

Distribution of Funding	Base Grant (85% of total)	Cost Adjustment Factors (10% of total)			Partnership Support (5% of total)	Churn Adjustment
	Per Participant	Population Density	% Non-English Speaking Clients	% High Risk Clients		
Percent of Total Formula	85%	2.50%	3.50%	4.00%	5.00%	n/a
Name of Data	Average Monthly Enrollment by County	DOLA Table, Land Density by County	COWIC Data	COWIC Data	Partnership Support	Churn Adjustment
Stable URL to Data	n/a (COWIC data)	<a href="https://docs.google.com/spreadsheets/d/1VutGgpEiiNZAXTWcDcZk34h8X-X1hKlb/export?format=xlsx">https://docs.google.com/spreadsheets/d/1VutGgpEiiNZAXTWcDcZk34h8X-X1hKlb/export?format=xlsx</a>	n/a (COWIC data)	n/a (COWIC data)	n/a	n/a
Data Source	COWIC MIS	State Demography Office, DOLA	COWIC MIS	COWIC MIS	Local Agency Partnerships; COWIC contract information	COWIC MIS
Base Unit	County	County	County	County	Local Agencies	County
Most Recent Vintage	<a href="#">Jan - Sep 2023 Map</a>	2020	Average Monthly Oct 23 - Feb 24	Average Monthly Oct 23 - Feb 24	n/a	Average Monthly Oct 23 - Feb 24
How Often Data are Updated	Monthly	Annually	Monthly	Monthly	Annually	Annually
When Data are Updated	Each Month	January	Each Month	Each Month	Annually or when Partnerships change.	Annually
When Data are Pulled for Funding Formula Calculations	July of Contract Year	n/a	July of Contract Year	July of Contract Year	July of Contract Year	July of Contract Year
Adjustments Applied to Source Data	Average Monthly Enrollment of Previous 12 Months	Categorized as Low (<50 Persons Per Square Mile); Medium (50 - 500 Persons Per Square Mile); High (500+ Persons Per Square Mile)	Non-English Clients Served in Excess of State Average over Previous 12 Months	High Risk Clients Served in Excess of State Average over Previous 12 Months	Contracts may be adjusted mid-FY to accommodate newly-formed partnerships	Assessment of client addresses compared to where they seek clinic services resulting in adjustment up or down by county.
Purpose in the Formula	This factor represents the day-to-day workload of providing direct WIC services to clients.	This factor accounts for the increased cost to serve program participants in rural areas, primarily due to travel time.	This factor accounts for the relative cost of providing services to clients with a preferred language other than English.	This factor accounts for the relative cost of providing services to clients who have one or more high-risk nutrition risks as defined by the WIC Program.	This factor accounts for the additional time and expertise needed to provide specialized staff support within a partnership.	This factor represents the movement of clients between the county where they live and the county or counties where they seek COWIC services. It is a reflection of the change to a county-based formula rather than an agency-based formula and adjusts to reflect the actual caseload being served by an agency.
Weighting Considerations	Caseload is the primary driver of all WIC costs and as a result is the primary driver of funding allocation. Federal funding distribution to states is also based primarily on caseload.  A consideration for this data is that it is sorted by county based on client home address. Since clients are not required to receive Colorado WIC services in the same county in which they reside, <b>agencies routinely serve clients who live in counties outside their designated service area.</b> Enrolled clients can be transferred between agencies if they seek services in another area.	Less dense and typically more rural areas receive more money with this factor in recognition of the need for staff travel between clinics. This factor is also included to acknowledge that some Colorado communities have less infrastructure for remote/telehealth options and therefore require physical presence to provide services.	Providing equitable and culturally-sensitive services to clients who speak a language other than English require additional time, resources, or expertise. Inclusion of this factor is to recognize this impact on the scheduling and workflow clinics and the training and system needs to support staff and clients.	Client who are assessed and found to have higher nutritional risks may require additional time for certification appointments including time with higher-paid RD staff, greater need for referrals to wrap-around services, coordination with medical provider prescriptions for special medical infant/child formulas, specialized nutritional counseling, and/or more frequent appointments. These needs may drive higher costs for local WIC clinics in the form of needing more time and expertise to provide service.	Set annual amounts (based on % of total contract funds available) are provided to agencies that coordinate and provide specialized services (Director, High Risk Counselor, Retail Coordinator, Breastfeeding Coordinator) within a partnership to ensure service and quality standards are met for all clients. This funding recognizes the additional time and expertise capacity that is needed over the lifetime of a partnership but may vary day to day.	Not a weighted factor.