

Program Name:

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

FY 2014 Annual Progress Report Template: Part 1

Last updated: October 2014

FY 2014 Budget Periods and Reporting Dates by Cycle

Budget Cycle	Budget Cycle Period dates	Suggested Date to Begin Report	Due Date
1	October 1, 2013 to September 30, 2014	October 28, 2014	December 31, 2014*
2	January 1, 2014 to December 31, 2014	January 1, 2015	March 31, 2015
3	April 1, 2014 to March 31, 2015	April 1, 2015	June 30, 2015
4	June 1, 2014 to May 31, 2015	June 1, 2015	August 29, 2015

* If you are a sub-grantee, check with your primary program on submission date and submission instructions.

Timeline: This report should cover your program's budget cycle period dates (see table above). Some questions ask for updates from the time you submitted your FY 2015 Continuation Application. Provide updates to the end of your program's budget cycle period date.

Instructions for Using this Template

1. **Retrieve** and review the following documents to assist you with completing this template:
 - a. FY 2014 and FY 2015 applications, including completed Project Narrative and Best Practice templates.
 - b. FY 2014 Notice of Award.
 - c. Other sources as necessary.
2. **Save** this PDF on your computer for your records.
3. **Ensure** that all contributors download and use the latest version of [Adobe Reader](#)¹ to complete these forms.
4. **Complete** ALL pertinent items in the template by selecting a response from a list or entering the requested information. Also complete a Best Practice template for each Best Practice dropped or selected for FY 2014. Failure to provide this information will result in an incomplete report.
5. **Review** the completed template to ensure all required items are completed. Required items will have fields that are outlined in red.
6. **Submit** your completed progress report templates on GrantSolutions under Grant Notes.
7. **Notify** Your [Area Diabetes Consultant](#)² that the report has been submitted on GrantSolutions.

The Annual Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program (This may not apply to all sub-grantees).

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

² ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

Program Name:

Training and Networking

11. Refer to your records or SDPI Training Tracking Tool to indicate if one or more staff from your program attended the following FY 2014 SDPI trainings (live and/or recorded).

A. Title	B. Presenter(s)	C. Date(s)	D. Completed By (Names)	E. Other Comments (optional)
<p>1. Required Training SDPI Orientation by Budget Cycle Offered: Cycle 1: November 13, 2013 Cycle 2: January 8, 2014 Cycle 3: April 09, 2014 Cycle 4: June 11, 2014</p>	<p>M. Knight K. Begay</p>			
<p>2. Required Training Connecting the Dots for a Successful SDPI Community-Directed Grant Offered: September 17, 2014</p>	<p>K. Begay M. Knight K. Sheff</p>			
<p>3. Required Training (Grantee Choice):</p>				
<p>4. Required Training (Grantee Choice):</p>				

12. List other trainings your program has attended (include name and sponsor of training).

13. Does your program currently have unmet training needs?

a. If yes, specify:

Program Name:

Leadership and Key Personnel

14. Have there been any changes in leadership or staff or new positions filled since you completed your FY 2015 Project Narrative (Reference Part 1, Section 5)?

a. If yes, briefly describe.

15. Do you have any new personnel that you would like to add to the SDPI and ADC mailing list to receive SDPI updates including upcoming Trainings and Q&A Sessions? If so, add them here.

A. Name	B. Title/Position	C. Email	D. Phone
1.			
2.			
3.			

Partnerships and Collaborations

16. Have there been any changes in partnerships or collaborations since you completed your FY 2015 Project Narrative (Part 1, Section 6)?

a. If yes, briefly describe.

Program Name:

Program Planning and Evaluation/Best Practices

17. How do you track data for your **Required Key Measures** of your selected Best Practice(s)? (select all that apply)
- A. IHS Diabetes Care and Outcomes Audit
 - B. RPMS standard reports (e.g., GPRA, PART)
 - C. RPMS specialized reports (e.g., Q-Man, V-Gen or iCare)
 - D. Other electronic health record system (e.g., NextGen, Centricity)
 - E. Microsoft Access Database
 - F. Microsoft Excel or other electronic spreadsheet
 - G. Manual Chart Audits
 - H. Pen and Paper
 - I. Other – please specify:
 - J. None of the above
18. What type of medical records system is used at your local facility? (select all that apply)
- A. RPMS (includes IHS EHR and PCC)
 - B. Other electronic medical record system(s) – specify:
 - C. Paper charts
19. What type of access does your SDPI program currently have to your local facility’s medical record system? (Select only one option)
- A. Direct access – your program can **directly** enter and retrieve information from the system
 - B. Indirect access – your program can **request** entry and retrieval of information from the system
 - C. None
 - i. If none, how can your program obtain direct or indirect access to your local facility’s medical record system?

Program Name:

20. Indicate which Best Practice(s) your program selected in your FY 2014 and FY 2015 Continuation Applications.

A. Best Practice	B. FY 2014	C. FY 2015
1. Adult Weight Management		
2. Breastfeeding		
3. Cardiovascular Disease		
4. Case Management		
5. Chronic Kidney Disease		
6. Community Advocacy		
7. Community Screening		
8. Depression		
9. Diabetes and Pregnancy		
10. Diabetes Prevention		
11. Diabetes Systems of Care		
12. Diabetes Self-Management Education (DSME)		
13. Eye Care		
14. Foot Care		
15. Nutrition		
16. Oral Health		
17. Pharmaceutical Care		
18. Physical Activity		
19. School Health and Diabetes		
20. Youth and Type 2 Diabetes		

21. Did your program report on Other Activities (using the Other Activities template) in the FY 2014 Continuation Application?

If “Yes” make sure to complete the Other Activities template for this report.

Program Name:

Other Information (optional)

22. If there is any other information you would like to share about your program, add it here.

You have completed Part 1 of your FY 2014 Annual Progress Report. Next Steps:

1. For Part 2, provide information for each Best Practice you dropped or selected for FY 2014. View and download the Best Practice templates from the [FY 2014 Annual Progress Report webpage](#)³.
2. If there are activities outside of Best Practices, document those using the Other Activities template.
3. **Review** your report for completeness and accuracy.
4. **Save** this document on your computer for your records.
5. **Submit your completed report (Parts 1 and 2)** – attached as PDF documents on GrantSolutions under Grant Notes. **Your Annual Progress Report will be considered incomplete if Parts 1 and/or 2 are not included or complete.**
6. **Notify** Your [Area Diabetes Consultant](#)⁴ that the report has been submitted on GrantSolutions.

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

³ SDPI C-D Annual Report URL:

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

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