



Indian Health Service

Division of Diabetes Treatment and Prevention

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

Instructions for FY 2015 Continuation Application
From the IHS Division of Diabetes Treatment and Prevention

May 2014



www.diabetes.ihs.gov

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1. Introduction

These instructions are intended to provide details of programmatic requirements for Special Diabetes Program for Indians (SDPI) Community-Directed grantees for FY 2015 from the program office, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (Division of Diabetes). Although FY 2015 funding was scheduled to be awarded through a competitive process, a class deviation waiver has been approved allowing FY 2015 to be a year of continued funding for grants that were awarded in FY 2010. All SDPI Community-Directed grantees that received funds in FY 2010 – FY 2014 must submit a continuation application to receive funding for FY 2015.

In addition to the continuation application requirements, this document includes tips for writing a strong application ([Appendix 1](#)) and an application checklist ([Appendix 2](#)).

2. Key Information about FY 2015 Continuation Applications

2.1 Commonly Used Abbreviations

- a. ADC - Area Diabetes Consultant
- b. DDTP - Division of Diabetes (Treatment and Prevention)
- c. DPM – Division of Payment Management
- d. DSME - Diabetes Self-Management Education
- e. DGM - Division of Grants Management
- f. FAC – Federal Audit Clearinghouse
- g. FFR - Federal Financial Report
- h. FY - Fiscal Year
- i. GMS - Grants Management Specialist
- j. IHS - Indian Health Service
- k. MOA/MOU - Memorandum of Agreement/Memorandum of Understanding
- l. NOA/NGA - Notice of (Grant) Award
- m. OMB – Office of Management and Business
- n. RKM – Required Key Measure
- o. SDPI - Special Diabetes Program for Indians

- p. SF – Standard Form

2.2 Budget Cycles

As in FY 2010 – FY 2014, grants for FY 2015 will be awarded in four different budget cycles. Grantees can determine which cycle they are in by looking at the budget period on their FY 2014 Notice of Award.

- a. Cycle 1: Budget period October 1 to September 30.
- b. Cycle 2: Budget period January 1 to December 31.
- c. Cycle 3: Budget period April 1 to March 31.
- d. Cycle 4: Budget period June 1 to May 31.

2.3 Due Dates

The due dates for applications are different for each of the four budget cycles, and per Division of Grants Management policy, applications are due 120 days before the start of each grant’s budget cycle. Based on this policy, anticipated due dates for each cycle are:

- a. Cycle 1: to be provided on GrantSolutions and [DDTP website](#)¹
- b. Cycle 2: September 1, 2014
- c. Cycle 3: December 1, 2014
- e. Cycle 4: February 2, 2015

Sub-grantees will need to check with their primary programs for due dates.

2.4 Funding Amounts

Funding amounts for each grantee for FY 2015 will be the same as for FY 2014. The proposed budget and Budget Narrative should be based on this amount. If you have any further questions, contact your [Grants Management Specialist \(GMS\)](#)².

2.5 Electronic Submission

FY 2015 is a continuation year for SDPI Community Directed grantees. The preferred method for submission of applications is electronic submission via [GrantSolutions](#)³. See the [Grantee Guide to](#)

¹ SDPI Community-Directed Application URL:

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

² FAQ 1.1 URL:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedAppFAQ#1-1>

³ GrantSolutions URL: <https://www.grantsolutions.gov>

[GrantSolutions](#)⁴ for additional information about this process. Sub-grantees will need to check with their primary programs on submission preferences.

NOTE: New funding opportunities and Competing Continuation announcements will continue to be posted to Grants.gov. Applications for these types of announcements are still required to be submitted using Grants.gov.

2.6 Carryover of Funds from FY 2014

Unless otherwise instructed, the carryover request is not to be submitted as part of the application for the next year's award, but after the next year's award has been made when you have an accurate knowledge of the unobligated balance of federal funds. After you have that knowledge, there is no particular deadline for submitting the carryover request, but an earlier submission is better than a later one, to ensure that IHS has sufficient time to process the request.

You must request Prior Approval if the amount of unobligated balance of federal funds is 25% or more than the current award amount. For more information on carryover requests, contact your Grants Management Specialist (GMS) or visit the [Division of Grants Management](#)⁵ website.

3. Programmatic Requirements

Current grantees must continue to meet the following programmatic requirements to receive FY 2015 funding. All grant requirements, including these programmatic requirements, can be found in the Notice of Award Terms and Conditions.

3.1 Correspondence with the Division of Diabetes, ADCs, and DGM

Grantee must agree to work with the Division of Diabetes, Division of Grants Management (DGM), their Area Diabetes Consultant (ADC), Federal Project Officer(s) and/or designated assignee on the following:

- a. Consult with and accept guidance from.
- b. Respond promptly to requests for information.
- c. Attend required meetings and trainings. Grantees may also be asked to provide short presentations on their processes and successes.

⁴ Grantee Guide to GrantSolutions URL: <http://www.ihs.gov/dgm/documents/GranteeUserGuide201410508c.pdf>

⁵ DGM Training Tools URL: http://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_training_tools

- d. Keep the above entities 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 attached to their NOA.

3.2 Program Coordinator

Grantees must have a Program Coordinator who meets the following requirements:

- a. Have relevant health care education and/or experience.
- b. Have experience with program management and grants program management, including skills in program coordination, budgeting, reporting, and supervision of staff.
- c. Have a working knowledge of diabetes.

The Program Coordinator will also be the primary contact to entities listed in item 3.1. All SDPI grant program staff should be routinely updated by the Program Coordinator on information and requirements related to their program's activities.

3.3 Implement at Least One IHS Diabetes Best Practice

The IHS Diabetes Best Practices were updated in 2011 to include the latest scientific findings and recommendations. In addition, the [FY 2014 Best Practice Addendum](#)⁶ provides updated information on the Best Practices including changes to and suggested ways to collect data for the Required Key Measures.

Grantees must implement recommended services and activities and report on Required Key Measures from at least one [2011 Indian Health Diabetes Best Practice](#)⁷. They should implement recommendations based on their individual program needs, strengths, and resources. For the FY2015 applications, depending on progress made towards meeting goals and objectives set in their FY 2014 funding applications, grantees may:

- a. Continue work towards meeting the goals and objectives set for some or all of the Best Practice(s) selected in their FY 2014 funding application. This could include continuing previous and/or adding new activities.
- b. Set new goals and objectives for some or all of the Best Practice(s) selected in the FY 2014 application.
- c. Select new Best Practice(s) and set new goals and objectives for these.

⁶ FY 2015 Best Practice Addendum URL:

http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/BP_2014_Table_RKM_508c.pdf

⁷ 2011 Indian Health Diabetes Best Practices URL:

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

- d. Some combination of the above.

Applicants must provide information for each Best Practice selected for FY 2015 as well as each Best Practice that will be dropped at the end of FY 2014, including goals and objectives, program activities and services, and measures. Additional requirements for the Project Narrative can be found in [Section 4](#) of these instructions, and templates can be found on the Division of Diabetes [SDPI Continuation Application webpage](#)⁸.

3.4 Create and Implement Program and Evaluation Plans as Documented in a Project Narrative

Grantees must demonstrate progress towards meeting the goals and objectives set in their FY 2014 Project Narrative and clearly document their plan for continued work and evaluation in FY 2015 in their Project Narrative. They must follow the Project Narrative submitted with their application when implementing each selected Best Practice and evaluating their progress and outcomes. A minimum evaluation requirement is to implement data collection and tracking for the Required Key Measures of the grantee selected Best Practice(s). The Required Key Measures must directly reflect objectives and activities of the Project Narrative.

3.5 IHS Diabetes Care and Outcomes Audit

SDPI grantees are expected to participate in, submit a copy of, and review results of the annual [IHS Diabetes Care and Outcomes Audit](#)⁹ as part of their continuation application. Non-clinical or community-based grantees that are not able to directly participate will need to acquire a copy of the IHS Diabetes Care and Outcomes Audit report from their local facility or ADC.

3.6 Submitting Reports and Applications

Grantee must agree to submit progress reports, applications, and federal financial reports according to established deadlines and criteria. For SDPI Community-Directed grant programs, the following application and reports will be due throughout the fiscal year:

- a. **Application** – Per DGM policy, due on GrantSolutions 120 days before the beginning of the program’s budget period.
- b. **Mid-Year Progress Report** – Attach as a “Grant Note” in GrantSolutions in the middle of the program’s budget period.

⁸ SDPI Application URL:

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

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

- c. **Annual Progress Report** – Per DGM policy, attach as a “Grant Note” in GrantSolutions within 90 days after the end of the program’s budget period.
- d. **Federal Financial Report (FFR)** – Quarterly FFRs are required to be submitted to the Division of Payment Management (DPM) within 30 days after each quarter ends. A final FFR liquidating all expenditures must be received within 90 days of the budget period end date. When submitting your FFRs to DPM, IHS requires you to submit a copy of these reports to your Grants Management Specialist as a “Grant Note” on GrantSolutions. Standard Form 425 (SF 425) will be used and submitted for financial reporting.

Contact your Grants Management Specialist (see [Section 9g.](#)) for any questions on the FFR and/or SF 425.

Visit the [SDPI Community-Directed Grant Program Hub](#)¹⁰ for the latest information on report templates, due dates, Q&A sessions, and submission preferences.

3.7 Participate in SDPI Required Trainings

Grantees must participate in [SDPI Required Trainings](#)¹¹ issued by the Division of Diabetes. Training sessions will be primarily online training seminars. 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 broken down.
- d. Share materials presented at conferences and meetings with other members of their SDPI program.

Grantees must keep track of program participation whether live or recorded.

The training sessions will be led by the Division of Diabetes, DGM, or their agents. Topics include, but are not limited to: program planning and evaluation, enhancing accountability through data management, and improvement principles and processes.

¹⁰ SDPI Hub URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=sdpi_hub

¹¹ SDPI Training URL:
<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedTraining>

4. Required Application Documents for All Applicants

Grantees must submit all of the documents listed below with their continuation application, except those noted as optional. Most of these are included as online forms in the GrantSolutions application kit. Sub-grantee requirements are provided in [Section 5](#).

4.1 Application Forms

- a. SF-424 Application for Federal Assistance, Version 2
- b. SF-424A Budget Information - Non-Construction
- c. SF-424B Assurances - Non-Construction
- d. SF-LLL Disclosure of Lobbying Activities
- e. IHS Certification Regarding Lobbying
- f. IHS Performance Site (1.4)
- g. IHS Faith-Based Survey

Questions on any of these forms listed above should be directed to your Grants Management Specialist or DGM at grantspolicy@ihs.gov or 301-443-5204.

4.2 IHS Current Indirect Cost Agreement

Generally, indirect costs rates for IHS award recipients are negotiated with the [HHS Division of Cost Allocation](#)¹² and the [Department of the Interior National Business Center](#)¹³ (1849 C St. NW, Washington, D.C. 20240). If the current rate is not on file with the DGM at the time of award, the indirect cost portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the DGM. If your organization has questions regarding the indirect cost policy, contact your Grants Management Specialist or DGM at grantspolicy@ihs.gov or 301-443-5204.

4.3 IHS Division of Diabetes Project Narrative and IHS Best Practice(s)

This narrative consists of two parts:

- 1) the Project Narrative template, a PDF fillable template, and
- 2) Best Practice templates for each Best Practice to be dropped/implemented, each one in a separate PDF fillable template.

¹² PSC Indirect Cost Negotiations URL: <http://www.psc.gov/financial/indirect-cost-negotiations.html>

¹³ US Department of Interior URL: http://www.doi.gov/ibc/services/Indirect_Cost_Services/index.cfm

Be sure to use the templates provided and place all responses and required information in the correct sections.

The Project Narrative is set-up as follows:

- a. Section 1: Program Information
- b. Section 2: Program Resources
- c. Section 3: Training and Networking
- d. Section 4: Diabetes Audit Review
- e. Section 5: Leadership and Key Personnel
- f. Section 6: Partnerships and Collaborations
- g. Section 7: Program Planning and Evaluation/Best Practices
- h. Section 8: Other Information

In addition, there is a separate template for each Best Practice. Grantees are to report on each Best Practice selected for FY 2015 and those dropped from FY 2014 . While reporting on each Best Practice:

- There are two or more Required Key Measures (RKM) for each Best Practice. Grantees must report on the Required Key Measures for their selected Best Practice(s).
- Program goal, objectives, and activities for the selected Best Practice must address the RKM of that Best Practice.
- Per grant requirements, grantees must report on at least one current Best Practice.
- Consult your ADC/reviewer on their preference for reporting on any dropped Best Practices.

Each Best Practice is set-up as follows:

- a. Section 1: Target Population and Goal
- b. Section 2: Objectives
- c. Overview of Measures and Data (reference page)
- d. Section 3: Required Key Measures
- e. Section 4: Additional Measures – Percent
- f. Section 5: Additional Measures – Other Values
- g. Section 6: Major Activities
- h. Section 7: Challenges Implementing Best Practice
- i. Section 8: Other Information

All pertinent items in the Project Narrative and Best Practices templates must be included; do not change, delete, or skip any items unless otherwise instructed. Contact your ADC for any questions regarding the Project Narrative and Best Practice templates.

4.4 IHS Budget Narrative

The Budget Narrative provides additional explanation to support the information provided on the SF-424A (Budget Information for Non-Construction Programs). This narrative consists of two parts:

- 1) Budget Line Item Spreadsheet and
- 2) Budget Justification that provides a brief justification for each budget item, including why it is necessary and relevant to the proposed project and how it supports project objectives.

Each part should be a separate MS Word or Excel document that is no longer than five pages. The list of budget categories and items below is provided to give you ideas about what you might include in your budget. You do not need to include all the categories and items below, and you may include others not listed. The budget is specific to your own program, objectives, and activities. A sample budget narrative is also provided in [Appendix 3](#).

A. Personnel

For each position funded by the grant, including Program Coordinator and others as necessary, provide the information below. Include “in-kind” positions if applicable.

- Position name.
- Individual’s name or enter “To be named.”
- Brief description of role and/or responsibilities.
- Percentage of effort that will be devoted directly to this grant.
- Percentage of annual salary paid for by SDPI funds OR hourly rate and hours worked per year paid for by SDPI funds.

B. Fringe Benefits

List the fringe rate for each position included. DO NOT list a lump sum fringe benefit amount for all personnel.

C. Travel

Line items may include:

- Staff travel to meetings planned during budget period. Example: travel for two people, multiplied by two days, with two–three nights lodging.
- Staff travel for other project activities as necessary.
- Staff travel for supplemental training as needed to provide services related to goals and objectives of the grant, such as CME courses, IHS Regional Meetings, Training Institutes, etc.

D. Equipment

Include capital equipment items that exceed \$5,000.00.

E. Supplies

Line items may include:

- General office supplies.
- Supplies needed for activities related to the project, such as teaching materials and materials for recruitment or other community-based activities.
- Software purchases or upgrades and other computer supplies.
- File cabinets.

F. Contractual/Consultant

May include partners, collaborators, and/or technical assistance consultants you hire to help with project activities. Include direct costs and indirect costs for any subcontracts here.

G. Construction/Alterations and Renovations (A&R)

Major A&R exceeding \$250,000.00 is not allowable under this project without prior approval.

H. Other

Line items may include:

- Participant incentives – list all types of incentives and specify amount per item. See the [IHS Grant Programs Incentive Policy](#)¹⁴ for more information including restrictions.
- Marketing, advertising, and promotional items.
- Office equipment, including computers under \$5,000.00.
- Internet access.
- Medications and lab tests – be specific; list all medications and lab tests.

¹⁴ IHS Grant Programs Incentive Policy URL:

http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_circ_main&circ=ihm_circ_0506

- Miscellaneous services: telephone, conference calls, computer support, shipping, copying, printing, and equipment maintenance.

I. Indirect Costs

Line item consists of facilities and administrative cost (include IDC agreement computation - see [item 4.2](#) above regarding this requirement)

4.5 IHS 2014 Diabetes Audit Report

SDPI grantees are expected to participate in and/or be aware of the results from the annual IHS Diabetes Care and Outcomes Audit for their local facility. Grantees are required to submit a copy of the annual Diabetes Audit report for 2014 as part of their continuation application. For most grantees, the 2014 Diabetes Audit report and information can be obtained via the [WebAudit](#)¹⁵ either directly, or by requesting the report from their local facility or [ADC](#)¹⁶.

The WebAudit is a set of internet-based tools for Audit data entry, uploading files from electronic audits, data processing, and reporting.

Grantees must review and report on results from the following Annual Audit reports in their Project Narrative: 2012, 2013, and 2014.

Draft reports from the WebAudit for 2014 are acceptable (DRAFT is in the title of the report). See sample report in [Appendix 4](#).

Some grantees may not be able to submit a report from the WebAudit because their facility report includes individuals from a larger community and not just those served by their grant. If possible, these grantees should submit a Cumulative Diabetes Audit report from the Resource and Patient Management System (RPMS) Diabetes Management System for the time period January 1, 2013 to December 31, 2013, that includes just those individuals served by their grant.

SDPI grantees that conduct non-clinical activities should request and submit a 2014 Diabetes Audit report from their local clinical facility. Further assistance in obtaining Diabetes Audit Reports can be requested of the ADC for each area.

¹⁵ WebAudit URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

¹⁶ ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

4.6 IHS Résumé for New Key Personnel [if necessary]

Resumes or Biographical sketches should be provided for any new key personnel who were not included in the FY 2014 application. Biographical sketches should include information about education and experience that are relevant to the individual's position and document that they are qualified for the position.

There is no official format that is required. Examples of acceptable formats include brief resumes or *curriculum vitae* (CV), short written paragraphs, and one-page [bio sketches](#)¹⁷ on standard forms.

4.7 IHS Key Contacts Form

Contact information for the Program Coordinator should be provided on this form. It is in PDF format, can be completed electronically, and is available on the [SDPI Continuation Application webpage](#)¹⁸ as well as in the Application Kit on GrantSolutions.

4.8 IHS Other

Provide any other relevant application materials, including Financial Audit documents (see 4.9 below) and any missing reports.

4.9 Documentation of OMB A-133 Required Financial Audit for FY 2013

Acceptable forms of documentation include:

- a. E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted.
- b. Face sheets from audit reports from [the FAC website](#)¹⁹.

5. Additional Required Documents for Programs with Sub-grantees

Programs with one or more sub-grantees must submit the following programmatic documents **for each sub-grantee** in addition to the required documents for the primary grantee:

- a. SF-424 Application for Federal Assistance, Version 2
- b. SF-424A Budget Information - Non-Construction
- c. SF-424B Assurances - Non-Construction
- d. IHS Division of Diabetes Project Narrative and IHS Best Practice(s)

¹⁷ Bio Sketch PDF Form URL: <http://grants.nih.gov/grants/funding/phs398/biosketch.pdf>

¹⁸ SDPI Application URL:

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

¹⁹ FAC URL: <https://harvester.census.gov/fac/dissemin/accessoptions.html?submit=Retrieve%2BRecords>

- e. IHS Budget Narrative: A separate budget is required for each sub-grantee, **but the primary grantee's application must reflect the total budget for the entire cost of the project.**
- f. IHS 2014 Diabetes Audit Report
- g. IHS Key Contacts Form for Program Coordinator

6. Additional Required Documents for Programs with Sub-contractors

Programs with one or more sub-contractors as documented in a Memorandum of Agreement (MOA) submitted with their FY 2015 application must submit the following programmatic documents for each sub-contractor:

- a. SF-424 Application for Federal Assistance, Version 2
- b. SF-424A Budget Information - Non-Construction: A separate budget is required for the sub-contract, but the primary grantee's application must reflect the total budget for the entire cost of the project.
- c. A copy of the MOA submitted with the FY 2014 application, if current OR a new MOA if the original MOA expired or was changed.

7. Review of Applications

All applications will be reviewed for adherence to the instructions from DGM and the Division of Diabetes, including submission of all required documents. Applicants that do not submit all required documents in the correct format may be contacted to provide the missing documentation before their application is reviewed. This may result in a delayed review. Grantees may also be notified of missing documents and reports as a Special Grant Condition on their Notice of Award issuing funds for FY 2015.

Similar to the SDPI Community-Directed application process in FY 2014, the FY 2015 continuation applications are not competitive and will not be reviewed by an Objective Review Committee. Instead, Division of Diabetes program staff or their designees will review the applications. Continuation funding is dependent on:

- 1. Compliance with Terms and Conditions outlined in the FY 2014 Notice of Award
- 2. Satisfactory business (fiscal) review
- 3. Satisfactory programmatic review, including:
 - a. Completeness of information using the correct Project Narrative and Best Practices templates.

- b. Documented progress towards meeting the goals and objectives set in the FY 2014 application and subsequent reports.
- c. Documented plan for continued work and evaluation in FY 2015.

8. Reporting Requirements

Grantees must meet requirements for progress reports and financial reports based on the terms and conditions of this grant as noted below. Additional Terms and Conditions of these grants will be stated in the Notice of Award.

8.1 Mid-year Progress Report

The Mid-year Progress Report is required once during the budget period. The goal of this report is to assess progress made on various elements of the FY 2015 Project Narrative. Further information including due dates for each cycle, will be posted on the [SDPI Mid-year Progress Report webpage](#)²⁰.

8.2 Annual Progress Report

An annual progress report must be submitted within 90 days after the end of the budget period. The goal of this report is to close out objectives and planned activities and latest data from the Required Key Measures of the program's dropped and selected Best Practice(s) for FY 2015. Information and instructions about this report will be available on the [SDPI Annual Report webpage](#)²¹.

8.3 Federal Financial Reports (FFRs)

Quarterly FFRs are required to be submitted to the Division of Payment Management (DPM) within 30 days after each quarter ends. A final FFR liquidating all expenditures must be received within 90 days of the budget period end date. When submitting your FFRs to DPM, IHS requires you to submit a copy of these reports to your Grants Management Specialist as a "Grant Note" on GrantSolutions. Standard Form 425 (SF 425) will be used and submitted for financial reporting.

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment.

Continued failure to submit required reports may result in one or both of the following: 1) the

²⁰ Mid-Year Progress Report URL:

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

²¹ Annual Progress Report URL:

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

imposition of special award provisions; and/or 2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports.

8.4 Final Progress Report

If this grant is determined to be in its final year, each program will be required to submit a final progress report and final Federal Financial Report within 90 calendar days after the grant ends. DGM and the Division of Diabetes will provide further details closer to a program's closing date.

8.5 Single Audit Reports (OMB A-133)

Applicants who have an active SDPI grant are required to be up-to-date in the submission of required audit reports. These are the annual financial audit reports required by OMB A-133, audits of state, local governments, and non-profit organizations that are submitted to the Federal Audit Clearinghouse (FAC).

Documentation of (or proof of submission) of current Financial Audit Reports is mandatory. Acceptable forms of documentation include: e-mail confirmation from FAC that audits were submitted; or face sheets from audit reports. Face sheets can be found on [the FAC webpage](#)²².

9. Additional Resources and Support

There are many resources for additional information and support for grantees preparing applications, including:

- a. [Division of Diabetes](#)²³ **Website**
 - o [SDPI Community-Directed Grant Program Hub](#)²⁴ – Central location providing all the information you need for your grant, including:
 - o **Recorded Information Sessions** – These recorded webinars are available to view on demand and provide a review of the programmatic Terms and Conditions and overview of application or report-specific resources.
 - o [Frequently Asked Questions \(FAQ\)](#)²⁵ – Updated annually, this page provides answers to common questions on SDPI Community-Directed grants.

²² FAC URL: <https://harvester.census.gov/fac/dissem/accessoptions.html?submit=Retrieve%2BRecords>

²³ Division of Diabetes URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/>

²⁴ SDPI Hub URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=sdpi_hub

²⁵ FAQ URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedAppFAQ>

- [Additional Resources](#)²⁶ – Helpful documents and links are provided here including previous year’s application documents and instructions.
 - **New to SDPI** – Provides and organizes information based on three common questions
 - [What is Required for this Grant](#)²⁷
 - [Where You Should Begin](#)²⁸
 - [Where to Find a Document or Information](#)²⁹
 - **Cycle-Specific Information** – Updated quarterly. Provides a timeline and update on current requirements of your SDPI Community-Directed grant.
- b. [Division of Grants Management](#)³⁰ **Website:** Current news, forms, policy topics, sources and training tools are available here.
- **DGM sponsored trainings (offered winter through early spring):** Visit the [Policy Training Tools](#)³¹ webpage for information on upcoming trainings hosted by DGM. Trainings cover grants policy topics including carryover requests, financial reporting, progress reporting, OMB cost principles, and GrantSolutions. Upcoming trainings are also posted on the [SDPI Training Options](#)³² webpage.
- c. **Question and Answer (Q&A) Sessions:** The Division of Diabetes will hold regular Q&A sessions about the continuation application and report process via online conferencing services throughout FY 2014- FY 2015. Sessions will be held regularly in the month before the due date for each application and report for each budget cycle. These sessions will provide the following:
- i. Review of Programmatic Terms and Conditions
 - ii. Overview of report or application-specific instructions, templates and resources
 - iii. Opportunity for attendees to ask specific questions

²⁶ Additional Resources URL:

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

²⁷ New to SDPI – Requirements URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI_whatis

²⁸ New to SDPI - Where to Begin URL:

http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI_whereyoushouldbegin

²⁹ New to SDPI – Find Doc or Info URL:

http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=NewtoSDPI_wherestofind

³⁰ DGM URL: <http://www.ihs.gov/dgm/index.cfm?module=home>

³¹ DGM Training Tools URL: http://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_training_tools

³² SDPI Training Options URL:

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

Information about upcoming sessions including dates, times, and instructions for participating will be posted on the SDPI Spotlight on the [Division of Diabetes homepage](#)³³.

- d. **SDPI Community-Directed Group Email:** The Division of Diabetes regularly sends email updates to SDPI Community-Directed grantees. Contact ihsddtspdcommunity@ihs.gov if you are not receiving these e-mail updates or are not sure.
- e. **[Area Diabetes Consultants](#)**³⁴: These diabetes experts are familiar with the SDPI application process and grantees in their IHS Area. They can be contacted via email or phone to answer questions.
- f. **Division of Diabetes Program Staff:** For programmatic questions, including questions about the Project Narrative:
 - a. SDPI Project Coordinator, Melanie Knight
Email: melanie.knight@ihs.gov
Phone: 505-248-4182
 - b. Division of Diabetes Deputy Director, Carmen Licavoli
Email: carmen.licavoli@ihs.gov
Phone: 505-248-4182
- g. **DGM Staff:** For questions about budget, grants policy, and financial reporting requirements, contact your Grants Management Specialist (GMS). If you do not know who your GMS is, you can contact DGM using the following:
Email: grantspolicy@ihs.gov
Phone: 301-443-5204
- h. **GrantSolutions.gov:** For questions regarding GrantSolutions.gov:
Email: paul.gettys@ihs.gov
Phone: 301-443-2114

Email: help@grantsolutions.gov
Phone: 202-401-5282 or 866-577-0771
Hours: 8 AM – 6 PM ET, Monday – Friday

³³ Division of Diabetes Homepage: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=home>

³⁴ ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>

Appendix 1: Tips for Preparing a Strong Application

- 1. Read and follow the instructions and use the templates.** Be sure your application forms and required documents are complete and accurate. Be sure that you use the correct templates for your Project Narrative and Best Practice(s). All items in the Project Narrative and Best Practice(s) templates must be included; do not change, delete, or skip any items.
- 2. Become familiar with and use resources provided for preparing your application.** See [Additional Resources and Support](#) for more information.
- 3. Start preparing the application well ahead of the due date.** Allow plenty of time to gather required information from various sources.
- 4. Be concise and clear.** Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided throughout is consistent. Don't include extraneous information, just what is required.
- 5. Be consistent.** Your budget should reflect proposed program activities and accurately match your SF-424A form.
- 6. Proofread your application.** Misspellings and grammatical errors will make it hard for reviewers to understand the application.
- 7. Review a copy of your entire application kit to ensure accuracy and completeness.** Print out the application (if possible) before submitting. Review it against the checklist in [Appendix 2](#), Part B to make sure that it is complete and that all required documents are included.

Appendix 2: FY 2015 SDPI Community-Directed Application Checklist

Part A: Get Ready to Apply

Step	1.0 Getting Ready to Apply – Important Documents Work with your SDPI Team to do the following activities.	Resources and Primary Requestor	Completed?
1.1	Make sure that you or someone in your program has access to GrantSolutions.gov.	GrantSolutions ³⁵ Requested by DGM	<input type="checkbox"/>
1.2	Carefully read all application instructions from the Division of Diabetes Treatment and Prevention (DDTP).	Instructions, DDTP webpage ³⁶ Requested by DDTP/DGM	<input type="checkbox"/>
1.3	Review your FY 2014 SDPI Funding Application, with particular attention to the Project Narrative.	Your program files Requested by DDTP	<input type="checkbox"/>
1.4	Review your FY 2014 Annual Progress Report.	Your program files Requested by DDTP	<input type="checkbox"/>
1.5	Obtain a copy of the 2012, 2013, and 2014 Diabetes Audit Reports for your facility or community (2014 draft is okay).	DDTP Webpage ³⁷ Requested by DDTP	<input type="checkbox"/>
1.6	Confirm commitment from your organization leader for continued involvement in SDPI work.	Project Narrative, Section 5 Requested by DDTP	<input type="checkbox"/>
1.7	Make sure your organization is current with OMB A-133 required Financial Audit Reports.	Instruction documents, local fiscal office FAC Webpage ³⁸ Requested by DGM	<input type="checkbox"/>

Step	2.0 Getting Ready to Apply – Gather and Confirm Registration Information Gather and confirmation the necessary registration information.	Resources and Primary Requestor	Completed?
2.1	Either confirm or obtain a DUNS number for your organization.	D&B Webpage ³⁹ Requested by OMB/DGM	<input type="checkbox"/>
2.2	Either confirm or renew registration on the System for Award Management (SAM)/Central Contractor Registry (CCR).	SAM/CCR Information ⁴⁰ Requested by DGM	<input type="checkbox"/>
2.3	Make sure that your Authorized Organization Representative (AOR) for your organization has access to GrantSolutions.gov	GrantSolutions ⁴¹ Requested by DDTP/DGM	<input type="checkbox"/>

³⁵ GrantSolutions getting started URL: <https://home.grantsolutions.gov/home/home/customer-support/getting-started/>

³⁶ SDPI Application URL:

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

³⁷ Audit URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

³⁸ FAC URL: <http://harvester.census.gov/fac/>

³⁹ D&B URL: <http://fedgov.dnb.com/webform>

⁴⁰ SAM/CCR URL: <http://www.ihs.gov/dgm/documents/AwardTermsReDUNSandSAM.pdf>

⁴¹ GrantSolutions getting started URL: <https://home.grantsolutions.gov/home/home/customer-support/getting-started/>

Part B: Prepare Your Application

Step	3.0 Preparing Your Application – Forms and Documents Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions application kit.	Resources and Primary Requestor	Completed?
3.1	SF-424: Complete form in GrantSolutions.gov.	SF-424 and instructions ⁴² Requested by DGM	<input type="checkbox"/>
3.2	SF-424A: Complete form in GrantSolutions.gov.	SF-424A and instructions ⁴³ Requested by DGM	<input type="checkbox"/>
3.3	SF-424B: Complete form in GrantSolutions.gov.	SF-424B and instructions ⁴⁴ Requested by DGM	<input type="checkbox"/>
3.4	SF-LLL: Complete form in GrantSolutions.gov.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.5	IHS Budget Narrative: Prepare according to these instructions.	Instruction documents Requested by DDTP/DGM	<input type="checkbox"/>
3.6	IHS Budget Line Item: Prepare according to these instructions.	Instruction documents Requested by DDTP/DGM	<input type="checkbox"/>
3.7	IHS Diabetes Audit Report for 2014: Obtain an electronic copy of the report for your facility or community (DRAFT is okay).	DDTP Webpage ⁴⁵ Requested by DDTP	<input type="checkbox"/>
3.8	IHS Division of Diabetes Project Narrative: Prepare using template.	DDTP Webpage ⁴⁶ Requested by DDTP	<input type="checkbox"/>
3.9	IHS Best Practice(s): Prepare using template(s).	DDTP Webpage Requested by DDTP	<input type="checkbox"/>
3.10	IHS Key Contacts Form: Complete with information for the Program Coordinator.	GrantSolutions ⁴⁷ Requested by DDTP	<input type="checkbox"/>
3.11	IHS Certification Regarding Lobbying: Complete form in GrantSolutions.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.12	IHS Performance Site (1.4): Complete form in GrantSolutions.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.13	IHS Current Indirect Cost Rate Agreement: Obtain an electronic copy of the documentation for your organization.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.14	IHS Faith Based Survey: Complete form in GrantSolutions.gov.	GrantSolutions Requested by DGM	<input type="checkbox"/>
3.15	IHS Resume for Key Personnel: Prepare documentation for each new individual not included in previous applications.	Instruction documents Requested by DDTP	<input type="checkbox"/>

⁴² SF-424 URL: http://www.acf.hhs.gov/sites/default/files/assets/sf424v2_508.pdf

⁴³ SF-424A URL: <http://www.acf.hhs.gov/sites/default/files/assets/sf424a.pdf>

⁴⁴ SF-424B URL: <http://www.acf.hhs.gov/sites/default/files/assets/sf424b.pdf>

⁴⁵ Diabetes Audit URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit>

⁴⁶ SDPI Application URL:

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

⁴⁷ GrantSolutions URL: <https://home.grantsolutions.gov/home/>

Step	3.0 Preparing Your Application – Forms and Documents	Resources and Primary Requestor	Completed?
	Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions application kit.		
3.16	IHS Other: Provide any other relevant application materials, including Financial Audit documents (see 3.18) and submission of missing reports.	No additional resources or requests	<input type="checkbox"/>
3.17	OMB A-133 required Financial Audit for FY 2013: Obtain electronic copy of documentation.	FAC Website ⁴⁸ Requested by DGM	<input type="checkbox"/>

Part C: Submit Your Application

Step	4.0 Submit Your Application – Electronically via GrantSolutions.gov	Resources and Primary Requestor	Completed?
4.1	Ensure that all forms and documents successfully uploaded and there are green checkmarks for all items in your application kit.	GrantSolutions ⁴⁹ Requested by DDTP/DGM	<input type="checkbox"/>
4.2	Print out and review your entire application kit, including all completed forms and documents.	Instruction documents Requested by the DDTP/DGM	<input type="checkbox"/>
4.3	Submit the electronic application kit on GrantSolutions.	GrantSolutions Requested by DDTP/DGM	<input type="checkbox"/>
4.4	Prepare and submit revisions as requested by the Division of Grants Management (DGM), DDTP, or your Area Diabetes Consultant (ADC).	GrantSolutions.gov DDTP webpage ⁵⁰ Requested by the DDTP/DGM/ADC	<input type="checkbox"/>

Steps to Submit a Paper Application

You should only consider submitting a paper application if your program is unable to submit an application on GrantSolutions. A waiver must be requested and received prior to submitting a paper application. After you have obtained a written waiver approval from the Chief Grants Management Officer, you may submit a printed paper application directly to DGM.

Step	5.0 Submit Your Application – Paper Application	Resources	Completed?
5.1	Prepare your application package.	Application Forms on DGM and DDTP Webpages	<input type="checkbox"/>
5.2	Print out and review your entire application, including completed forms and documents.	Part B of this checklist	<input type="checkbox"/>
5.3	Submit your paper application to DGM. Include a copy of your approved waiver in the package with your paper application. It is very important that you adhere to the paper submission instructions and timelines that will be stated in your waiver approval.	DGM Instructions provided on waiver approval	<input type="checkbox"/>

⁴⁸ FAC URL: <http://harvester.census.gov/fac/>

⁴⁹ GrantSolutions URL: <https://home.grantsolutions.gov/home/>

⁵⁰ SDPI Application URL:

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

Appendix 3: Sample Budget Narrative

NOTE: This information is included **for sample purposes only**. Each program's budget narrative must include only their budget items and a justification that is relevant to the programs goals, objectives, and activities.

Line Item Budget – SAMPLE

A. Personnel

Program Coordinator	40,000
Administrative Assistant	6,373
CNA/Transporter	6,552
Mental Health Counselor	<u>5,769</u>
Total Personnel:	58,694

B. Benefits:

Program Coordinator	14,000
Administrative Assistant	2,231
CNA/Transporter	2,293
Mental Health Counselor	<u>2,019</u>
Total Fringe Benefits:	20,543

C. Supplies:

Educational/Outreach	3,000
Office Supplies	1,200
Food Supplies for Wellness Luncheons	2,400
Medical Supplies (Clinic)	<u>3,000</u>
Total Supplies:	9,600

D. Training and Travel:

Local Mileage	1,350
Staff Trng & Travel -Out of State	<u>2,400</u>
Total Travel:	3,750

E. Contractual:

Fiscal Officer	16,640
Consulting Medical Doctor	14,440
Registered Dietitian/Diabetes Educator	18,720
Exercise Therapist	<u>33,250</u>
Total Contractual:	83,050

F. Equipment:

Desk Top Computers (2)	3,000
Exercise Equipment	3,300
Lap Top Computer	1,500
LCD Projector	<u>1,200</u>
Total Equipment:	9,000

G. Other Direct Costs:

Rent	20,805
Utility	4,000
Postage	500
Telephone	2,611
Audit Fees	2,500
Professional Fees	2,400
Insurance Liability	1,593
Office Cleaning	1,680
Storage Fees	240
Biohazard Disposal	154
Marketing/Advertising	<u>2,010</u>
Total Other Direct Costs:	38,493

TOTAL EXPENSES **\$223,130.00**

Budget Justification – SAMPLE

A. Personnel: \$58,694.00

Program Coordinator: Dr. George Smith

A full-time employee responsible for the implementation of the Program Goals as well as overseeing financial and grant application aspects of the agency.
(\$40,000/year)

Administrative Assistant: Susan Brown

A part-time employee responsible for human resources management and providing assistance to the Executive Director.
(416 hours x \$15.32/hour = \$6,373.12)

CAN/Transporter/Homemaker: To be named

A full-time employee working 12 hours per week on this grant providing transportation services and in-home health care to clients.
(416 hours x \$15.75/hour = \$6,552.00)

Mental Health Counselor: Lisa Green

A part-time employee works 6 hours per week in the ADAPT/Mental Health Program providing counseling and workshops to clients.
(6 hours x 52 wks x \$18.49/hour = \$5,768.88)

B. Fringe Benefits: \$20,543.00

Fringe benefits are calculated at 35% for both salaried and hourly employees. Fringe is composed of health, dental, life and vision insurance (20%), FICA/Medicare (7.65%), worker's compensation (1.10%), State unemployment insurance (1.25%), and retirement (5%).

Program Coordinator: \$14,000

Administrative Assistant: \$2,230.55

CAN/Transporter/Homemaker: \$2293.20

Mental Health Coordinator: \$2019.15

C. Supplies: \$9,600.00

Educational & Outreach Supplies

Various printed literature, books, videos, pamphlets, pens, bottled water, little promotional items will be needed to hand out at various health fairs, events, and to various groups to educate and promote health. Funds allocated are \$3,000.00.

Office Supplies

General office supplies are essential in order to properly maintain client records, financial records, and all reporting requirements. General office supplies include file folders, labels, writing pads, pens, paper clips, toner, etc. \$1,200.00 will be included in this budget.

Food & Supplies for Monthly Wellness Luncheons

An allocation of \$200.00 has been made towards food and supplies. The food provided will be used by the Diabetes Educator during the monthly wellness luncheon, providing examples of food preparation and education. Supplies such as paper plates, spoons, forks, napkins, trays, pots and pans, etc. is not included in this budget. (\$200.00 x 12 months = \$2,400.00)

Medical Supplies - Clinic

An allocation has been made for purchasing medical supplies for our clinic such as alcohol wipes, strips for glucometers, paper sheets, gloves, gowns, etc., in the amount of \$3,000.00.

D. Training and Travel: \$3,750.00

Local Mileage – Mileage for transportation of clients and outreach services. Estimated at 300 miles/mo x 12 months x \$0.375 = \$1,350.00.

Staff Travel & Training – Expenses in this category are associated with attending conference and seminars associated with diabetes for 2 staff: the budget covers the cost of registration fees (\$250 x 2 = \$500.00), lodging (\$175/night x 2 people x 2 days = \$700.00), airfare (\$450.00 x 2 people = \$900.00), per diem allowance (\$50.00 x 2 days x 2 people = \$200.00), and ground transportation (\$25.00 x 2 x 2 people = \$100.00). A total of \$2,400.00 for staff travel and training.

E. Contractual: \$83,050.00

Fiscal Officer

An independent contractor to perform payroll, accounts payable, financial and grant reporting and budgetary duties.

(416 hours x \$40.00 per hour = \$16,640.00)

Consulting Medical Doctor

A medical doctor is contracted to provide medical care to our clients with diabetes

(12 hours per month x 12 mos. X \$100.00 per hour = \$14,400.00)

Registered Dietitian/Diabetes Educator

A registered dietitian/diabetes educator is contracted to provide diabetes related meal planning and instruction and facilitate one-on-one consultation with clients.

(8 hours per week x 52 weeks x \$45 per hour = \$18,720.00)

Exercise Specialist

An exercise specialist is contracted to conduct and monitor the exercise program necessary for each client.

(950 hours x \$35 per hour = \$33,250.00)

F. Equipment: \$9,000.00

Desk Top Computers (2)

Needed by our Diabetes Educator, Exercise Specialist, and Medical Director in order to access and update information on client's records. (2 x \$1,500.00 = \$3,000.00)

Exercise Equipment

Elliptical cross trainer equipment (creates less impact on the knees), body fat analyzer, 8 dumbbell weights, 4 exercise balls, 4 exercise mats, step stretch, adjustable bench, bow flex plates kit, 2 dance pads, ball stacker set, and exercise video. Total for all exercise equipment is \$3,300.00.

Laptop Computer

This type of compute is needed to be used in conjunction with the LCD projector that will be used by the Diabetes Educator for presentations. Cost is \$1,500.00

LCD Projector

This equipment will be used by the Diabetes Educator for presentations. Cost is \$1,200.00

G. Other Direct Costs: \$38,493.00

Rent

This program rents two office locations for a total cost of \$83,220.00 per year. Special Diabetes grant program will cover \$20,805.00 which is 25% of the rent cost.

Utility

This program will cover 25% of the total utility cost of \$16,000.00 per year.
(\$16,000.00 x 25% = \$4,000.00)

Postage – The Diabetes Program postage is estimated at \$500.00.

Telephone

This program currently has eight telephone lines at two separate offices as well as pager service and a toll-free number for clients. Diabetes Program will cover \$2,611.00 of this expense which is 25% of the annual cost of \$10,445.00.

Audit Fees

An annual audit is conducted for this program's financial statements. Funding agencies require audit financial statements of grant funds. Diabetes will cover \$2,500.00 of audit expenses which is 25% of the \$10,000.00 proposal.

Professional Fees

A computer consultant is needed to fix computer problems. \$200.00 per month x 12 mos. = \$2,400.00 will cover the expenses.

Insurance Liability

General liability insurance is required to protect the organization against fire and property damage. Diabetes portion of this expense is \$1,593.00.

Office Cleaning

Office cleanings are required to keep the agency clean. Diabetes will cover 20% of the contract cost of \$8,400.00 = \$1,680.00.

Storage Fees

This program stores its records in a storage facility. Diabetes grant will fund \$240.00 of this cost.

Biohazard Disposal

A special handling fee for biohazard disposal will cost \$154.00 for this program.

Marketing/Advertising

Newspaper advertising will be used to promote Diabetes events. Three (3) ads x \$670.00 = \$2,010.00

TOTAL EXPENSES: \$223,130.00

Appendix 4: Sample of Required 2014 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2014 (Audit Period 01/01/2013 - 12/31/2013)
 Facility: Test 01

Annual Audit

855 charts were audited from 1000 patients on the diabetes registry

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Gender					
Male	340	855	40%	%	%
Female	515	855	60%	%	%
Age					
< 15 years	0	855	0%	%	%
15-44 years	120	855	14%	%	%
45-64 years	379	855	44%	%	%
65 years and older	356	855	42%	%	%
Diabetes Type					
Type 1	27	855	3%	%	%
Type 2	828	855	97%	%	%
Duration of Diabetes					
Less than 1 year	0	855	0%	%	%
Less than 10 years	37	855	4%	%	%
10 years or more	511	855	60%	%	%
Diagnosis date not recorded	307	855	36%	%	%
Weight Control (BMI)					
Normal (BMI < 25.0)	34	855	4%	%	%
Overweight (BMI 25.0-29.9)	115	855	13%	%	%
Obese (BMI 30.0 or above)	346	855	40%	%	%
Height or weight missing	360	855	42%	%	%
Blood Sugar Control					
HbA1c < 7.0	84	855	10%	%	%
HbA1c 7.0-7.9	71	855	8%	%	%
HbA1c 8.0-8.9	67	855	8%	%	%
HbA1c 9.0-9.9	46	855	5%	%	%
HbA1c 10.0-10.9	39	855	5%	%	%
HbA1c 11.0 or higher	96	855	11%	%	%
Not tested or no valid result	452	855	53%	%	%
Mean Blood Pressure (of last 2, or 3 if available)					
<140/<90	339	855	40%	%	%
140/90 - <160/<95	98	855	11%	%	%
160/95 or higher	26	855	3%	%	%
BP category undetermined	392	855	46%	%	%

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2014 (Audit Period 01/01/2013 - 12/31/2013)
 Facility: Test 01

Annual Audit

855 charts were audited from 1000 patients on the diabetes registry

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Tobacco use					
Current tobacco user	142	855	17%	%	%
In current users, counseled?					
Yes	55	142	39%	%	%
No	87	142	61%		
Not a current tobacco user	482	855	56%	%	%
Tobacco use not documented	231	855	27%	%	%
Diabetes Treatment					
Diet and exercise alone	459	855	54%	%	%
Diabetes meds currently prescribed, alone or in combination:					
Insulin	321	855	38%	%	%
Sulfonylurea (glyburide, glipizide, others)	188	855	22%	%	%
Glinide (Prandin®, Starlix®)	0	855	0%	%	%
Metformin (Glucophage®, others)	218	855	25%	%	%
Acarbose (Precose®)/Miglitol (Glyset®)	2	855	0%	%	%
Pioglitazone (Actos®) or rosiglitazone (Avandia®)	0	855	0%	%	%
GLP-1 med (Byetta®, Bydureon®, Victoza®)	5	855	1%	%	%
DPP4 inhibitor (Januvia®, Onglyza®, Tradjenta®)	10	855	1%	%	%
Amylin analog (Symlin®)	0	855	0%	%	%
Bromocriptine (Cycloset®)	0	855	0%	%	%
Colesevelam (Welchol®)	0	855	0%	%	%
SGLT-2 inhibitor (Invokana®)	0	855	0%	%	%
Number of diabetes meds currently prescribed:					
One med	173	855	20%	%	%
Two meds	102	855	12%	%	%
Three meds	117	855	14%	%	%
Four or more meds	4	855	0%	%	%
Ace Inhibitor or ARB Prescribed (See Renal Preservation report for additional info)					
In patients with known hypertension ¹	340	672	51%	%	%
In patients with increased urine albumin excretion ²	60	77	78%	%	%

Date run: 11/25/2013

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IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2014 (Audit Period 01/01/2013 - 12/31/2013)
 Facility: Test 01

Annual Audit

855 charts were audited from 1000 patients on the diabetes registry

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Aspirin or Other Antiplatelet Therapy Prescribed					
In patients with diagnosed CVD	205	354	58%	%	%
Lipid Lowering Agent Prescribed					
Single lipid agent	179	855	21%	%	%
Two or more lipid agents	28	855	3%	%	%
None	648	855	76%	%	%
In patients prescribed one or more lipid agents:					
Statin (simvastatin/Zocor®, others)	181	207	87%	%	%
Statin prescribed in patients with diagnosed CVD:	110	354	31%	%	%
Fibrate (gemfibrozil/Lopid®, others)	26	207	13%	%	%
Niacin (Niaspan®, OTC niacin)	9	207	4%	%	%
Bile Acid Sequestrant (cholestyramine/Questran®, others)	1	207	0%	%	%
Ezetimibe (Zetia®)	17	207	8%	%	%
Fish oil	1	207	0%	%	%
Lovaza®	1	207	0%	%	%
Exams					
Foot Exam - Neuro & Vasc	175	855	20%	%	%
Eye Exam - Dilated or Retinal Camera	211	855	25%	%	%
Dental Exam	192	855	22%	%	%
Diabetes-Related Education					
Nutrition - by any provider	212	855	25%	%	%
Nutrition - by RD	86	855	10%	%	%
Physical activity	133	855	16%	%	%
Other	373	855	44%	%	%
Any of above topics	395	855	46%	%	%
Immunizations					
Flu vaccine during audit period	344	855	40%	%	%
Refused - Flu Vaccine	85	855	10%	%	%
Pneumovax - ever	593	855	69%	%	%
Refused - Pneumovax	8	855	1%	%	%
Tetanus/Diphtheria - past 10 years	561	855	66%	%	%
Refused - Tetanus/Diphtheria	12	855	1%	%	%
Hepatitis B 3-dose series complete - ever	460	855	54%	%	%
Refused - Hepatitis B	9	855	1%	%	%

Date run: 11/25/2013

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IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2014 (Audit Period 01/01/2013 - 12/31/2013)
 Facility: Test 01

Annual Audit

855 charts were audited from 1000 patients on the diabetes registry

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Depression An Active Problem					
Yes	82	855	10%	%	%
No	773	855	90%	%	%
In patients without active depression, screened for depression during audit period:					
Screened	325	773	42%	%	%
Not screened	448	773	58%		
Laboratory Exams					
eGFR to assess kidney function (In age 18 and above)	432	855	51%	%	%
eGFR ≥60 ml/min	273	855	32%	%	%
eGFR 30-59 ml/min	108	855	13%	%	%
eGFR 15-29 ml/min	20	855	2%	%	%
eGFR <15 ml/min	31	855	4%	%	%
Not tested or no valid result	423	855	49%	%	%
Non-HDL cholesterol	256	855	30%	%	%
Non-HDL <130 mg/dl	171	855	20%	%	%
Non-HDL 130-159 mg/dl	43	855	5%	%	%
Non-HDL 160-190 mg/dl	26	855	3%	%	%
Non-HDL >190 mg/dl	16	855	2%	%	%
Not tested or no valid result	599	855	70%	%	%
LDL cholesterol	252	855	29%	%	%
LDL <100 mg/dl	172	855	20%	%	%
LDL 100-129 mg/dl	53	855	6%	%	%
LDL 130-160 mg/dl	17	855	2%	%	%
LDL >160 mg/dl	10	855	1%	%	%
Not tested or no valid result	603	855	71%	%	%
HDL cholesterol	256	855	30%	%	%
In females					
HDL ≤50 mg/dl	124	515	24%	%	%
HDL >50 mg/dl	32	515	6%	%	%
Not tested or no valid result	359	515	70%	%	%
In males					
HDL ≤40 mg/dl	59	340	17%	%	%
HDL >40 mg/dl	41	340	12%	%	%
Not tested or no valid result	240	340	71%	%	%
Triglycerides	256	855	30%	%	%
TG ≤400 mg/dl	248	855	29%	%	%
TG >400 mg/dl	8	855	1%	%	%
Not tested or no valid result	599	855	70%	%	%

Date run: 11/25/2013

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IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2014 (Audit Period 01/01/2013 - 12/31/2013)
 Facility: Test 01

Annual Audit

855 charts were audited from 1000 patients on the diabetes registry

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Laboratory Exams					
Urine Albumin:Creatinine Ratio (UACR)					
Yes	160	855	19%	%	%
No	695	855	81%	%	%
In patients with UACR:					
Urine albumin excretion - Normal: <30 mg/g	82	160	51%	%	%
Urine albumin excretion - Increased:					
30-300 mg/g	56	160	35%	%	%
>300 mg/g	21	160	13%	%	%
In patients age 18 and above with eGFR ≥30, UACR done	156	381	41%	%	%
Cardiovascular Disease					
Diagnosed CVD	354	855	41%	%	%
Tuberculosis Status					
TB test +, untreated or tx unknown	92	855	11%	%	%
TB test +, INH treatment complete	4	855	0%	%	%
TB test -, placed after DM diagnosis	281	855	33%	%	%
TB test -, placed before DM diagnosis	33	855	4%	%	%
TB test -, date of DM Dx or TB test date unknown	71	855	8%	%	%
TB test status unknown	374	855	44%	%	%
Combined Outcomes Measures					
Records meeting ALL of the following criteria: A1c <8.0, LDL <100, and mean BP <140/<90	45	855	5%	%	%
In age 18 and above, records with both an eGFR and a UACR	157	855	18%	%	%

Definitions

¹Known hypertension: Has hypertension listed as an active problem, or three visits with a diagnosis of hypertension ever (prior to the end of the Audit period).

²Increased urine albumin excretion: UACR ≥30 mg/g.