

Program Name:

**Indian Health Service
Special Diabetes Program for Indians
Community-Directed Grant Program**

**FY2014 Annual Progress Report Template: Part 2
Community Diabetes Screening Best Practice**

Last update: October 2014

Instructions for Using this Template

Provide the information below for this Best Practice if you have selected it for FY 2014. Further template instruction and information are provided on the FY 2014 Annual Progress Report Template: Part 1. **Ensure that you are using the current version of [Adobe Reader](#)¹ to complete these templates.**

The Annual Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.

Section 1: Program Identifiers

1. Program Name:
2. Grant NO./Award NO. (use number found on current NOA):
3. Name of person completing template:
 - A. Email address:
 - B. Phone number:

Section 2: Target Population and Goal

4. Target Population

5. Goal

¹ Adobe Reader download URL: <http://get.adobe.com/reader/otherversions/>

Program Name:

Section 3: SMART Objectives

List all objectives for this Best Practice. If there are more than 7 objectives, number (starting with 8) and list them in [Section 7](#) of this template.

A. Objective #	B. Objective (in SMART ² format)	C. Objective Status	D. Progress Made	E. Briefly Explain Progress Made
1.				
2.				
3.				
4.				
5.				
6.				
7.				

² SMART Objectives “How To” URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsPPSmartObj>

Program Name:

Section 4: Required Key Measures

In order to report SDPI outcomes to IHS headquarters, Congress, and others, all grantees must provide data for Required Key Measures for each Best Practice selected in FY 2014.

For an example of how to report the following information in this section, please reference Appendix B, Table 1 in ANY of the 2011 IHS Diabetes Best Practice documents.

A. Measures	B. Objective #	C. <u>Baseline</u> or beginning value and date	D. Most recent value and date	E. Data Source (where did these values come from)
1. Percent of individuals in the target population screened for diabetes within grantee specified time period.		as of	as of	
2. Percent of individuals in the target population screened for diabetes who received diabetes prevention education at the time of screening within grantee specified time period.		as of	as of	

Program Name:

Section 5: Additional Measures

Report up to 5 additional measures based on the following criteria:

- Utilized the most grant funding
- Devoted the most program time
- Resulted in the most significant improvement from previous reporting

A. Measures	B. Objective #	C. Baseline or beginning value and date	D. Most recent value and date	E. Data Source (where did these values come from)
3.		as of	as of	
4.		as of	as of	
5.		as of	as of	
6.		as of	as of	
7.		as of	as of	

Program Name:

Section 6: Major Activities

List major activities completed and planned, the status, the objective that the major activity corresponds to (reference the objective # from [Section 3](#) of this template), and the timeline or date the activity was completed, or target date if planned.

Timeline: Capture activities since your program completed the FY 2014 Continuation Application to end of your FY 2014 budget cycle period date.

A. Major Activities	B. Activity Status	C. Objective #	D. Timeline/Date Activity was Completed or Target Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Program Name:

Section 7: Other Information

1. Describe any major challenges you encountered in implementing this Best Practice.

A. How have you or how do you plan to overcome these challenges?

2. If you have any further information to add regarding this Best Practice for FY 2014, such as additional objectives, measures or activities, add it here. **If you do not have any further information to provide, you may leave this item blank.**

Program Name:

You have completed Part 2 of your FY 2014 Annual Progress Report. Next Steps:

1. Ensure that you have completed Part 1 of the [FY 2014 Annual Progress Report](#)³.
2. If there are activities outside of Best Practices, document those using the Other Activities template.
3. **Review** your report for completeness and accuracy.
4. **Save** this document on your computer for your records.
5. **Report** on all selected Best Practices for FY 2014
6. **Submit your completed report (Part 1 and 2)** – attached as PDF documents on GrantSolutions under Grant Notes.
7. **Notify** Your [Area Diabetes Consultant](#)⁴ that the report has been submitted on GrantSolutions.

Note: Your Annual Progress Report will be considered incomplete if Parts 1 and/or 2 are not included or complete.

The Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.

³ FY 2014 Annual Progress Report URL:

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

⁴ ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>