



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

FY 2015 Programmatic Terms and Conditions

From the IHS Division of Diabetes Treatment and Prevention



PROGRAMMATIC TERMS AND CONDITIONS

Special Diabetes Program for Indians (SDPI) Community-Directed Grant Program Fiscal Year (FY) 2015

SDPI Funding History FY 1998 - 2015

FY	Legislation and Amount
1998 - 2002	Balanced Budget Act (BAA), P.L. 105-33 , signed Aug 1997: authorizes \$30M annually for 5 years; authorizes grants for providing services for the prevention and treatment of diabetes in AI/ANs
2001 – 2003	Consolidated Appropriations Act (CAA) of 2000, P.L. 106-554 , signed Dec 2000: authorizes additional \$70M for FY 2001; additional \$70M for FY 2002, and \$100M for FY 2003
2004 – 2008	Reauthorization of SDPI, P.L. 107-360 , signed Dec 2002: extends the SDPI for 5 years and authorizes \$150M per year for each of the 5 years
2009	S.B. 2499 SCHIP Extension Ac, signed Dec 2007 : extends SDPI for one year and authorizes \$150M
2010 - 2011	Medicare Improvements for Patients & Providers Act of 2008, P.L. 110 – 275 , signed July 2008: extends SDPI for two years and authorizes \$150M for each year
2012 - 2013	Medicare and Medicaid Extenders Act of 2010, H.R. 4994 , signed Dec 2010: extends SDPI for two years and authorizes \$150M for each year
2014	American Taxpayer Relief Act of 2012, P.L. 112-240 , signed Jan 2013: extends SDPI for one year and authorizes \$150M
2015	Protecting Access to Medicare Act of 2014, P.L. 113-93 , signed April 2014: extends SDPI for one year and authorizes \$150M
TOTAL	\$2,190,000,000

Notice of Award

The Notice of (Grant) Award (NOA/NGA) is the legal document issued to notify the grantee that an award has been made and that funds may be requested from the designated HHS payment system or office. This NOA is in continuation of the [FY 2010 Funding Opportunity Announcement](#)¹. Instructions for the FY 2015 Continuation Application are available on the Division of Diabetes [SDPI Community-Directed Application](#)² webpage.

A grantee indicates acceptance of an Indian Health Service (IHS) award and its associated terms and conditions by drawing or requesting funds from the designated HHS payment system or office. If the grantee cannot accept the award, including the legal obligation to perform in accordance with its provisions, the grantee must notify their Grants Management Officer at the Division of Grants Management (DGM) immediately upon receipt of the NOA. If resolution cannot be reached, the Grants Management Officer will terminate the grant.

¹ SDPI Community-Directed FY 2010 FOA URL:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/Cycle4_RFA_SDPI_FY2010_CommDir.pdf

² SDPI Community-Directed Application URL:

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

Programmatic Terms and Conditions

These Terms and Conditions come from the [Division of Diabetes](#)³.

1. **Cooperation:** Grantee must agree to work with the Division of Diabetes, DGM, their Area Diabetes Consultant (ADC), Federal Project Officer(s) and/or designated assignee on the following:
 - a. consult with and accept guidance from.
 - b. respond promptly to requests for information.
 - c. attend required meetings and trainings. Grantees may also be asked to provide short presentations on their processes and successes.
 - d. keep the above entities informed of emerging issues, developments, and challenges that may affect the grant program's ability to comply with these Terms and Conditions and/or any requirements attached to this NOA.
2. **Program Coordinator:** All grantees must have a Program Coordinator who has relevant health care education and/or experience including a working knowledge of diabetes and experience with grant program management. The Program Coordinator should have skills in program coordination, budgeting, reporting, and supervision of staff. All SDPI grant program staff should be routinely updated by the Program Coordinator on information and requirements related to their program's activities.
3. **Primary Contact:** Grantee must designate a primary contact who can receive and review emails from the Division of Diabetes, DGM, and the ADC about grant program activities and who must share those emails and information with other program staff. This primary contact, who is usually the Program Coordinator, should have been identified using the [Key Contacts](#)⁴ form submitted with the continuation application. Contact IHSDDTPSDPICommunity@ihs.gov if a primary contact is established or changed after the continuation application has already been submitted.
4. **Implementing Best Practice(s):** Grantees must implement Key Recommendations and activities from at least one [2011 IHS Diabetes Best Practice](#)⁵. Grantees must also collect data for all the **Required Key Measures** for their selected Best Practice(s), as listed in the [FY 2014 Best Practice Addendum](#)⁶. The FY 2014 Best Practice Addendum provides the most current information on the Required and Optional Key Measures along with examples of ways to obtain the measures.
5. **Training:** Grantees must meet SDPI training requirements established by the Division of Diabetes. Training sessions will be held primarily via online conferencing services. Details of the training requirements, along with recorded and upcoming trainings, can be found on the [SDPI Required Training](#)⁷ webpage. Grantees will be expected to:
 - a. participate in interactive discussion during conference calls;
 - b. share activities, tools and results;

³ Division of Diabetes URL: www.diabetes.ihs.gov

⁴ Key Contact Form URL:

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

⁵ Best Practices URL:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBestPracticesTabbed&nav=11#tabs-2>

⁶ Best Practice Addendum URL:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/BP_2011_Table_RKM_508c.pdf

⁷ SDPI Required Training URL:

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

- c. share problems encountered and how barriers are broken down;
 - d. share materials presented at conferences and meetings; and
 - e. participate and share in other relevant activities.
6. **Tracking Trainings:** Grantees must keep track of which staff members participate in each SDPI training session and whether they participated in the live or recorded session. [Training Tracking Tools](#)⁸ are available on the SDPI Required Training webpage.
 7. **IHS Diabetes Care and Outcomes Audit:** SDPI grantees are expected to participate in [IHS Diabetes Care and Outcomes Audit](#)⁹ as part of their continuation application. They should conduct an Audit, submit their data, then review and provide a copy of their Annual Audit Report. Non-clinical or community-based grantees that are not able to directly participate will need to obtain a copy of the IHS Diabetes Care and Outcomes Audit Report from their local facility or ADC.
 8. **Submitting Reports and Applications:** Grantee must submit progress reports, applications, and other reports according to established deadlines and criteria. For SDPI Community-Directed grant programs, the following application and reports will be due:
 - a. **Application** – Per DGM policy, due on GrantSolutions 120 days before the beginning of the grant program’s budget period.
 - b. **Mid-Year Progress Report** – attach as a “Grant Note” in GrantSolutions in the middle of the grant program’s budget period.
 - c. **Annual Progress Report** – Per DGM policy, attach as a “Grant Note” in GrantSolutions within 90 days after the end of the grant program’s budget period.
 - d. **Other Reports (including Annual Federal Financial Reports and Fiscal Audit Reports)** – See additional award attachments provided on your Notice of Award.

Refer to the [SDPI FY 2015 Continuation Application Instructions](#)¹⁰ for further guidance and the [SDPI Community-Directed Grant Program Hub](#)¹¹ for latest information on report templates, due dates, Q&A sessions and submission preferences.
 9. **IHS Policies and Procedures:** Grantee must comply with all IHS policies and procedures related to grants and programmatic management of this grant program. If grantee has questions about any aspects of the grant program, it is their responsibility to contact the Division of Diabetes, DGM, their ADC, Federal Project Officer(s) and/or designated assignee.
 10. **Noncompliance:** Failure to comply with any or all of these Programmatic Terms and Conditions may result in suspension or termination of grant, withholding of additional awards for the program, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment.

⁸ SDPI Training Tracking Tools URL:

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

⁹ Diabetes Audit URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

¹⁰ FY 2015 SDPI Community-Directed Continuation Application Instructions URL:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPICD_FY15_DDTPInstr.pdf

¹¹ SDPI Hub URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=sdpi_hub

Questions on the Programmatic Terms and Conditions

For diabetes program technical questions and information contact the [Area Diabetes Consultant](#)¹² for your Area.

Financial Management Systems: In accordance with 45 CFR Parts 74.21 or 92.20, all IHS SDPI grantees and sub-grantees must have proper financial management systems and proper practices in place to ensure the appropriate stewardship of grant funds.

Recipients of SDPI funds must have proper internal control systems that provide for appropriate monitoring of grant accounts to ensure that all obligations and expenditures are reasonable, allowable, and allocable (in accordance with the applicable OMB Cost Principles).

The grantee must be able to relate financial data to performance data and convey this information to IHS grants management and program staff in annual/semi-annual progress and financial reports. The grantee's systems are subject to audit; therefore, below are standards for financial management systems as outlined in 45 CFR Parts 74 and 92.

Financial management systems should account for the following:

- 1) Financial reporting
- 2) Accounting records
- 3) Internal control
- 4) Budget control
- 5) Allowable costs

A grantee's failure to establish adequate control systems implies a material weakness and could ultimately be considered a violation of the terms of the award. In cases where the grantee is in violation of the terms and conditions of the award, IHS grants management and program staff may include special conditions on awards as appropriate.

Cost Principles: In accordance with OMB Cost Principles Title 2 Parts 225 or 230 (previously A-87 or A-122), State, Local and Indian Tribal Governments, an applicant's budget request is reviewed for compliance with the governing cost principles. Please note that the Grants Management Officer (GMO) monitors expenditures related to this grant for conformance with cost policies.

The cost principles address three tests in determining allowability of costs and they are as follows:

- 1) **Reasonableness** (including necessity). A cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
- 2) **Allocability.** A cost is allocable to a cooperative agreement/grant if it is incurred solely in order to advance the work under the grant; it benefits both the grant and other work of the institution including other grant-supported projects; or it is necessary to the overall operation of the organization and is deemed to be assignable, at least in part, to the grant.
- 3) **Consistency.** Grantees must be consistent in assigning costs to cost objectives.

Please consult the appropriate cost principles for additional details regarding allowable/unallowable charges to a grant. The cost principles are not intended to be all-inclusive; therefore, the organization may have to contact the IHS Office of Management Services (OMS), Grants Policy for additional clarification.

¹² ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

Grantees can use their own accounting systems, policies, and procedures to implement the cost principle requirements as long as the standards for financial management systems, as described above, are met.

Monitoring: All SDPI grantees are responsible for daily operations of grant supported activities using their established internal controls and policies, as long as they are consistent with 45 CFR Parts 74 and 92 as well as the PHS Grants Policy Statement, Revised April 1994. However, in order for IHS program and grants management staff to fulfill their role as wise stewards of Federal funds, they monitor their grants to identify potential problems and areas where technical assistance may prove valuable.

Grantees must remain aware that monitoring of a project or activity will continue as long as IHS retains a federal interest in the project or activity as a result of audit, Congressional reports, and other administrative/programmatic requirements.

Carryover Term – Current Federal Financial Report (FFR) not on File: The Division of Grants Management (DGM) will no longer approve carryover requests at the time of the non-competing continuation award without a current SF425 (FFR) on file. Carryover requests that are issued at the time of the award are based on **estimated** unobligated balances. Once the FFR is submitted to the awarding office, the balances are subject to change which may alter the actual amount that is available for carryover. In accordance with the PHS Policy Statement, FFRs are due 90 days after the budget period expires. Therefore, once the FFR has been received and approved by the awarding office, the GMO will review actual balances that are available for carryover to the grantee. If the unobligated balance differs from what is reported in the non-competing continuation application the grantee may have to submit a revised itemized budget reflecting actual carryover balances.