



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

FY 2016 Programmatic Terms and Conditions

From the IHS Division of Diabetes Treatment and Prevention



PROGRAMMATIC TERMS AND CONDITIONS

Special Diabetes Program for Indians (SDPI) Community-Directed Grant Program Fiscal Year (FY) 2016

Notice of Award

The Notice of (Grant) Award (NOA/NGA) is the legal document issued to notify the awardee that an award has been made and that funds may be requested from the designated HHS payment system or office.

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

Programmatic Terms and Conditions

These Terms and Conditions come from the [Division of Diabetes](#)¹ and are taken from the [FY 2016 Funding Opportunity Announcement \(FOA\)](#)².

B. Grantee Cooperative Agreement Award Activities

All awardees (grantees) will need to meet the following requirements.

1. **Diabetes Treatment and Prevention Activities and Services:** Grantees must provide activities/services that:
 - a. Meet the purpose of this FOA which is to provide diabetes treatment and/or prevention services and activities/services for Alaska Native/American Indian communities.
 - b. Are targeted at reducing risk factors for diabetes and related conditions.
 - c. Address diabetes-related issues as identified in the grantee's needs assessment.
 - d. Implement a selected Best Practice and its Required Key Measure (RKM - see item 2 directly below).
 - e. Utilize SDPI funds as outlined in the grantee's Budget Narrative.
2. **SDPI Diabetes Best Practices (Best Practices):** The [Best Practices](#)³ were updated for FY 2016 to include the latest scientific findings and recommendations. Grantees must select one Best Practice and implement activities/services aimed at improving the RKM from their selected Best Practice. Grantees will report on RKM data via the SDPI Outcomes System.
3. **SDPI Outcomes System (SOS):** Data for the RKM will be reported using the new SOS. Grantees will enter results for the RKM for their selected Best Practice into this system at the start and end of the budget period, with the option to enter more frequently. The system will generate reports of these results to meet the SDPI outcomes reporting requirements. These results will

¹ Division of Diabetes website: www.diabetes.ihs.gov

² SDPI Community-Directed FY 2016 FOA document:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/FY16_SDPI_C-D_FOA_FINAL.pdf

³ Best Practices website: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBP_New

be stored in the system and accessible to program staff as needed. Grantees will need to appoint at least one person in their program to get access to and add RKM data into the SOS.

4. **IHS Diabetes Care and Outcomes Audit (Diabetes Audit):** SDPI Community-Directed grantees are required to participate in the [Annual Diabetes Audit](#)⁴. Grantees must review the results and submit a copy of the Annual Diabetes Audit Report with their continuation applications. Non-clinical or community-based grantees that are not able to directly participate in the Diabetes Audit will need to acquire a copy of the Annual Diabetes Audit Report from their local facility or [Area Diabetes Consultant \(ADC\)](#)⁵.
5. **Collaboration:** Grantee must agree to:
 - a. Consult with and accept guidance from the Division of Diabetes, the DGM, and their ADC/Federal project officer(s) and/or designated assignee(s). In addition, sub-grantees must agree to consult with and accept guidance from their primary grantee.
 - b. Respond promptly to requests for information.
 - c. Attend required meetings and trainings.
 - d. Provide short presentations on their processes and successes, as requested.
 - e. Keep the entities listed in item B.5.a. (see above) informed of emerging issues, developments, and challenges that may affect the grantee's ability to comply with the grant Terms and Conditions and/or any requirements.
6. **Program Coordinator:** Grantees must have an officially approved (by the IHS project officer) program coordinator with the following qualifications:
 - a. Relevant health or wellness education and/or experience.
 - b. Experience with grant program management, including skills in program coordination, budgeting, reporting, and supervision of staff.
 - c. Working knowledge of diabetes.

The program coordinator will also be the primary e-mail contact to entities listed in item B.5.a. (see above under "**Collaboration**"). All SDPI grant program staff should be routinely updated by the program coordinator with information and requirements related to their program's activities/services.
7. **Hardware/software requirements:** The hardware and software items listed below are required in order for grantees to access application and report materials, websites, and training forums relevant to this grant:
 - a. Desktop or laptop computer (recommended: purchased in 2010 or later).
 - b. Internet access (recommended: high speed).
 - c. Internet browser software (recommended: Microsoft® Internet Explorer, version 10.0 or higher).

⁴ Diabetes Audit website: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

⁵ ADC Directory website: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

- d. [Adobe software compatibility](#)⁶ for using Grants.gov.
- e. [Adobe Connect webinar capability](#)⁷ to attend required trainings and Q&A Sessions.

In addition to the requirements above, it is recommended that grantees have Microsoft Office software, version 2010 or higher.

- 8. **Semi-Annual Progress Report:** Instructions, templates, and other information will be posted on the Division of Diabetes [Semi-Annual Reporting website](#)⁸. Report will be submitted by attaching as a “Grant Note” in GrantSolutions. The due date will be determined by the Division of Diabetes and will fall within the grant program’s budget period.
- 9. **Annual Progress Report:** Instructions, template(s), and other information will be posted on the Division of Diabetes [Annual Reporting website](#)⁹. Per DGM policy, the report will be submitted by attaching as a “Grant Note” in GrantSolutions within 90 days after the end of the grant program’s budget period.
- 10. **Required Trainings:** Grantees must participate in SDPI required trainings offered by the Division of Diabetes. Training sessions will be primarily live webinars that will be recorded for those not able to attend the live sessions. Grantees will be expected to:
 - a. Participate in interactive discussion or chats during conference calls or webinars.
 - b. Share activities, tools, and results.
 - c. Share problems encountered and how barriers are overcome.
 - d. Keep track of participation whether live or recorded.

The SDPI grantee training requirements will be provided on the Division of Diabetes [Required Training website](#)¹⁰.

- 11. **Grantees that have sub-grantees:** A sub-grantee is an entity that has an arrangement between a primary grantee institution and one or more participating institutions in support of a project. Primary grantee responsibilities include:
 - a. Providing oversight and coordination to ensure sub-grantees adhere to the grant requirements as listed in this cooperative agreement.
 - b. Serving as a liaison between the sub-grantees and the entities provided in item B.5.a. (see above).

⁶ Adobe Software Compatibility website: <http://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html>

⁷ Adobe Connect Diagnostic Test website: https://na1cps.adobeconnect.com/common/help/en/support/meeting_test.htm

⁸ Semi-Annual Report website: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedMidReportingReq>

⁹ Annual Report website: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReq>

¹⁰ Required Training website: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedTraining>

Questions on the Programmatic Terms and Conditions

For diabetes program technical questions and information contact the [Area Diabetes Consultant](#)¹¹ for your Area.

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

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

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

Financial management systems should account for the following:

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

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

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

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

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

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

¹¹ ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

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

Monitoring: All SDPI grantees are responsible for daily operations of grant supported activities using their established internal controls and policies, as long as they are consistent with 2 CFR 200 as well as the HHS Grants Policy Statement, Revised January 2007. However, in order for IHS program and grants management staff to fulfill their role as wise stewards of Federal funds, they monitor their grants to identify potential problems and areas where technical assistance may prove valuable.

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

Carryover Term – Current Federal Financial Report (FFR) not on File: The Division of Grants Management (DGM) will no longer approve carryover requests at the time of the non-competing continuation award without a current SF425 (FFR) on file. Carryover requests that are issued at the time of the award are based on **estimated** unobligated balances. Once the FFR is submitted to the awarding office, the balances are subject to change which may alter the actual amount that is available for carryover. In accordance with the HHS Grants Policy Statement, FFRs are due 30 days after the close of each quarter or 90 days after the close of the quarter if a final report. Therefore, once the FFR has been received and approved by the awarding office, the GMO will review actual balances that are available for carryover to the grantee. If the unobligated balance differs from what is reported in the non-competing continuation application the grantee may have to submit a revised itemized budget reflecting actual carryover balances.