

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 (from FY 2015 Best Practice template)	C. Briefly Explain Progress Made
1.		
2.		
3.		
4.		
5.		
6.		
7.		

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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 2015.

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](#)² documents.

A. Measures	B. Objective #	C. <u>Baseline</u> or beginning value and date	D. Final value for FY 2015 and date	E. Data Source (where did these values come from)
1. Number of members in your Community Diabetes Advocacy Group that include the following within grantee specified time period: <ul style="list-style-type: none"> ✓ who have diabetes ✓ family members of a person with diabetes ✓ representatives from community entities and/or health care facilities outside of your diabetes program. 		as of	as of	
2. Number of health-related policies that are impacted or implemented as a result of action by the Community Diabetes Advocacy Group within grantee specified time period.		as of	as of	

² 2011 Best Practices: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBestPracticesTabbed>

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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. Final value for FY 2015 and date	E. Data Source (where did these values come from)
1.		as of	as of	
2.		as of	as of	
3.		as of	as of	
4.		as of	as of	
5.		as of	as of	

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Section 6: Major Activities

List major activities completed, 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.

A. Major Activities (from FY 2015 Best Practice template)	B. Objective #	C. Timeline/Date Activity was Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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Section 7: Other Information

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

A. How have you overcome these challenges?

2. If you have any further information to add regarding this Best Practice for FY 2015, 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.**

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You have completed Part 2 of your FY 2015 Annual Progress Report. Next Steps:

1. Ensure that you have completed Part 1 of the [FY 2015 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 2015
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 2015 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>