

**Indian Health Service
Special Diabetes Program for Indians
Community-Directed Grant Program
FY 2017 Continuation Application Project Narrative Template**

Instructions for Using this Template

1. **Retrieve** and review the following documents to assist you with completing this template:
 - a. FY 2016 application, including completed Project Narrative.
 - b. FY 2016 Notice of (Grant) Award.
 - c. 2015 and 2016 Diabetes Care and Outcomes Audit Reports
 - d. SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report
 - e. Other sources as necessary.
2. **Save** this PDF on your computer for your records.
3. **Ensure** [Adobe Acrobat Reader](#)¹ is used to complete this template.
4. **Complete** ALL pertinent items in the template electronically (do **not** handwrite) by selecting a response from a list or typing the requested information.
5. **Review** the completed template to ensure that all required items are filled in. Required items have fields that are outlined in red.
6. **Submit** the completed Project Narrative to the Application Kit in GrantSolutions. Browse and upload the original completed PDF template; do not merge with other documents or submit a scanned copy of a printed document. **Note:** If you are a sub-grantee, submit your completed template per your primary grantee's specifications.

Additional Information

1. **Form fields.** Free text fields are not limited to the space you see on the form. Additional text that you enter can be seen by clicking on the plus sign in the lower right-hand corner of the field.
2. **Grantees with sub-grantees** must submit a separate Project Narrative Template for the primary and each sub-grantee.
3. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used throughout this template. Any other abbreviation you use should be spelled and explained the first time it is used.
 - a. ADC = Area Diabetes Consultant
 - b. HHS = Health and Human Services
 - c. IHS = Indian Health Service
 - d. I/T/U = Indian/Tribal/Urban
 - e. NoA/NGA = Notice of (Grant) Award
 - f. PDF = Portable Document Format (access using Adobe Acrobat Reader or Pro)
 - g. SDPI = Special Diabetes Program for Indians
 - h. RKM = Required Key Measure
 - i. RPMS = Resource and Patient Management System

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

Program Name:

Part A. Program Identifiers

A1.1 Date (mm/dd/yyyy):

A1.2 IHS Area:

A1.3 Program Name (Include Tribal or Clinic name):

A1.4 Grant Number (Item 4 on NoA/NGA. If sub-grantee, check with primary program):

A1.5 If you are a sub-grantee, check this box:

A1.6 Information about person completing this template.

a. Name:

b. Title:

c. Email:

d. Phone:

A1.7 Is your SDPI program be primarily clinic-based, community-based, or both?

Part B. Review of Diabetes Audit Reports

B1.1 Were you able to obtain copies of your local clinic's 2015 and 2016 Annual IHS Diabetes Care and Outcomes Audit Reports?

If yes, proceed to item B1.2.

If no, submit a copy of your *Waiver from Submitting 2016 Diabetes Care and Outcomes Audit Report* in lieu of submitting Audit Reports. If you do not have a waiver, contact your [Area Diabetes Consultant](#)².

B1.2 Provide three to five items/elements that need to be improved based on the Audit Reports for 2015 and 2016. If you were not able to obtain these Reports, provide three to five diabetes-related issues that your program can work on improving.

a. Audit Item/Element	b. Audit 2015 Result	c. Audit 2016 Result
1.		
2.		
3.		
4.		
5.		

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

Program Name:

B1.3 Can your program directly address the three five Audit items that need to be improved?

a. If yes, describe how your program will address these three to five items/elements that need to be improved.

b. If no, describe how your program will work with your local Indian health clinic to address these issues.

Part C. Training and Networking

Per the Programmatic Terms and Conditions, grantees must participate and keep track of 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. Visit the [SDPI Community-Directed Training Requirements](#)³ webpage for more information.

Section 1: Trainings offered by the Division of Diabetes

C1.1 Does your program participate in required trainings or trainings eligible to fulfill the SDPI Community-Directed Training Program?

Section 2: Trainings/Meetings offered Area-wide (e.g. by your ADC, Area Tribal organizations, Tribal Epidemiology Center)

C2.1 List Area-wide trainings/meetings your program attended for SDPI grantees during the FY 2016 budget period (site-visits, conference calls, online meetings/trainings, face-to-face, emails, conference).

³ SDPI Required Training webpage:

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

Program Name:

Section 3: Assistance offered by other SDPI Grant Programs

- C3.1 Did your program **receive** assistance or information from other SDPI grant program(s) in your IHS Area or another Area during the FY 2016 budget period?

- C3.2 If yes, describe what kind of assistance or information you received (conference calls, online meetings/trainings, face-to-face, emails, conference).

Section 4: Assistance provided by your SDPI Grant Program

- C4.1 Did your program **provide** assistance or information to other SDPI grant program(s) in your IHS Area or another Area during the FY 2016 budget period?

- C4.2 If yes, describe what kind of assistance or information you provided and to whom:

Part D: Leadership and Key Personnel

- D1.1 In your FY 2016 Project Narrative you were asked to identify an organization administrator or Tribal leader that agreed to be actively involved in your program’s work (Part C, Section 1).
 - a. Provide the name and role or position that this leader holds.

 - b. Describe how this leader was involved with the work your program did with FY 2016 SDPI funds.

 - c. Will this leader continue to be involved with your program’s work for FY 2017? If not, identify a new leader that will be involved, including name and role or position.

Program Name:

D1.2 List all key personnel that will be involved in your program’s activities/services. This may be your “Diabetes Team.” If there are more than 15 people, provide the information for additional individuals in [Part H, Other Information](#) of this Project Narrative Template. **Provide a brief resume or biographical sketch for any new key personnel that were not included in your FY 2016 application.**

a. First name	b. Last name	c. Title and credentials	d. Paid with SDPI funds (at least in part)?	e. How long involved with your program?
1.		Diabetes Program Coordinator Credentials:		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Part E: Partnerships and Collaborations

E1.1 Use the table below to provide an update on any new partnerships that were not included in the FY 2016 application or discontinued partnerships. If there are more than five changes in Partnerships/Collaborations, provide this information in [Part H, Other Information](#) of this Project Narrative Template. **If there are no new or discontinued partnerships, proceed to the next Section.**

a. Partner Name	b. New or discontinued?	c. If discontinued: briefly describe why If new: briefly describe services provided/primary focus of partnership
1.		
2.		
3.		
4.		
5.		

Part F. SDPI Diabetes Best Practice

Per the Funding Opportunity Announcement Cooperative Agreement, you must select one SDPI Diabetes Best Practice (also referred to as “Best Practice”). During the FY 2017 budget period, grantees will implement their selected Best Practice activities/services, as well as track and report data on their Target Group for their Required Key Measure (RKM) in the SDPI Outcomes System (SOS).

There is a list of all the Best Practices on the [Best Practices webpages](#)⁴. For each Best Practice, there is a brief statement on the importance, RKM information, and guidance for selecting a Target Group, and tools and resources. An [SDPI Diabetes Best Practices List and Summary Table](#)⁵ is available. For the FY 2017 application, grantees may propose to:

1. Continue work on the same Best Practice selected in their FY 2016 funding application. This could include:
 - a. Continuing FY 2016 activities or proposing new ones.
 - b. Continuing with the same Target Group or proposing a new one.
2. Select a new SDPI Diabetes Best Practice with an appropriate Target Group that may be different than the Target Group you worked with in FY 2016.

Section 1: Best Practice and Required Key Measure Information for FY 2016

Submit a copy of your RKM Data Summary Report from the SOS, which includes the following:

- Your program’s selected Best Practice
- Target Group number
- Target Group description
- Required Key Measure baseline data

Per the Terms and Conditions, grantees must submit data for the RKM of their selected Best Practice into the SOS at the start and end of each budget period. All grantees should have already submitted baseline RKM data for FY

⁴ https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBP_New

⁵ https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPI_FY16_BP_Summary.pdf

Program Name:

2016 and must do so before submitting an FY 2017 Continuation Application. Contact your [Area Diabetes Consultant](#)² or ihddtpsdpicommunity@ihs.gov if you are having difficulty submitting the required information.

Section 2: Best Practice, Activities, and Target Group number and description for FY 2017

F2.1 SDPI Diabetes Best Practice selected:

a. Why did you select this Best Practice?

b. Is this is a change from last year?

F2.2 **Required Key Measure (RKM):** Review the [summary table](#)⁵. Enter the RKM for your selected Best Practice as it appears in the table.

F2.3 **Proposed Activities/Services:** What activity(ies)/service(s) do you propose to implement in FY 2017 that would improve this RKM? List each activity/service planned and provide a brief description. If there are more than eleven activities, provide this information in [Part H, Other Information](#) of this Project Narrative Template.

a. Major Activities (List each activity/service planned and provide a brief description)	b. Timeframe
1.	
2.	
3.	

Program Name:

a. Major Activities (List each activity/service planned and provide a brief description)	b. Timeframe
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	

Program Name:

Target Group

Grantees will be required to report RKM data for one Target Group for their selected Best Practice. A Target Group is the largest number of patients/participants that you can realistically include in the activities/services you provided above in item F1.3 for the budget period. The following should be considered in selecting your Target Group:

1. The size and characteristics (e.g., ages, health status, settings, locations) of the community or patient population that you are going to draw your Target Group from
2. Intensity of the activities/services you plan to do
3. SDPI funding and other resources available to provide activities/services

To determine your Target Group, complete the following steps:

Step one: Review the Target Group Guidance for your selected Best Practice in the [summary table](#)⁵.

Step two: From those in step one, determine which group of patients/participants you plan to serve and for whom you will report RKM data. Consider characteristics such as:

- Ages (e.g., youth, elders, women of reproductive age, ages 40 – 75 years)
- Health status (e.g., at risk for diabetes, prediabetes, new onset diabetes, diabetes complications)
- Settings (e.g., school, senior home, clinic)
- Geographic locations (e.g., areas of the reservation, villages, communities)

Step three: Determine approximately how many patients/participants in your community/clinic are in the group you defined in step two.

Step four: Assess the intensity of your Best Practice activities/services. The intensity will affect the number of patients/participants you can serve (i.e., higher intensity activities/services = smaller Target Group; lower intensity activities/services = larger Target Group).

- **High intensity:** Require most staff time and resources per patient/participant.
Examples: Diabetes Prevention Program intervention, intensive clinical case management.
- **Medium intensity:** Require moderate staff time and resources per patient/participant.
Examples: Diabetes education classes, periodic diabetes clinical care.
- **Low intensity:** Require less staff time and resources per patient/participant.
Examples: Depression screening, foot exams.

Step five: Considering the total number of potential patients/participants in step three, the intensity of the planned activities/services as assessed in step four, and SDPI and other resources available, determine the number of patients/participants that you are able to realistically serve. This is the number of members that will be in your Target Group.

F3.1 Are you changing your Target Group from FY 2016?

F3.2 Based on the steps provided above, what is the number of patients/participants in your FY 2017 Target Group?

F3.3 Describe your FY 2017 Target Group (see Steps one and two).

Program Name:

Part G. Activities/Services not related to selected Best Practice (Optional)

Provide information for up to five major activities/services not related to your selected Best Practice that you are proposing to implement using FY 2017 funds. If you are not proposing additional activities/services, skip to Part H. Activities/services reported here should be based on the following criteria:

- Utilize the most grant funding and program time.
- Address significant needs/challenges.

Activity/Service #1

G1.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

G1.2 **Target Group for this activity/service:** See the [Target Group section](#) (steps two – five) on how to select a Target Group.

- a. What is the number of patients/participants in your Target Group for this activity/service?
- b. Describe your Target Group for this activity/service.

G1.3 What improvements do you anticipate will result from implementing this activity/service?

G1.4 How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #2

G2.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

G2.2 **Target Group for this activity/service:** See the [Target Group section](#) (steps two – five) on how to select a Target Group.

a. What is the number of patients/participants in your Target Group for this activity/service?

b. Describe your Target Group for this activity/service.

G2.3 What improvements do you anticipate will result from implementing this activity/service?

G2.4 How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #3

G3.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

G3.2 **Target Group for this activity/service:** See the [Target Group section](#) (steps two – five) on how to select a Target Group.

- a. What is the number of patients/participants in your Target Group for this activity/service?

- b. Describe your Target Group for this activity/service.

G3.3 What improvements do you anticipate will result from implementing this activity/service?

G3.4 How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #4

G4.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

G4.2 **Target Group for this activity/service:** See the [Target Group section](#) (steps two – five) on how to select a Target Group.

- a. What is the number of patients/participants in your Target Group for this activity/service?

- b. Describe your Target Group for this activity/service.

G4.3 What improvements do you anticipate will result from implementing this activity/service?

G4.4 How will you evaluate whether these improvements occurred?

Program Name:

Activity/Service #5

G5.1 What activity/service will you be providing with your SDPI funds (in addition to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

G5.2 **Target Group for this activity/service:** See the [Target Group section](#) (steps two – five) on how to select a Target Group.

- a. What is the number of patients/participants in your Target Group for this activity/service?

- b. Describe your Target Group for this activity/service.

G5.3 What improvements do you anticipate will result from implementing this activity/service?

G5.4 How will you evaluate whether these improvements occurred?

Program Name:

Part H. Additional Program Information

DDTP would like to know how SDPI grantees are finding other ways to support their activities.

H1.1 Does your program have any other federal grants that support similar activities/services as SDPI from IHS or other federal agencies (e.g., CDC, ACF, SAMHSA, NARCH)?

a. If yes, list these grants:

H1.2 Does your program have any non-federal grants (e.g., state grants, local organizations, Tribal organizations, NB3, AAIP)?

a. If yes, list these grants:

Other Information (optional)

H2.1 If there is any other information you would like to share about your SDPI program, including additional program staff or partnerships, add it here.

You have now completed the Project Narrative Template. Save this PDF document to your computer before closing.

Attach your completed template to your GrantSolutions.gov application package using the “IHS Division of Diabetes Project Narrative” Enclosure

Note: If you are a sub-grantee, submit this completed template per your primary grantee’s specifications.

Visit the [SDPI FY 2017 Application webpage](#)⁶ for further information.

⁶ SDPI FY 2017 Application:

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