



Division of Diabetes Treatment and Prevention

FY2016 SDPI Community-Directed Application Orientation Webinar held 07/28/15

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Dr. Ann Bullock:

Thanks everyone for joining us today. This is Ann Bullock. As Kelli said, I'm the Acting Director for the IHS Division of Diabetes and I'm delighted you all are taking time out of your schedules to join us today. We hope we'll be providing you with some important information. We had hoped that the FOA, the Funding Opportunity Announcement, might be out at this point. It's not quite out yet. So we're still pre-FOA in that sense, but there are still a lot of things you all can be doing to get ready for that. And Melanie Knight from our office will be going over a lot of that here in just a few minutes.

For those of you who joined our session back on the 15th, we hope you found that useful. For those of you who have not had a chance to either listen to it or did not join it live, if you have the opportunity to listen to it, we think there's some good information there, because we're not going to cover very much of that information here today, a little bit but mostly, it's going to try and move into some other areas of information you all will need to know.

I'm going to speak briefly here, on the update and reviewing that. And then Melanie Knight, who many of you know as our Coordinator for Division of Diabetes for the Community-Directed Program and one of our great staff members, will go over our new webpages which just went live last night. And there'll be a few more that will go live once the FOA is available. She'll go over a checklist for you, of things you can do before the FOA is out, that are all very important things. She will show you the brand new Project Narrative template that you will need to complete as part of your application package. So we will be able to show you that here today. And we'll give you the schedule for upcoming training sessions, so you can get those on your calendars, at least through the middle of August. And of course, we'll have a Q&A afterwards for as long as we can all stay on.

So, this is a review, this slide is a review from a slide we used last time. We are using a new and competing continuation Funding Opportunity Announcement when it comes out. That FOA means that not only Tribes and sites who have applied and have funding for FY 2015, but federally recognized Tribes who do not have funding in FY 2015 are eligible to apply for FY 2016 funding. So the FOA will be available, we're hoping, still have our fingers crossed, it could be by the end of the week but it may be the first of next. It will be for a five-year project period just like our last several competitive application processes have been in 2004 and 2010. We have two years of funding from Congress for 2016 and '17. So doing a five-year project period simply means that, contingent on funds availability, we hope that we will be able to do a full five-year project for SDPI once again.

As I said all federal recognized Tribes are eligible to apply for FY 2016. This is the first time that's been true since 1998. So the term "competitive" is one we talked a lot about on the last session but because some of you all might not have been able to join us, we want to make sure that what the term "competitive" means is very clear to all of you. We are not competing against each other. This is not the usual type of grant application in that sense. The competition is not against each other but it is against an objective bar, if you will, a threshold. It's to achieve a fundable score which will be 60 out of 100 possible points on the application. We'll talk more about that as the FOA becomes available.



So what we want to reassure you all, is that funds will be available to be awarded to everyone who is an eligible applicant who successfully applies and meets the application criteria. So that's the good news. But to get there, it's essential that your applications must be complete, they must be of good quality and submitted and completed on time. So this is something we want to make sure we emphasize over and over again. Grants regulations do not allow revisions after the application deadline date has passed. Any applications which are incomplete or not very well written and/or late will not be awarded funds.

So the good news is everybody who turns in a good application that's complete and on time will be funded. However, if any of those things are not true, we hate to think of it, but some sites may not be awarded funds. So please, please, let's be working on these things now. So, application dates, we don't yet know the application deadline because we don't know the exact date the FOA will be released quite yet, but you will have 60 days, 60 calendar days from the time that FOA is released and that will be the application deadline date and that will be posted on the FOA once it is released. That date will be clearly there as well as on our website.

An important point that needs to be underscored here because we don't want any confusion, it does not matter what budget cycle you may be on, had been on since 1998, for FY 2016, with one single budget cycle, everyone applying for FY 2016 funding must apply with this FOA with the deadline that will be coming up. It will be the end of September or right around October 1st depending on when that FOA is released. So even though you may be a current Cycle 4 grantee or you just wrote your application for your FY 2015 money just a few months ago, yes, you too need to be putting in an application for FY 2016 funding if you wish to have funding for FY16. So everyone applies at the same time for FY 2016.

Our objective review process, these committees that will review these applications for grant funding will take place during October and November. Our colleagues in the Division of Grants Management and I want to thank and acknowledge our colleague Paul Gettys from DGM who is on this call and who could help us answer grants questions at the end. Our colleagues in DGM will be working very hard with the results of those objective review processes to know who is recommended for funding to get out Notices of Award by the end of December of 2015, of this December, because the budget period starts for everyone on January 1st 2016 and will be the calendar year as you all have heard. The end of the budget period will be December 31st 2016.

So, applicants should apply, as we've said last time, for the same amount of community-directed funding as they received in 2015. We've had a number of questions, both on the last session, as well as, since then about whether anything related to DP/HH, Diabetes Prevention and Healthy Heart grant funding should be included in this? No, that's completely separate. Applicants should apply for the same amount of community-directed funding as they received in 2015.

We're going to go into this more on the future sessions, and talked about it some on the last one so we won't go into it too much now. But there will be, because of the combination, the merging of the DP/HH funds with community-directed funds, there will be more funding available for community-directed grants for 2016. That means there will be quite a few grantees who will, once their Area formulas are run - and that won't be until December, who will receive a larger grant amount than what they applied for, because they'll be receiving more than they received in 2015.

You don't need to try to be psychic and know now how much that might be for your particular site, because no one knows that yet. Too many variables have to be worked out - we have to know who has successfully applied; we have to know what the Area amounts will be and that hasn't been worked out yet; and we also have to know for each Area what type of formula to distribute Area funds to the local sites, what that formula will be for each Area. So you will be talking with your Area Diabetes Consultant in order to figure that out. So there are a lot of things that needed to be worked out before we all know the final amount for each of you. Don't worry about that now. What you need to know is that you need to apply for the same amount of community-directed funding as your site is receiving currently in FY 2015. So just make sure that's the number you apply for.

If you are from a site which is not currently funded, we are making the safe assumption that you will receive at least as much as the very smallest grant that we currently have, which is \$12,500. So if you are at a Tribal site that has not applied, is not currently funded, more precisely by SDPI now, you'll be applying for \$12,500 and then we'll find out later how much you also will receive later. But more to come on that so don't worry too much. The point you need to remember is apply for the same amount that you've received in 2015.

From the last session, we had some questions around Tribal resolutions versus letters of support. So I want to make sure we're very clear on this because we were able to make an adaptation based on some questions that came up at the last session. So to be clear, if you are an IHS applicant, you will need to submit a signed letter of support from your facility's Chief Executive Officer or his or her designee, stating that the facility supports the application that is being submitted and will support the program at the IHS facility. If you are an urban applicant, you must submit a signed letter of support from your organization's Board of Directors. Neither of these are a change. I will say that we would appreciate IHS applicants having Tribal resolutions from the tribes that they serve but it is not absolutely required. It's preferred but not required but you must submit a signed letter of support. But all of these letters of support must be submitted with your application package before the application deadline date.

If you are a Tribal applicant, this is where there's a little fine tuning that has happened since our last discussion. You must submit a signed Tribal resolution for each Tribe served by your SDPI program. If the Tribal resolution will not be final by the application deadline then a draft resolution must be submitted with the application package by the application deadline. Then the final signed Tribal resolution must be submitted by the signed Tribal resolution due date which will be listed in the FOA. Because it's taking a while for the FOA to get out, there probably will not be a huge amount of time in between the application deadline and this second deadline for final signed Tribal resolutions. So we'll have to see what those dates look like once the FOA is out.

However, if it is not possible to obtain a final signed Tribal resolution by those deadlines that I just discussed then a letter of support signed by a senior Tribal official, whether that's a Tribal chairman, chairwoman, chief, council chair, business committee chair, whatever is a senior Tribal official for your Tribe which you all can determine. We're not going to determine that for you since you all know better than we do, the organizational structure for the Tribes that you're serving. We need a letter of support signed by a senior official and that may be submitted for that Tribe if it's not possible to get a resolution.

We had several questions last time from sites where the Tribal council meets only annually and that annual meeting will not take place between now and the deadlines here. So this is an accommodation to make sure that no one is inadvertently excluded because of the Tribal resolution issue. However, if it is possible for you to get a Tribal resolution then you must do that. Hopefully that's pretty clear. Again, we hope IHS applicants will also submit Tribal resolutions for Tribes that they are serving but that is not absolutely required.

Okay. So the 2016 application, I'm going to just mention the Best Practices right now. The new Best Practices webpage went live last evening. And Melanie will be showing that to you here in just a moment so I won't be talking too much more about it. You can continue to do your same Best Practice activities that you've been doing in 2015 or you can elect to change them. That's totally up to your site. We're not going to talk a lot about Best Practices today because our training on Thursday will go into the new Best Practices in-depth. So I'm only going to keep it at a quick discussion here and Melanie will show you the webpage so you can take a look at it before now and Thursday, but we're not going to go into detail on that. Please save most of your Best Practice questions for Thursday.

Objective Review Committees, a lot of people have asked us, "How do we write our application? Do we say everything we can possibly think of or barely give an outline? What should we do?" Well, pretty much kind of in the middle. Some reviewers on these Objective Review Committees will be

from our sites, some of you will be on these Objective Review Committees. But you can't assume the person, or people who will be reviewing your application know much about the Indian Health System, although we will try to give them some background. And certainly assume they know nothing about your program or your local challenges, whether it's because of how remote you are, or how scattered your population may be, don't assume they know those things. Be complete but concise, because no one wants to read a long novel either. So please read it as if you know little to nothing about the Indian Health System, and nothing about your program. So after you've written it, then read it with those eyes and then you'll probably be about right.

So, we used this slide last time. We were hoping we would have already sent you this email, but it hopefully will come very soon. Everyone that we have on our email list, which includes all of the current community-directed grantees plus everyone who has signed in with their email at the last session and on this session, will receive an email when the FOA is released. So be sure to get your application done early so you have time to go back and look at it over and over. Be sure it is 100% complete. And that all of those things are submitted on time and that your discussions and descriptions particularly on the Project Narrative, which Melanie will show you here in just a moment are of really good quality. We would love it if every single eligible applicant achieved a fundable score. That would be great joy for all of us. That would be great.

So with that, I'm going to turn it over to Melanie Knight with our Division. Melanie?

Melanie Knight:

Thank you, Dr. Bullock. This is Melanie Knight, as Dr. Bullock mentioned, and I'm the SDPI Project Coordinator with the Division of Diabetes. And I just welcome you all today to this what we call Application Orientation for FY 2016, SDPI Community-Directed.

I'm going to go ahead and go into the next slide here and just kind of briefly give you an overview of what I'll be covering on this presentation today. So I'll be showing you how to access the SDPI Community-Directed Grant Program FY 2016 application and materials, and that also includes those Best Practices. I'll also briefly go over Adobe Acrobat Reader, downloading the plug-in. This is something that you will need for a majority of your application documents, your application package has pretty much the same specifications as the Project Narrative, and then we also will be providing a FY 2016 competitive application checklist, pre-FOA and that application checklist will be best used using Adobe Acrobat Reader as well. I'll also go over the Project Narrative template, briefly show the SDPI Diabetes Best Practice webpage, and then go over the training resources and upcoming webinars.

So bear with me, I'm going to go ahead and change layouts here and start sharing my screen. Okay. So my colleagues are with me. They'll let me know if my screen freezes and I may mute momentarily as well. We're next to traffic so if a loud truck or motorcycle comes by and it gets a little quiet for a minute, just bear with me, I'm just waiting for the vehicle to pass through.

All right. So, starting with the Division of Diabetes Treatment and Prevention webpage. In a majority of our emails, we are almost always sending out links for taking you directly to the pages we want to take you, but if you're ever on the worldwide web and you want to find the Division of Diabetes website, you can just open one of your browsers, type in www.ihs.gov, that will take you to our Indian Health Service webpage. From there, look for the A to Z index, click on D and then look for our full title and if you click on that, that will take you to our Division of Diabetes homepage which you see here. You can also just type into your browser, www.diabetes.ihs.gov and that will take you to our homepage as well. So our homepage is updated pretty frequently. One thing that we try to keep consistent is this SDPI Spotlight, and so this is the place you're going to want to go to for the latest updates, upcoming webinars, anything regarding the community-directed. We also have a placeholder for DP/HH grantees as well. And then here's this icon that we're going to try to get everyone familiar with especially for FY 2016. If you see this icon on our page and you click on it, it should take you to our application webpage.

I did see a brief question before I started sharing about where the Best Practices are. The Best Practices will be available here. I've also heard people click on the Best Practices here. I just want to briefly show that if you do click on it, it has the older Best Practices keeping in mind that we still have some current grantees that are utilizing these older Best Practices, but there is a link that will take you to the FY 2016 Application and Best Practices webpage which will house the newer Best Practices. So I'm going to go back to the homepage and I'm going to go ahead and click on this application link, and here is the new setup for the Best Practices if you're following along with me. You should see pretty much the same setup where we have our tabs: introduction, application, there are the Best Practices tab, the planning tools, implementation tools, evaluation tools and training. So some items are still being updated, some items are available now for you to look at.

Before we dig into that though, as I mentioned, I wanted to briefly show you the Adobe plug-in and so if you scroll to the bottom of any of our webpages, even if you're on the ihs.gov site and you scroll down to the bottom, you should see a message that says this website may require you to download plug-ins to view all content. So if you click on that link that says download plug-ins, that will take you to our plug-in section on the ihs.gov website and here you could see under Adobe Acrobat Reader. So again, this will help you in troubleshooting the application package and then completing the Project Narrative template and any other PDF documents that may have fillable forms.

So if you click on Adobe Acrobat Reader, you do have to answer three questions. One is, select your operating system. You then select your language and then you select the version. So you'll notice when I show the Project Narrative that we recommend version 10 or 11, when we wrote it, we weren't too sure about this new version that's available, Reader DC. We have since then tested it a little bit and it does seem to work good as well. So, if you already have this downloaded, that's great. If not, go ahead and go for 10 or 11. But if you want to try it, it should work fine with the forms as well.

I want to go ahead and click on 11 in this case for now. We can then uncheck the optional offer unless you want it and then download. If you have a work-related computer, you may need to get your local IT involved to help make sure that you can download and install Adobe Acrobat Reader so that you can make sure that you're using this software for filling out your templates and your application package. So again, that's available on the bottom of any of our webpages. If you get Reader, it should always be free so you shouldn't have to pay anything for that.

All right, let me come back here to the top. So starting with the intro, we just have that overview of SDPI and then we have some steps on applying for the FY 2016 Community-Directed Grant Funding. So we have those steps provided here. One of which is to read the FOA which we know is not available quite yet. Reviewing the Best Practices, again, we encourage you to do that between now and Thursday and have your questions ready for us by then, where we will tackle that whole page. And then we do have kind of a placeholder for the deadline which again will be determined once the FOA becomes available.

If any of you weren't able to attend that kickoff call that happened a couple of weeks ago, that is available as a recording on this page, as well as on the training tab. So, we kind of try to make it as available as possible and then we also have a link to the slides and the transcript. And then if any of you just kind of want a brief history of the decision on SDPI, we have that Tribal leader letter decision available here as well as the Urban leader letter. And then one thing we try to kind of consistently do with our webpages is we have a questions box available at the bottom. So if you have any questions, you can contact the Division of Diabetes. This goes to a group email, so several of us look at that and respond accordingly. If you have questions on grants.gov, there is a grants.gov customer support email, as well as a number. And then if you have questions that may apply to the Division of Grants Management, this will take you to an email and then phone number as well.

So when I click on Applications just to kind of give you a heads up, you could see that there's not much available yet, will be soon, as the FOA is available. Before I go into the next one though, I'm

going to go ahead and start sharing with you the competitive application checklist, pre-FOA. I imagine my colleagues may start making this link available for you or sharing it so that you can see how it looks. What I've done too, is I've also opened this document using that Adobe DC so you can kind of see how it is. The main thing is whether you download Adobe 10, 11 or DC, the one thing I do encourage you, especially as you begin filling out the FOA is to avoid using any special features of what Adobe offers. Some of them offer features and a lot of them will -- if you click on it, they'll charge -- they offer you the feature, they charge you more. It's not necessary for what we need it for, we just mainly need you to fill out the templates as we provide them to you. So I'm going to go ahead and close that, just kind of wanted to highlight that with you.

So, here is the checklist. It is a PDF form and it is a template in a sense that you can check off items once they're completed. This is an abbreviated form of a checklist and it only includes items that can be worked on until that Funding Opportunity Announcement becomes available. Once that FOA is available, there is going to be a larger version of a checklist that will become available and it will be on that application tab that I just previewed with you. So keep in mind that this is almost like a temporary checklist but we want to make sure that you all get a good start on your -- whatever is necessary so that you're ready to complete and submit your application on grants.gov.

So part A is on getting ready to apply, and we have step one which is Getting Ready to Apply, Important Reference Documents. Work with your team to gather and/or review the following. And then we also have a column that provides resources and a primary contact. And then of course that checkbox, so if you want to keep track, you can check them off and then save this document on your computer so then you can kind of keep track of what's going on.

The first item is reviewing your FY 2010 and 2015 Community-Directed Funding Applications, if available. So keeping in mind that this is for current grantees. Get a hold of your 2010 and 2015 applications, look them over, see what you want to continue to do, look at your activities and services. The 2010s may be helpful as well, because that was the last time we had a Funding Opportunity Announcement, so you can kind of see how you guys submitted your Tribal resolutions or Tribal letters, any other documents that may be similar to this year. So that may be helpful as well. If you haven't by chance been able to get a hold of your 2010 application, like if they're not available in your program profiles, you might want to contact your Area Diabetes Consultant or ADC or you can also contact us as well and we'll make sure to provide our email in the chat and wherever necessary.

You also want to obtain a copy of your 2014 and 2015 Annual Diabetes Audit Report from your local facility or ADC. If you are in a clinic, chances are you may already have that available, somebody may have access to your web audit and can get that for you. Again, if you do not work directly with a clinic or facility, you may need to work with your local facility or check with your ADC on this.

Next is getting a commitment from one of your Tribal or local organization leaders to be involved in SDPI work. We ask this because this is a question that will be brought up in your Project Narrative template and I will be showing that question as we get to that template. And then as Dr. Bullock mentioned, you want to begin that process of obtaining Tribal resolution or resolutions and/or letters of support. Again, that is just one of those requirements with your application package. And then you also want to make sure your program is current with your OMB or Office of Management and Business, A-133 Financial Audit Report. Keep in mind if you're an IHS facility, this may not apply to you. Mainly, we look for an email from the Federal Audit Clearinghouse specifying that the audit has been submitted or a face sheet or as we call it a cover sheet. And that's again one of those application requirements, something you can probably start jumping on now.

Step 2.0 is Getting Ready to Apply and so you want to either confirm or obtain your DUNS number for your organization. So here again, we provide a link. So if you click on it, click Allow, it will take you to that DUNS number, you want to make sure you have that available. And then you also want to either confirm current or renew or initiate registration on the System for Award Management or SAM. So it may have been a while for some of you and some of you may know it as the CCR

Registration. My understanding it's now been updated to SAM. So again, you want to make sure all of that information is up-to-date. Again, there is a link available for you. I also wanted to point out on the grants.gov webpage, there's actually a video about a SAM quick start guide for new grantee registration. I'll let one of my colleagues post that link for you in the chat box if they have it available. This is on that grants.gov webpage under user guides and checklist and training.

So another feature we wanted to point out to you. And then you also want to confirm current registration or register your organization with grants.gov. This may not be applicable if you're a sub-grantee. So again, another link available, click on it, allow, open, and it will take you to information from the grants.gov webpage about registering your organization. And you can see some of those similar steps we already have on our checklist as well. And then the next step which you probably saw briefly on that webpage was to make sure that the authorized organization representative for your organization has access to grants.gov. Again, this may or may not be applicable to sub-grantees. And then again, it will take you to that webpage.

And so one thing we also provide is the full URLs at the bottom for each of these links. So again, we highly encourage you to look at this and get through as many steps as possible before the FOA is released -- these are steps you can start working on now.

Okay. So the next thing I'm going to go ahead and show you is the Project Narrative. And this is not available on our website yet, but we were given permission to go ahead and review the Project Narrative with you. As I mentioned before, it is a PDF template and it has form fields similar to that checklist, so you're going to be filling it out in the same fashion. For now though, I'm just going to go over the content, because I think that's what we want to go over more specifically for now. I will go over kind of more of the mechanics and the tools and tips and tricks on completing this form in a later session. So going over the instructions, again, just make sure you save this on your computer for your records because it will be available as a link. So, usually when I open it on my computer, it shows up in another webpage. You want to make sure to save it on your computer first. We already talked about accessing Adobe Acrobat Reader. You're going to be completing all pertinent items in this template.

We want you to fill it out electronically, not printing or handwriting. Ensure that the Project Narrative template and other application documents provide a clear and complete, and this was mentioned before, a brief description of your program, and anticipate that your reviewer knows nothing about your program and little about IHS and Indian Health System. Review the completed template to ensure that all required items are filled in. There are items that you'll see that have been outlined in red; that means that we expect a response from all applicants regardless of your situation. We expect a response there, but that doesn't mean that the items outlined in black are optional, just that they may or may not apply to all applicants. Then lastly, the instruction is that, once completed this Project Narrative template will be attached to your grants.gov application package using the Project Narrative attachment form. Again, if you're a sub-grantee, you may be submitting differently based on your primary grantees specifications.

For additional information, just giving a heads up on the form fields, they do allow for unlimited space so that you can enter as much information as needed. Again though, we do encourage, clear and concise information. For grantees with sub-grantees, again, just a note that sub-grantees will need to submit a separate Project Narrative template as well as the primary grantee. And then we have commonly used abbreviations available here that you can use throughout the application or you may even see throughout the application.

So we begin as usual with Program Identifiers. You're going to let us know who you are, what Area you're with. We have a question here about describing your geographic location, so you could see all these questions that are available, just kind of giving us an idea of what your program is and what you're about. I'm not going to read through all of them but just kind of want to highlight that this section is about identifying your program and getting an idea. This is also, again, keeping in mind, this is for your reviewer to get an idea of who you are as a program.

Information on completing the template, who is completing it. And we do have a question on if you're program is clinic-based, community-based or both, and then describe your role or relationship with your local Indian health clinic. And then we even have an optional so if you have any further information to help identify your program or anything else you want to add in terms of your program identifiers, you can add that here.

The next section is on the Needs Assessment and so it's broken up. I'm going to go ahead and kind of give you an idea of how it's broken up. So the Needs Assessment has about three parts. Part one is the Diabetes Needs Assessment; part two is that or section two I should say, is Review of the Diabetes Audit Report; and section three is on the Challenges. And so in terms of the Diabetes Needs Assessment, we start with describing your key diabetes related health issues identified by your community and local leadership. And then we also ask about a diabetes prevalence estimation. So in this section, you're not going to be writing anything, it's going to be providing us numbers, so the total number of AI/AN people in your community that receive healthcare from your local Indian health clinic. We also have notes on how this information can be gathered. And then the number of AI/AN people in your community with diagnosed diabetes that receive healthcare from your local Indian health clinic. And then notes on how you can get that number as well. Once these numbers are added in, you will be provided an estimated diabetes prevalence as a percentage.

The next section as mentioned is on the Review of the Diabetes Audit Report. So here's where you're going to need those audit reports as we've discussed on that checklist. You're going to let us know if you were able to obtain those audit reports, yes or no. If yes, then you can just continue on to the item B22 and if not, we want to know why you were not able to get those reports. We understand that some folks may be new and may have a hardship getting these reports or even those who have been with us who may have received a waiver in the past, will not be able to get those reports. So again, just let us know those reasons in this section here. Whether you are able to get audit reports or not, the next table will need to be filled out by all. Provide three to five items or elements that need to be improved based on the audit report for 2014 and '15. If you're not able to obtain these reports, provide three to five issues based on your Needs Assessment that need improvement. And then lastly, describe how your program will address those items or issues that need to be improved.

The next section is on Challenges and you're going to let us know what common challenges your program experiences, or may face if you're new, related to prevention and/or treatment of diabetes. So we have some common challenges available here, and then we provide space for you to briefly describe each selected item above.

So again coming back to that checklist, we ask you to get a hold of somebody who will be your leader for your SDPI program. Here's where you're going to identify that leader and describe what they will do for your program. Just so you know I forgot to introduce this section. This is the Program Support and Resources. So this is where you're going to list out your Leadership Support, your Key Personnel, and your Partnerships, all of that support for your program.

The next section as mentioned is the Key Personnel, where you're going to enter all your key personnel. We're looking mainly for a first name, last name, title and credentials. A requirement for SDPI Community-Directed is that you have diabetes program coordinators so that's already been filled in for you and then we have a credentials spot available if you want to add that. Whether or not they are paid with SDPI funds, we specify at least in part, so if it's not a hundred percent, that's okay. We still want to know about it, and then how long they've been involved with your program. So we have space for up to 15 personnel that you can enter. If you have any more personnel you want to mention, we have kind of like that other question, that's available towards the end of the narrative.

Section three is on Partnerships and Collaborations. Again, we provide up to 15 spaces where you can enter in your partner name, approximate start date, month and year and then activities and services provided or primary focus of the partnership. A very brief description. And again, if you

have more than 15 partnerships, you want to make sure -- you want to mention the rest, again we have that other available towards the end of the narrative. And if you have any new partnership plans, let us know here. This is one of those few optional items especially for our current grantees if you have exhausted all partnership opportunities, you can proceed to the next item.

Oh boy! So here is part D on the SDPI Diabetes Best Practice. So per the FOA which will become available, you must select one Diabetes Best Practice. We will kind of move forward calling it a Best Practice which addresses one of the needs that was identified in your Needs Assessment. During the FY 2015 Budget period, grantees will implement their selected Best Practice activities and services, as well as, tracking report data on their Target Group for their Required Key Measure, or RKM as we call it. So again, we have a link that takes you to the Best Practices webpage. There's also a brief statement on the important Required Key Measure information and guidance for selecting a Target Group, and tools and resources. We also have a summary table that is available separately on our webpage but is also available at the bottom of the Project Narrative, more specifically on pages 20 through 22, and I'll show you that briefly as well. We wanted to make sure that everyone has that available so it is tacked on to the bottom of this Project Narrative. For this section, you're going to start by selecting your Best Practice and then you're going to enter in your Required Key Measure. So again, you want to reference that summary table and enter in that Required Key Measure for your selected Best Practice.

We then provide a full page for you to describe your Activity or Activities and/or Service or Services that you propose to implement that would improve the Required Key Measure, so that's very important to get to know that Required Key Measure of that Best Practice. You're going to list out the activity source that you're going to do that is going to make an improvement on that Required Key Measure. "Move the needle," as Dr. Bullock says. List each activity and service planned and provide a brief description. So look at this, you have a whole page to enter all that lovely information.

Here's another great part of the Project Narrative. We provide a lot of guidance in Target Group and so I think that's going to be a key focus as well with these Best Practices is the Target Group and so we really wanted to make sure that we provided as much guidance as possible in terms of Target Group. So, it is available here on the Project Narrative and I'm going to go ahead and read through as quickly as I can. We start by letting you know what affects your Target Group, so the size and the characteristics. For example, ages, health status, settings, locations of a community or patient population that you're going to draw your Target Group from, the intensity of the activities and services, and then of course your funding and other resources you have available.

And then we have determining your Target Group through some guidance steps. Step one is reviewing your Target Group guidance based on that summary table, so looking at your selected Best Practice and the Target Group guidance for that. Step two is determining which group of patients or participants you plan to serve and for whom you will report RKM data on. Consider characteristics such as ages, and you can see our samples here, health status, settings, and geographic location. Step three is determining approximately how many patients/participants in your community clinic are in the group you defined in step two. And then step four is looking at that intensity of those activities and services you plan to provide. We go in so far as to go into almost like a definition or an overview of what we're looking at in terms of intensity. So high intensity will require the most staff time and resources for patient participants, we even have examples below. And then the last step is considering the total number of potential patient participants. In step three, the intensity of your activities that you assessed in step four and the SDPI and other resources available determine the number of patient's participant that you're able to realistically serve. This is your Target Group, and so based on that, you're going to provide us the number in your target and then a description.

Once that's complete, we understand that just like in the past, not all applicants or plans will involve just the Best Practice and that is fine. We want to make sure that if you have any Other Activities or Services that you want to provide that may not be related to your Best Practice that you let us know about those and that's what part E is all about. It's about those Activities/Services not related

to your Best Practice. This is an optional section considering for those programs that may not have a lot of funds and just want to focus on their Best Practice, that's okay. But if you have additional services or activities, you want to make sure to highlight those in this section.

We've provided the information or I guess the template will hold up to five major activities that you can report to us about and you want to focus on the activities that utilize the most grant funding and program time and address significant needs and challenges. So the questions we ask on these other activities or services is first and foremost, "what is the activity or service you'll be providing in addition to your selected Best Practice?" You want to make sure that your activities and services are aimed at reducing risk factors for diabetes and related conditions. Similar to the Best Practice, we want to know about your Target Group for the activity and service. So again, you'll be providing a number and a description. We also want to know about the improvement you anticipate will result from implementing the activity or service and then how you will evaluate whether these improvements occurred. I'm going to kind of go to this bookmark feature again and just show you that we do have space for up to five activities. So it's about one activity per page.

So instead of having you guys watching me scroll, I'm going to go ahead and click right on to part F, which is Additional Program Information. This information provides a background on what is currently available in your community. If you did not receive SDPI funds in FY 2015, you'll only need to answer for this other involvement column. So you read the activity and if you're a current grantee, you're going to let us know if your SDPI program has been involved in that activity or service. If you're new or even if you're not new, if you're current or new, let us know if your Tribe, community, healthcare facility, or partner supports or funds that activity or service and you can see the items are "Yes, No" or "Don't know" for each one. You can see there are a lot of activities. For current grantees, you may notice these questions came up in the past. Please note that there have been additional items that have been added to this table.

And then we also want to know about your involvement in select national campaigns and initiatives. SDPI programs may support or participate in other health and human services or IHS initiatives. Involvements in these campaigns or initiatives are not mandatory, so we just ask for your honest involvement or lack of in these initiatives or campaigns. So we want to know about your involvement in IPC or Improving Patient Care. Again, for current grantees, these questions have dramatically changed since the last application, so read through them carefully once this Project Narrative becomes available. And then we also want to know about involvement in *Let's Move!* in Indian Country or LMIC. You'll notice too that we have links for all of these. If the names sound vaguely familiar, you just want to make sure you can click on that link there or this link here and it'll take you to the webpage for that initiative or campaign. We also want to know about involvement in Million Hearts and then any other national campaigns or initiatives. And then as I mentioned in the Key Personnel and Partnerships, if you have any other information to provide even if it's something else other than that, you can add it here.

So that's an overview of the Project Narrative. Pretty much, that's all you need to complete. But again, I wanted to point out that right below it, we have tacked on that Best Practice list and summary table that conveniently provides the Best Practice topic, the importance, the Required Key Measure, and then that Target Group guidance which you'll be providing up in that Best Practice section. It is about three pages long and it has a listing of each Best Practice and all those items that go with it.

So again, that bookmark feature is helpful. I will go over kind of the mechanics so that you can navigate this template at a future date, but I hope this was a good intro into the Project Narrative. I'm going to go ahead and go back to our page here. So once it becomes available, it will be available under this application tab. And then again, right now if you click on -- if you're following me on your own browser, you can click on the Best Practices tab and there is lots of information that are available as well. Again, I'm not going to go into detail on this but just wanted to show you what's there, there's the overview, the topics, there's that summary table I showed you that was on the Project Narrative. There's also a comparison table, some more information about using the Best Practices, and then questions.

Right now at this point, the Planning Implementation and Evaluation or PIE as we like to call it and then we get hungry, is pretty much the same setup as application. That just has that box that is, as we like to say, is under construction. And then lastly, we have this tab on training where again, you can still -- besides the introduction, the training tab also has that kickoff call recording, the slides, and the transcript available. And then we also link you to that grants.gov tools and tips webpage that has videos on registering and the SAM information that's available. There's also a very helpful user guidance. It's long but there are a lot of screenshots in it that may help you especially if you're new to grants.gov.

And then we have our upcoming Training webinars. So this is our training webinar today and then we have one more on Thursday, which will be focused on the Best Practices. And then we have some Q&As coming up, we call them Q&As but they're kind of focus webinars as we kind of changed the name a little bit because we will be focusing on a certain topic on each session. Some of them will be repeated, as you can see here, but hopefully these will be helpful for you. We will also provide Q&A at the end and we'll address just any questions whether or not they're related to that focus area.

And then of course that Questions box at the very bottom. I'm just going to check with my colleagues to see if I missed anything or if I pretty much covered what I planned to cover. Okay. All right, so that's all I have to go over. Let me come back here to -- I have a few slides to go over with you all before we start opening the floor to questions. Give me a moment here. Let me come back to our slides. So I'm just kind of looking over to see if I got all of those demonstration items I was going to go over.

So some key points are, again, explore the following websites. So besides our website, we kind of showed you what was there. Also take some time to explore grants.gov. The link is available in this slide, and again you can see that icon or logo as we call it that will take you to our diabetes application page. Again, confirm current registration or register your organization, so again follow those steps that are in that checklist. Get acquainted with the following documents when available, so as soon as the FOA becomes available, read through that. We were able to show that Project Narrative template so once that becomes available, review and prepare to complete. And then there will be a longer version of the application checklist and use that as a guide to prepare your application package. But you can start now with that abbreviated checklist that we have made available for you.

In terms of resources, again, that Division of Diabetes website is available 24/7 as we call it. Application and information materials, all of our trainings, we do record and try to make available as quickly as possible, usually within a week and then we have other resources available.

The grants.gov website, that's where you will -- once it becomes available, pull your or download your application package. Again, making sure you're registered and then tracking your application once it's submitted. If you have questions for support, here is the email address and phone number and then for the Division of Grants Management, you want to use your current grants management specialist. The contact information for your grants management specialist will be provided in the FOA once it becomes available. In the meantime though, there's also a line to the Division of Grants Management.

And then we have upcoming training webinars. So the next one again is on Thursday at 3:00 Eastern, and it's scheduled for, again, one-and-a-half hours and it'll be focused on the Best Practices, and then we have those upcoming focused webinars with Q&As at the end.

Well, lastly, stay informed. So we mentioned the website but we also wanted to make sure that if you check your email often or want to make sure you're on the email list, let us know. This is a group email that goes to several of us with the Division of Diabetes. Even if you're not sure, send us an email. I've had a couple of current grantees send me an email just to make sure they're on that list, that's fine. Go ahead and let us know. If you just want to make sure you're on that list or

if you're new, send us an email and just all I need really is just your name, your email address and we'll make sure you're added to that list for latest updates on SDPI Community-Directed especially in terms of the fiscal year 2016 application. And then again, you can also use this email to ask any questions about upcoming webinars or any questions in general. We may not be able to answer them but we'll do our best to answer them on upcoming sessions or if it's something that's asked enough, we'll also try to make it available in our Frequently Asked Question.

So with that, I think I will turn it back to Dr. Bullock for Q&A.

Dr. Ann Bullock:

Thank you, Melanie. Well, you covered an awful lot there and I'm sure people are scrambling to try and take notes. Don't worry, once the FOA is available and we can send out the Project Narrative that Melanie went over, this will all become a lot more clear. We just want to start getting everyone familiar with this. And as she's already shown you, we're going to have future sessions that will focus on these different topics, so more training to come. With that, I probably should dive into the Q&A because I know we're seeing a lot of questions come in.

Okay. So we'll start up at the very top. We are going to give priority to questions that are not real Best Practice-oriented -- we'll try and answer those quickly but we really are going to go into the Best Practices a whole lot more on Thursday. So the point of today, was to let you know that those pages are up, you can take a look, start to become familiar, take a look around, but we'll talk a lot more about it on Thursday, so we will answer those questions as we can but we really want to make sure that as many of you either come on Thursday as you can or listen to that recording of that session when it's available.

Okay. First question from Kerstin Powell, "Do Tribes re-apply every year?" The way it continues to work is -- that's why I mentioned in the beginning that we're going to just have a five-year Funding Opportunity Announcement so that if indeed, we are successful in getting three more years of funding beyond what Congress has already given us. Then the next competitive application will be in five years, so for 2021. Otherwise, in the years, any successful applicant this year who becomes a grantee will have to do the continuation applications every year just as has been true since the beginning of SDPI. But it will not be another competition until the end of that five-year Funding Opportunity Announcement project period is over with.

Shaela from Mohawk is saying, "Will there be a matching requirement?" No, there is no matching requirement whatsoever for SDPI. Tribes, no site has to provide a matching in order to receive SDPI funding.

Hualapai asks, "Are we developing a timeline for one year, two years, or five years?" When you're writing your application, we would have you focus on the coming year for what you plan to do. If you wish to talk about how those same activities might go further out into the project period, that's fine but definitely be sure that you're covering well the first year of the application in the most steps with some comments on how you see things going over the next few years, especially if you plan on developing or evolving your services in some way.

Shanna asks, "For Cycle 4 grantees there will be an overlap of six months, do we submit a budget to address the overlap? If so, do we include it in the grant application?" Right. As we talked about in the last session -- I'm just going to quickly go through the four cycles. So Cycle 1, hopefully, all of you who are current Cycle 1's have already conveyed to your ADC what your expected carryover will be of unobligated balances and/or your need for a supplement to get you through the gap period of October through December. If you are a current Cycle 1 grantee and you have not done this, please do it immediately. We pretty much have everybody and we're already processing those requests so we want to be sure that no Cycle 1 goes without funding if they don't have sufficient unobligated balances to get them through. Cycle 2, you guys have it easy in that the single budget cycle for FY16 is the same as your current which is the calendar year. Cycle 3 has a three-month

overlap and as this questioner is asking Cycle 4 has a six-month overlap. How do you account for that?

What we would like you to do in your applications is to acknowledge that you're a cycle -- current cycle three or four and how do you plan to address this. So, you've already committed to doing your FY 2015 activities. The old Best Practice, whatever one you selected, all of those activities you've already committed to doing through the end of your FY 2015 budget and project period. So you need to do that. So how do you account for that with your 2016? Well, you can either elect to, in your application, tell us how those three or six months of overlap will be handled in terms of augmenting those services or with the purchase of one time allowable kinds of things such as diabetes medications or similar. So just account for it in your application if you are a current Cycle 3 grantee with a three-month overlap or a current Cycle 4 grantee with a six-month overlap. This will just happen this one year, this one reshaping year where we go from four budget cycles to one budget cycle. So it's only going to happen this one time so just figure out the way you can best serve your community with those three or six-month of overlapping funds.

We have a number of questions related to the letters of support. Marie Rumsey asks, "Can we submit an executive letter from our chief if we do not operate under Tribal council form of government." Yes, if you don't have a Tribal council, therefore cannot get a Tribal council resolution and if you do not have a similar committee style, some Tribes call their Tribal council their business committee, for example. If such a format, a legislative format does not exist in your Tribe and if it is your Tribal chief, as you're asking about here, or chairperson or whoever, who is that or has that authority to speak for the Tribe then, yes, that is who you would use. Just let us know why you're not submitting a resolution if it's because you simply don't have a legislative form of government to provide that.

Tink Smith said, "My site is governed by a consortium of eight Board of Directors. Would a resolution from our governing board be acceptable?" I don't know if you're -- if you're an urban site then the answer is certainly yes. If you are part of an organization that serves a consortium of Tribes that has eight Board of Directors that govern it then probably that's the way to go. But there's not enough information in your question for us to really give you a clear answer on that, so I don't want to give you an absolute on that. If you want to provide more information, we can try and give you some help on that.

Mona Patterson said, "For Tribal resolution letter of support, what's the requirement for 638 programs?" Okay. Again, talking about Tribal applicants and that is a vast majority of our SDPI applicants are tribes. So each Tribe that is served by the SDPI program, there should be a Tribal resolution from each of those Tribes, a final signed Tribal resolution submitted. Now, if there are some situations, and I know some questions are coming up in the chat also regarding this, if you are part of a consortium of Tribes where a regional Tribal organization does a lot of the organizing work for your healthcare systems, Alaska certainly has an example of this and there are others, and if the Tribal organizations that are part of this larger consortium have already provided a resolution such that this larger regional organization has the authority to speak for those Tribes in regards to submitting an application for SDPI then that is fine to submit. You don't have to go back and get another set of Tribal resolutions from each of the Tribes served if you're a part of a regional Tribal organization which already has those, already have that authority granted to them by each of the component Tribes to speak for them, then you can submit a copy of that resolution or whatever it is called for your organization that indicates that authorization from the component Tribes. Hopefully that is clear. That is not a change from how that has been. So if you have submitted something like that in the past then likely that's going to be the same going forward.

Tink Smith added, "Not urban. We are a consortium of eight Tribes where a member is appointed from each Tribe." Again, I would say, if that consortium has the authority to speak on behalf of each of those member Tribes in regards to this or any other grant application then that is sufficient. If it doesn't then you need to get a resolution from each of those Tribes. Again, if it is not possible to get a Tribal resolution within the timeframe that will be on the FOA then a letter of support from a senior Tribal official can be substituted for that particular Tribe.

“Will our Tribal government receive funding if the IHS facility in their area also applies?”

We covered this on the last session but it's such an important issue, I want to make sure we're clear. Our urban colleagues, you all have your own set of guidelines regarding this, so I'm not going to talk about how it works for urbans. But for our Tribal and IHS colleagues, SDPI is a grant program for Tribes. Therefore, Tribes have the right to apply for SDPI if they wish. If they do not wish to apply for whatever reason, they may allow their local IHS facility that serves them to instead apply but they cannot both apply.

If the IHS facility serves only one Tribe and if that Tribe elects to apply for its own SDPI fund then that IHS facility cannot apply. If that IHS facility serves seven Tribes and three of those Tribes apply for their own funds, the IHS facility may get permission from the other four Tribes that may not wish to apply on their own to see if they may then apply for the funding that would have otherwise gone to those four Tribes and therefore to serve those four Tribes with their SDPI dollars. So that's something it's up to the IHS facility to talk about with the Tribes that they serve. Hopefully, that is clear and clears up most of that anyway.

Lucretia Fletcher, “For letters of support or resolution, is there a sample form or a specific form to be used?” No, not a specific form. That is up to whatever the Tribe or Tribes involved do as their - - just to indicate that they are providing their support, their authority that an application for SDPI funding be submitted on their behalf. So just something that says something to that effect is what is needed.

Melanie Knight:

Dr. Bullock, can I go ahead and briefly add to that?

Dr. Ann Bullock:

Okay.

Melanie Knight:

I think that's why we also want to, if you're able to get your 2010 application, you may have something to at least look at or see what was submitted in the past.

Dr. Ann Bullock:

Absolutely. For most of you, what you've done in the past, will probably be fine again here. I say probably because we really do want Tribal resolutions where they are possible for Tribal applicants and for IHS applicants, although it is not an absolute requirement to the IHS applicants. But likely, what you've already done will be fine.

Okay. “Consolidated Tribal health project, my clinic is a 501(c)(3) on private land but governed by a consortium of eight federally recognized Tribes, the board is made up of medical delegates.” Okay. So again, I think we've kind of covered this. If your situation is such and I don't know yours so I'm again speaking in general. If your consortium already has the authority granted by individual resolutions or some other mechanism, by each of the Tribes that are part of your consortium that this consortium can speak for them for each of those member Tribes and can apply for grants on their behalf then whatever documentation you have of that is acceptable. You don't have to go back and get another resolution from each Tribe if you already have one that says that this larger consortium has that kind of authority. Hopefully, that's becoming more clear to everyone now.

Question is, “If this is all open to all applicants, why not send the FOA email out to IHS ALL?” Well actually, we're not sure that that would actually catch the people we're trying to catch but it's one

option, so right we're trying to get the word out to everybody, especially those who may not be funded this year because they are the ones we want to make share are aware of this.

So KPHC team said, "If this grant is open to all and our facility is 638, will we all be able to apply." We pretty much covered that one. The Tribe has the right to apply primarily. If the Tribe elects not to apply, it may allow its IHS counterpart to apply for the funds that would have otherwise gone to the Tribe.

Okay. So looks like some questions now that came from Melanie's part of presentation. Mel, you want to take the next few?

Melanie Knight:

I'll do my best. All right. So from Cheyenne Arapaho tribe, "Prior to 2010, I was not employed with that Tribe. I do not have the 2010 application." So as I mentioned in my presentation, contact your ADC and they may be able to provide your 2010 application or if you can't get a hold of your ADC, you can contact me through the Division of Diabetes and we can make sure to get that 2010 application your way.

A question from Liz Hunt, "Is a board resolution instead of a letter of support okay? I imagine that you can probably answer that better than I can.

Dr. Ann Bullock:

Right, and again I hope Ms. Hunt that we've covered that cause it's not clear what kind of organization you're referring to here, so I can't address your particular question. But hopefully, the clarification provided will make more sense. If you'd like more clarification on your particular situation, if you want to put that in a chat, we can try and do that. Go ahead, Mel.

Melanie Knight:

Okay. I have the next question from Stefanie Stark, "If we are current on grants.gov, are we current with DUNS and SAM. So I just needed Paul Gettys. Paul, would you mind helping us, confirming the answer to this?"

Paul Gettys:

The answer is that those three systems all have their own security systems, so you have to have a registration on each of the three in order to work on each one. You need to get these things up and set up in time for this. Some of these can take some time, especially towards the end of a fiscal year. DUNS is the first because you need to have a DUNS number in order to get registered on sam.gov. You need to have your sam.gov registration or what used to be called the CCR registration. That needs to be updated annually now. It didn't use to be but it is now required to be updated annually or renewed annually. In the sam.gov registration, there will be an individual listed as what's called the Electronic Business Point of Contact or the E-Biz POC. That is the key person that will be registered in grants.gov. That person is the one who authorizes the AORs or the Authorized Organization Representatives and in order to submit an application successfully in grants.gov, you have to be an AOR. Grants.gov will let you try to submit and then it will tell you that it failed because you're not a registered AOR.

Melanie Knight:

Great! Thank you, Paul.

Paul Gettys:

You're welcome.

Melanie Knight:

Again, just introducing Paul, we brought it up earlier but he works with Division of Grants Management and will be assisting us with answering some of these questions, so thank you.

Next question is from Sarah, "For urban programs, do executive staff members count for getting commitments for SDPI work?" I believe this is towards that leadership. Because they're executive staff, I would imagine yes and Dr. Bullock, I don't know if you have anything further to add on that but my thinking would be yes on that.

Dr. Ann Bullock:

Right, Melanie, I'd agree. Really, what we're just trying to get out of this and this question has been around for a long time, even back when I was doing these applications for a site long ago. What was intended always is that the SDPI program has support, that we seek it, that we have it from our organizations, whether it's the Tribes that are operating it, the IHS facility, the urban facility. Tribal leadership, even if it's an IHS or other organization, just some indication that SDPI is well-loved in the community and supported. So, whoever you would like to list there is fine with us. I just want to make sure that you're reaching out and getting support from key people within your Tribe or organization however it's constituted.

Melanie Knight:

Now looks like the next question might be related to resolutions again.

Dr. Ann Bullock:

So Dr. Glifort, I hope that answers the questions around a consortia or regional organizations. Hopefully we have answered your question. So if it hasn't, let me us know in the chat, but otherwise I think we've covered that rather than read that long question.

Melanie Knight:

Let me see here. Okay. So the next question is from NACA, "If there are more than one Indian health clinic in the Area, do we need to include data on participants from those different clinics?"

Dr. Ann Bullock:

I'll take that one, Mel. I think you're getting at Best Practices work here, I'm guessing. We'll talk much more about that on Thursday so the answer to the question in short though is, it depends on what you're referring to. If it's for your Target Group or your Best Practice and you're going to use participants or patients from several of your clinics then yes, we would want to know about data on those people, but we'll go in a lot more detail about Best Practices on Thursday and in future trainings.

Melanie Knight:

Thank you. Next question is from Laurie, "Is there a requirement for a formal needs assessment or is this based on the practical challenges that we are addressing (clinic setting)?"

So I'm thinking this refers to the Project Narrative where we talk about needs assessment and my understanding is it's based on the practical challenges that you guys are addressing. I'm not sure if anyone has anything else to say on that one.

Dr. Ann Bullock:

Right, we don't have to have a formal needs assessment done. There are a lot of definitions of that anyway. We just want to make sure that you're looking at what the needs are of your community, whether it's looking at data, asking Tribal members, asking Tribal leadership or others, some form of getting at what are the needs of your community and what are their priorities, however you wish to do that.

Melanie Knight:

All right. Next question is from Sarah, "For the application, how is the 'local Indian health clinic' defined? Do you mean a Tribal health clinic or does an urban clinic count as well?" It depends on where you are. The main idea is that they provide services to American-Indian and Alaskan Native community members.

Dr. Ann Bullock:

Right, so hopefully people are noticing, we're not using the term "Local Indian Health Service Clinic." It's local Indian health clinic. So that's defined and it is defined in the FOA in other places as being -- whatever that clinic is, whether it's run by the federal government, an IHS facility, a Tribe or a Tribal organization or an Urban Indian organization, any of those of course are fine.

Melanie Knight:

Alright. A question from Marie Rumsey, "Do we need to conduct a needs assessment if we already have our 2014 and 2015 audits?" You'll still need to answer the other sections that are in the Project Narrative. So if that's what you're getting at, then the answer is yes, you'll still need to conduct the needs assessment. The audit is just a part of that needs assessment so it's kind of like the needs assessment is broken into three parts: the diabetes related health issues, the audit, and then the challenges so all three sections will need to be completed.

Dr. Ann Bullock:

Again, a needs assessment doesn't have to be a big formal process. We leave that term open so that you all can determine how to do that so don't get too literal with the term "needs assessment" there.

Melanie Knight:

Thank you. Paige asks, "Should partnerships include internal agency partners?" I would imagine yes.

Dr. Ann Bullock:

Right, we just want to -- again, this is not something you're going to be scored on in the same manner. We want to know that you are reaching out, that you do make those SDPI dollars go even further, that you are talking with other people both within your agency or your health department, whatever you're part of but also beyond it. So yes, internal or external just that you're partnering up with lots of folks who can help make the good work happen.

Melanie Knight:

All right. I think this another question on partnership from Monica Giotta in California, "Relationship with Indian health clinic, we have some urban sites in California that have no Indian health clinic. Instead, they partner with one or more local providers, how should these be addressed? Additional questions for Tribal site, do they answer this question by discussing what department they're in such as -- our SDPI program is based in the community health department and we work with our clinic

medical department by --?" Okay, two-part question. So the first part, I imagine, yes, we want to know about all partnerships. The second part, there is going to be a requirement with the application that you submit, an organizational chart or something written that describes your relationship with other kind of like where your program is in relation to others. I don't know if that helps answer that fully or not. Dr. Bullock, I don't know if you have anything further to add on that.

Dr. Ann Bullock:

Well, what I would add is for sites and there are some certainly in California, I know Nashville Area and probably some others and other Areas, where there is not a clinic right there that is run by any of those three organizations, IHS, Tribal or urban. And they indeed partnered with a local medical provider who may not have -- except for a contract or similar thing, any formal affiliation. So just describe that in there. Again, no one is going to be penalized for not having a clinic, just describe your situation and how you do work with healthcare providers in your area if you don't have your own Indian health clinic.

Melanie Knight:

Thank you. Okay. Next question from Lucretia, "FY 2016, what is the timeframe dates for the numbers to use for user population numbers, et cetera? Do we use dates such as diabetes audit year 01/2014 to 12/2014?" I know we don't ask for any data in terms of the Best Practice. In terms of the other activities and services though, I'm guessing the timeframe would be January 1st 2016 to December 31st 2016. I don't know if that's --

Dr. Ann Bullock:

It may be related also to the prevalence estimates. So, don't get too worried about this, guys. Use the user population numbers that are available to you. For most sites, you should be able to get your 2014 user population data and actually user pop is on a fiscal year, not on a calendar year. Don't worry about that. Just get the best, most current data that you can and don't worry whether it's on a calendar or fiscal year or whatever.

Melanie Knight:

Thank you. Next question is from Liz Hunt, "Can your whole diabetic AI/AN population be the Target Group?" It may be but again you've got to consider those factors that were brought up in the Project Narrative including your resources available, the activities you plan, the intensity of the activities. So I mean, if it makes sense for all those factors then yes, it could be a possibility.

Dr. Ann Bullock:

Right. So we'll talk more about Target Groups as we talk about Best Practices but for some sites that are on the smaller side or who may not be small but who want to pick one of the screening Best Practices whereby if you want to make sure that all of your patients with diabetes get their screening for chronic kidney disease done in a certain year. So as Melanie said briefly, we'll talk more about it on Thursday. It really depends on what type of intervention you plan to do, your resources, et cetera, but we'll talk more about that. But the short answer to your question is yes, it's quite possible that your whole population might be your Target Group.

Melanie Knight:

Great. Next question is from Dr. Shumway, "Will the FOA have more about the scoring of the application?" Yes it will. I believe in the kickoff, we did mention too that the minimum score to pass is going to be 60 out of a 100 but there will be a breakdown of how that score is laid out in the FOA and the criteria section.

Next question is from Mark Veazie. I hope I got that right. "Is there any requirement to show that success with your Target Group could measurably impact the health status in the overall population of patients with or at risk of diabetes utilizing your clinic?"

Dr. Ann Bullock:

I'll catch that one Mel.

Melanie Knight:

Okay.

Dr. Ann Bullock:

You could tell that Dr. Veazie has a doctorate in Epidemiology, so Mark thanks for that question. I think what you're getting at is, are we going to require that people show that they've made a real difference that their Required Key Measure has really impacted the health. We'll talk more about Required Key Measures and all that. At this point is now no requirement to show that we've moved the needle, that we've made a difference in the Required Key Measure. We're not going to not fund somebody if they aren't able to show that especially in the first years are getting rolling with this. We certainly hope that is the case. The whole point of the new Best Practices and the new data collection that we'll be doing for them is to indeed show congress and other stakeholders that we are making measurable differences with SDPI Community-Directed dollars. But at this point, there's no requirement to show that success – that the Target Group has achieved something other than to report on the Required Key Measure, but we'll go into a little bit more that on Thursday and in the future.

Melanie Knight:

All right, next question is from Alison Goerl. Hopefully I got your name right, I'm sorry. "Are we limited to one Best Practice?" For this application, "Yes, you are." We don't know if that'll be the case in the future but for right now that is the case. You are only to select one Best Practice.

Dr. Ann Bullock:

But that doesn't mean that people don't want to work on other issues and that's why there are other activities and things that people can tell us all about. The reason for limiting it to one Best Practice has to do with the data system that we're devising for this. At this point, it's only really possible to create a data system that will allow for one per grantee but that doesn't mean we're limiting you all in your good work with your population in any way. You still have lot of things you can do with your other activities and you can tell us all about it in your application. And with that, the next question is, "Will it count against your program if you don't choose any additional activities other than Best Practice?" No, and Melanie did cover that in what she said.

If your entire SDPI grant is focused on wellness or maybe you run a clinic and every one of your participants or patients is going to be involved in your Best Practice work then you don't have to tell us about other activities or projects because it's all taken care off with your Best Practice work and that will not count against anyone. What we don't want is for people who have several things going. They may have paid for a podiatrist to come and do foot care with part of their money.

With the other part of their money, they run their Diabetic Retinopathy Screening Program and maybe they also use a little bit of their funding for some wellness activities in the community. That's all fine. We're just giving you the place to tell us about it, if that's what you're electing to do, but it will not count against anyone in the scoring if they tell us only about Best Practice-related activities, as long as what they tell us about make sense and is within the context of their funding and their community's needs.

Melanie Knight:

Great. Next question is from Laurel Stusek, "Can we select a different Best Practice than we had in the past?" The answer to that is yes. "If so, do we need to report on the past Best Practice if we are dropping it?" You will need to report on -- so if you're a current grantee, you will need to report on your Best Practice that you selected for FY 2015 in your FY 2015 annual progress report, so just something to keep in mind depending on your cycle that won't be due until about three months after your budget cycle ends for FY 2015. So I have a note that there's one minute left and 28 more questions.

Dr. Ann Bullock:

But we can stay on a little bit beyond. We know some of you have to drop off but I think we can go a little past the bottom of the hour to catch a few more.

Melanie Knight:

And Paul, are you able to stay on a little bit longer to answer some questions?

Paul Gettys:

Yes.

Melanie Knight:

Okay, great.

Dr. Ann Bullock:

Actually at this point, Melanie maybe we can ask, Paul do you have anything you'd like to let the grantees know or just say, "Hi" to everybody before some of them have to drop off?

Paul Gettys:

Not that I can think of. Just get things in, get the registrations you need done as quickly as you can, get started now and pull these documents together and you'll have plenty of time to submit your applications and keep in mind that in grants.gov you can submit multiple times. What we do -- in case you realize you forgot something or want to improve a document before it's reviewed, just keep in mind what we do is we take -- when we pull the applications in. We just take the latest one that comes in from an applicant. Okay.

Dr. Ann Bullock:

Right, as long as all that changing and improving happens before the application deadline date.

Paul Gettys:

Yes. Once the application deadline date hits, grants.gov will reject the applications and we don't even see them.

Dr. Ann Bullock:

Great. Good to make that point again. Once that application deadline date is known then that is truly the last date anyone has to submit anything other than that brief interval where they may be

able to submit their final Tribal resolution. Great, thank you. We appreciate you being on, Mr. Gettys, that's great. Thanks for joining us.

Paul Gettys:

You're welcome.

Melanie Knight:

Okay. So what I did too, I just went back to the upcoming webinar. So if people do have to drop off, just a reminder that our next training session will be on the Diabetes Best Practice Overview, so again that will be that time that we will focus on the Best Practices and that will be Thursday, July 30th and we have the time there and that will be a one-and-a-half-hour training as well.

Next question is from Kate, "In section F, so that's the section that has the tables about whether your SDPI program, if you're a current grantee has been involved or part of an activity or service that's listed on the table or whether on other program has, when you ask if the SDPI program supports other programs, do you mean financially only or in other ways?" So to answer that, it's pretty much in any way -- pretty much any other ways that you describe. "Sometimes the program supports others by providing information, space, or in other ways." That's pretty much kind of what we're looking for as well.

Next question from Dr. Veazie. Hopefully, I pronounce that right.

Dr. Ann Bullock:

You did, you did.

Melanie Knight:

Okay, "The evaluation requirement mandates that we document whether or not the improvement occurred rather than whether or not the improvement was caused by implementing the Best Practice? Correct?" I don't believe we ask any evaluation questions for the Best Practice at this point. We do ask evaluation and improvement questions on the other activities so I don't know if we have anything to add on to that but that's my understanding.

Dr. Ann Bullock:

Well, I think part of the point he's probably getting at is if there's a change for the better in the Required Key Measure, how would we document that it happened because of these efforts to implement the Best Practice versus some other way and other than just talking about that, it's not a big issue. If improvement is happening because in the SDPI Target Group, you've selected -- obviously, we hope the primary reason for that improvement is what you've done with your Best Practice work but otherwise we're not going to get too technical with that evaluation.

Melanie Knight:

Okay. Another question from California Area, "A primary grantee wants to know if they are required to submit a narrative and Best Practice template." I imagine this deals with the primary grantee that proposes sub-grantees. If this is the case, yes, that primary grantee also needs to submit a Project Narrative and answer that Best Practice section.

Another question from Jamie Sweet, "Is there a grants.gov training planned?" No grants.gov specific training planned. There will be a focus that DGM will be providing on the week of August 18th. I believe there will be a little bit on grants.gov but as I pointed out too, on that checklist, there are

some trainings and resources available now on the grants.gov webpage. So check that out for now and then like I said later in August, there may be a brief overview of grants.gov available.

Next question from Deb Smith, "Did you say that you could continue to use an old Best Practice that you don't need to use the new Best Practice?" So, let me clarify the -- you can continue your activities and services for whatever Best Practice you've selected in fiscal year 2015 but you'll have to choose from the new -- I guess the new selection of Best Practices and that's where that comparison table will come in handy, so check that out and then let us know if you have any questions on that in our Thursday session.

Dr. Ann Bullock:

You can continue to use the old Best Practice for your 2015 work which will overlap.

Melanie Knight:

Correct.

Next question, Lake County, "Will MOU with the Tribe work as the Tribal resolution?"

Dr. Ann Bullock:

Again, that really depends on your situation. If the MOU will cover -- if you have one that says that it's taking care of any and all the Tribes that a consortium is taking care of, then a signed letter of support will work. It really kind of depends on the particular situation.

Melanie Knight:

Right. Next question is from Hualapai, "We are concerned that the social and cultural strengths developed over the years to address healthy life choices are not highlighted in the Best Practices. Outcomes appeared to be clinic-focused. Is the intent to de-emphasize the community-based efforts?"

Dr. Ann Bullock:

That'd be no, absolutely not. We'll talk a lot more about this on Thursday. Almost, virtually everyone can continue if they wish to do the same Best Practice activities that they have been doing. The list is -- does look more clinic-focused than the old but it does not mean that you cannot do those activities. Please come back on Thursday so we can talk more about that. So no, there's no reason to worry that anything you've been doing that's been working on community-based efforts, cultural and otherwise are going to have to go away, absolutely not. It's just a little bit different way of collecting some information, but we'll talk much more about that on Thursday.

Melanie Knight:

The next question is from Stefanie Stark, "Where will we be addressing the overlap in the application?" I imagine that if you're Cycle 3 or 4, the overlap should be discussed in the activities, in services that you'd be providing in your Best Practice and your other activities. Dr. Bullock, I don't know if you had any other places in mind but that was my understanding for the Project Narrative.

Dr. Ann Bullock:

Sure, that's fine. We're not worried too much about it as long as current Cycles 3 and 4 just make some mention about how they will handle that three or six-month overlap period.

Melanie Knight:

Great, and there is a question, "So if you're a current grantee, there is a question that does ask what cycle you're in." So the reviewer will see that you were Cycle 3 or 4 and that you will have that overlap issue.

Next question is from Sunny Stone, "As a Cycle 1, we have let our ADC know about the lapse in funding and needs, will we need to provide a supplemental budget? When will we hear about supplemental funding?"

Dr. Ann Bullock:

Actually, that's a good one to see if Mr. Gettys would like to weigh in, but if you've already let ADC know about any anticipated gap in funding for current Cycle 1s only, then we are working right now on getting those revised and done. There's a whole process as you might imagine here.

We know that you're making an estimate based -- a whole quarter ahead of, when those funds will be actually used but we really are counting on everyone to not overestimate or say, "Gosh, we really want to keep some of our unobligated balances for some other project so we're going to ask for supplemental funding more than we really need." We hope that's not happening and we are keeping an eye out for those kinds of things. But for Cycle 1, who truly need to have some -- up to 25% of their grant amount to cover that three-month period. We're working on that right now and you'll hear about that within the next few weeks. Mr. Gettys, do you care to add anything on that?

Paul Gettys:

No, I really don't have anything to add, no.

Dr. Ann Bullock:

Great.

Melanie Knight:

Next question from Melanie Eckerson, "On the letter of support from the Board of Directors, do we need all the board members or just the president?" I'm not sure on that one.

Dr. Ann Bullock:

No, we defer to how it works at your organization. If a letter of support is adequate, so I don't know what type of organization Ms. Eckerson works for but if it is customary for the board chair to represent the entire board on such a letter and indicate in that letter that the board, all members are in support of this, that's fine, you don't necessarily have to have every member of the board sign.

Melanie Knight:

Okay. Question from guest two, "We're Cycle 4; would we be able to use our funds to purchase a mobile clinic?" Paul, would you be able to answer that one?

Paul Gettys:

Actually, no. That's a deeper policy question than I can answer, I do know that permanent structures can't be purchased with grant funds or with IHS grant funds but I'm not sure about a mobile clinic. That's going to have to be forwarded to Tammy.

Melanie Knight:

Okay. Should we suggest that this person contact their grants management specialist?

Paul Gettys:

Yeah.

Melanie Knight:

To get the ball rolling on that.

Paul Gettys:

Yes.

Melanie Knight:

Okay, so yeah. For guest two, you might want to contact your grants management specialist to see if that's a possibility.

Okay. So I'm going to mess up the name for this one – Tuolumne Me-Wuk, "The Best Practices are very specific and narrow, being a new SDPI grantee lacking so much infrastructure is lending itself to a good case management of diabetes patient, how are we to address this? In 'other' program area?" Looks like a Best Practice specific question, Dr. Bullock I don't know if you want add a quick response?

Dr. Ann Bullock:

Sure. Again, really we want to go into these sorts of things more on Thursday but when we talk about the Best Practices, you'll see that there are a lot of opportunities. Actually, the Best Practices are not focused and narrow. They're actually much broader in many respects than the old ones were and we'll show you that on Thursday. So how you all elect to undertake some of them, you will have a lot of a leeway to do that will -- how will it best fit with whatever infrastructure you have already going and what you can develop with SDPI funds, so don't worry about that right now and we'll talk more about it on Thursday.

Melanie Knight:

Question from Stefanie Stark, "Am I understanding correctly that I need a bio for everyone involved in the grant that I put on the list of up to 15 people?" Yes, especially for the competitive application, we do ask for a bio sketch or resume for everyone that's part of your SDPI team and that would include everyone that's in that table. One thing, we do encourage though is that we're not looking for like CVs or pages long resumes, we do provide a link to a bio sketch form which is only four pages but we're just looking for something very brief just to kind of describe that person and what they do and their background in terms of experience and education for that role they play.

Okay. Next question is from Lyndsey Killian, "What if the person that originally kept up with the grants.gov, SAMs, et cetera will not be the one submitting the application this time, should we use their logins or should we use new ones created for grants submissions, et cetera?" Paul, this might be a question for you.

Paul Gettys:

I'm sorry, say that again. I got distracted on something.

Melanie Knight:

Sure, what if the person that originally kept out with the grants.gov, SAMs, et cetera will not be the one submitting the application this time?

Paul Gettys:

Okay. Yeah. Federal government policy is that you're not supposed to share accounts with other people. So if someone has left or is not doing that particular job anymore and you don't have another AOR, say for grants.gov, you need to get someone else registered.

The same is true with the E-Biz Point of Contact in the sam.gov registration.

Melanie Knight:

Great. Thank you.

Karen from Navajo Area has a question, "Has the requirement related to Tribal resolution versus board letter of support changed for 638 and Title V programs since 2010 and 2010 Health Board letters of support for 638 and Title V sites were accepted?"

Dr. Ann Bullock:

Karen, it hasn't changed per se. But what's very clear, the Office of General Counsel, the legal folks, really would strongly prefer that we get Tribal resolutions and the reason for that is simply that resolutions really indicate that the Tribe truly has given its permission for the SDPI grant application to be submitted on their behalf. So if it's not possible to obtain a Tribal resolution, as we talked about then, a letter of support from someone very senior in the Tribe or organization can do that. So it's not going to change so much; it's just an even stronger emphasis on getting that Tribal permission, that indication that the Tribe truly is allowing whatever entity to apply on their behalf. That's all.

Melanie Knight:

Great. Next question is from Sandra Hahn, from the Project Narrative. I believe it's Section F that she's referring to. Again, that table about services or activities provided by your SDPI program or other – either the Tribe or partner or organizations, "describe nutritional services". I can't see it now but I think that's what it says. "Does that mean providing food, one-on-one counseling group classes?" My understanding is it's counseling and group classes. There is an additional activity, I believe that talks about food -- let me see if I can find the wording for it, that we've added that talks about -- here it is, community-based food supplementation program. So that might be a place where you can add that information so that's asked as well in that big table there.

Tim McCreary, "Will the Target Group or target population identified in the narrative only consist of members of the Tribe identified by the grant?"

Dr. Ann Bullock:

That depends on what population is being served. If several Tribes are served then the target population may include people from several different Tribes. It is important. The SDPI dollars are out for the care of American Indian and Alaskan Native people. So, you do want to make sure that, and some Tribes are undertaking some types of activities with people who are not eligible for Indian Health Services or that definition. If your Tribe is doing that, hopefully, you are finding a way to keep the SDPI dollars targeted only for the American Indian and Alaskan Native people that you are serving and any non-eligibles you're using other funds for. So again, we'll talk a lot more about target population but it depends on the service population that you have. They're going to tell us the answer to that question really.

Melanie Knight:

Okay. Next question is from Arlyn Pittler, "Can an institution have a few AORs or only one?" So Paul, this might be a question for you.

Paul Gettys:

Technically, as far as grants.gov is concern, an organization can have as many as they want. It's controlled only by the E-Biz Point of Contact so it's up to the organization.

Melanie Knight:

Okay. And Paul, I think this next question might relate to you as well. "Can program coordinators/directors do everything in grants.gov for completing the application except submit the application?"

Paul Gettys:

You're talking about the ADCs?

Melanie Knight:

No. This would be the program coordinators like the SDPI program coordinator.

Paul Gettys:

Okay. So person at the grantee office -- again, that's all going to be up to the grantee. They can assign anybody they want to be an AOR, anybody within their organization. I've seen Tribal chiefs. I've seen contracted grant writers and everything in between. It really is up to the organization on what they want to do.

As far as who can work on the application before submitting it, again, that's entirely up to the organization because the way it works is you download a file from grants.gov and then some pages need to be filled out and other parts are completed as Word documents or Excel spreadsheets or fillable PDFs like the new program narrative and then they're uploaded into the application package and then it's up to the, whoever is assigned and is an AOR to upload that package or that file into grants.gov.

Melanie Knight:

All right. Thank you.

Dr. Ann Bullock:

So Melanie, I think we're about 10 minutes or so before the top of the hour and we do need to stop at that point. So let's just take the next couple and we will quit at the top of the hour here.

Melanie Knight:

Okay, sounds good.

Next question is from Janet Gregory, "We are an open clinic serving many Native Americans. My DM registry includes about 10 Tribes. Do I need a resolution from each Tribe represented?"

Dr. Ann Bullock:

Probably not. All clinics serve Native American people if they present themselves for services. At least to some extent, they provide service obviously, there could be different levels of service. But likely, you have one or more Tribes for whom you are primarily connected. Those are the ones we want to make sure that they're granting their permission and support behind an SDPI application. So, don't worry about going through your registries and finding the Tribal affiliations on every single patient or participant that you have. That's not the issue. It has to do with the Tribes that are primarily served and connected to a particular clinic.

Melanie Knight:

Thank you. Next question is from Cheyenne Arapaho tribe. "Diabetes wellness programs, do all applications have to have a needs assessment?" Yes. And as we mentioned earlier, it's not like a formal process; it's just based on those questions that you saw on the Project Narrative.

Next question's -- go ahead.

Dr. Ann Bullock:

I was just going to say this one is really something I talked about a few minutes ago. It says "Our local health clinic serves natives and nonnatives, how does this apply." Indeed, SDPI funding is for the care of American Indian and Alaskan Native people. For sites that take care of non-native's, and there are many of you who do for various reasons, either because you're so remote that you're the only game in town or because the Tribe is involved with some economic ventures with taking care of its nonnative's who may have health insurance that can be billed. Whatever the reason, SDPI dollars really are intended for American Indian and Alaskan Native people. So if your program is going to participate in activities that would have a mixture of those two populations, just make sure that you're very clearly documenting how you're making sure that the SDPI dollars are serving the intended population which is American Indian and Alaskan Native people.

Melanie Knight:

Next Question's from Lynn Kosmach, "Can I ask a budget question? Our site also has a DP program, wondering, are we to outline in our budget as well as on the program narrative how we will attempt to merge the staff from our Diabetes Prevention Program into this grant in the following year? Since there is still funding for DP in place this year, do we not address this in this year's application?"

Dr. Ann Bullock:

Sure. Right. We already covered in the beginning of this session that in terms of applying for funding for FY 2016, whatever funds the site may or may not have had through DP or HH are not related to the amount of money for the community-directed application. But if you do have a DP or HH site and you are looking at finding ways to merge services or staff from your DP or HH over the next year because there is almost a full year or three-quarters anyway of the year of overlap between DP/HH funding and FY16 community-directed funding. So if you're going to be merging them, yes, just tell us how you're going to do that. And if for awhile they'll be paid with DP or HH funds and then that will shift over to the community-directed funds, that's fine. Just let us know. That's all fine.

Melanie Knight:

Okay. Next question is from Cathy Canclini, "Could we clarify around the high, moderate, low intensity and can we be doing activities in all three areas with different target populations or Target Groups?"

Dr. Ann Bullock:

We'll be glad to cover that on Thursday. We only have four more questions and seven minutes. So we're going to move on to -- we'll cover that a lot more on Thursday.

Melanie Knight:

All right. Cheyenne Arapaho, "Do we submit a total budget since we will overlap? We are Cycle 3." Yes. You'll need to still submit a total budget. My understanding is yes on that one.

Dr. Ann Bullock:

Right. So again, just let us know how you're going to handle it. If you're Cycle 3, there will three months of overlap between 2015 activities and funds and 2016. Just let us know how you're going to do that, what you're going to do with those three months of overlapped funding.

Melanie Knight:

Next question is from Ken Heintzman, "Will the Project Narrative be the only part of the application? In the past, there were multiple parts." So, the overall picture of the Project Narrative won't be the only part. There'll be multiple parts. But in terms of, I believe in the past, we used to have two parts of the Project Narrative. Part one being that main project narrative. Part two being your selected Best Practice or Best Practices. This year, it will just be one template that encompasses the Project Narrative and the Best Practice. So I hope that provides clarification on that answer. But yes, it will be one document but the application itself will compose of multiple documents and forms.

Next question is from Consolidated Tribal Health, Michelle Curley. "Is purchase/lease of a GSA vehicle allowed?" Paul, would you be able to shine some light on that?

Paul Gettys:

Again, I'd have to direct them to the GMS.

Melanie Knight:

Okay. So, you'll have to check with your grants management specialist on this one, Michelle.

Last Question from Karen Carter, "Some grantee's have greater than 50 employees, do they all need to have bios posted?" Yes. Again though, we don't want full resumes. I've seen bio sketches as short as a paragraph for each person just kind of briefly describing their experience and educational background and what they do for their role for the SDPI program.

Dr. Ann Bullock:

But again, it's a little bit of a gray line that you can draw and say, "Well, this person only spends very little amount of time in the program and they're number 49 on our list." So we want to know about people who have significant roles. Well, if you can't get those, but indeed, people who are a part of your program, we'd like to know a little something about them. As Melanie said, it can be pretty short description.

Melanie Knight:

And we also leave it up to the applicant to define who their key personnel are so that's what we're mainly looking for, is that key personnel as Dr. Bullock described.

Looks like one final question, Stefanie Stark, "If they are short bios, can they be on one page?"

Dr. Ann Bullock:

Sure. Right. You can do regular CVs because many professionals keep those with -- either up-to-date or without much effort to do so and that might take actually less effort than creating a paragraph. Whatever is easier but just conveys, as Melanie said earlier, that person's role in the program and their education, certification, licensure, if it's applicable, and relevant experience. But it doesn't have to be long. A paragraph or a short CV or bio will certainly handle it.

So we appreciate everyone being on the call today. We appreciate those who were able to stay over. We are trying to get to and thank goodness, today, we've got through all the questions. The Best Practices, we will talk about lots more on Thursday. If you're not able to join on Thursday, that session will also be recorded and be available on our website. We promise within a week but we're actually getting them on even within a few days sometimes, so just check back. So thank you everyone and as soon as that FOA is out, we will be sending out emails.