

Special Diabetes Program for Indians (SDPI)
Diabetes Prevention and Healthy Heart Initiatives
Cooperative Agreement Program

Instructions for Continuation Application for FY 2012 Funding
From the IHS Division of Diabetes Treatment and Prevention (DDTP)



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1. Introduction

These instructions are intended to provide details of the programmatic requirements for Special Diabetes Program for Indians (SDPI) Diabetes Prevention (DP) and Healthy Heart (HH) Initiative grants for FY 2012 funding from the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (DDTP). FY 2012 is a year of continued funding for grants that were initially awarded in FY 2010. **All SDPI Diabetes Prevention and Healthy Heart Initiatives (DP/HH Initiatives) grantees that received FY 2010 funds must submit a continuation application to receive FY 2012 funding.**

In addition to the continuation application requirements, this document includes tips for writing a strong application in Appendix 3. (*below*).

PROCESS CHANGE FOR FY2012: Electronic submission of non-competitive applications will no longer be through Grants.gov. **Applications must now be submitted through GrantSolutions.gov.**

Information is available from the following resources:

- **GrantSolutions Grantee Guide –**
<http://www.ihs.gov/NonMedicalPrograms/gogp/documents/GranteeGuideToGrantSolutions.pdf> [PDF - 1.5MB]
- **Division of Grants Management (DGM) Grants Policy News –**
http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_current_news

2. Key Information about FY 2012 Continuation Application

2.1 Budget Period

The new annual budget period for this DP/HH Initiatives cooperative agreement is September 30, 2012 to September 29, 2013.

2.2 Due Date

The due date for this continuation application is no later than June 4, 2012.

2.3 Funding Amounts

Funding amounts for each FY 2012 DP/HH Initiative cooperative agreement will be the same as for FY 2011. The proposed Budget and Budget Narrative should be based on this amount.

2.4 Electronic Submission

The preferred method for submission of this application is electronic submission via GrantsSolutions.gov. Please refer to the DGM Grants Policy News site (listed above) for additional information about this process and for information on requesting a waiver to submit a paper application, if necessary.

2.5 Carryover of Funds from FY 2011

The carryover balance or carryover funds are the unobligated funds from a previous funding period under a grant or cooperative agreement that are authorized for use to cover allowable costs in a current funding period. Obligated, but unspent, funds are not considered carryover.

All carryover funds must be used to support the originally approved objectives and goals of the project. Grantees have the authority to carry over IHS unobligated grant funds remaining at the end of a budget period **with the exception** of funds that are restricted in a Notice of Grant Award. Each grantee is required to submit the Federal Financial Report (FFR), Standard Form 425, within 90 days after the FY 2011 budget period expires.

- If the Carryover Balance is 25 Percent or Less. If the grantee has less than 25 percent of their total awarded funds remaining as unobligated at the end of the budget period, they can utilize the unobligated funds as carryover in the next budget period without written approval from DGM.
- If the Carryover Balance Exceeds 25 Percent. If the grantee has more than 25 percent of their total awarded funds remaining as unobligated at the end of the budget period, they must obtain prior written approval from their Grants Management Specialist to carryover the unobligated funds and provide a justification as to why the funds were not used in the prior budget period as proposed.

Carryover documents must be submitted through GrantSolutions.gov.

3. Programmatic Requirements

Current grantees must continue to meet the following programmatic requirements to receive FY 2012 funding:

3.1 Program Director

All grantees must have a Program Director who meets the following requirements:

- a. Be responsible for the administration including the financial management of the overall project
- b. Must have his/her primary appointment with the applicant organization; however, special arrangements of employment, such as inter-organizational personnel agreements, are permissible.

3.2 Program Coordinator

All grantees must have a Program Coordinator who meets the following requirements:

- a. Have relevant health care education and/or experience.
- b. Have experience with program management and grants program management, including skills in program coordination, budgeting, reporting and supervision of staff. (Programs are urged to have the Program Director also serve as the Program Coordinator.)
- c. Have a working knowledge of diabetes.

3.3 Implement the DP or HH Initiatives Core Elements

All grantees must continue the implementation of their respective Core Elements. The Core Elements are the following:

- a. Ensure adequate staffing for the project.
- b. Recruit and screen enough individuals to meet the target goal of participants each year (Diabetes Prevention Program – 48 participants/year; Healthy Heart Project – 50 participants/year)
- c. Successfully maintain the Intensive Activities
- d. Successfully retain participants in program activities
- e. Successfully collect and submit required data to the Coordinating Center
- f. Evaluate community-based activities
- g. Successfully participate in dissemination activities
- h. Implement your activities using a timeline.

3.4 Implement Data Submission

Grantees must continue the following data-related activities:

- a. Continue documenting program activities and outcomes per the Initiatives Operations Manual as you have been;
- b. Formalize targeted data management, analysis, and reporting for participants, other stakeholders, and specific events. Examples include in-service presentations for providers; regular feedback for participants; reports and presentations for administrators, community and Tribal leaders; and posters and presentations for professional conferences, health fairs, and community events. A minimum of four such products per year are required.

3.5 Implement Program and Evaluation Plans

Grantees must demonstrate progress towards meeting the goals and objectives set in their FY 2011 applications and clearly document their plan for continued work and evaluation in FY 2012 in their Project Narrative. They must follow the plans submitted with their application when implementing either the DP or the HH Initiative Core Elements and when evaluating their progress and outcomes.

Depending on progress made towards meeting goals and objectives set in their FY 2010 funding applications, grantees may:

- a. Continue work towards meeting the goals and objectives set forth in their FY 2010 funding application, in support of the Core Elements.
- b. Set new goals and objectives in support of some or all of the Core Elements selected in the FY 2010 application.

3.6 Participate in Training, Meetings and Conference Calls

Grantees must participate in DP/HH Initiatives training sessions and peer-to-peer learning activities. Training sessions will be primarily conference calls or combined conference calls/online training sessions. Ongoing continuing education of staff will include

- 4 DP/HH Initiative face-to-face meetings,
- DDTP and CC conference calls, online trainings and web-based conferencing,
- quarterly conference calls with the CC,
- one-on-one conference calls with key DDTP and CC staff, including Dr. M. Mandelin.
- DDTP Grant Program Official and CC visits, and
- as-needed regional technical assistance trainings, using peer-to-peer learning, facilitated by the CC.

Grantees will be expected to:

- a. Participate in interactive discussion during conference calls.
- b. Share activities, tools and results.
- c. Share problems encountered and how barriers are broken down.
- d. Share materials presented at conferences and meetings.
- e. Participate and share in other relevant activities.

Training sessions will be led by the Division of Diabetes, Coordinating Center, or their agents. Training sessions will address topics in the treatment and prevention of diabetes and may address program planning and evaluation, enhancing accountability through data management, and improvement of principles and processes. Grantees will be expected to integrate information and ideas in order to enhance the effectiveness of their program's activities. Expected outcomes from participating in the training sessions are improved communication and sharing among grantees, increased use of data for improvement, and enhanced accountability.

[Section 3. *Programmatic Requirements* continues on the following page.]

3.7 Participate in Dissemination Activities

The SDPI Demonstration Projects have gained knowledge and experience that can be communicated to help the Indian health care system successfully disseminate and implement these same activities into other IHS, Tribal, and Urban (I/T/U) settings. Dissemination and implementation activities under this cooperative agreement will be designed to bridge the gap between the Demonstration Project settings and the clinical, community, and educational settings of I/T/Us.

Grantees will work in collaboration with the Division of Diabetes and the Coordinating Center to develop models of dissemination and implementation that may be applicable across diverse I/T/U community and practice settings, and will design an evaluation that will accurately assess the outcomes of these efforts. Grantees will explore ways to effectively disseminate the information about the Diabetes Prevention and Healthy Heart interventions and develop a knowledge base about how interventions are effectively implemented in various practice settings in American Indian and Alaska Native (AI/AN) communities.

During this new budget period, grantees will continue to be required to participate in the assessment and development of a multi-media toolkit intended to disseminate the knowledge, resource materials, and skills of the Diabetes Prevention and/or Healthy Heart Initiative to other AI/AN communities. Participation will include, but is not be limited to:

- a. assist with preparing the toolkit including writing and selection of other components such as links to resources, in collaboration with DDTP and the CC;
- b. assist with the initial dissemination of the toolkit including planning and implementation of the dissemination, in collaboration with DDTP and the CC;
- c. assist with the formation of a panel of experts from among the program staff to provide advice and guidance to toolkit users. Possible mechanisms are mentorships, a resource bank, and regional trainings, facilitated by the CC;
- d. advise the development of the toolkit evaluation plan, with a focus on content, format, delivery and relevance, and assist with implementation of this plan;
- e. assist with toolkit revisions as needed;
- f. assist with the development and implementation of a marketing plan and materials. The marketing plan may include presentations to AI/AN community leaders and health care organizations, given by program staff;
- g. Grantees should anticipate a modest commitment of staff time and related infrastructural support to participate in these activities, which could occur by conference call, web-based conferencing, and specialized tracks at regularly scheduled Initiatives meetings. The time commitment will be greater for members of the expert panel and individuals actively involved in implementing the marketing plan.

4. Required Application Documents for All Applicants

Grantees must submit all of the documents listed below with their Continuation Application (except those noted as optional) in the GrantsSolutions.gov Application Package.

4.1 Application Forms

- 4.1.1 Application for Federal Assistance (SF-424)
- 4.1.2 Budget Information for Non-Construction Programs (SF-424A)
- 4.1.3 Assurances for Non-Construction Programs (SF-424B)
- 4.1.4 Lobbying Form
- 4.1.5 Faith-Based EEO Survey [optional]
- 4.1.6 Disclosure of Lobbying Activities (SF-LLL)

4.2 Indirect Cost Rate Documentation [if required]

Generally, indirect cost rates for IHS award recipients are negotiated with the HHS Division of Cost Allocation (<http://rates.psc.gov/>) and the Department of the Interior National Business Center (1849 C St. NW, Washington, D.C. 20240) <http://www.aqd.nbc.gov/Services/ICS.aspx>.

If the current rate is not on file with the DGM at the time of award, the indirect cost portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the DGM. If your organization has questions regarding the indirect cost policy, please contact the DGM at 301-443-5204 or by email: GrantsPolicy@IHS.gov.

If needed, this documentation should be included in the continuation submission in GrantsSolutions.gov.

4.3 Project Narrative

This Project Narrative should be a separate MSWord document with consecutively numbered pages. Be sure to follow the guidelines and detailed instructions on how to complete the Project Narrative. **These guidelines and instructions are located in Appendix 1.**

There are two parts to the Project Narrative:

- Part 1 – Interim Progress Report (*below*)

All FY 2011 grantees are required to submit an Interim Progress Report to the Division of Diabetes and Division of Grants Management. The Interim Progress Report will address progress that has been made to date based on the goals and objectives of your 2011 application.

- Part 2 – Work Plan for the new budget period (*below*)

The work plan will address your program’s planned goals, objectives and activities for the new budget period.

All items in Part 1 and Part 2 must be included in your Project Narrative; do not change, delete, or skip any items.

4.4 Budget Narrative

This Budget Narrative should be a separate MSWord document that is no longer than six pages. The Budget Narrative provides additional explanation to support the information provided on the SF-424A form (Budget Information for Non-Construction Programs). In addition to a line item budget, provide a brief justification for each budget item, including why it is necessary and relevant to the proposed project and how it supports project objectives.

The list of budget categories/items is provided to give ideas about what you might include in your budget. You do not need to include all the categories and items, and you may include others not listed. The budget is specific to your own program, objectives, and activities. **A sample budget is located in Appendix 2 (*below*).**

A. Personnel

For each position funded by the grant, including Program Coordinator and others as necessary, provide the information below. Include “in-kind” positions if applicable.

- A. Position name.
- B. Individual’s name or enter “To be named.”
- C. Brief description of role and/or responsibilities.
- D. Percentage of effort that will be devoted directly to this grant.
- E. Percentage of annual salary paid for by SDPI funds OR hourly rate and hours worked per year paid for by SDPI funds.
- F. In-kind Positions

B. Fringe Benefits

List the fringe rate for each position included. DO NOT list a lump sum fringe benefit amount for all personnel.

C. Travel

Line items may include:

- A. Staff travel to meetings planned during budget period. Example: travel for two people, multiplied by two days, with two–three nights lodging.
- B. Staff travel for other project activities as necessary.
- C. Staff travel for supplemental training as needed to provide services related to goals and objectives of the grant, such as CME courses, IHS Regional Meetings, Training Institutes, etc.

D. Equipment – Include capital equipment items that exceed \$5,000.00.

E. Supplies

Line items may include:

- A. General office supplies.
- B. Supplies needed for activities related to the project, such as teaching materials and materials for recruitment or other community-based activities.
- C. Case Management materials and activities
- D. Software purchases or upgrades and other computer supplies.
- E. File cabinets

F. Contractual/Consultant

May include partners, collaborators, and/or technical assistance consultants you hire to help with project activities. Include direct costs and indirect costs for any subcontracts here.

G. Construction/Alterations and Renovations (A&R)

Major A&R exceeding \$250,000.00 is not allowable under this project without prior approval.

H. Other

Line items may include:

- A. Participant incentives – list all types of incentives and specify amount per item.*
- B. Marketing, advertising, and promotional items.
- C. Office equipment, including computers under \$5,000.00.
- D. Internet access.
- E. Medications and lab tests – be specific; list all medications and lab tests.
- F. Miscellaneous services: telephone, conference calls, computer support, shipping, copying, printing, and equipment maintenance.

* The *HHS Policy on Promoting Efficient Spending* will not affect DP/HH grantees because this policy does not apply to non-conference grant awards. Specifically, promotional items within the \$30 range are in place as a recruitment measure and incentive that ties into the goals and objectives of the program. Food and supplies for nutrition events are allowed.

4.5 Biographical Sketches for NEW Key Personnel [if necessary]

Biographical sketches should be provided for any new key personnel not included in the FY 2011 application. Biographical sketches should include information about education and experience that are relevant to the individual's position and document that they are qualified for the position.

Acceptable formats include brief resumes or curriculum vitae (CV), short written paragraphs, and one-page bio sketches on standard forms.

4.6 Documentation of OMB A-133 required Financial Audit for FY 2011

Acceptable forms of documentation include:

- a. E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted.
- b. Face sheets from audit reports. These can be found on the FAC website:
<http://harvester.census.gov/fac/dissem/accessoptions.html?submit=Retrieve+Records>

5. Additional Required Documents for Programs with Consortium members

Programs with one or more consortium members must submit the following programmatic documents **for each consortium member** in addition to the required documents for the primary grantee:

- a. Application for Federal Assistance (SF-424)
- b. Budget Information for Non-Construction Programs (SF-424A)
- c. Assurances for Non-Construction Programs (SF-424B)
- d. Project Narrative: A separate interim progress report and work plan
- e. Budget Narrative: A separate budget is required for each consortium member, **but the primary grantee's application must reflect the total budget for the entire cost of the project.**

6. Additional Required Documents for Programs with Sub-contractors

Programs with one or more sub-contractors as documented in a Memorandum of Agreement (MOA) submitted with the FY 2011 application must submit the following programmatic documents for each sub-contractor:

- a. Application for Federal Assistance (SF-424).
- b. Budget Information for Non-Construction Programs (SF-424A): A separate budget is required for the sub-contract, but the primary grantee's application must reflect the total budget for the entire cost of the project.
- c. A copy of the MOA submitted with the FY 2011 application, if current OR a new MOA if the original MOA expired or was changed.

7. Review of Applications

All applications will be reviewed for adherence to the instructions from DGM and DDTP, including submission of all required documents. Applicants that do not submit all required documents in the correct format will be contacted to provide the missing documentation before their application is reviewed. Failure to provide all of the required documents in the correct format will delay processing of your application.

Unlike the SDPI Diabetes Prevention and Healthy Heart Initiative application process in FY 2010, the FY 2012 continuation applications are not competitive and will not be reviewed by an Objective Review Committee. Instead, DDTP program staff or their designees will review the applications. Continuation funding is dependent on:

1. Compliance with the Terms and Conditions outlined in the FY 2011 Notice of Award
2. Satisfactory business (financial) review by Division of Grants Management (DGM)

3. Satisfactory programmatic review, including:
 - a. Completeness of information in the Project Narrative and Budget Narrative.
 - b. Documented progress, to date, towards meeting the goals and objectives set in the FY 2011 application.
 - c. Documented plan for continued work and evaluation in FY 2012.

8. Reporting Requirements

Grantees must meet requirements for progress reports and financial reports based on the Terms and Conditions of this grant as noted below. Additional Terms and Conditions of these grants will be stated in the Notice of Award.

8.1 Semi-annual Progress Report

Grants regulations require that program progress reports be submitted semi-annually, approximately six months after the start of the budget period. *Submission of the Interim Progress Report as part of this continuation application will meet this requirement.*

Completion of the Interim Progress Report must follow the guidelines provided in Appendix 1 – below. Provide a brief comparison of actual accomplishments to the goals and objectives established for the budget period or provide sound justification for the lack of progress.

8.2 Final Progress Report

A final progress report is required for any grant that is at the end of the project period. The final progress report must follow specific instructions that will be provided by the DDTP and be submitted to DGM, but minimally will include a summary of progress toward the achievement of the originally stated aims, a list of significant results (positive or negative), and a list of publications. The final Federal Financial Report is due within 90 days after the end of the project period (after FY 2013).

8.3 Federal Financial Report

An annual Federal Financial Report (FFR), SF 425, is required to be sent to DGM at the end of each budget period. The final FFR showing no unliquidated obligations for that budget period is due to DGM 90 days after the budget period has ended. Standard Form 425 (long form for those reporting program income; short form for all others) will be used for financial reporting.

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: 1) the imposition of special award provisions; and/or 2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is

due to the failure of the grantee organization or the individual responsible for preparation of the reports.

8.4 Single Audit Reports (OMB A-133)

Applicants who have an active SDPI grant are required to be up-to-date in the submission of required audit reports. These are the annual financial audit reports required by OMB A-133, audits of state, local governments, and non-profit organizations that are submitted. Documentation of (or proof of submission) of current Financial Audit Reports is mandatory. Acceptable forms of documentation include: e-mail confirmation from FAC that audits were submitted; or face sheets from audit reports. Face sheets can be found on the FAC website:

<http://harvester.census.gov/fac/dissemin/accessoptions.html?submit=Retrieve+Records>

9. Additional Resources and Support

There are many resources for additional information and support for grantees preparing applications, including:

a. DDTP Website:

SDPI FY 2012 Diabetes Prevention and Healthy Heart Initiatives Information webpage –

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIDPHH>

b. SDPI Coordinating Center Website: This website provides access to expertise, guidance and other information on the SDPI Diabetes Prevention and Healthy Heart Initiatives for the grantees.

<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/sdpi/Pages/sdpi.aspx>.

- **Diabetes Prevention Program Core Elements –**

http://aianp.ucdenver.edu/sdpi/dp/data/initiative/dp_initiative_appendices.htm

- **Healthy Heart Project Core Elements –**

http://aianp.ucdenver.edu/sdpi/hh/data/initiative/hh_initiative_appendices.htm

c. DDTP Program Staff: For programmatic questions, including questions about the Project Narrative:

Gordon Quam, Project Officer –

Email: gordon.quam@ihs.gov

Phone: 505-248-4182

Lorraine Valdez, DDTP Acting Director –

Email: s.lorraine.valdez@ihs.gov

Phone: 505-248-4182

d. SDPI Coordinating Center Staff: For assistance contact:

Jenn Russell, BA, Data Coordinator
Email: Jenn.Russell@ucdenver.edu
Phone: (303) 724-1422

Kimberly Keffeler, Program Assistant
Email: Kimberly.Keffeler@ucdenver.edu
Phone: (303) 724-6248

e. DGM Staff: For questions about budget, GrantSolutions.gov process, financial reporting requirements:

Email: grantspolicy@ihs.gov
Phone: 301-443-5204

f. Area Diabetes Consultants: These individuals are familiar with the SDPI application process and grantees in their area. They can be contacted via email or phone to answer questions. Contact information can be found on the DDTP website here: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

g. Question and Answer Sessions: DDTP will hold regular question and answer (Q&A) sessions about the continuation application process via online conferencing services. These sessions will give applicants an opportunity to ask specific questions. Information about these sessions including dates, times, and instructions for participating will be posted on the DDTP SDPI DP/HH Initiatives Information website: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIDPHH>

Appendix 1: Guidelines for Completing the Project Narrative Template

The Project Narrative is a very important part of the continuation application because it is a summary of your program's progress to date and it is the details of what will be accomplished during the new budget period. The Project Narrative consists of two parts:

- Part 1, *below* – Interim Progress Report on the current budget period, to date
- Part 2, *below* – Work Plan for the new budget period

Part 1 - Interim Progress Report

This interim progress report is on the current budget period: September 30, 2011 – September 29, 2012 (to date).

The Interim Progress Report should address progress that has been made, to date, based on the goals and objectives of your current (Initiatives Year 2) Work Plan. Your response to each item should be no more than two or three paragraphs, and in some cases, may only be one paragraph or even a sentence if not applicable.

Be sure to:

- Address each of the following topics. Do not leave any item blank.
- Describe your progress including successes and challenges on each topic.
- If your program has not yet started on a topic, describe the reason(s) why you have not started.
- Include individual comments for each consortium site, if applicable.
- Include the name of your program in the title and inside the footer of your report.
- Limit your entire interim progress report to eight pages. You may use an appendix to provide further detail, if necessary.

1. Hiring/Staffing and Key Personnel

1.1 Describe your current staff and any positions that still need to be filled.

1.2 Describe any challenges you have had in hiring staff and include how you were able to problem solve the challenges you had.

1.3 *Briefly* describe your program's strengths and weaknesses in this area.

1.4 Include the following information regarding key personnel:

- Project Director and Project Coordinator – provide name, address, phone number and email address. Attach this document in GrantSolutions.gov.
- Project Director – provide curriculum vitae (CV). Attach this document in GrantSolutions.gov.

New programs may also include the staffing plan submitted to the Coordinating Center in March 2011. Include it in your Application Package in GrantSolutions.gov when you submit your application.

2. Recruitment and Screening Activities

- 2.1. Briefly describe and summarize the activities you have held to recruit and screen potential participants.
- 2.2. Describe any successes and/or challenges with recruitment and screening.
- 2.3. Describe how you were able to problem solve to address the challenges and provide specific examples.
- 2.4. Include the total number of individuals contacted and of those contacted, the number that were screened.
- 2.5. Briefly describe your program's strengths and weaknesses in this area.

3. Enrollment Process/Baseline Assessments

- 3.1. Describe how you were able to problem solve to address the challenges you had in enrolling participants (obtaining baseline assessments).
- 3.2. Include the number of participants enrolled (the total number of baseline assessments completed) to date.
- 3.3. Briefly describe your program's strengths and weaknesses in this area.

4. Intensive Activities

- 4.1. Describe what your program has done to date and include descriptions of any special modifications or adaptations you have made.
- 4.2. Describe successes and challenges you have had in maintaining these intensive activities.
- 4.3. Describe how you were able to problem solve to address any challenges.
- 4.4. Provide the start dates of each activity and give the number of participants who started and completed each activity. Note that lifestyle coaching and case management are ongoing and as such should not have end dates.
- 4.5. Briefly describe your program's strengths and weaknesses in this area.

5. Retention Activities

- 5.1. Describe any successes or challenges and any special efforts or activities related to participant retention (for the Diabetes Prevention Program this includes After Core activities).
- 5.2. Describe how you were able to problem solve to address the challenges you had in retaining participants.
- 5.3. Briefly describe your program's strengths and weaknesses in this area.

6. Data Collection and Submission

- 6.1. Describe your experience with data collection and submission.
- 6.2. Describe data errors and notifications, if applicable, and explain how these were corrected.
- 6.3. Describe your ability to collect and submit data in a consistent and timely manner and include any difficulties you had in doing so.
- 6.4. Describe how you were able to problem solve to address the challenges you have experienced.
- 6.5. Include the total number of post-Diabetes Prevention Program (DPP) class (DP only), annual (DP and HH), and mid-year (DP only) assessments obtained to date.
- 6.6. Briefly describe your program's strengths and weaknesses in this area.

7. Community-based Activities

- 7.1. Briefly describe any less intensive/community/group activities you have held.
- 7.2. Provide a description of your program's evaluation of these activities including how this information was gathered.
- 7.3. Provide the dates and the number of participants at each activity.
- 7.4. Describe how you were able to problem solve to address the challenges that you had in providing these activities.
- 7.5. Briefly describe your program's strengths and weaknesses in this area.

8. Dissemination Planning Activities

- 8.1. Briefly describe your participation in the dissemination planning activities including:
 - the DP/HH Initiatives Year 2 Meeting 1 dissemination sessions (Nov 2011)
 - the DP/HH Initiatives Year 2 Meeting 2 dissemination sessions (Mar 2012)
 - Homework assignment numbers 3 and 4: Modules 1, and 3 – 6 (Oct 2011)
- 8.2. Briefly describe your program's strengths and weaknesses in this area.

9. Trainings, Meetings, and Conference Calls

- 9.1. Briefly describe or summarize your program's attendance at all related trainings, meetings, and conference calls required or recommended by the IHS Division of Diabetes and the SDPI Initiatives Coordinating Center. Provide the dates and number of staff at each of the following activities:
- a. Initiatives Year 2, Meeting 1 (Nov 2011)
 - b. Initiatives Year 2, Meeting 2 (Mar 2012)
 - c. Web-based Data Entry System Phase 2 Webinar (Oct 2011)
 - d. Dissemination Toolkit homework #3 – Selecting tools and materials for modules 3, 4, and 6 (Oct 2011)
 - e. Dissemination Toolkit homework #4 – Selecting tools and materials for modules 1 and 5 (Oct 2011)
 - f. GrantSolutions.gov Overview/Q & A Training Webinars (April 2012)

10. Budget

Answer the following questions with “Yes” or “No” answers and a short explanation or description.

- 10.1 Are there program expenses that you did not fully anticipate for this year?
- 10.2 Did you encounter any problems or challenges regarding the budget? List any problems or challenges you encountered regarding your budget. Be sure to include any challenges you had in regards to spending your grant funds or acquiring items noted in your budget for Initiatives Year 2 (current budget year).
- 10.3 Did you encounter any problems or challenges related to grants management issues? List any problems or challenges you encountered related to grants management issues.

11. SDPI Initiatives Coordinating Center

Answer the following questions:

- 11.1 What role or activities of the Coordinating Center have been most helpful to your program?
- 11.2 Are there any issues with which you would like to have more assistance from the Coordinating Center? Please explain.
- 11.3 What are the top three things that the Coordinating Center can do over the next year to be the most helpful to you?

This is the end of the Guidelines for writing the Interim Progress Report. Here are some important tips to review before submitting your Interim Progress Report:

- Make sure that you have fully addressed each topic.
- If you have not yet started some or any of the activities listed in the FY2010 and FY2011 applications, provide an explanation as to why each activity was not started. Do not leave this blank.
- If your grant includes a consortium member(s), make sure to include separate comments for each consortium site(s), if applicable.
- Make sure to include the name of your program in the title or in the footer of your report.
- Limit your entire interim progress report to 8 pages maximum. The interim progress report for each consortium member is also limited to six pages maximum.
- You may use an appendix to provide further detail. Use of an appendix is optional.
- The Interim Progress Report is a separate MSWORD document.

Part 2 – Work Plan for new budget period: September 30, 2012 – September 29, 2013

1. Goal: Ensure an adequate staffing plan for the DP program or HH project.

Programs will continue the intensive activities, less-intensive activities, evaluation activities and dissemination activities in Initiatives Year 3. The work plan should describe the plans for staffing to complete this work.

Your program may not need to change the staffing plan from Year 2. The intensive activities will continue with the same amount of funding and recruitment goals. The data collection will continue on all participants as directed.

- 1.1. Describe your staffing plan for the next year (Initiatives Year 3) to ensure that all key positions are filled to implement the activities.
- 1.2. List your Objectives for this goal.
- 1.3. List the related activities for each Objective you listed for this goal.

2. Goal: Recruit and screen enough individuals to meet the target goal of participants each year (Diabetes Prevention Program – 48 participants/year; Health Heart Project – 50 participants/year)

Recruitment and screening continues with the same purpose of meeting the target goal each year. Since grant programs get the same amount of funding in Initiatives Year 3, the target goals will remain the same in Year 3.

- 2.1. Describe your plan for recruitment and screening during the next year and include the types of planned activities.
- 2.2. Explain how these activities will build upon your experience from the current year and assist you in meeting your target goal for Year 3.
- 2.3. List your Objectives for this goal.
- 2.4. List the related activities for each Objective you listed for this goal.

3. Goal: Successfully maintain the Intensive Activities

There is no change in the Intensive Activities in Initiatives Year 3. Grant programs will continue to conduct the Intensive Activities throughout Year 3.

- 3.1. Describe how you will continue to provide the Diabetes Prevention Program Curriculum Core Elements or the Case Management Core Elements during the next year (Initiatives Year 3).
- 3.2. Describe how your grant program will address any challenges that you face in the current budget year (Initiatives Year 2).
- 3.3. Describe any modifications you are making to the basic activities.
- 3.4. List your Objectives for this goal.
- 3.5. List the related activities for each Objective you listed for this goal.

4. Goal: Successfully retain participants in program activities

Programs will continue to conduct activities to retain participants in the program.

- For the Diabetes Prevention Program, retention activities includes After Core activities.

Retention activities to promote continued participation could include, but are not limited to, group events and field trips, newsletters tracking progress, incentives, competitions, raffles, healthy food at activities, role model success stories, recognition of achievements, items displaying program identification, motivational postcards, contracts, reminder mailings or phone calls, motivational speakers, buddy system and talking circles.

- 4.1. Describe how you will continue to meet the Retention Core Elements.
- 4.2. Describe how you are addressing any challenges you faced in the current year (Initiatives Year 2).
- 4.3. List your Objectives for this goal.
- 4.4. List the related activities for each Objective you listed for this goal.

5. Goal: Successfully collect and submit required data to the Coordinating Center

Programs will continue to participate in the evaluation of the program and will collect and submit data to the Coordinating Center as instructed. The evaluation is intended to provide basic information to evaluate the program and demonstrate accountability to stakeholders including Congress.

Documentation of outcomes and activities includes an assessment and questionnaire

- at baseline,
- immediately after completion of the Native Lifestyle Balance DPP Curriculum (DP only)
- annually, on the anniversary of the first attended DPP Curriculum class or case management visit, and
- six months after each annual assessment (DP only).

The assessments include

- medical clearance for participation (this should include physical exam, and may include cardiac clearance for physical activity and ECG for high risk individuals)
- clinical measurements (weight, height, waist circumference, blood pressure)
- lab tests (lipid profile, glycemic measurement – A1C, urine albumin:creatinine ratio)
- clinical history, and
- prescribed medications.

The Questionnaires address health and health behaviors.

- 5.1. Describe how you will ensure that the data will be collected and submitted to the Coordinating Center in a timely manner and meet all required submissions rules and requirements.
- 5.2. List your Objectives for this goal.
- 5.3. List the related activities for each Objective you listed for this goal.

6. Goal: Successfully develop a minimum of four informational products utilizing analysis of your program's data

- 6.1. Describe the format, audience, venue, purpose, and 'take-home message' for each of the products.
- 6.2. Describe the potential benefit of each product to your program and community.
- 6.3. List your Objectives for this goal.
- 6.4. List the related activities for each of your Objectives.

7. Goal: Provide and evaluate Community-Based Activities
(Less Intensive / Community / Group Activities)

Individuals with pre-diabetes (DP Program), those with diabetes (HH Project) and those at risk for diabetes will participate in community-based awareness and motivational activities. These activities can include monthly walks, health fairs, competitions, etc.

Families can participate in these activities. Diabetes prevention awareness activities should be incorporated. These activities provide an opportunity for the grant program to tailor activities to community needs.

- 7.1. Describe how you will continue to provide and adequately evaluate your community-based activities.
- 7.2. Include a description of your program's evaluation process.
- 7.3. List your Objectives for this goal.
- 7.4. List the related activities for each Objective you listed for this goal.

8. Goal: Successfully participate in dissemination activities

During the coming program year, grantees will participate in developing and assessing a multi-media toolkit intended to disseminate the knowledge, resource materials, and skills of the SDPI Diabetes Prevention and/or Healthy Heart Initiative to other American Indian and Alaska Native communities.

Participation will include, but not be limited to:

- 1) Assisting with preparing the toolkit such as writing and selecting other components of the toolkits including links to other resources in collaboration with DDTP and the CC;
- 2) Assisting with the initial dissemination of the toolkit including planning and implementing the initial dissemination in collaboration with DDTP and the CC;
- 3) Assisting with developing expert advice to be provided to toolkit users through peer-to-peer learning, resource bank and regional training coordinated by the CC;
- 4) Advising the development of the toolkit evaluation plan with a focus on content, format, delivery and relevance and to assist with the implementation of the evaluation;
- 5) Assisting with toolkit revisions as needed.

8.1. Describe your ideas for how you will successfully participate in dissemination activities.

8.2. List your Objectives for this goal.

8.3. List the related activities for each Objective you listed for this goal.

9. Goal: Implement your activities using a Timeline.

Programs should develop a timeline for their activities each year.

9.1 Develop a separate one-page timeline that describes how you will implement the activities described for the goals and objectives of Goal 1 through Goal 8.

Appendix 2: Sample Budget Narrative

NOTE: This information is included **for sample purposes only**. Each program's budget narrative must include only their budget items and a justification that is relevant to the programs goals, objectives, and activities.

Line Item Budget – SAMPLE

A. Personnel

Program Coordinator	40,000
Administrative Assistant	6,373
CNA/Transporter	6,552
Mental Health Counselor	<u>5,769</u>
Total Personnel:	58,694

B. Benefits:

Program Coordinator	14,000
Administrative Assistant	2,231
CNA/Transporter	2,293
Mental Health Counselor	<u>2,019</u>
Total Fringe Benefits:	20,543

C. Supplies:

Educational/Outreach	3,000
Office Supplies	1,200
Food Supplies for Nutrition Events	2,400
Medical Supplies (Clinic)	<u>3,000</u>
Total Supplies:	9,600

D. Training and Travel:

Local Mileage	1,350
Staff Trng & Travel -Out of State	<u>2,400</u>
Total Travel:	3,750

E. Contractual:

Fiscal Officer	16,640
Consulting Medical Doctor	14,440
Registered Dietitian/Diabetes Educator	18,720
Exercise Therapist	<u>33,250</u>
Total Contractual:	83,050

F. Equipment:

Desk Top Computers (2)	3,000
Exercise Equipment	3,300
Lap Top Computer	1,500
LCD Projector	<u>1,200</u>
Total Equipment:	9,000

G. Other Direct Costs (SAMPLE continued from previous page):

Rent	20,805
Utility	4,000
Postage	500
Telephone	2,611
Audit Fees	2,500
Professional Fees	2,400
Insurance Liability	1,593
Office Cleaning	1,680
Storage Fees	240
Biohazard Disposal	154
Marketing/Advertising	<u>2,010</u>
Total Other Direct Costs:	38,493

TOTAL EXPENSES **\$223,130.00**

Budget Justification – SAMPLE

A. Personnel: \$58,694.00

Program Coordinator: Dr. George Smith

A full-time employee responsible for the implementation of the Program Goals as well as overseeing financial and grant application aspects of the agency.
(\$40,000/year)

Administrative Assistant: Susan Brown

A full-time employee responsible for human resources management and providing assistance to the Executive Director.
(416 hours x \$15.32/hour = \$6,373.00)

CAN/Transporter/Homemaker: To be named

A full-time employee working 12 hours per week on this grant providing transportation services and in-home health care to clients.
(416 hours x \$15.75/hour = \$6,552.00)

Mental Health Counselor: Lisa Green

A part-time employee works six hours per week in the ADAPT/Mental Health Program providing counseling and workshops to clients.
(6 hours x 52 wks x \$18.49/hour = \$5,769.00)

B. Fringe Benefits: \$20,543.00

Fringe benefits are calculated at 35% for both salaried and hourly employees. Fringe is composed of health, dental, life and vision insurance (20%), FICA/Medicare (7.65%), worker's compensation (1.10%), State unemployment insurance (1.25%), and retirement (5%).

Program Coordinator: \$14,000
Administrative Assistant: \$2,230.55
CAN/Transporter/Homemaker: \$2293.20
Mental Health Coordinator: \$2019.15

C. Supplies: \$9,600.00

Educational & Outreach Supplies

Various printed literature, books, videos, pamphlets, pens, bottled water, little promotional items will be needed to hand out at various health fairs, events, and to various groups to educate and promote health. Funds allocated are \$3,000.00.

Office Supplies

General office supplies are essential in order to properly maintain client records, financial records, and all reporting requirements. General office supplies include file folders, labels, writing pads, pens, paper clips, toner, etc. \$1,200.00 will be included in this budget.

Food & Supplies for Monthly Nutrition Events

An allocation of \$200.00 has been made towards food and supplies. The food provided will be used by the Diabetes Educator during nutrition events, providing examples of food preparation and education. Supplies such as paper plates, spoons, forks, napkins, trays, pots and pans, etc. is not included in this budget. (\$200.00 x 12 months = \$2,400.00)

Medical Supplies - Clinic

An allocation has been made for purchasing medical supplies for our clinic such as alcohol wipes, strips for glucometers, paper sheets, gloves, gowns, etc., in the amount of \$3,000.00.

D. Training and Travel: \$3,750.00

Local Mileage – Mileage for transportation of clients and outreach services. Estimated at 300 miles/mo x 12 months x \$0.375 = \$1,350.00.

Staff Travel & Training – Expenses in this category are associated with attending conference and seminars associated with diabetes for 2 staff: the budget covers the cost of registration fees (\$250 x 2 = \$500.00), lodging (\$175/night x 2 people x 2 days = \$700.00), airfare (\$450.00 x 2 people = \$900.00), per diem allowance (\$50.00 x 2 days x 2 people = \$200.00), and ground transportation (\$25.00 x 2 x 2 people = \$100.00). A total of \$2,400.00 for staff travel and training.

E. Contractual: \$83,050.00

Fiscal Officer

An independent contractor to perform payroll, accounts payable, financial and grant reporting and budgetary duties. (416 hours x \$40.00 per hour = \$16,640.00)

Consulting Medical Doctor

A medical doctor is contracted to provide medical care to our clients with diabetes (12 hours per month x 12 mos. X \$100.00 per hour = \$14,400.00)

Registered Dietitian/Diabetes Educator

A registered dietitian/diabetes educator is contracted to provide diabetes related meal planning and instruction and facilitate one-on-one consultation with clients. (8 hours per week x 52 weeks x \$45 per hour = \$18,720.00)

Exercise Specialist

An exercise specialist is contracted to conduct and monitor the exercise program necessary for each client. (950 hours x \$35 per hour = \$33,250.00)

F. Equipment: \$9,000.00

Desk Top Computers (2)

Needed by our Diabetes Educator, Exercise Specialist, and Medical Director in order to access and update information on client's records. (2 x \$1,500.00 = \$3,000.00)

Exercise Equipment

Elliptical cross trainer equipment (creates less impact on the knees), body fat analyzer, 8 dumbbell weights, 4 exercise balls, 4 exercise mats, step stretch, adjustable bench, bow flex plates kit, 2 dance pads, ball stacker set, and exercise video. Total for all exercise equipment is \$3,300.00.

Lap Top Computer

This type of compute is needed to be used in conjunction with the LCD projector that will be used by the Diabetes Educator for presentations. Cost is \$1,500.00

LCD Projector

This equipment will be used by the Diabetes Educator for presentations. Cost is \$1,200.00

G. Other Direct Costs: \$38,493.00

Rent

This program rents two office locations for a total cost of \$83,220.00 per year. Special Diabetes grant program will cover \$20,805.00 which is 25% of the rent cost.

Utility

This program will cover 25% of the total utility cost of \$16,000.00 per year. (\$16,000.00 x 25% = \$4,000.00)

Postage – the Diabetes Program postage is estimated at \$500.00.

Telephone

This program currently has eight telephone lines at two separate offices as well as pager service and a toll-free number for clients. Diabetes Program will cover \$2,611.00 of this expense which is 25% of the annual cost of \$10,445.00.

Audit Fees

An annual audit is conducted for this program's financial statements. Funding agencies require audit financial statements of grant funds. Diabetes will cover \$2,500.00 of audit expenses which is 25% of the \$10,000.00 proposal.

Professional Fees

To pay for computer consultant to fix computer problems. \$200.00 per month x 12 mos. = \$2,400.00 will cover the expenses.

Insurance Liability

General liability insurance is required to protect the organization against fire and property damage. Diabetes portion of this expense is \$1,593.00.

Office Cleaning

Office cleanings is required to keep the agency clean. Diabetes will cover 20% of the contract cost of \$8,400.00 = \$1,680.00.

Storage Fees

This program stores its records in a storage facility. Diabetes grant will fund \$240.00 of this cost.

Biohazard Disposal

A special handling fee for biohazard disposal will cost \$154.00 for this program.

Marketing/Advertising

Newspaper advertising to promote Diabetes events. Three ads x \$670.00 = \$2,010.00

TOTAL EXPENSES (sample): \$223,130.00

Appendix 3: Tips for Preparing a Strong Application

- 1. Read and follow the instructions and use the guidelines provided.** Be sure your application forms and required documents are complete and accurate. Be sure that the information in your Project Narrative follows the outline and is clearly written. All items must be included in your Project Narrative; do not change, delete, or skip any items.
- 2. Become familiar with and use resources provided for preparing your application.** Go to Appendix 1. *above* for more information.
- 3. Start preparing the application well ahead of the due date.** Allow plenty of time to gather required information from various sources.
- 4. Be concise and clear.** Make your points understandable. Provide accurate and honest information, including accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided throughout is consistent. Don't include unnecessary or overly detailed information, just what is required.
- 5. Be consistent.** Your budget should reflect proposed program activities.
- 6. Proofread your application.** Errors in spelling or grammar will make it hard for reviewers to understand the application.
- 7. Review your entire Application Package in GrantSolutions.gov to ensure accuracy and completeness.** Print out the application PDF after submission is complete. Review it to make sure that it is complete and that all required documents are included. For more details about getting started in GrantSolutions, see Appendix 4. *below*.

Appendix 4: Using GrantSolutions.gov for Application Submission

Electronic access to grant documents and submission of non-competitive applications **will no longer be through Grants.gov.**

Applications must be submitted through **GrantSolutions.gov**:

1. Log on to <http://www.grantsolutions.gov>
 2. Click on “Apply for Non Competing Award”, this link will be available under “My Grants List”
 3. Enter all the application information in different forms
 4. After completing all the forms, click on “Verify Submission.”
 5. Click on “Final Submission.” Click on “OK” upon the prompt “Are you sure you want to submit application?”
- [Grantee Guide to GrantSolutions](#) [PDF - 1.5MB]
 - [DGM Current News](#) – Latest Grants Policy News can be found here.