

Fiscal Year 2005

Application Kit for Non-Competitive Grant
Programs

Grants for Special Diabetes Program for Indians

*This program described at 93.237 in the catalog of
Federal Domestic Assistance*

Department of Health and Human Services
Public Health Service
Indian Health Service

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(use this form if applicable to your grant application. The form is available on the Division of Diabetes Treatment and Prevention web site at www.ihs.gov/medicalprograms/diabetes.)

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Before your start.....

Please read this important NEW message from the IHS Division of Diabetes Treatment and Prevention (DDTP)

Dear Grantee,

We are now entering our 8th year of the Special Diabetes Program for Indians (SDPI)! This is the second year the noncompetitive grants will be funded at the increased level of \$112.3 million, a 254% increase over the original \$30 million in 1998. Congress has promised to continue this level of funding through FY 2008 giving us at least four more years to demonstrate progress in this battle which is expected to continue throughout our lifetimes. The funding provided under this extension will continue to be used for grants providing services for the prevention and treatment of diabetes.

Because the IHS Director has decided that the national distribution to each Area will remain unchanged for 5 years, your yearly funding should be stable through FY 2008. Grant programs will still be required to submit a yearly continuation application as we have done each year. The application process for SDPI grantees to access this new funding remains the same.

A new timetable is included in this application. We know that the application process has begun late this year. The IHS Division of Grants Policy and the Division of Diabetes Treatment and Prevention have extended the application due date for the 1st budget cycle applicants. Please review the Application and Award timetable section carefully for full instructions and guidance. We encourage you to contact our offices if you have any questions or concerns.

You are well aware that, for the past seven years with these diabetes appropriations, tribal communities across the country have been working on many different types of diabetes programs that range from diabetes prevention to treatment of diabetes and its complications. By working together to demonstrate to Congress that the diabetes funds have been used efficiently and effectively and have served to improve the quality of our diabetes care and prevention activities, we have achieved our common goal to extend the diabetes funding beyond the year 2003. All our hard work has paid off. It is still very important for every program to collect data that can demonstrate the effectiveness of its activities, both for developing new Best Practices recommendations and for demonstrating to Congress that these appropriations are a good investment.

Diabetes Grant Program FY 2005 Application Kit

This booklet serves as the FY 2005 (Year 8) Application Kit for the continuation of the Special Diabetes Program for Indians diabetes funds. This booklet contains:

- This introductory letter
- The SDPI grant Assessment Tool. The Assessment Tool is included as a separate document. **Each grantee is required to fill out this assessment tool and send it in with the grant application. If you did not receive the Assessment Tool, call the Division of Diabetes Treatment and Prevention office immediately at 505-248-4182 to request a copy. It is also available on the diabetes program web site at www.ihs.gov/medicalprograms/diabetes.**
- The official FY 2005 Grant Program Announcement, including application requirements and administration requirements
- Instructions for writing the grant program narrative to apply for the year 8 SDPI grant funds
- Information on allowable and unallowable costs for grant projects
- A list of frequently asked questions
- Descriptions of 14 Indian Health Diabetes "Best Practice" models
- Required application forms.

We also want to point out that there are several **REMINDERS** that you need to be aware of. These include: the requirement for your program's DUNS number and if you are requesting indirect costs, you must use the current approved, indirect cost rate. In addition, there is information about the importance of complying with National Environmental Protection Agency rules and regulations for grant programs planning to include activities that "affect the environment."

FY 2005 SDPI Diabetes Community Assessment Tool

This section of the application kit contains this year's assessment tool mentioned earlier. Please work through this assessment tool and answer all questions as they apply to your program's activities. Answer all questions next to a check box or in a table to the best of your ability. This year's assessment focuses on sharing a summary of responses you have provided us in previous years and a list of available resources that may help address some of the needs you have identified. We do recognize that there continue to be many needs not met by existing resources and in order to continue to develop effective and useful tools we need your help. Therefore, there are questions for you to answer. A copy of the completed assessment tool must accompany your

application when you send it to the Division of Grants Operations. (Be sure to keep a copy for your records).

Instructions for Writing Grant Narratives

Complete the sections on your grant program narrative. This includes the progress report for year 7, the work plan, reporting requirements and budgets. Outline your program goals and objectives for all diabetes activities to be funded under this grant program. If you have any questions, please contact your Area Diabetes Consultant, the IHS Division of Diabetes Treatment and Prevention or the IHS Division of Grants Policy.

Frequently asked questions on use of grant funds

We have provided some examples of allowable activities in a **Question and Answer** section located in the Appendix. Most of the questions have been presented before. There are many new diabetes coordinators who find these questions and answers to be helpful so we have included them again.

Suggested Best Practices

We have once again included the section on the 14 suggested Best Practices. We encourage you to continue to use these ideas to consider in planning or expanding your program. You will remember that these Indian Health Best Practices are based on the experiences of other Indian health diabetes programs and the IHS Model Diabetes Programs, as well as on findings from diabetes scientific research and outcomes studies. The Best Practice models describe successful diabetes prevention and treatment approaches in AI/AN communities.

This year the Division of Diabetes Treatment and Prevention, along with your input, will be working on new suggested Indian health Best Practices. These will include metabolic syndrome, cardiovascular disease risk reduction, smoking, and case management. We also will be working on updating the existing Best Practices.

Some concluding thoughts...

The information that you provide in the assessment tool and the application kit will continue to be used to answer questions from Congress and others about the needs within our communities. The information will also be used to show the progress being made to address the epidemic of diabetes and diabetes-related conditions and the implementation of primary prevention activities.

It is the policy of IHS to allow each community the greatest possible programmatic independence, giving grantees the freedom to be creative in developing new approaches to this very difficult problem. It is our belief that each community has unique needs and challenges and must be allowed to apply the resources available in the way most likely to be effective in that particular setting. When these programs began, there was no scientific proof that diabetes could be prevented, so we have been breaking new ground for seven years. Results of the Diabetes Prevention Program have confirmed the wisdom of decisions made by Tribal leaders in 1998. IHS is required to follow the Department of Health and Human Services Grants regulations in administering this program. However, this application continues to be designed to allow your program the maximum allowable flexibility under those regulations so you can continue to apply the wisdom of your leaders in your local decision-making and choices.

We have all worked hard together over the past 7 years to develop quality diabetes treatment and prevention programs through the Special Diabetes Program for Indians grant program. People with diabetes, their families and communities continue to grow healthier every day due to our collective effort. We must continue to extend our efforts in screening and intervention to earlier stages of the disease process - pre-diabetes and metabolic syndrome. We must also address, even more aggressively, the many effects of this abnormality such as cardiovascular disease, which is the leading cause of death among individuals with diabetes and among AIANs today. We know this job will not be finished in FY 2008, but Congress has provided us the opportunity to move forward with the increase in funding.

We will continue to demonstrate to Congress and to others the need for permanent diabetes funding through our collaborative efforts. It is our hope that diabetes, cardiovascular disease and the other problems that result from this metabolic abnormality will one day be eliminated from American Indian and Alaska Native communities.

Kelly Acton, MD, MPH, FACP
Director, Division of Diabetes Treatment and Prevention

Department of Health and Human Services Indian Health Service Grant Funds for Special Diabetes Program for Indians

Agency

Indian Health Service
Department of Health and Human Services (DHHS)

Action

Announcement of Non-Competitive Diabetes grant funds through the Grants for Special Diabetes Programs for Indians

Summary

The Office of Public Health, Indian Health Service (IHS), announces the availability of non-competitive diabetes grant funds in the amount of \$112.3 million dollars appropriated on December 17, 2003 as Public Law 107-360, "An act to amend the Public Health Service Act with respect to special diabetes programs for type 1 diabetes and Indians."

The grant funds will be awarded to each eligible applicant under the authority of section 330(C) of the Public Health Service Act, as amended by the Balanced Budget Act (BBA) of 1997. **This program is described at 93.237 in the Catalog of Federal Domestic Assistance (CFDA).**

Background and Purpose

Diabetes is an epidemic in American Indian/Alaska Native (AI/AN) communities. Some tribes have the highest documented prevalence of diabetes in the world.

To address the problem, the President announced in August 1997 a new grant program, the *Special Diabetes Programs for Indians*, under the *Balanced Budget Act*. This legislation provided \$30 million per year for 5 years (1998-2002). Additional diabetes grant funds were appropriated through the *Consolidated Appropriations Act of 2001*, to supplement the 1997 BBA grants for a total annual appropriation of \$100 million for fiscal years 2001 through 2003. In December 2003, the House and the Senate approved H.R. 5738 (PL 107-360) which added an additional \$50 million to the SDPI diabetes grant program and extends the program through fiscal year 2008.

Who Can Apply

The Public Health Service Act states that the following groups are eligible to apply:

- Indian Health Service entities;
- Indian tribes or tribal organizations that operate an Indian health program under a contract, grant, cooperative agreement or compact with the IHS under the Indian Self-Determination Act; and
- Urban Indian organizations that operate an urban Indian health program under a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act.

Each IHS Area, in consultation with Area tribes, decided how the diabetes funds would be divided within their Area. The eligible urban programs will receive their diabetes grant funds through set-aside funding that was decided at the national level.

How to Apply

Each eligible grantee will receive a copy of this application. Funded grantees must complete and submit an application in order to receive the diabetes grant funds.

Application and Award Timetable

Continuation applications and program review cycles are determined by grantee budget periods. The chart below identifies application due dates and the program review timelines.

FY 2005 Continuation Application Due Dates and Timelines – Special Diabetes Programs for Indians

<i>Grantee Budget Period</i>	<i>Application Due Date</i>	<i>Review Begins</i>	<i>Reviews Due in Grants Office</i>	<i>Grants Mails NGA to Grantee</i>
<i>10/01/04 to 09/30/05</i>	<i>9/23/04 new - extended date</i>	<i>9/30/04 new - extended date</i>	<i>10/21/04 new - extended date</i>	<i>10/28/04 new – extended date</i>
<i>01/01/2005 to 12/31/2005</i>	<i>10/15/04</i>	<i>10/29/04</i>	<i>12/2/04</i>	<i>12/20/04</i>
<i>04/01/2005 to 03/31/2006</i>	<i>01/03/05</i>	<i>01/21/05</i>	<i>3/03/05</i>	<i>03/21/05</i>
<i>06/01/2005 to 05/31/2006</i>	<i>03/03/05</i>	<i>03/21/05</i>	<i>5/02/05</i>	<i>05/23/05</i>

EXTENSION FOR FIRST BUDGET CYCLE APPLICANTS. Applicants whose budget period is October 1, 2004 to September 30, 2005 have been granted a 3-week extension on the Application Due Date. The Review process and the issuance of the Notice of Grant Awards will also be extended by the same time period. If your grant program requires a Notice of Grant Award by an earlier date, the sooner you submit your application, the sooner you will receive your Notice of Grant Award. Keep in mind that the review process takes

approximately 3 weeks depending on how complete your application is. Work with your Area Diabetes Consultant and/or Project Officer to assist you in the application process.

Applications are due in the Grants Management Branch by close of business, 5:00 pm Eastern Standard Time according to due dates in your grant budget period (refer to the chart above).

Early submission is encouraged for all budget periods.

Application Reviews

Each application will undergo a program review and a business (fiscal) review.

Program Review

The purpose of the program review is to assure that:

- project objectives are compatible with the specific program objectives defined in the program announcement,
- proposed activities are capable of attaining project objectives,
- project personnel are qualified, by training and/or experience, for the support sought and the applicant organization has adequate facilities, manpower, and management capability;
- the estimated cost to the government for the project is reasonable.

Business (Fiscal) Review

The purpose of the business review is to determine:

- whether the applicant has developed reasonable estimates of costs involved in performing the project, and
- the applicant organization has business management systems available to carry out the proposed project.

An official *Notice of Grant Award* will be issued shortly after complete applications are reviewed and approved.

Funds Available to Each Grantee

Funding for this program is determined through tribal consultation. Each IHS Area, in consultation with Area tribes, decided how the diabetes funds would be divided within their Area. The eligible urban programs will receive their diabetes grant funds through set-aside funding which was decided at the national level.

Complete information regarding the national distribution formula for the \$150 million appropriation will be mailed to grantees. The information defines the national distribution formula and identifies the Indian Health Service entities, Indian Tribes, Tribal organizations and urban Indian programs eligible to receive diabetes grant funds in each IHS Area, and the amount of funding available to each program.

As decided by the IHS Director, the national allocations to each IHS Area will apply for the entire 5 year period of these grants (FY 2004 – FY 2008).

Limitations

One Award per Entity

Only one diabetes grant will be awarded per IHS entity, Indian Tribe/tribal organization, or urban Indian organization grantee.

Unauthorized Costs

Some costs are not authorized for this grant program such as cash prizes, gifts and construction costs because such costs were not authorized in the program legislation. Appendix B, which reproduces part of the PHS Grants Policy Statement, provides information on the types of costs that may be incurred under this program for IHS, tribes, and urban Indian health programs.

Period of Support

Diabetes grant funds will be disbursed according to the grantees FY 2005 budget periods. Funding will be for five 12-month budget periods, dependent on satisfactory annual reports and submission of required reports. Continuation applications must be received annually.

As decided by the IHS Director, allocations to each IHS Area will apply for the entire 5-year period of these grants (FY 2004 – FY 2005). IHS Area Directors will confirm grantee allocations on an annual basis.

Grant Payment Process

Grants will be paid through the Payment Management System (PMS), Department of Health and Human Services. Tribes receiving lump sum payments will also be paid through the PMS.

Instruction for Signature of this Application

In order to document acceptance of available funding and compliance with the program requirements including eligibility, line 18 on SF 424 and the signature block on the back of SF 424B must be signed as follows:

- For IHS entities, by the Area Director or designee.
- For tribes or tribal organizations, by the Tribal Chairman, Executive Director, or the individual legally authorized to commit the organization.
- For urban Indian organizations, by the Executive Director.

Tribal Resolutions are not required for this grant program.

How to Get Help

For program information and help, contact the **Area Diabetes Consultant** in your IHS Area.

<p>Aberdeen Area IHS Anna Marie Bosma, RN, CDE 115 4th Avenue, SE Room 309 Aberdeen, SD 57401 Phone: (605) 226-7544/7545 annamarie.bosma@ihsabr.ihs.gov</p>	<p>California Area IHS Dawn LeBlanc, RN, CDE 650 Capitol Mall, 3rd Floor Sacramento, CA 95814 Phone: (916) 930-3927 x323/325 Dawn.LeBlanc@mail.ihs.gov</p> <p>Programmatic Information: Terry Raymer, MD United Indian Health Services, Inc P. O. Box 420 Trinidad, CA 95379 Phone: (707) 852-5047 traymer@crihb.ihs.gov</p>	<p>Phoenix Area IHS Charles Rhodes, MD 40 N. Central Avenue, Suite 606 Phoenix, AZ 85004-4428 Phone: (602) 364-5195 charles.rhodes@ihs.gov</p> <p>Programmatic Information: Charlton Wilson, MD Phoenix Indian Medical Center 4212 N. 16th Street Phoenix, AZ 85016 Phone: (602) 263-1537 charlton.wilson@pimc.ihs.gov</p>
<p>Alaska Area IHS Kenneth Gilforth, MD, MPH 4315 Diplomacy Drive Anchorage, AK 99508 Phone: (907) 729-3686 KGilfort@akamnc.alaska.ihs.gov</p> <p>Julien Naylor, MD, MPH Area Diabetes Consultant Alaska Native Health Service 4315 Diplomacy Drive Anchorage, AK 99508 Phone: (907) 729-1125 jlnaylor@anmc.org</p>	<p>Nashville Area IHS Dee Sabattus Project Administrator 711 Stewarts Ferry Pike, Suite 100 Nashville, TN 37214 Phone: (618) 872-7900 dsabattus@usetinc.org</p> <p>Programmatic Information: Ann Bullock, MD (Advisor) PHS Indian Hospital Cherokee, NC 28719 Phone: (828) 497-9163 annbullock-md@hotmail.com</p>	<p>Portland Area IHS Donnie Lee, MD Portland Area Diabetes Program 1220 S.W. Third Avenue Portland, OR 97204-2892 Phone: (503) 326-2017 dlee@pao.portland.ihs.gov</p>
<p>Albuquerque Area IHS Tina Tah, RN, BSN 5300 Homestead Road, NE Albuquerque, NM 87110 Phone: (505) 248-4544 tina.tah@abq.ihs.gov</p>	<p>Navajo Area IHS Martia Glass, MD Northern Navajo Medical Center Shiprock, NM 87420 Phone: (505) 368-7425 martia.glass@mail.ihs.gov</p>	<p>Tucson Area IHS Karen Higgins 7900 S.J. Stock Road Tucson, AZ 85746-9352 Phone: (520) 295-2406 karen.higgins@mail.ihs.gov</p> <p>Roland Bridges, MD (Advisor) Sells Service Unit P. O. Box 548 Sells, AZ 85534 Phone: (520) 383-7333 charles.bridges@mail.ihs.gov</p>
<p>Bemidji Area IHS Stephen Rith-Najarian, MD PHS Indian Hospital Cass Lake, MN 56633 Phone: (218)335-3200/3272 srithnajarian@nchs.com</p>	<p>Oklahoma Area IHS Bernadine Tolbert, MD, PhD 3625 N.W. 56th Street Five Corporate Plaza Oklahoma City, OK 73112 Phone: (405) 951-3837 bernadine.tolbert@mail.ihs.gov</p>	
<p>Billings Area IHS Carol Strasheim, RN 2900 4th Avenue North Billings, MT 59107 Phone: (406) 247-7111 carol.strasheim@mail.ihs.gov</p>		

For information on the Special Diabetes Program for Indians Grant program, contact:

<p>Grant Program Information</p> <p>Mary Tso, Program Specialist IHS National Diabetes Program 5300 Homestead Road, NE Albuquerque, NM 87110 Phone: (505) 248-4182 Fax: (505) 248-4188 mary.tso@ihs.gov</p>	<p>Grant Application and Business Management Information</p> <p>Denise Clark, Grants Management Specialist IHS Division of Grants Policy Division of Acquisition and Grants Management 801 Thompson Avenue, Suite 120 Rockville, MD 20852 Phone: (301) 443-5204 Fax: (301) 443-9602 denise.clark@ihs.gov</p>
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Where to Send the Application

Send the *original and two (2) copies* of your grant application to:

Indian Health Service
Division of Grants Policy
801 Thompson Ave, Suite 120
Rockville, MD 20852-1609

Application Requirements

Summary of Documents and Information Required

All applications must include the following documents in the order presented. Items marked with ☞ are forms found in this application kit. The remaining items do not use special forms. Instructions for each item are found in the pages that follow.

Forms
☞ Completed Assessment Tool (make a copy for your records)
☞ Application Receipt Card, IHS 815-1A
☞ FY 2005 Diabetes Grant Application Checklist
☞ Standard Form 424, "Application for Federal Assistance," with DUNS number
☞ Standard Form 424A "Budget Information – Non-Construction Programs"
☞ Standard Form 424B, "Assurances – Non-Construction Programs"
NEPA Environmental Information and Documentation form (if applicable)

Information Required
Application Table of Contents
<p>Program Narrative for FY 2004 (year 7) hat includes</p> <ul style="list-style-type: none"> ● Progress Report for FY 2004 <ul style="list-style-type: none"> ○ Progress made on FY 04 objectives ○ Community Collaborations and Activities ○ Data Reporting Requirements ○ Spending Report ● Work Plan for FY 2005 (year 8) <ul style="list-style-type: none"> ○ Goals and Objectives ○ Major Activities and Time Lines ○ Target Population Group(s) ○ Plan for addressing Data Reporting Requirements ○ Local Evaluation ○ Personnel Description <p>You may create your own worksheets for your program narrative. <i>The program narrative must be no longer than five (5) typed pages.</i></p>
<p>Budget information</p> <p>☞ Use Standard Form 424A, "Budget Information – Non-Construction Programs"</p> <ul style="list-style-type: none"> ● Spending Report for FY 2004 (part of Progress report) <ul style="list-style-type: none"> ○ FY 2004 Budget ○ Expenses to date for FY 2004 ○ Estimated carryover balance (unobligated funds) ● Budget Narrative <ul style="list-style-type: none"> ○ Line item justification to describe FY 2005 budget ○ Personnel Description
<p>Attachments</p> <ul style="list-style-type: none"> ● Worksheets ● Position Descriptions ● Resumes ● Other <p>Attachments to your narrative will not be counted towards the five-page limit. Use the application kit instruction and outlines that follow.</p>

Reference Materials

In addition to the items and instructions listed above, this application kit contains several reference materials:

- Allowable and Unallowable Costs, Appendix A
- PHS Grants Policy Statement chapter 7: Costs under PHS Grant-Supported Projects/Activities, Appendix B
- Environmental Compliance Fact Sheet for IHS Grants (*NEW Fact Sheet*) Appendix C
- Frequently Asked Questions on the Special Diabetes Program for Indians, Appendix D
- Indian Health Diabetes Best Practice Models, Appendix E

Reminder: Requirement for DUNS Number

Beginning October 1, 2003, all grantees are required to have a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the Federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. The DUNS number must appear in the “Applicant Identifier” block of SF 424.

Obtaining a DUNS number is easy and there is no charge.

To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711.

Tribes Designating Funds for IHS Service Unit (Direct Assistance)

Tribal and Urban grantees may designate some of their funds for direct assistance (i.e., funds for IHS to provide professional services, supplies, medications, etc.) “directly” to the target population. Grantees should clearly identify “**Direct Assistance**” as a budget item in their continuation application and describe the objective(s) for this service.

This must be coordinated closely with the local IHS Service Unit. The Service Unit must submit an entire application in addition to the Standard Form 424 for the direct assistance funds together with the tribal or urban grantee’s application. The IHS application form must be signed by the Area Director or designee. Attach a copy of the tribal or urban grantee’s budget narrative that clarifies how this direct assistance funding is to be spent. For questions on this requirement, contact Denise Clark, IHS Division of Grants Operations.

A separate Notice of Grant Award will be issued to the Service Unit for direct assistance funding approved by the tribal or urban grantee. Service Unit grantees are subject to the same financial status reporting that is required of tribal and urban grantees

Reminder- National Environmental Protection Agency Review Requirements

IHS diabetes grant programs are subject to National Environmental Policy Act (NEPA) review by IHS, with assistance from the grantee (42 U.S.C. 4332), as well as grantee compliance with all applicable environmental laws and regulations as referenced in the form SF 424B Assurances for Non-Construction Programs, item 11, and other related grant conditions.

If your grant application includes project activities that may affect the environment or a historic building or a cultural resource including disturbing the soil, building, remodeling, excavation, purchasing modular structures, installing playground equipment, change of land use, and related project activities, documentation of an environmental review in accordance with the National Environmental Protection Agency is required. Your application must include a completed Environmental Information and Documentation form.

Please read the “Environmental Compliance Fact Sheet for IHS Grants” located in Appendix C. The IHS Environmental Information and Documentation Form is available at the Division of Diabetes Treatment and Prevention (formerly the National Diabetes Program) web site at www.ihs.gov/medicalprograms/diabetes. Contact your Area Diabetes Consultant for assistance.

Developing a Program Narrative

Defining the Program Narrative

The program narrative is the heart of your application. This is where you tell us about your program and plans. This will describe how the funds will be used to continue and enhance your existing program, to develop new activities, or a combination of both.

The program narrative will include:

- Progress Report for Year 7 (FY 2004)
 - Progress made on objectives
 - Community collaborations and activities
 - Data reporting requirements
 - Spending report
- Work Plan for Year 8 (FY 2005)
 - Goals and Objectives
 - Major Activities and Time Lines
 - Community Collaborations
 - Target population group(s)
 - Local Evaluation
 - Process Objectives, Measures & Data Sources
 - Outcome Objectives, Measures & Data Sources
 - Plan for how you will address the data reporting requirements in the coming year.

Progress Report for Year 7 (FY 2004): “The Past and the Present”

The progress report should address progress made on your current program objectives.

- **Progress Made on FY 04 Objectives**
Review the last year’s objectives. Describe the progress you have made toward achieving those objectives and if you think you will achieve them by the end of the current budget period.
- **Community Collaborations and Activities:**
Briefly describe activities that your program has worked on with other clinical, tribal or community-based organizations such as the IHS hospital or clinic, WIC, nursing home, dialysis unit, schools, churches, or Head Start.
- **Data Reporting Requirements: Diabetes Prevalence and Indian Health Diabetes Care and Outcomes Audit**
Report the numbers needed to calculate diabetes prevalence for the current year. See explanation below. Report briefly on the main findings of your Diabetes Care and Outcomes Audit. If you have questions on what to report here, consult with your Area Diabetes Consultant.
- **Spending Report:**
List the expenses that your program incurred and the estimated unobligated balances. The numbers will be reported on SF 424A, Section B, in columns (2) and (3). Provide an explanation for any significant overspending or under-spending that has developed.

Work Plan for Year 8 (FY 2005): “The Future”

- **Goals and Objectives:**
State what you want to accomplish with your grant funds. Tell us the goals and objectives of your grant project (s).
- **Major Activities and Time Lines:**
Describe the major activities you will do to achieve your program objectives and provide a timeline or time chart.
- **Community Collaborations:**
Briefly describe how your program will work with other clinical, tribal or community based organizations, such as the hospital or clinic, CHR program, WIC or Head Start, schools, churches, nursing home, dialysis unit, or Boys and Girls Clubs.
Let us know if you will have any new collaboration partners in the coming year and if any of the current year’s collaborations will end.
- **Target population for each activity:**
Name the target population (s) and age groups you wish to work with. For example: What ages will you include in your population entitled “Youth” (some define youth as “under 15 years”, others use “under 25 years”, etc)? What ages define “Elders” in your community? (some say “over 55 years”, some say “65 years and over”, etc.) If applicable, do you hope to include American Indians/Alaska Natives living off but near the reservation?

- **Local Evaluation - Process Objectives, Measures and Data Sources**
This is a description of how you will evaluate your program. This local evaluation is based on your local activities and services and how many community members you expect to reach.
- **Local Evaluation - Outcome Objectives, Measures and Data Sources**
Outcome objectives tell what you hope to accomplish with program activities such as better diabetes control, weight reduction, or lipid improvement. We encourage you to have outcome objectives wherever possible.

You can find more ideas for developing your objectives and your local program evaluation in the *Indian Health Diabetes Best Practice* documents provided in this packet.

Data Reporting Requirements

Each year in the Progress Report, all programs must report the Following data:

- Diabetes Prevalence
- Indian Health Diabetes Care and Outcomes Audit

You will also need to tell us how you plan to address these data reporting requirements for FY 2005.

Remember that some of these data are required annually under the Government Performance and Results Act (GPRA) and all will be important for our reports to Congress on our activities. None of these requirements will ask for information that would violate our patients' privacy rights as defined in the Health Insurance Portability and Accountability Act (HIPAA).

Diabetes Prevalence

- Tell us how you define your community and the method you use to determine how many people are included.
- Tell us the method you use to determine how many community members have diabetes.

Diabetes prevalence is calculated using these two numbers:

$\text{Diabetes Prevalence} = \frac{\text{Number of people with diabetes}}{\text{Total population of community}}$

Indian Health Diabetes Care and Outcomes Audit

The IHS Diabetes Care and Outcomes Audit evaluates the effectiveness of clinical care and education of people who have diabetes. Diabetes audit reports are provided to your Area Diabetes Consultant (ADC) at the end of each summer by clinical sites. The diabetes audit is done by the provider or clinic which has access to the medical records of the people in your community who have diabetes.

If you, as the grantee, do not complete the diabetes audit, contact the health care team in your community. Let them know you are required to submit a copy of the diabetes audit with your report. You can get information and advice about the diabetes audit from your Area Diabetes Consultant or the local Tribal Epidemiology Center.

NEW - Diabetes Non-clinical Audit

The diabetes non-clinical audit tool has been developed to identify the activities and measure the effectiveness of diabetes programs that do not offer clinical services. This tool will be used in FY 2005. The non-clinical audit tool will be required of grant programs that do not have clinical care offered at their site (either through the diabetes grant program or through the local clinic or hospital) or who offer partial clinical services.

Your Area Diabetes Consultant will provide the diabetes non-clinical audit tool to you in FY 2005. When it is released, you will work with the Area Diabetes Consultant to use the tool and complete this audit.

Budget Information: “A budget is a spending plan”

The budget must account for the

- amount of available funding for FY 2004, including both direct and indirect costs, if claimed.
- FY 2004 carryover funds (unobligated funds)
- FY 2005 grant funds (new money).

Instructions for Completing Standard Form 424A

Complete SF 424A – Budget Information - Non-Construction Programs as described below. If your unobligated carryover balance from FY 2004 activities is expected to be greater than 25% of your annual budget, you will need to provide an explanation. A line item justification should also describe the FY 2005 budget items.

Complete only Section B – Budget Categories

- In column (1) record the amounts budgeted for FY 2004. These figures come from your FY 2004 application, or from an approved amended budget.
- In Column (2) record the amounts spent to date for the FY 2004 activities. These figures usually come from your organization’s finance office.
- In column (3) record your best estimate of how much funding will remain unobligated (unspent, not committed, still available) at the end of the FY 2004 budget period.
- In column (4) record your planned distribution of your FY 2005 funds. Line k of Column (4) should match your annual allocation for FY 2004 – FY 2008.
- In column (5) record the sums of columns (3) and (4). **This is your spending plan for FY 2005.**

Budget Limitations

Some costs have been eliminated for this grant program such as cash prizes, gifts, and construction costs because such costs were not authorized in the program legislation.

For IHS entities, there are certain costs that must be approved by appropriate IHS staff prior to their obligation. For example, space rental or purchase/use of modular units must be reviewed and approved by the Area Realty officer. Please contact Ms. Eleanor Matney, Principle Realty Officer, IHS HQ, at (301) 443-3121 for assistance with such issues.

Reminder– Current, Approved Indirect Cost Rates

In order to request indirect cost, SDPI grantees must have a current approved indirect cost rate. This is a new practice for IHS. In the past, IHS has honored the “old rates.” IHS is no longer allowing grantees to request indirect cost using an old rate agreement.

- Your finance office should have the most current indirect cost rate agreement. You can also check the following web site: http://rates.psc.gov/fms/dca/new_search.html
- If the grantee does NOT have a new negotiated rate and do not expect to have one approved before FY 2004 ends, the indirect cost must be removed from their budget.

Carryover Balances (Unobligated Funds)

Carryover balances that are greater than 25% of the FY 2004 budget must be addressed in your budget justification. You must include an explanation of:

- why your project’s spending did not go as planned
- what was not completed that was requested in the FY 2004 plan and expected date of completion.

Congress has specified that these funds “shall remain available until expended.” Therefore, the carryover balances will be included in your spending plan (budget) for FY 2006.

What if my grant program does not apply for a continuation grant for FY 2006 ?

The PHS Grant Policy Manual states that “All grant programs have the option of requesting a no-cost extension should this be necessary.” Please refer to the PHS Grants Policy Statement, sections 2, 3 and 8, for a discussion of this issue.

Budget Narrative

The budget narrative includes :

- Planned distribution of FY 2005 funds
- Line item budget justification as to how the funds are to be spent
- information on program personnel.

Planned Distribution of FY 2005 funds

- Estimate the costs for your program by line item. .
- For each figure in Column (5) lines a through h, give a description of what this money will be paying for.

Budget Justificaton

Here, you will provide a detailed justification to explain all costs on the SF 424A.

- Please provide as much detail as possible. For example, if you are claiming \$25,000 in supplies, tell us what sorts of supplies.
- The word *MISCELLANEOUS* can not be anywhere in the budget justification.
- Tell us how you calculated the indirect costs for line j. You must use your current approved indirect cost rate.
- All grant programs should budget travel costs for one to two program staff to attend a diabetes grantee meeting in your Area and to attend the Indian Health Cardiovascular Disease and Diabetes National Conference being planned for May 2005 in Denver, Colorado.
- Local Tribal Leaders should budget travel costs for Area meetings for updates on the Special Diabetes Program for Indians Grants.
- Remember that line g (construction) must be all zeroes.
- Be sure to answer Question 17 on SF 424 (delinquent federal debt)

Personnel Description

- Describe consultants or contractors who will be used in your project. Indicate who will determine if the work of the contractor is acceptable.
- Identify **key** personnel involved in your project and what they will do.
- Identify **existing** personnel.
- Clearly identify new program staff to be hired and provide the Position Description and Resume (if already hired).

Attachments

You should attach the following documents :

- Worksheets which provide needed details that would not fit in the five-page Program Narrative limit.
- Time Lines
- Position descriptions and Resumes
- Other information

Grant Administration Requirements

The grants for Special Diabetes Programs for Indians are awarded and administered in accordance with this announcement and the following documents:

Indian Tribes

- 45 CFR Part 92, Department of Health and Human Services, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Government including Indian tribes
www.access.gpo.gov/nara/cfr/waisidx_99/45cfr92_99.html
- OMB Circular A-87, Cost Principles for State and Local Governments
- OMB Circular A-133, “Audits of States, Local Governments, and Non-Profit Organizations
- PHS Grants Policy Statement
<http://www.grants.nih.gov/grants/policy/gps/index.html>

Nonprofit Organizations

- 45 CFR Part 74, Department of Health and Human Services, Uniform Administrative Requirements for Grants to Non-Profit Organizations
http://www.access.gpo.gov/nara/cfr/waisidx_99/45cfr74_99.html
- OMB Circular A-122, Cost Principles for Non-Profit Organizations
www.whitehouse.gov/omb/circulars
- OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations
www.whitehouse.gov/omb/circulars
- PHS Grants Policy Statement
<http://www.grants.nih.gov/grants/policy/gps/index.html>

Background and Character Investigations

The grantee is responsible for ensuring that background and character investigations are conducted in accordance with the following laws:

- 25 U.S.C. 13041 “Child Care Worker Employee Background Checks” (Crime Control Act)
- 25 U.S.C. 3207 “Character Investigations” (Indian Child Protection and Family Violence Prevention Act)

Application Checklist

FY 2005 Annual Application for SDPI Non-competitive Diabetes Funding

- Assemble your application in the order of this checklist
- Complete and return this form with your application

Name of Grantee _____ Grant ID No.: H1D94 _____

Item	Applicant	Grants Management
Application Receipt Card, IHS 815-1A		
FY 2005 Diabetes Grant Application Checklist		
SF 424, Application for Federal Assistance		
SF 424 A, Budget Information		
SF 424 B, Assurances – Non-construction Programs		
Environmental Information and Documentation Form (if applicable)		
Program Narrative for FY 2004 (year 7)		
Process on FY 2004 Objectives		
Community Collaborations and Activities		
Data Reporting Requirements		
Spending Report		
Work Plan for FY 2005 (year 8)		
Goals and Objectives		
Major Activities and Timelines		
Target Population Group(s)		
Local Evaluation		
Personnel Description		
Plan for Addressing Data Reporting Requirements		
Diabetes Prevalence		
Indian Health Diabetes Care and Outcomes Audit		
Diabetes Non-clinical Audit (if applicable)		
Budget Information		
Spending Report for FY 2004 (same as above)		
Budget Narrative – line item justification/personnel		
Statement to attend National Diabetes Conference		
Statement to attend Are meeting on diabetes grants		
COMMUNITY ASSESSMENT TOOL		
Assessment Tool		
Attachments		
Worksheets		
Position Descriptions and Resumes		

Applicants Name/Date _____

Applicants Phone and Email Address _____

IHS Grant Reviewer Name _____

IHS Grant Reviewer Phone and Email _____

Required reports to IHS Division of Grants Operations

Financial Status Report, Standard Form 269-Long Form

An annual Financial Status Report (Standard Form 269-Long Form) must be submitted within 90 days after expiration of each 12-month budget period unless stated otherwise on the Notice of Grant Award. You can obtain this form at <http://www.whitehouse.gov/omb/grants/sf269a.pdf>.

Grantee Organization Annual Audit Report*

Indian tribes or tribal organizations and urban Indian organizations shall submit one (1) complete copy of the grantee organization's audit report, as required by the Single Audit Act and implemented in accordance with OMB Circular A-133. **The annual audit report is due within nine months after the end of the grantee's annual audit period.**

If your organization had any findings on audit, submit follow-up letters, and correction action plan.

The schedule of Federal Financial Assistance must include funds awarded for the Special Diabetes Programs for Indians.

*These audit requirements do not apply to Federal grantees.

Program Developments that Have a Significant Impact

Grant recipients are expected to notify the awarding agency immediately of any developments that have a significant impact on award-supported activities, including problems, delays, or adverse conditions. The notification must include a statement of action taken or considered as well as any assistance needed to resolve the situation.

Application Forms and Instructions for Federal Assistance

- **Application Checklist**
- **SF 424, Application for Federal Assistance**
- **SF 424A, Budget Information, Non-construction Programs**
- **SF 424B, Assurances, Non-construction Programs**
- **Environmental Compliance Fact Sheet for IHS Grants**

- **Environmental Information and Documentation Form – available at the Division of Diabetes Treatment and Prevention (formerly National Diabetes Program) web site at www.ihs.gov/medicalprograms/diabetes.**

Appendix

Appendix A

Allowable and Unallowable Costs

Appendix B

PHS Grant Policy Statement, Cost Under PHS Grant-Supported Projects/Activities

Appendix C

Environmental Compliance Fact Sheet for IHS Grants

Appendix D

Frequently Asked Questions

Appendix E

Diabetes Indian Health Best Practice Models