

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE**

**FY2010 Special Diabetes Program for Indians (SDPI)
Community-Directed Grant Program**

Grant Application Instructions and Guidance

Announcement Type: New/Competing Continuation

Funding Opportunity Number: HHS-2010-IHS-SDPI-0004

**Catalog of Federal Domestic Assistance (CFDA) Number:
93.237**

Application Deadline Date: April 30, 2010

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TABLE OF CONTENTS

LETTER FROM DR KELLY ACTON, DIRECTOR, IHS DDTP	5
I. INTRODUCTION.....	6
A. Purpose of Instructions	6
B. SDPI Application Checklist	6
C. Key Information “If you don’t read anything else, read this information”	6
1. Who is eligible to apply?	6
2. When are applications due?.....	6
3. What should we do to get ready to prepare our application?	6
4. When should we start working?	7
5. How do we apply?.....	7
6. What happens after we apply?	7
7. What are important key dates for our application?	7
II. SUGGESTED APPROACHES TO YOUR TASK AT HAND	7
A. Getting Ready to Apply.....	7
1. SDPI Team Activities	7
2. SDPI Program Coordinator Activities	8
B. Preparing Your Application	9
1. Download the application package and instructions from Grants.gov	9
2. Steps to take if you are not able to submit an electronic application	9
3. Complete all forms and prepare all documents	9
4. Special Circumstances.....	11
a. Sub-Contracts	11
b. Sub-Grants	11
5. Follow formatting guidelines when preparing narratives.....	11
C. Submitting Your Application.....	11
1. Review your application package	11
2. Submit an electronic application using Grants.gov	12
3. Make sure that your application was received by Grants.gov	12
D. Revised Application Instructions	12
III. WORKING IN GRANTS.GOV	12
A. CCR and Grants.gov Registration Checklist	12
B. Electronic Submission.....	13
C. Important Grants.gov Reminder	14
D. Attachments in Grants.gov	14
E. Validate that your application was received by Grants.gov.....	14

IV. BUDGET ISSUES	16
A. Applications with Sub-Grantees	16
B. Indirect Cost Rates.....	17
C. Limitations on Use of SDPI Grant Funds.....	17
V. GRANTS POLICY AND PROCEDURE INFORMATION.....	17
A. Applicant Organization Certification and Acceptance	17
B. Historical Preservation Requirements	18
C. Equal Treatment for Faith based Organizations	18
D. Eligibility.....	18
E. Paper Applications	18
F. Submission Dates and Times.....	19
G. Terms of Award	19
H. Disabled Persons	19
VI. TECHNICAL ASSISTANCE OPPORTUNITIES.....	20
A. Question and Answer Sessions.....	20
B. Who to contact if you have questions or problems.....	20
VII. RESOURCES	20
A. SDPI RFA webpage	20
B. Resources for preparing SDPI Community-Directed Grant applications	20
C. Grants.gov applicant resources	20
D. DGO website.....	21
APPENDIX 1: FY2010 SDPI APPLICATION CHECKLIST	22
APPENDIX 2: COMMONLY USED ABBREVIATIONS.....	26
APPENDIX 3: 2009 IHS DIABETES BEST PRACTICES.....	27
APPENDIX 4: TIPS FOR PREPARING A STRONG APPLICATION.....	31
APPENDIX 5: INSTRUCTIONS FOR THE SF-424	32

APPENDIX 6: INSTRUCTIONS FOR THE SF-424A 34

APPENDIX 7: INSTRUCTIONS FOR THE SF-424B 37

APPENDIX 8: INSTRUCTIONS FOR COMPLETION OF SF-LLL 38

APPENDIX 9: PROJECT NARRATIVE TEMPLATE..... 39

APPENDIX 10: PROJECT NARRATIVE SAMPLE 44

APPENDIX 11: BUDGET NARRATIVE INSTRUCTIONS 46

APPENDIX 12: SAMPLE BUDGET NARRATIVE..... 48

APPENDIX 13: CCR/ GRANTS.GOV ORGANIZATION REGISTRATION CHECKLIST . 52

Letter from Dr Kelly Acton, Director, IHS DDTP

Dear SDPI Community-Directed Grant Applicants,

Let me take this opportunity to welcome you to the application process for FY 2010 SDPI Community-Directed grant funding. I would like to congratulate you on your diabetes program successes over the past decade and I look forward to receiving your application to continue the important work you have been doing in your community. The IHS Division of Diabetes Treatment and Prevention (DDTP), in consultation with Tribal leadership, has made some changes in plans for the SDPI Community-Directed grants. This application and the SDPI program itself will be very different from what you have become used to. It is really important that you read all the instructions carefully.

In this application you are being asked to implement at least one of the FY 2009 IHS Diabetes Best Practices. For each Best Practice that you implement, plan to track both of its key measures. You can track as many measures as you like - but your use of the key measures is required. In addition, you are being asked to provide Project and Budget Narratives along with other documents. The goals, objectives, measures and activities for your SDPI grant program will be integrated into your Project Narrative. When writing objectives, be sure to use the SMART format that is described in DDTP's web training "Program Planning and Evaluation" at:

<http://www.diabetes.ihs.gov/index.cfm?module=trainingWebBased>. Doing this will help your program plan to comply with the DHHS regulations and with requirements for grant programs.

In addition to identifying the Diabetes Best Practices that you will implement, you are being asked to provide general programmatic information such as your goals, team members, leadership, information system, and community engagement. This information will provide IHS with a valuable means to describe your program and our overall collective SDPI work to Congress and other important parties.

Thank you in advance for submitting your application to continue your SDPI Community-Directed work. We look forward to continuing to work with you toward our vision of a diabetes-free future for our communities.

Sincerely,

Kelly Acton, MD, MPH
Director, IHS DDTP

I. Introduction

A. Purpose of Instructions

- The purpose of this document is to help you prepare a successful SDPI application. It includes guidance, examples, references and templates that we hope will be helpful to you.
- It is very important for you to note that the official application requirements are described in the RFA. The aim of these instructions is to help you complete your application according to the requirements.

B. SDPI Application Checklist

A FY2010 SDPI Application Checklist is located in Appendix 1. You are STRONGLY encouraged to use it. It lists the steps that need to be taken as you prepare and submit your application.

C. Key Information *“If you don’t read anything else, read this information”*

1. Who is eligible to apply?

- Eligible applicants are current SDPI grantees from Federally recognized Tribes or Tribal organizations that operate an Indian health program, urban Indian health programs, or Federal Indian Health Service facilities.
- To receive funding, current grantees must have complied with previous conditions of the SDPI grant, including OMB financial audit requirements. Compliance with these conditions will be evaluated when applications are pre-screened.
- Only one SDPI Community-Directed grant will be awarded per entity or community.
- More specific information can be found in the RFA (Section III, Subsection 1, Pages 4-5) and in this document Section V, Subsection D, Page 18.

2. When are applications due?

- Applicants whose SDPI budget cycle begins on June 1 and others who were instructed to submit or resubmit their applications during Cycle IV have a deadline date of April 30, 2010 to submit their application. There are several other key dates that you will want to be aware of. These dates are noted in “Key Information” point #7 below.
- Electronic applications must be submitted via <http://www.grants.gov/> no later than 12:00 Midnight Eastern Standard Time on the deadline date.
- Paper applications must be received at the DGO by close of business on April 30, 2010. Paper applications are allowed only if a written waiver is obtained before submitting the application. The waiver will include several specific instructions for you to follow. Additional information can be found in Section V, Subsection F, Pages 19 of this document.

3. What should we do to get ready to prepare our application?

- Print a copy of the FY2010 SDPI Application Checklist (Appendix 1) and do all of the “Get Ready to Apply” steps.
- Registration on Grants.gov is required, if an organization is not already registered. This can take up to 15 business days, so verify your registration or get registered

right away. A registration checklist and other information are available on:
http://www.grants.gov/applicants/organization_registration.jsp.

- Print a hard copy of all application materials from Grants.gov. **Carefully read the RFA and all instructions before completing any forms or preparing any application documents.**

4. When should we start working?

- Start now. Allow plenty of time to register on Grants.gov and to gather required information.

5. How do we apply?

- Plan to submit your application electronically via Grants.gov.
- The Grants.gov website has detailed instructions for downloading, completing and submitting your application package.
http://www.Grants.gov/applicants/apply_for_grants.jsp

6. What happens after we apply?

- An Objective Review Committee (ORC) will review and score all applications. Applications that receive the minimum required score or higher will be funded. These organizations will receive a Notice of Award no more than 15 business days after the ORC review meeting.
- Applications that do not receive the minimum required funding score will receive a Summary Statement outlining the weaknesses of their application and will have opportunities to submit revised materials. See the RFA for details (Section V, Subsection 2, Pages 20-22).

7. What are important key dates for our application?

- Application deadline date: April 30, 2010
- Receipt date for final Tribal resolution: June 15, 2010
- Objective Review Committee review meeting dates: June 21-24, 2010
- Anticipated Start Date: no later than July 15, 2010
- Application revisions due: 5 business days after the Summary Statement has been sent via e-mail

II. Suggested Approaches to Your Task at Hand

A. Getting Ready to Apply

1. SDPI Team Activities

- Gather your SDPI team together to review everything that needs to be done as you prepare and submit your application
- Carefully read the RFA and all instructions. You may find the Commonly Used Abbreviations (Appendix 2) helpful as you review the RFA.
- You may want to assign tasks using the FY 2010 SDPI Application Checklist (Appendix 1) as a guide.
- View the web-based training on program planning and evaluation, "Creating Strong Diabetes Programs: Plan a Trip to Success!". Work together to do the suggested

activities. The work and planning that you do will be excellent preparation for your application. This training is available on the DDTP website:

<http://www.diabetes.ihs.gov/index.cfm?module=trainingProgramPlanning>.

- Review your 2008 and 2009 IHS Diabetes Care and Outcomes Audit Reports. These reports can be obtained via the Web-Audit. Information about the Diabetes Audit and Web-Audit can be found on the DDTP website:
<http://www.diabetes.ihs.gov/index.cfm?module=resourcesAuditConducting>.
- Review the 2009 IHS Diabetes Best Practice documents and resources. A table that describes each Best Practice and its key measures can be found in Appendix 3 of this document and on the DDTP website:
<http://www.diabetes.ihs.gov/index.cfm?module=toolsBestPractices>.
- Think about, discuss, and summarize your SDPI program's accomplishments and challenges over the past 12 months and since the beginning of your program.

2. SDPI Program Coordinator Activities

Lots of work falls on the shoulders of your SDPI Program Coordinator. Steps that this person will need to take include:

- Become familiar with how to find information on and use the Grants.gov website.
 - Play around on the website. It's a great way to get a feel for how things work.
 - Use Grants.gov training resources to help you navigate around their website <http://www.grants.gov/applicants/resources.jsp>.
- Either register or verify your organization's needed registrations:
 - DUNS Number: An organization must have a DUNS number in order to apply for a Federal grant. To obtain a DUNS number or to find out if your organization already has one, go to <http://fedgov.dnb.com/webform>.
 - CCR Number: An organization must also be registered with the Central Contractor Registration (CCR) in order to apply for a Federal grant. In addition, all applicants must renew their CCR registration **annually**. If necessary, register or complete your annual CCR registration update online at <http://www.ccr.gov/>.
 - Registration with Grants.gov: This process is separate from the registration processes that are described above. In order to register with Grants.gov, the applicant must have a DUNS number and be registered with CCR. Grants.gov registration checklist and other information are available at http://www.grants.gov/applicants/organization_registration.jsp and in Appendix 13.
- Start doing footwork to get a letter of support or Tribal resolution for your SDPI program.
- Get a commitment from an organization leader to support and be involved in your SDPI work.
- Confirm that all of your organization's annual OMB-required financial audit reports have been submitted.
 - OMB regulations (OMB Circular A-133) require that all grantees (e.g. Tribes and Tribal organizations) that expend \$500,000 or more per year under Federal grants maintain current financial audits. These are not IHS or Diabetes program audits. Without a current financial audit, the grantee

is not eligible to receive additional grant funding. It is critical that grantees have current financial audits and/or resolve existing findings.

- Visit the Federal Audit Clearinghouse website for details on how to submit your financial audit reports at: <http://harvester.census.gov/fac/>.
- Participate in training opportunities about this RFA, including recorded WebEx Sessions and live Question and Answer Sessions that DDTP will sponsor. More information about training and technical assistance can be found in Section VI, Subsections A&B, Page 20 of this document.

B. Preparing Your Application

1. Download the application package and instructions from Grants.gov

- To access the application package, go to www.Grants.gov and click on the “Apply for Grants” link in the left hand menu.
- Follow the instructions to download the application package using the CFDA Number.
 - The CFDA Number is 93.237.

2. Steps to take if you are not able to submit an electronic application

Paper applications are only allowed if a written waiver is obtained before submitting the application. See the RFA for more information about obtaining a waiver (Section IV, Subsection 6, Pages 15-16).

- You must request a waiver at least 10 days before the application deadline date.
- Make sure that the subject line of your email message requesting a waiver clearly states: “Request for Waiver from [*insert grantee organization’s name*]”.
- The waiver request must include the grants.gov tracking number, the problem(s) you encountered, and steps you took to resolve the problem(s).
- After you receive your waiver, remember to include a copy of it in the package with your paper application. It is very important that you adhere to the paper submission instructions and timelines that will be stated in your waiver approval response.

3. Complete all forms and prepare all documents

Complete all forms and prepare all documents off-line. You may find the Tips for Preparing a Strong Application (Appendix 4) helpful as you prepare your application.

- Application for Federal Assistance – **SF 424**
 - Instructions for completing this form can be found on www.grants.gov/assets/Forms/SF424Instructions.pdf
 - Instructions for the form can also be found in Appendix 5.
- Budget Information for Non-construction Programs – **SF 424A**
 - Instructions for completing this form can be found on www.grants.gov/assets/Forms/InstructionsSF424A.pdf
 - Instructions for the form can also be found in Appendix 6.
- Assurances for Non-construction Programs – **SF 424B**
 - Instructions for completing this form can be found on www.grants.gov/assets/Forms/InstructionsSF424B.pdf
 - Instructions for completing the form can also be found in Appendix 7.

- Key Contacts Form (to provide information about your SDPI Program Coordinator)
 - Enter information for each field on the form for your Program Coordinator. If more than one person serves as Program Coordinator, complete a separate copy of the form for each person.
- Disclosure of Lobbying Activities – **SF-LLL**
 - By completing this form, the program certifies that it has no lobbying activities to disclose.
 - Instructions for completing this form can be found in Appendix 8.
- Project Narrative:
 - Refer to the RFA (Section IV, Subsection 2, Item A, Pages 9-13) for details about content and formatting.
 - A template has been created to guide the preparation of this document. It can be found both in Appendix 9 of this document and on the SDPI Community-Directed Programs Application Information webpage: www.diabetes.ihs.gov/index.cfm?module=programssdpicommunitydirectedapp
- Budget Narrative:
 - In addition to providing a line item budget on Form 424-B, your Budget Narrative will provide a narrative justification that briefly explains all budget items and how they support your objectives. Your budget should be specific to your program, objectives, and activities.
 - Refer to the RFA (Section IV, Subsection 2, Item B, Page 14) and Appendices 11 and 12 for details about content.
 - Additional information is also available in Section IV, Subsection A, Page 16 of this document.
- Other mandatory documents must be prepared for submission with your application. They include:
 - Letters of Support or Tribal Resolution
 - 501 (c) (3) Certificate (urban facilities only)
 - 2008 and 2009 IHS Diabetes Care and Outcomes Audit Reports
 - Memorandum of Agreement (if sub-contracting with a local IHS facility)
 - Biographical sketches for all Key Personnel
 - Documentation of OMB A-133 required Financial Audit for FY 2007 and FY 2008 (Tribal programs and Tribal organizations)
 - Acceptable fiscal audit documentation can include: email confirmation from Federal Audit Clearinghouse (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/dissem/accessoptions.html?submit=Retrieve+Records>

4. Special Circumstances

If your proposed project involves the use of either sub-contracts or sub-grantees, there are extra steps that you will need to take as you prepare your application. Pay close attention to the requirements that are noted in the RFA.

a. Sub-Contracts

Tribes may contract with a local IHS facility to provide specific clinical or support services. Tribal funds are transferred to the service unit through a Memorandum of Agreement (MOA). See the RFA (Section III, Subsection 1, Pages 5-6 and Section IV, Subsection 2, Page 9) for more details.

b. Sub-Grants

Programs may submit one application on behalf of multiple organizations (sub-grantees). They must submit copies of selected application forms and documents for each sub-grantee. See both Section IV, Subsection A, Page 16 of this document and the RFA, Section IV, Subsection 2, Pages 8-9 for more details. All sub-grantees must meet grantee eligibility requirements.

Sub-grantees will be required to download the applicable forms, complete and forward them electronically to the parent grantee for submission to Grants.gov. **Sub-grantees cannot submit forms directly to Grants.gov.**

Most of the forms can be found on the IHS Grants Policy website:

http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_forms.

The Key Contacts Form can be found here:

http://www.diabetes.ihs.gov/HomeDocs/Programs/SDPI/Key_Contacts_V1.0_DDTP_508.pdf

5. Follow formatting guidelines when preparing narratives

- Do not exceed 13-17 typed pages for the Project Narrative and 4 pages for the Budget Narrative. The actual limit for the number of pages in the Project Narrative is based on the number of Best Practices that you plan to implement. See the RFA Section IV, Subsection 2, Pages 9-13 for more specific information.
- Use single space lines.
- Use consecutively numbered pages.
- Use black font not smaller than 12 points (tables may be done in 10 point character fonts).
- Use one-inch border margins

C. Submitting Your Application

1. Review your application package

- Print out and carefully review each of your completed forms and documents for accuracy, completeness, and adherence to formatting guidelines.
- Be sure not to exceed page limit requirements.
- Check to be sure that you have included all required forms and documents.
- Required documents (including letters of support, Tribal resolutions, Biographical information for Key Personnel, Financial Audit Reports and Diabetes Audit Reports) can be attached to your application package using the appropriate link.

- Attach required documents as separate attachments instead of combining them. For example, each Diabetes Audit Report should be attached separately, as should Letters of Support or Tribal Resolutions.

2. Submit an electronic application using Grants.gov

- Go to the Grants.gov website to find instructions for uploading your application package. http://www.grants.gov/applicants/apply_for_grants.jsp.
- There are no mandatory requirements for this application. If a mandatory requirement is placed on the package in error, please attach a bogus document so the system will allow you to submit your package without a problem.
- If you run into any technical problems, contact the Grants.gov Contact Center at 1-800-518-4726 or support@grants.gov. The Contact Center is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).

3. Make sure that your application was received by Grants.gov

- After your application is submitted, a confirmation screen will appear. Your tracking number will be noted at the bottom of the screen. Write this number down.
- For information about what to expect after submission and about tracking your application, go to <http://www07.grants.gov/assets/TrackingYourApplicationPackage.pdf>. This topic is discussed further in Section III, Subsection E, Pages 14-16 of this document.

D. Revised Application Instructions

- After applications are reviewed by an Objective Review Committee, programs that do not receive the minimum score required for funding will be notified. The applicant's Authorized Organizational Representative (AOR) will receive an emailed summary statement that identifies the application's weaknesses and strengths. The applicant will have 5 business days from the date the summary statement is sent via email to provide a revised application to the Division of Grants Operations.

III. Working in Grants.gov

A. CCR and Grants.gov Registration Checklist

A CCR-Grants.gov checklist provides registration guidance. The registration process is a **one-time** process, which is **required** before representatives of an organization can submit grant application packages electronically through Grants.gov. The registration process can take three to five days or up to two weeks, depending on the readiness of your organization. For organizations new to the Grants.gov process, it is recommended that you start the registration process at least 30 days or more prior to the deadline date of the Funding Opportunity for which you wish to apply for.

The Organization Registration Checklist is available in Appendix 13 of this document. You can also access it electronically via the following link:

<http://www.grants.gov/assets/Organization Steps Complete Registration.pdf>

B. Electronic Submission

This package is posted in Adobe Forms. During this time of transition, please contact Grants.gov Customer Support if you experience difficulties.

The preferred method for receipt of applications is electronic submission through Grants.gov. If any technical concerns arise please contact Grants.gov Customer Support at 1-800-518-4726 or support@grants.gov. The Contact Center is available to address questions 24 hours a day, 7 days a week (except on Federal holidays). If the grantee needs to request formal waiver, it must be done so at least ten days prior to the application deadline. All waiver requests must be submitted to IHS, reviewed and approved by the Chief Grants Management Officer. Please be certain to submit your request for a waiver, in writing. The waiver must clearly outline a justification for the need to submit an application outside of the standard Grants.gov electronic process. Please submit your waiver request to: grants.policy@ihs.gov with a carbon copy to either Michelle.Bulls@ihs.gov or Tammy.Bagley@ihs.gov or call (301) 443-5204. Please make sure that your subject line clearly states: "Request for Waiver from [*insert grantee organization's name*]. The waiver request must include the grants.gov tracking number, the issue, and steps taken to resolve the issue.

In order to submit electronic applications please adhere to the following:

- Register with CCR. The organization must have a DUNS number prior to registering with CCR. If a DUNS number is needed please contact 1-866-705-5711 or request it online via <http://www.dnb.com/ccr/register.html>
- Registration with CCR requires the organization to contact 1-866-606-8220 or via online at <http://www.ccr.gov>. There are two important fields within the CCR they are E-Biz Point of Contact (E-POC) and M-PIN.
- Register with Grants.gov which is a separate process from the registration process that is described above. In order to register with Grants.gov, the applicant must have registered with CCR and have a username and password and DUNS number information. The DUNS number should match the one that was used to register in CCR. If they differ, this will prohibit the applicant from successfully registering in Grants.gov. Once the applicant has successfully registered in Grants.gov they will be issued a username and password from Grants.gov. This information is separate and distinct from what was received during the CCR registration process. **Please hold on to both sets of usernames and passwords.** Registration in Grants.gov can be done in approximately 7 business days. Please begin the registration process early. For assistance, contact Grants.gov directly at 1-800-518-4726.
- Applicants can have only "one" E-POC and several Authorized Organizational Representatives (AORs). The E-POC can serve in dual roles as an E-POC and an AOR. The E-POC must authorize each AOR in order for them to officially submit the electronic application on behalf of the organization.
- IHS, Grants.gov, nor CCR can provide input on how the organization is set up. Please use the governing body within your organization to make sure that the appropriate officials are designated to submit the application to the IHS via Grants.gov.
- The E-POC can log into Grants.gov and authorize the organizational representative(s). All log-ins consist of the organization's M-PIN (which is received during the CCR registration process) and the DUNS number.
- Your electronic application must comply with any page limitations that are described within the Program Announcement.
- Please use the attachment feature in Grants.gov to attach additional documentation that may be required by IHS.

- The organization should search for the application package and accompanying instructions by using the CFDA number or by using the funding opportunity number.
- After the application is submitted the applicant will receive a grants.gov tracking number via email.
- Successful submissions will receive electronic verification and an assigned tracking number from Grants.gov.
- Unsuccessful submissions will be sent an error notification message. If the submitter does not receive either a verification of submission email or an error notification email, please contact the Grants.gov Help Desk directly 1-800-518-4726 or email support@grants.gov. You may Track My Application package by using the following link if Grants.gov has provided you with a “Valid” tracking number. http://www.grants.gov/applicants/track_your_application.jsp (also included below). The Contact Center is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).
- Trouble-shooting Tips: http://www.grants.gov/help/trouble_tips.jsp

E-mail applications will not be accepted by IHS under this announcement.

C. Important Grants.gov Reminder

Please be reminded (as outlined at the beginning of the instructions) that you must access the application package by going to Grants.gov “Apply for Grants.” Search for the application package using the CFDA number.

D. Attachments in Grants.gov

All other attachments (appendix documentation, Tribal resolutions, etc) should be attached to the Grants.gov file. There are no mandatory requirements for this application. If a mandatory requirement is inadvertently placed on the package, please attach a bogus document so the system will allow the applicant to submit the package without error.

E. Validate that your application was received by Grants.gov

In order to ensure that your application package was received properly by Grants.gov you should visit the “Track My Application” feature that is described below.

Soon after you submit your application package and receive the submission confirmation and receipt confirmation emails, along with your assigned Grants.gov tracking number, you will be able to click on the link in the email confirmation and “Track My Application”. You or any member of your organization with the tracking number will be able to check the status of your application without logging into Grants.gov.

Email Notifications:

- *Submission Confirmation Email (appears instantly)*
-Application is currently being processed by Grants.gov
-**Contains a Tracking Number and Link to Track your Submission**
- *Submission Receipt Email (within 2 days)*
-Application has entered the Grants.gov system and is ready for Validation
-**Contains a Tracking Number and Link to Track your Submission**

Error Notifications:

If there is an error in your application submission, then you will be notified when you receive your Validation Receipt Email.

- *Submission Validation Receipt Email*
 - Email validating or rejecting the application package due to errors
 - Notification that the application is being prepared for IHS retrieval if no errors.
- If errors contact the Grants.gov help desk at to resolve issues at:
Grants.gov Contact Center: 1-800-518-4726 or email them at support@grants.gov. The Contact Center is available to address questions 24 hours a day, 7 days a week (except on Federal holidays).

IHS Retrieval Email

- Notification that the application has been sent to IHS.

Track My Application Results Page:

There is a main link to Track My Application in Grants.gov, but you will still need your tracking numbers for each application submitted. <https://apply07.grants.gov/apply/checkAppStatus.faces>. The difference between using the link stated here, and the one listed on the confirmation notices is on that on confirmation notices you will find a direct link to your application due to the assigned tracking number, and the link above will take you to the main webpage to track your application, but you still need your tracking numbers to view the data.

You will be able to track up to 5 applications at one time without having to log into Grants.gov by clicking on the link above and having all tracking numbers needed.

Information listed in the results screen includes:

- CFDA Number
- Funding Opportunity Number
- Grants.gov Tracking Number
- Date/Time Application Received
- Status (Rejected, Validated)
- Status Date
- Agency Tracking Number (if any)
- Submission Name (SF424)
- Amount of Request

What to do if you don't see your application package in Track My Application?

If you don't see your submitted application listed, follow the instructions below:

Open an internet browser window (ex: Internet Explorer) and resubmit your application package as normal (detailed instructions below). If you still do not receive the confirmation page after you resubmit your application package, contact the Grants.gov Contact Center (**see below**).

Instructions to resubmit by opening a new internet browser window (Internet Explorer)

1. Open the Internet Explorer browser on your computer

2. Go to the File menu and choose "Open"
*The "Open" dialog box will appear
3. In the "Open" dialog box click on the browse button
*Another dialog box will appear with access to your files
4. In the dialog box go to the drop down menu for "File Types" and select "All Files"
5. Through the dialog box, find the location of your saved application package on your computer
6. Once you have located your application package, select it with your mouse and click the "Open" button
*The dialog box will disappear and the "Open" dialog box will still be present
7. In the "Open" dialog box, click on the "Ok" button
*Your application package will now appear
8. Within your application package, to resubmit, click on the "Submit & Save" button

Call or email the Grants.gov Contact Center at 1-800-518-4726 or support@grants.gov to verify that your submission was received by the Grants.gov system and to receive a tracking number for your application package if you do not get one electron

IV. Budget Issues

Appendix 11 provides instructions for preparing your Budget Narrative; Appendix 12 gives a Sample Budget Narrative. Information about specific budget issues is provided in this section.

A. Applications with Sub-Grantees

Requirements:

This section of the instructions include requirements for applicants where the grantee collaborates/partners with one or more other entities in carrying out the grant-supported activities. The primary applicant, as the direct and primary recipient of the IHS SDPI grant funding, is accountable to IHS for the performance of the project, the appropriate expenditure of grant funds by all parties, and all other obligations of the grantee, as specified in the HHS Grants Policy Statement, Revised January 2007.

Applicants are expected to detail their proposed collaborations as a part of the grant application submitted to the agency. It is the responsibility of the primary grantee to include requirements from the grant in the written agreements that are developed between the grantee and sub-grantee.

Budgetary Requirements:

Each participating sub-grantee must submit a separate detailed budget that must be included in the grant application from the primary grantee. The costs may include personnel, supplies, other expenses, incentives, and indirect costs, as appropriate. A full application from the sub-grantee is required (SF-424, 424A, and 424B) to include a budget justification, detailed budget, along with certifications/assurances, and a signed face page. The parent budget must include a composite budget to include their entity's budgetary request along with each sub-grantee.

Key Personnel:

Key personnel are defined by the grantee or sub-grantee and could include consultants or other significant contributors. Sub-grantees must define key personnel and list name, position, and level of effort that will be devoted to the project.

B. Indirect Cost Rates

All applicants that request indirect costs will be required to have a current negotiated rate on file with the appropriate Federal cognizant agency with either the Department of Health and Human Services (HHS), Division of Cost Allocation (DCA) or Department of Interior. Grants Policy does not recognize the Pilot Contract Support Cost (CSC) rate for our grant programs; hence, a current rate must be present at the time of award or costs associated with indirect costs will be restricted until the Division of Grants Operations receives a current negotiated rate agreement. See the RFA for further information (Section VI. Subsection 3, Page 24).

C. Limitations on Use of SDPI Grant Funds

Some costs are not allowable or have been eliminated for this grant program because they were not authorized in the program legislation. The following items have been highlighted for your information:

- Construction costs, cash prizes, and gifts are not allowable. For further details, go to the incentive policy on the GPS website. The link is: http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_sources
- Space Rental or purchase of modular units (This applies to IHS entities only): Space rental or purchase/use of modular units must be submitted to the IHS Area Realty Management Officer for review and submittal to the IHS Headquarters Realty Officer prior to their obligation. Contact Felicia Snowden, Lead Realty Officer, IHS, OEHE, Division of Facilities Operations at 301-443-5954 for assistance.

V. Grants Policy and Procedure Information

A. Applicant Organization Certification and Acceptance

In signing the face page of the application or having the E-POC and/or AOR submit the application electronically, the duly authorized representative of the applicant institution certifies that the applicant organization will comply with all applicable assurances and certifications.

Each application, whether hardcopy or electronic, to the IHS requires that the following assurances and certifications be verified by the signature of the Official signing for the applicant organization. Definitions are provided in the HHS Grants Policy Statement, Rev. January 2007 for all certifications and assurances.

Civil Rights – n/a for IHS
Lobbying
Non-Delinquency on Federal Debt
Handicapped Individuals
Sex Discrimination
Age Discrimination
Environmental Impact – NEPA
Flood Insurance
Historic Preservation Act

The individual that signs and/or submits an application electronically or in hardcopy further certifies that the applicant organization will be accountable both for the appropriate use of all grant funds awarded and for the performance of the grant-supported project or activities.

B. Historical Preservation Requirements

By signing the face page of the application, whether hardcopy or electronic, the applicant certifies that the DGO will be notified immediately at: (301) 443-5204 of any property listed or eligible for listing on the National Register of Historic Places that will be affected by the IHS grant award.

Under Section 106 National Historic Preservation Act (16 U.S.C. 470 et seq.), IHS must consider effect on historic properties prior to making a funding decision. Historic properties include any district, site, building, structure, or object that is listed on, or is eligible for listing on, the National Register of Historic Places as outlined in National Register – see directly below.

National Register Information System (NRIS)

<http://www.cr.nps.gov/nr/research/index.htm> is a database that contains information on places listed in or determined eligible for the National Register of Historic Places.

Please contact the Grants Policy Staff at (301) 443-5204 for policy-related to the requirements for historic preservation.

C. Equal Treatment for Faith based Organizations

In accordance with 45 Code of Federal Regulations, Part 87; Section 87.1, religious organizations are eligible, on the same basis as any other organization, to participate in any Department of Health of Human Services grant program for which they are otherwise eligible.

D. Eligibility

Non-profit organizations must demonstrate proof of non-profit status before the award date. We strongly encourage each organization to attach it with your electronic application. For electronic application “proof of non-profit status” and any other required documentation may be scanned and attached as an “Other Attachment.” Proof of non-profit status is stated in the full announcement.

Additional eligibility information can be found in the RFA (Section III, Subsection 1, Pages 4-5).

E. Paper Applications

All grantees must obtain prior approval to submit a paper application. Please use the following link to obtain the necessary forms for paper submissions:

http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_forms

- SF-424 Application for Federal Assistance [PDF]
(<http://www.acf.hhs.gov/programs/ofs/grants/sf424v2.pdf>)
- SF-424A Budget Information – Non-construction Programs [PDF]
(<http://www.acf.hhs.gov/programs/ofs/grants/sf424a.pdf>)
- SF-424B Non-construction Programs [PDF]
(<http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>)
- Disclosure of Lobbying Activities Form [PDF]
(<http://www.whitehouse.gov/omb/grants/sfillin.pdf>)
- Certification Regarding Lobbying
(<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>)

An original plus two copies of your application package must be submitted. The original application must be single sided, with required signatures on the face page of the

application. Do not staple or otherwise bind the original application. The format should be consistent with what is noted in Section II, Subsection B, Part 5, Page 11 of this document.

Please mail the application to: Denise E Clark, The Division of Grants Operations; 801 Thompson Avenue, TMP, Suite 360; Rockville, Maryland 20852.

F. Submission Dates and Times

Electronic applications must be submitted through Grants.gov by 12:00 midnight Eastern Standard Time on April 30, 2010.

Paper applications must be received at the DGO by close of business on April 30, 2010. Proof of timely mailing for all paper applications consists of one of the following: a legibly dated U.S. Postal Service postmark or a dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks are not acceptable. For paper applications, if the receipt date falls on a weekend, it will be extended to the following Monday; if the date falls on a holiday it will be extended to the following workday.

Late applications, whether electronic or paper will not be accepted for processing and will be returned to the application without consideration for funding.

G. Terms of Award

All IHS grant awards are subject to the HHS Grants Policy Statement (HHS GPS), 01/07 unless otherwise noted in the Notice of Award (NoA). Please refer to the NoA to obtain details regarding specific terms and conditions that may pertain to your organization.

Debarment and Suspension as well as Drug Free Workplace are now standard terms and conditions of the award. These requirements no longer require separate certifications; however, by signing the application (either electronic signature credentials or face page of the SF-424A) the applicant certifies they are meeting the requirements of 45 CFR Part 76 (Debarment and Suspension) and 45 CFR Part 82 (Drug-Free Workplace).

All other administrative requirements are cited in the Program Announcement, Notice of Award or the HHS Grants Policy Statement, Rev. 01/07 under Administrative Requirements. The administrative requirements that are found in the HHS Grants Policy Statement are standard terms of award.

H. Disabled Persons

Information under this announcement is available to deaf and hearing impaired persons. The text telephone (TTY) number is 301-443-6394.

VI. Technical Assistance Opportunities

A. Question and Answer Sessions

1. WebEx Question and Answer Sessions will occur regularly. These sessions will have no pre-planned agenda. The Q&A sessions will give you an opportunity to ask questions and get the information you need to prepare a quality application. Check the SDPI Community-Directed Programs Application Information webpage on the DDTP website to learn when sessions are scheduled and to identify specific call-in information. <http://www.diabetes.ihs.gov/index.cfm?module=programsSDPIcommunityDirectedApp>

B. Who to contact if you have questions or problems

1. For budget information and related questions:
Contact Denise Clark (denise.clark@ihs.gov) at DGO.
301-443-5204.
2. For grants policy information or related questions: related to the Grants.gov electronic application process:
 - Contact Tammy Bagley (tammy.bagley@ihs.gov) at DGP.
301-443-5204, or email: Grants.Policy@ihs.gov
3. For questions related to the Grants.gov electronic application process:
 - Call the Grants.gov Contact Center at 800-518-4726
4. For Central Contractor Registry-related Inquiries: 1-866-606-8220
5. For information about waivers for paper application submission:
 - Call Michelle Bulls at 301-443-5204
6. For SDPI grant program information and DDTP program questions, contact either:
Lorraine Valdez (s.lorraine.valdez@ihs.gov) or
Bonnie Bowekaty (bonnie.bowekaty@ihs.gov) at DDTP.
505-248-4182.
7. General questions regarding the administrative requirements for completing all applications should be referred to the appropriate grants management specialist at (301) 443-5204.

VII. Resources

There are many valuable resources on the websites noted below. Spend some time visiting them and become familiar with the information that is available.

A. SDPI RFA webpage

<http://www.diabetes.ihs.gov/index.cfm?module=programssdpicommunitydirectedapp>

B. Resources for preparing SDPI Community-Directed Grant applications

<http://www.diabetes.ihs.gov/index.cfm?module=programssdpicommunitydirectedres>

C. Grants.gov applicant resources

Includes recorded training sessions about how to use Grants.gov.

<http://www.Grants.gov/applicants/resources.jsp>

D. DGO website

<http://www.ihs.gov/nonmedicalprograms/gogp>

Appendix 1: FY2010 SDPI Application Checklist

For Funding Opportunity HHS-2010-IHS-SDPI-0004

Part A: Get Ready to Apply

Step	1.0 Getting Ready to Apply – Team Work Work with your SDPI Team to do the following activities.	Resources	Completed?
1.1	Complete web-based training “Program Planning and Evaluation.”	DDTP Webpage ¹	<input type="checkbox"/>
1.2	Calculate current diabetes burden in your community.	RFA	<input type="checkbox"/>
1.3	Review the 2009 IHS Diabetes Best Practice Documents.	DDTP Webpage ²	<input type="checkbox"/>
1.4	Review your 2008 and 2009 IHS Diabetes Care and Audit Reports.	DDTP Webpage ³	<input type="checkbox"/>
1.5	Get commitment from organization leader to be involved in SDPI work.	RFA	<input type="checkbox"/>
1.6	Make sure your organization is current with OMB A-133 required Financial Audit Reports. .	RFA + Instructions Federal Audit Clearinghouse Website ⁴	<input type="checkbox"/>

Step	2.0 Getting Ready to Apply – Get Registered Register your organization to submit an application on Grants.gov.	Resources	Completed?
2.1	Either confirm or obtain a DUNS number for your organization.	DNB Webpage ⁵	<input type="checkbox"/>
2.2	Either confirm current registration or renew your organization’s registration on the Central Contractor Registry (CCR).	CCR Webpage ⁶	<input type="checkbox"/>
2.3	Either confirm current registration or register your organization with Grants.gov.	Grants.gov Webpage ⁷	<input type="checkbox"/>
2.4	Make sure you are an Authorized Organization Representative (AOR) for your organization on grants.gov.	Grants.gov Webpage ⁸	<input type="checkbox"/>

¹ <http://www.diabetes.ihs.gov/index.cfm?module=trainingWebBased>

² <http://www.diabetes.ihs.gov/index.cfm?module=toolsBestPractices>

³ <http://www.diabetes.ihs.gov/index.cfm?module=resourcesAuditConducting>

⁴ <http://harvester.census.gov/fac/>

⁵ <http://fedgov.dnb.com/webform>

⁶ <http://www.ccr.gov>

⁷ http://www.Grants.gov/applicants/get_registered.jsp

⁸ http://www.Grants.gov/applicants/get_registered.jsp

Part B: Prepare Your Application

Step	3.0 Preparing Your Application – Obtain Materials	Resources	Completed?
	Get the application package and instructions from the Grants.gov website.		
3.1	Download the Application Package and Instructions, using the CFDA Number: 93.237.	Grants.gov Webpage ⁹	<input type="checkbox"/>
3.2	Carefully read the RFA and Instructions before anything else.	RFA +Instructions	<input type="checkbox"/>

Step	4.0 Preparing Your Application – Forms and Documents	Resources	Completed?
	Complete all forms and prepare required documents off-line. Attach the necessary documents to your application package.		
4.1	Complete form SF-424.	Instructions for SF-424 ¹⁰	<input type="checkbox"/>
4.2	Complete form SF-424A. In Section A, fill out row 1; in Section B, fill out column 1.	Instructions for SF-424A ¹¹	<input type="checkbox"/>
4.3	Complete form SF-424B.	Instructions for 424B ¹²	<input type="checkbox"/>
4.4	Complete Key Contacts Form with information for Program Coordinator. (Note that this form can be found on the Division of Diabetes website and can be completed, saved, and then attached to the application package as an Other Attachment.)	DDTP Webpage ¹³ RFA +Instructions	<input type="checkbox"/>
4.5	Complete Disclosure of Lobbying Activities (SF-LLL) Form (if applicable)	Instructions for SF-LLL (see page 2) ¹⁴	<input type="checkbox"/>
4.6	Prepare Project Narrative.	RFA +Instructions	<input type="checkbox"/>
4.7	Prepare Budget Narrative.	RFA +Instructions	<input type="checkbox"/>

Step	5.0 Preparing Your Application – Mandatory Documents	Resources	Completed?
	Prepare required documents and attach them to your application package by using the Other Attachments Form.		
5.1	Obtain a Letter of Support or Tribal resolution	RFA	<input type="checkbox"/>
5.2	Get a copy of your 501 (c)(3) Certificate (Urban Programs only)	RFA	<input type="checkbox"/>
5.3	Get copies of your 2008 and 2009 IHS Diabetes Audit Reports	DDTP Webpage ¹⁵	<input type="checkbox"/>
5.4	Prepare MOA (If sub-contracting with Federal facility)	RFA	<input type="checkbox"/>
5.5	Biographical sketches for all Key Personnel	RFA	<input type="checkbox"/>

⁹ https://apply07.grants.gov/apply/forms_apps_idx.html

¹⁰ <http://www.grants.gov/assets/Forms/SF424Instructions.pdf>

¹¹ <http://www.grants.gov/assets/Forms/InstructionsSF424A.pdf>

¹² <http://www.grants.gov/assets/Forms/InstructionsSF424B.pdf>

¹³ http://www.diabetes.ihs.gov/HomeDocs/Programs/SDPI/Key_Contacts_V1.0_DDTP_508.pdf

¹⁴ <http://www.whitehouse.gov/omb/grants/sflllin.pdf>

¹⁵ <http://www.diabetes.ihs.gov/index.cfm?module=resourcesAuditConducting>

Step	5.0 Preparing Your Application – Mandatory Documents Prepare required documents and attach them to your application package by using the Other Attachments Form.	Resources	Completed?
5.6	Obtain documentation of OMB A-133 required Financial Audit for FY 2007 and FY 2008	RFA + Instructions Federal Audit Clearinghouse Website ¹⁶	<input type="checkbox"/>

¹⁶ <http://harvester.census.gov/fac/>
Cycle 4

Part C: Submit Your Application

Step	6.0 Submit Your Application – Electronically via Grants.gov Submit your completed application package via the internet to Grants.gov.	Resources	Completed?
6.1	Print out and review your entire application package, including completed forms and documents.	RFA +Instructions	<input type="checkbox"/>
6.2	Upload completed application package electronically via Grants.gov	Grants.gov Webpage ¹⁷	<input type="checkbox"/>
6.3	Track status of your application on Grants.gov	Grants.gov Webpage ¹⁸	<input type="checkbox"/>

Step	7.0 Submit Your Application – Paper Application <u>After</u> you have obtained a written waiver approval response from the Chief Grants Management Officer, you may submit a printed paper application directly to the Division of Grants Operations (DGO). <u>A waiver must be received prior to submitting a paper application.</u>	Resources	Completed?
7.1	Print out and review your entire application, including completed forms and documents.	RFA +Instructions	<input type="checkbox"/>
7.2	Prepare your application package.	1. Application Forms on DGO Webpage ¹⁹ 2. Part B of this checklist	<input type="checkbox"/>
7.3	Submit your paper application to DGO as instructed in the RFA. Include a copy of your approved waiver in the package with your paper application. It is very important that you adhere to the paper submission instructions and timelines that will be stated in your waiver approval response.	RFA	<input type="checkbox"/>

¹⁷ http://www07.grants.gov/applicants/apply_for_grants.jsp

¹⁸ http://www07.grants.gov/applicants/apply_for_grants.jsp

¹⁹ http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_forms

Appendix 2: Commonly Used Abbreviations

ADC = Area Diabetes Consultant

AI/AN = American Indian/Alaska Native

AOR = Authorized Organizational Representative in Grants.gov

CCR = Central Contractor Registry

CEO = Chief Executive Officer

DDTP = Division of Diabetes Treatment and Prevention

DGO = Division of Grants Operations

DGP = Division of Grants Policy

DHHS = Department of Health and Human Services

DUNS = Dun and Bradstreet Number

FSR = Financial Status Reports

IHS = Indian Health Service

MOA = Memorandum of Agreement

NoA = Notice of Award

ORC = Objective Review Committee

SDPI = Special Diabetes Program for Indians

Appendix 3: 2009 IHS Diabetes Best Practices Brief Descriptions and Key Measures

Best Practice	This BP describes...	Key Measure 1	Key Measure 2
Adult Weight Management	Recommendations to achieve and maintain a healthy weight for adults with diabetes, regardless of duration of diabetes.	Percentage of diabetes patients with documented nutrition education from a Registered Dietitian or other provider in the past twelve months.	Percentage of diabetes patients with a documented assessment for overweight or obesity in the past twelve months.
Breastfeeding	Clinical tools and technical resources to effectively support breastfeeding.	Number of policies and procedures that are in place which promote and protect breastfeeding.	Percentage of mothers (who have delivered in the past twelve months) who breastfeed for two months postpartum, for six months, and for more than twelve months.
Cardiovascular Disease (CVD)	CVD risk reduction and care recommendations for any person with type 1 or type 2 diabetes.	Percentage of diabetes patients who have recent blood pressure measurements that are at goal in the past twelve months.	Percentage of diabetes patients with documented CVD or hypertension education in the past twelve months.
Case Management	Case management recommendations for any person with pre-diabetes or diabetes—regardless of age or duration of pre-diabetes or diabetes.	Multi-disciplinary Case Management Team is established and its effectiveness is being evaluated through data review and satisfaction surveys.	Improvement in two or three clinical goals for patients who receive case management services (compared to individuals who do not receive case management services).

Best Practice	This BP describes...	Key Measure 1	Key Measure 2
Chronic Kidney Disease (CKD)	Guidelines for programs that seek <i>either</i> to maintain the kidney health of diabetes patients <i>or</i> to improve the care of individuals with established diabetic kidney disease.	<p>Maintain Kidney Health Percentage of diabetes patients whose most recent blood pressure was < 130/80.</p> <p>Improve CKD Care Percentage of diabetes patients whose eGFR is < 60ml/min in the past twelve months, that met recommended therapeutic goals:</p> <ul style="list-style-type: none"> • BP < 130/80 mmHg • Use of renin angiotensin system antagonists (e.g. ACE inhibitor, ARB) • A1c < 7.0 mg/dL • LDL < 100 mg/dL or < 70 pending risk factors • TG < 150mg/dL • Control phosphorus (bone disease) • Hgb 11-12 g/dL (when treating anemia with an erythropoietin stimulating agent) 	<p>Maintain Kidney Health Percentage of diabetes patients with hypertension who have been prescribed a renin angiotensin system antagonist (e.g. ACE inhibitor, ARB) in the past twelve months.</p> <p>Improve CKD Care Number of diabetes patients started on dialysis and their circumstances:</p> <ul style="list-style-type: none"> • Early access versus emergency access will be assessed along with cost analysis • Patient signed up in advance for medical assistance (e.g. Medicare, Medicaid)
Community Advocacy	Recommendations for developing public policy, raising awareness, and building support for individuals and families at risk of diabetes or living with diabetes.	Members of a local community diabetes advocacy group include, at a minimum, a community member who has diabetes, the family member of a person with diabetes, and representatives from three community entities and/or health care facilities.	Number of health-related policies that are implemented as a result of action by the community advocacy group.
Community Screening	Recommendations for community screening of adults at risk of developing diabetes.	Written policies and procedures are in place that detail referral processes for individuals with abnormal blood glucose results who are identified through community screening.	A memorandum of agreement (MOA) exists between the programs that provide community screening, clinical services, and (if applicable) the SDPI Demonstration Project. The MOA lists the key responsibilities of each entity.
Depression	Depression screening and treatment options for persons with type 1 or type 2 diabetes.	Percentage of diabetes patients who were screened for depression in the past twelve months.	Percentage of diabetes patients with depression diagnosed in the past twelve months who received appropriate treatment.

Best Practice	This BP describes...	Key Measure 1	Key Measure 2
Diabetes and Pregnancy	Guidelines for programs that seek to improve screening for and care of women with gestational diabetes.	A registry is in place that is used to track patients, their needs and clinical outcomes.	Percentage of women with diabetes of childbearing age and women with diagnosed gestational diabetes who have had documented diabetes and pregnancy education in the past twelve months.
Diabetes Systems of Care	An organized approach to providing quality diabetes care, prevention, and treatment through an integrated, multi-disciplinary approach.	Diabetes Team demonstrates ongoing communication and active interaction among multi-disciplinary clinic and community members.	Percentage of diabetes patients with improved results in at least six indicators of the IHS Diabetes Care and Outcomes Audit in the past twelve months.
Diabetes Self Management Education (DSME)	Key elements that are needed to build and sustain a quality diabetes self-management education program.	Number of patients who completed or partially completed the DSME process in the past twelve months.	Changes in patients' clinical and behavioral outcomes.
Eye Care	Guidelines for programs that seek to improve individual's diabetic eye health status and to enhance the delivery of effective diabetic eye care.	Percentage of diabetes patients with a documented qualifying eye exam in past twelve months.	Percentage of diabetes patients receiving appropriate retinal treatment in the past twelve months: <ul style="list-style-type: none"> • retinal laser treatment • vitrectomy procedure
Foot Care	Foot care guidelines for clinical providers caring for persons with type 1 or type 2 diabetes.	Percentage of diabetes patients receiving documented foot exams in the past twelve months.	Percentage of diabetes patients with documented risk-appropriate foot care education in the past twelve months.
Nutrition	Nutrition recommendations that target people who are at risk of developing diabetes or currently living with diabetes.	Percentage of pre-diabetes and diabetes patients with documented medical nutrition treatment (MNT) or nutrition education in the past twelve months.	Number of documented partnerships that enhance the provision of nutrition education to families and communities.
Oral Health	Oral health care recommendations for any person with type 1 or type 2 diabetes.	Percentage of diabetes patients who had a dental exam in the past twelve months.	A dental provider actively participates with the Diabetes Team to address oral health-related issues.
Pharmaceutical Care	Guidelines and clinical resources to identify, manage, and educate patients regarding pharmacotherapeutic problems due to type 2 diabetes.	Documentation of ongoing medication reconciliation and poly-pharmacy concerns by pharmacy staff through chart reviews.	Percentage of diabetes patients who had documented medication education in the past twelve months.
Physical Activity	Physical activity recommendations for any person at risk for developing diabetes or living with diabetes.	Percentage of pre-diabetes and diabetes patients who have had level of physical activity documented in the past twelve months.	Number of documented partnerships that enhance the provision of physical activity education and opportunities to individuals, families, and communities.
School Health & Diabetes	Recommendations for comprehensive school health programs that serve youth of all ages.	Number of students who receive culturally appropriate education about nutrition, physical activity, and diabetes.	School staffperson actively participates with the Diabetes Team in school health-related activities.

Best Practice	This BP describes...	Key Measure 1	Key Measure 2
Youth & Type 2 Diabetes	Recommendations for health care that serves youth with type 2 diabetes and those at risk for developing type 2 diabetes.	Percentage of diabetes patients aged six through seventeen years with documented nutrition and physical activity education in the past twelve months.	Percentage of diabetes patients aged six through seventeen years with A1c less than 7.0 mg/dl in the past twelve months.

Source:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/2009_Key_Measures_Table.pdf

Appendix 4: Tips for Preparing a Strong Application

Keep the review criteria in mind when writing the application. Applications will be scored based on the information that is contained in the application package. Be sure the application forms and the information in your narratives are complete, clearly written and address the criteria that will be used when the application is reviewed. Do not assume that reviewers are familiar with the applicant organization, service area, barriers to health care, or health care needs in your community.

Start preparing the application early. Allow plenty of time to gather required information from various sources.

Be concise and clear. Make your points understandable. Provide accurate and honest information, including candid 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. Your budget should reflect proposed program activities.

Use Provided Templates. Provide all of the information requested in each section of the templates. Be sure to follow the instructions at the beginning of each template.

Carefully proofread the application. Misspellings and grammatical errors will make it hard for reviewers to understand the application.

Carefully review a copy of your application package to ensure accuracy and completeness. Print out the application before submitting. Review it to make sure that it is complete and that all required documents are included.

Appendix 5: Instructions for the SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:		
1.	<p>Type of Submission: (Required) Select Type of Submission.</p> <ul style="list-style-type: none"> • Preapplication (Preapplication would only be used if the Federal Agency has specified that pre-application is required and available.) • Application • Changed/Corrected application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 		
2.	<p>Type of Application: (Required) Select the type from the following list:</p> <ul style="list-style-type: none"> • "New" – An application that is being submitted to an agency for the first time. • "Continuation" – An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • "Revision" – Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If "Other" is selected, please specify in text box provided. If a revision, enter the appropriate letter: <ul style="list-style-type: none"> <li style="width: 33%;">A. Increase Award; <li style="width: 33%;">C. Increase Duration; <li style="width: 33%;">AC. Increase Award, Increase Duration; <li style="width: 33%;">BC. Decrease Award, Increase Duration; <li style="width: 33%;">B. Decrease Award; <li style="width: 33%;">D. Decrease Duration; <li style="width: 33%;">AD. Increase Award, Decrease Duration; <li style="width: 33%;">BD. Decrease Award, Decrease Duration; <li style="width: 33%;">E. Other (specify) 		
3.	Date Received: Leave this field blank. This date will be assigned by the Federal Agency.		
4.	Applicant Identifier: Enter the entity identifier assigned by Federal agency, if any, or applicant's control number, if applicable.		
5a.	Federal Entity Number is an identifying number that identifies the applicant, if the applicant has been previous awarded a grant or has registered with the Federal Agency. For HHS awardees using the Payment Management system please use the Payment Management System Federal Entity Identifying Number which is expanded from the Employee Identification Number with a one-character prefix and a two character suffix.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. For a changed/corrected application this can be a tracking number assigned either by Grants.gov or by the Federal agency for a previous application.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable. This date relates to Executive Order 12372 for the State Single Point of Contact.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable. This identifier relates to Executive Order 12372 for the State Single Point of Contact.		
8a.	Applicant Information: Enter the following in accordance with agency instructions:		
8a.	Legal Name: (Required) Enter legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.		
8b.	Employer/Taxpayer Number (EIN/TIN): (Required) Enter the Employer/Taxpayer Identification Number (EIN/TIN) assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
8c.	Organizational DUNS: (Required) Enter the applicant's DUNS number or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
8d.	Address: Enter the complete address of the applicant as follows: Street address (line 1 required), City (Required), County, State (required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
8e.	Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the assistance activity, if applicable.		
8f.	Name and contact information of person to be contacted on matters involving this application: Enter the name (first and last name required), title, organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number, (Required), fax number, and email address (Required) of the person to contact on matters related to this application.		
9.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <ul style="list-style-type: none"> A. State Government B. County Government C. Local Government D. City or Township Government E. Regional Organization F. U.S. Territory or Possession </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than small business) </td> </tr> </table>	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <ul style="list-style-type: none"> A. State Government B. County Government C. Local Government D. City or Township Government E. Regional Organization F. U.S. Territory or Possession 	<ul style="list-style-type: none"> L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than small business)
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	G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/native American Tribal Government (other than Federally Recognized) K. Indian/Native American Tribally Designated Organization	R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (Specify)
10.	Name of Federal Agency: (Required) Enter the name of Federal agency from which assistance is being requested with this application.	
11.	Catalog of Federal Domestic Assistance Number/Title: (Required) Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable. This will be pre-populated for electronic applications downloaded from Grants.gov.	
12.	Funding Opportunity Number/Title: Enter the Funding Opportunity Number and Title of Funding Opportunity for which the assistance is being requested with this application. This will be pre-populated for electronic applications downloaded from Grants.gov.	
13.	Competition Identification Number/Title: Enter the Competition Identification Number and Title of competition under which assistance is requested, if applicable. This will be pre-populated for electronic applications downloaded from Grants.gov. This can be left blank unless specified by the Federal agency.	
14.	Areas Affected by the Project: List areas of entities using the categories (e.g., cities, counties, states, etc.) specified in the agency instructions. Use the continuation sheet to enter additional areas, if needed.	

15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate attach a map showing project location (e.g., construction or real property projects). For pre-applications, attach a summary description of this project.	
16.	<p>Congressional Districts of: (Required) 16a. Applicant: Enter the applicant's Congressional District, and 16b. Project: Enter all District(s) affected by the program or project. Enter in the format 2 characters State Abbreviation – 3 characters District Number e.g., CA-005 for California 5th district, CA-012 for California 12th district.</p> <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e., all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000. <p>Attach a list if other Districts affected.</p>	
17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.	
18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.	
19.	Is Application subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. See www.whitehouse.gov/omb/grants/spoc.html . If "a." is selected, enter the date the application was submitted to the State.	
20.	<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet at end of form.</p>	
21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required), title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) The signature or electronic signature credentials of the authorized representative should be the used to submit this application. If submitted electronically, Grants.gov will fill in the credential signature and the date submitted.</p>	

Appendix 6: Instructions for the SF-424A

INSTRUCTIONS FOR THE SF-424A

Public reporting burden for this collection of information is estimated to average 180 minutes per response, including time for reviewing **instructions**, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0044), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET.

SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a - k of Section B.

Section A. Budget Summary Lines 1 - 4, Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the

Lines 1 - 4, Columns (c) through (g.) *(continued)*

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency **instructions** provide for this. Otherwise, leave these columns blank.

Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in column (e) the amount of the increase or decrease of Federal Funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f).

The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 - Show the totals for all columns used.

Section B. Budget Categories

In the column heading (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1 - 4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class

respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1 - 4, Columns (c) through (g.)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

categories.

Lines 6a-i - Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j.

For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1) - (4), Line 6k should

be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add

or subtract this amount from the total project amount.

INSTRUCTIONS FOR THE SF-424A (Continued)

Line 7 - (continued)

Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8 - 11 - Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b) - (e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16 - 19 - Enter in Column (a) the same grant program titles shown in column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b) - (e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 - Provide any other explanations or comments deemed necessary.

Appendix 7: Instructions for the SF-424B

Instructions For Completing SF-424B Assurances for Non-Construction Programs

Title

Enter the title of the official certifying that the applicant organization will comply with the requirements set forth in this assurance form

Applicant Organization

Enter the name of the applicant organization

Appendix 8: Instructions for Completion of SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
- ³ Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- ⁴ Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- ⁸ Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

Appendix 9: Project Narrative Template

Instructions:

1. Save this template document with a new filename that includes your program name (e.g., SDPI FY2010 Project Narrative Blackstone Clinic.doc). Delete this instructions section.
2. Type in the requested information in each section. Delete the instructions in parentheses when you type in your information. Refer to the RFA and application instructions for details about requested information.
3. In Part B, you need to provide information for each Best Practice you plan to implement. Copy the template section for Part B, Section 2 for the number of Best Practices before typing in any information.
4. Your project narrative should be no longer than 13-17 pages in length and include all of the Parts and Sections listed below.
5. Other formatting guidelines:
 - Use single spacing between lines.
 - Consecutively number pages.
 - Use black font not smaller than 12 point (tables may be done in 10 point fonts).
 - Do NOT include other application forms or documents in the Project Narrative. Standard forms, table of contents, budget and budget narrative, Tribal resolutions, letters of support and/or other application items are not part of the Project Narrative.

Template:

FY2010 Project Narrative for (ADD PROGRAM NAME)

Part A: Program Information

Section A1: Community Needs Assessment

A1.1: Burden of Diabetes

(ADD TEXT HERE ON BURDEN OF DIABETES)

A1.2: Diabetes-related Health Issues

(ADD TEXT HERE ON DIABETES-RELATED HEALTH ISSUES)

A1.3: Unique Challenges in Preventing and Treating Diabetes

(ADD TEXT HERE ON YOUR PROGRAM'S UNIQUE CHALLENGES)

Section A2: Leadership Support

A2.1: Answer Question: One leader agrees to be actively involved?

(YES OR NO ANSWER TO QUESTION ABOUT LEADER)

A2.2: Leader Name and Role or Position

(ADD TEXT HERE WITH LEADER INFORMATION)

A2.3: How Leader Will Be Involved

(ADD TEXT HERE ABOUT LEADER INVOLVEMENT)

Section A3: Personnel

A3.1 First Name	A3.1 Last Name	A3.2 Title	A3.3 Already on staff? (Yes or No)	A3.4 Tasks/Activities (Brief description)	A3.5 %FTE Salary Paid by SDPI

Section A4: Diabetes Audit Review

A4.1: Audit Results that Improved 2008 to 2009

(ADD TEXT HERE ABOUT IMPROVEMENTS FROM 2008 TO 2009)

A4.2: Audit Items/Elements that Need Improvement

(ADD TEXT HERE ABOUT NEEDS FOR IMPROVEMENT)

A4.3: How Needs from Audit will be Addressed

(ADD TEXT HERE ABOUT ADDRESSING NEEDS)

Section A5: Collaboration

A5.1: Existing Partnerships and Collaborations

(ADD TEXT HERE ABOUT EXISTING PARTNERSHIPS AND COLLABORATIONS)

A5.2: New Partnerships and Collaborations [Planned]

(ADD TEXT HERE ABOUT NEW PARTNERSHIPS AND COLLABORATIONS)

Part B: Program Planning and Evaluation

Section B1: Overview

B1.1: Best Practices:

(LIST BEST PRACTICES HERE – ONE PER LINE)

Section B2: Program Planning (Copy this section for each Best Practice and add Best Practice Name here)

B2.1: Target Population for Best Practice

(ADD TEXT HERE ABOUT TARGET POPULATION FOR THIS BEST PRACTICE)

B2.2: Goal for Best Practice

(ADD TEXT HERE ABOUT GOAL FOR THIS BEST PRACTICE)

B2.3: Objectives/Measures for Best Practice

(ADD TEXT HERE ABOUT OBJECTIVE AND MEASURES FOR THIS BEST PRACTICE)

B2.4: Activities for Best Practice

(ADD TEXT HERE ABOUT ACTIVITIES FOR THIS BEST PRACTICE)

Section B3: Evaluation

B3.1: Tracking Activities for Best Practices

(ADD TEXT HERE ABOUT TRACKING OF ACTIVITIES)

B3.2: Collecting and Tracking Data for Best Practice Measures

(ADD TEXT HERE ABOUT COLLECTING AND TRACKING DATA ON SELECTED MEASURES)

B3.3: Collecting Stories

(ADD TEXT HERE ABOUT COLLECTING STORIES)

Part C: Program Report

Section C1: Major Accomplishments and Activities

C1.1: Major Accomplishments – Past 12 Months

(ADD TEXT ABOUT ACCOMPLISHMENTS PAST 12 MONTHS)

C1.2: Major Accomplishments – Since Beginning

(ADD TEXT ABOUT ACCOMPLISHMENTS SINCE BEGINNING)

C1.3: Story of a Major Accomplishment

(ADD TEXT ABOUT STORY)

C1.4: Primary Activities – Past 12 Months

(ADD TEXT ABOUT PRIMARY ACTIVITIES PAST 12 MONTHS)

C1.5: Primary Activities – Since Beginning

(ADD TEXT ABOUT PRIMARY ACTIVITIES SINCE BEGINNING)

Section C2: Challenges

C2.1: Biggest Challenges – Past 12 Months

(ADD TEXT ABOUT CHALLENGES IN PAST 12 MONTHS)

C2.2: How Challenges Were Addressed

(ADD TEXT ABOUT HOW CHALLENGES WERE ADDRESSED)

C2.3: Success in Addressing Challenges

(ADD TEXT ABOUT SUCCESS IN ADDRESSING CHALLENGES)

Section C3: Dissemination

C3.1: Major Lessons Learned

(ADD TEXT ABOUT LESSONS LEARNED)

C3.2: Sharing Lessons Learned

(ADD TEXT ABOUT SHARING LESSONS LEARNED)

C3.3: Materials or Products Developed

(ADD TEXT ABOUT MATERIALS/PRODUCTS DEVELOPED)

Section C4: Other Information

C4.1: Other Information

(ADD OTHER INFORMATION)

Appendix 10: Project Narrative Sample

Part B: Program Planning and Evaluation

Section B1: Overview

B1.1: Depression Care

Section B2: Program Planning Depression Care

B2.1: Target Population: Any person with a diagnosis of type 1 or type 2 diabetes

B2.2: Goal: Improve depression care among persons who have diabetes

B2.3: Objectives and Measures:

1. Increase depression screening among persons with diabetes by 25% (over the baseline rate) within the next 12 months. Measures:
 - a. Percentage of diabetes patients with a documented depression screen.
 - b. Clinic guidelines for depression screening implemented by January 1, 2010. Guidelines will address: who does the screening, when it occurs, how often it occurs, how results are documented, and how positive results are communicated with the provider.
2. The percentage of patients for whom appropriate action occurs in response to a positive depression screen increases by 20% in 12 months. Measures:
 - a. % of patients whose positive depression screening result is communicated to the medical provider.
 - b. % of patients for whom the provider addressed the positive screening result in their visit notes.
3. Among patients who are diagnosed with depression by a medical provider over a 12 month period, there will be a 20% increase in the percentage that receives appropriate treatment and follow-up. Measures:
 - a. Local guidelines for the management of depression will be developed and implemented by April 1, 2010. The tool will guide the integration of clinical and community resources in the management of depression.
 - b. % of patients diagnosed with depression who are prescribed antidepressant medications and/or counseling/healing ceremony or other appropriate intervention.
 - c. % of patients for whom "depression" is noted both as a "Purpose of Visit" and documented as an active problem on the problem list.
 - d. % of patients referred for expert behavioral health evaluation as need is indicated.

B2.4: Activities:

Clinical Processes

1. Have clinic planning meetings to determine how to implement depression screening. Follow-up weekly to track progress and problem solve as needed.
2. Provide training for clinical staff on depression screening, diagnosis & treatment.
3. Develop local depression treatment and referral guidelines.
4. Develop/implement a plan for monitoring/tracking progress and outcomes.

Community Partnering

1. Meet with behavioral health staff to work out: referral mechanisms and how to integrate behavioral health into primary care.
2. Explore having a medicine person available either in clinic or via referral.
3. Become actively involved in a community partnership that addresses socioeconomic life challenges/circumstances:
 - a. If one exists, become involved and ask to partner regarding patients' needs.
 - b. If one does not exist, tailor a meeting with community entities that have an interest in partnering to address life issues that contribute to depression.

Community Events

1. Plan and implement community awareness events that address ideas such as, sadness, grief, loss, historical trauma, etc – and ways for individuals, families, and the community to heal.
2. Sponsor community wellness events that give people experiences with various approaches to complementary healing

Section B3: Evaluation

B3.1: Tracking Activities for Best Practices

1. A master spread sheet will be used to track all planned activities; who is responsible for each activity; target dates
2. Staff will track sub-activities and timelines for activities they are responsible for. They will submit monthly activity reports.
3. Data person receives staff monthly reports and enters activity info onto master sheet.

B3.2: Collecting and Tracking Data for Best Practice Measures

1. Clinical data: % of DM patients screened for depression; % of patients with positive depression screen AND medical providers' visit note addresses positive result; % of patients with a depression Purpose of Visit AND an active problem of depression.
2. Activity data: staff training; screening and treatment guidelines; referral mechanisms; community awareness events; and community partnering activities.
3. Data person will collect and track all data
4. Clinical data will be collected every 3 months via diabetes audits and chart reviews. Results will be entered onto spreadsheets; used to print quarterly graphs and tables.
5. Activity data will be collected via monthly reports:
 - a. Community awareness event data: number of people attending, and before and after knowledge measures as appropriate. Data will be entered onto spreadsheets; used to print quarterly graphs and tables
 - b. Implementation of identified clinical guidelines
6. Quarterly results will be discussed during staff meetings. Identify what is working well and what isn't; what outside influences might have enhanced or hindered effectiveness; plan next steps to enhance the effectiveness of what we're trying to accomplish.

B3.3: Collecting Stories

1. Staff will document things people say about successes or impact. They will be asked to document events that "blow their socks off".
2. Stories will be typed and submitted with monthly report. Data person will enter stories onto spreadsheet.

APPENDIX 11: Budget Narrative Instructions

The Budget Narrative provides supporting information for your SF 424A – Budget Information – Non-construction Programs.

The following list of budget items is provided to give you ideas about what you might include in your actual budget under each budget category. In addition to a **line item budget**, provide a **narrative budget justification that briefly explains the budget items and how they support your objectives**. You do not need to include all the items below – and may include others not listed. Budget is specific to your own program, objectives, and activities.

Budget Categories

A. Personnel

Line items may include any of the following as needed for your specific program:

(Provide a named individual or list 'to be named' FTE for **each position, include percent effort that will be devoted directly to this project by each individual**, and include "in-kind" positions if applicable.)

- Program Coordinator
- Others as needed

B. Fringe Benefits

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

C. Travel

Line items may include:

- Staff Travel to meetings planned in FY 2010
(Example: travel for 2 people, x 2 days, 2-3 nights lodging)
- Supplemental Training as needed for staff to provide services related to goals and objectives of the grant, such as CME courses, IHS Regional Meetings, Training Institutes, etc.
- Staff travel for project activities as necessary.

D. Equipment

Include capital equipment here (items that exceed \$5000)

E. Supplies

Line items may include:

- General office supplies
- Supplies needed for activities related to the project, such as teaching materials, materials for recruitment or community based activities
- Software, upgrades, computer supplies
- File cabinets

F. Contractual/Consultant

May include partners, collaborators, technical assistance consultants you hire to help with project activities – include direct costs and indirect costs of any subcontracts here.

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

Major A&R exceeding \$250,000 is not allowable under this project without prior approval.

H. Other

Line items may include:

- Participant incentives – list all types of incentives (refer to IHS Incentives Policy) and specify amount per item
- Marketing, advertising, promotional items
- Office equipment, computers under \$5000
- Internet access
- Medications and Lab tests – be specific; list all medications and lab tests
- Miscellaneous services: telephone, conference calls, computer support, shipping, copying, printing, equipment maintenance

APPENDIX 12: Sample Budget Narrative

A. Personnel:

Executive Director	10,500	
Administrative Assistant	6,373	
CNA/Transporter	6,552	
Mental Health Counselor	5,769	
Total Personnel:		35,688

B. Benefits:

Executive Director	3,675	
Administrative Assistant	2,231	
CNA/Transporter	2,293	
Mental Health Counselor	2,019	
Other Benefits	2,273	
Total Fringe Benefits:		12,491

C. Supplies:

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

Training and Travel:

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

Contractual:

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

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

Other Direct Costs:

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 **\$201,392**

Budget Justification

A. Personnel: **\$35,688.00**

Executive Director

A full-time employee responsible for the implementation of the Program Goals as well as overseeing financial and grant application aspects of the agency. (416 hours x \$25.24 per hour = \$10,500.00)

Administrative Assistant

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

CAN/Transporter/Homemaker

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

Mental Health Coordinator

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

Public Relations Manager

A part-time employee works 12 hours per week promoting this program within the Tribal Organization and Communities in Washoe County. (416 hours x \$15.61 = \$6,494.00)

B. Fringe Benefits: **\$12,491.00**

Fringe benefits are calculated at 35% of salaries. Fringe is composed of health, dental, life and vision insurance (20%), FICA/Medicare (7.65%), worker's compensation (1.11%), State unemployment insurance (1.25%), and retirement (5%). (Total salaries \$35,688.00 x 35% = \$12,491.00)

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 is \$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 Wellness Luncheons

An allocation of \$200.00 has been made towards food and supplies. The food provided will be used the Diabetes Educator during the monthly wellness luncheon, providing examples of food preparation and education. Supplies such as paper places, 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 cotton sticks, strips for glucose check machines, 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 budge 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 contracted 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)

Nutritionist/Diabetes Educator

A registered dietician/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 palates 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

NUI 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

NUI 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 of Nevada Urban Indians, Inc. 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

NUI 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:

\$201,392.00

Appendix 13: CCR/ Grants.gov Organization Registration Checklist

Grants.gov Registration Checklist	What is the purpose of this step?	How long should it take?	Completed?
<p>1. Has my organization identified its DUNS Number?</p> <ul style="list-style-type: none"> • Ask the grant administrator, chief financial officer, or authorizing official of your organization to identify your DUNS number. • If your organization does not know or have its DUNS Number, call Dun & Bradstreet at 1-866-705-5711 and follow the automated prompts to find this information. 	<ul style="list-style-type: none"> • The Federal government has adopted the use of DUNS numbers to track how federal grant money is allocated. • DUNS Numbers identify your organization. 	<ul style="list-style-type: none"> • Same Day • You will receive DUNS Number information at the conclusion of the phone call. • A recipient with a NEW DUNS number must wait 24 hours before applying to CCR. 	<input type="checkbox"/>
<p>2. Has my organization registered with the Central Contractor Registry (CCR)?</p> <ul style="list-style-type: none"> • Ask the grant administrator, chief financial officer, or authorizing official of your organization if your organization has registered with the CCR. • If your organization is not registered, you can apply by phone (1-866-606-8220) or register online at http://www.ccr.gov . CCR has developed a worksheet/checklist (7-page PDF) to help you with the process, which can be accessed at http://www.ccr.gov/CCRRegTemplate.pdf . • If after having registered in CCR, you 	<ul style="list-style-type: none"> • Registering with the CCR is required for organizations to use Grants.gov. 	<p>If your organization already has an EIN or TIN Number, then you should allow 1-3 business days to complete the entire CCR registration. The EIN and TIN numbers will come from the Internal Revenue Service.</p> <p>Without an EIN or TIN number</p>	<input type="checkbox"/>

Grants.gov Registration Checklist	What is the purpose of this step?	How long should it take?	Completed?
<p>experience any registration problems, you can get help by going to Federal Service Desk https://fsd.gov.</p> <p>NOTE: Your organization needs to renew their CCR registration every year.</p> <p>3. Did you designated an E-BIZ POC when you registered with CCR?</p> <ul style="list-style-type: none"> • When your organization registers with the CCR, you will be required to designate an E-Business Point of Contact (E-Business POC). This person will be given a special password called an “M-PIN”. This password gives him or her sole authority to designate which staff members from your organization are allowed to submit applications electronically through Grants.gov. • Staff members from your organization designated to submit applications are called Authorized Organization Representatives (AORs). • If your E-Business POC has forgotten the M-PIN password, call 1-866-606-8220. • The E-Business Point of Contact will need to know the M-PIN within the CCR Profile in order to login to Grants.gov. 	<ul style="list-style-type: none"> • Designating an E-Business Point of Contact safeguards organizations from individuals who may attempt to submit grant application packages without permission. 	<p>expect delays of up to 2 weeks.</p> <p>The additional days are needed to mail security information to your organization.</p> <p>Please allow 1 business day for CCR to become active.</p>	

Grants.gov Registration Checklist	What is the purpose of this step?	How long should it take?	Completed?
<p>4. AOR's who will officially submit applications on behalf of the organization register with Grants.gov for a username and passwords.</p> <ul style="list-style-type: none"> • Potential AOR's must wait 1 business day after registration in CCR before entering their profiles in Grants.gov • AORs must complete a profile with Grant.gov using their organization's DUNS Number to obtain their username and password. http://apply07.grants.gov/apply/OrcRegister • When an AOR registers with Grants.gov, the EBIZ POC will receive an email notification. <p>5. Has my E-Business Point of Contact (POC) approved the AOR's?</p> <ul style="list-style-type: none"> • The EBIZ-POC must login to Grants.gov (using your organization's DUNS number for a username and the "M-PIN" password obtained in Step 2) and approves the AOR, thereby giving him or her permission to submit applications. <p>When the E-BIZ POC approves the AOR, Grants.gov will send the AOR an email confirmation using the email address submitted in the profile.</p> <p>AOR's can then login to Grants.gov using their username and password to verify that they have been approved. https://apply07.grants.gov/apply/loginhome.jsp</p>	<ul style="list-style-type: none"> • Receive an account, username and password to submit applications through Grants.gov • AOR usernames and passwords serve as "electronic signatures" when your organization submits applications on Grants.gov. • Only an E-BIZ POC can approve AOR's. <p>This allows your organization to authorize specific staff members to submit applications on their behalf.</p> <p>Once approval is completed the AOR can immediately submit an application.</p>	<ul style="list-style-type: none"> • Same Day • After the AOR has completed their profile they will be prompted to create a username and password that will allow them to login to Grants.gov and check their approval status immediately. <p>Same Day or it can depend on how long it takes the E-Business POC to log in and approve the AOR.</p> <p>After your organization initially registers with the CCR, AORs must wait 1-3 business days before they can obtain their usernames and passwords.</p>	<input type="checkbox"/>