

Program Name:

**IHS Division of Diabetes Treatment and Prevention
SDPI Community-Directed Grant Program
FY 2015 Mid-Year Progress Report Template
Last updated: February 2015**

FY 2015 Budget Periods and Reporting Dates by Cycle

Budget Cycle	Budget Cycle Period dates	Suggested Date to Begin Report	Due Date*
1	October 1, 2014 to September 30, 2015	March 2, 2015	April 15, 2015
2	January 1, 2015 to December 31, 2015	May 1, 2015	June 16, 2015
3	April 1, 2015 to March 31, 2016	August 1, 2015	September 15, 2015
4	June 1, 2015 to May 31, 2016	November 3, 2015	December 15, 2015

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

Timeline: This report should cover progress made from your program's budget cycle period start date to present.

Instructions for Using this Template:

1. **Save** this PDF on your computer for your records.
2. **Complete** ALL pertinent items in the template by selecting a response from a list or entering the requested information.
3. **Submit** your completed progress report template on GrantSolutions under Grant Notes.
4. **Notify** your [Area Diabetes Consultant](#)¹ that the report has been submitted on GrantSolutions.

Program Identifiers

1. Date:
2. IHS Area:
3. Program Name:
4. Grant NO. (use current number found on FY 2015 NOA):
5. Name of person completing template:
 - a. Title:
 - b. Email address:
 - c. Phone number:
6. Budget Cycle:

¹ ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

Program Name:

Program Resources

Review your FY 2014 Annual Progress Report to answer the following questions.

7. Was your program able to provide a total carryover amount on your FY 2014 Annual Progress Report?

8. Provide the latest **total** carryover amount from **all** previous years:
 - a. If you cannot provide this total, consult with your Area Diabetes Consultant (ADC). Enter the date that you consulted with your ADC.
 - b. If the total carryover amount is still not obtained by the time this report is due, describe your plan for obtaining this information.

Training and Networking

Review the [FY 2015 Training Requirements](#)² to answer the following questions.

9. Has your program participated in at least two Required SDPI Trainings for FY 2015 whether live or recorded?

10. Is your program keeping track of which Required SDPI Trainings your program has attended whether live or recorded?

IHS Diabetes Care and Outcomes Audit Review

Review your FY 2015 Project Narrative (Part 1) to answer the following questions.

11. List the three to five items/elements from your 2014 *IHS Diabetes Care and Outcomes Audit* identified as needing improvement (Section 4, items 5 and 6 from your FY 2015 Project Narrative) and your progress to date.

² SDPI C-D Training Requirements URL:

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

Program Name:

Program Planning and Evaluation

Review your FY 2015 Project Narrative (Parts 1 and 2) to answer the following questions.

12. Has your program collected Required Key Measure data for all selected Best Practice(s)?
 - a. If you answered b. or c. to the question above, describe your program's plan to collect data on your program's Required Key Measures.

13. Has your program made progress on objectives for all selected Best Practice(s)?
 - a. If you answered b. or c. to the question above, describe your program's plan to make progress on objectives.

14. Has your program made progress on planned activities for all selected Best Practice(s)?
 - a. If you answered b. or c. to the question above, describe your program's plan to make progress on planned activities.

15. From your program's budget period start date (see table on page 1) to present, describe how your SDPI grant program has benefitted your community(ies).