cdphe_cowic_application@state.co.us on or before June 16, 2024, 5pm MST.