

Special Diabetes Program for Indians (SDPI)  
Diabetes Prevention and Healthy Heart Initiatives  
Cooperative Agreement Program

Instructions for Continuation Application for  
September 30, 2015 – September 29, 2016

Funding From the IHS Division of Diabetes Treatment and Prevention (DDTP)



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## 1. Introduction

These instructions are intended to provide details of the programmatic requirements for the Special Diabetes Program for Indians (SDPI) Diabetes Prevention (DP) and Healthy Heart (HH) Initiative grantees for FY 2015 from the program office, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (DDTP). FY 2015 is a year of continued funding for Cooperative Agreements that were initially awarded in FY 2010. **All SDPI Diabetes Prevention and Healthy Heart Initiative (DP/HH Initiative) grantees that received FY 2010 funds must submit a continuation application to receive FY 2015 funding.**

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

## 2. Key Information about FY 2015 Continuation Application

### 2.1 Budget Period

The new annual budget period for this DP/HH Initiative Cooperative Agreement is September 30, 2015 to September 29, 2016.

### 2.2 Due Date

The due date for this continuation application is no later than June 1, 2015.

### 2.3 Funding Amounts

Funding amounts for each FY 2015 DP/HH Initiative Cooperative Agreement will be the same as that of FY 2014. The proposed Budget and Budget Narrative should be based on this amount.

### 2.4 Electronic Submission

The required method for submission of this application is electronic submission via GrantsSolutions.gov.

Information is available from the following resources:

- a. **GrantSolutions Grantee Guide –**  
<https://www.ihs.gov/dgm/documents/GranteeUserGuide201210508c.pdf>
- b. **GrantSolutions Grantee Training Videos –**  
<https://home.grantsolutions.gov/home/grantee-training-videos/>

Also see [Appendix 7](#).

### 2.5 Carryover of Funds from FY 2014

The carryover balance or carryover funds are the unobligated funds from a previous funding period under a grant or cooperative agreement that are authorized for use to cover allowable costs in a current funding period.

All carryover funds must be used to support the originally approved objectives and goals of the project. Grantees have the authority to carryover IHS unobligated grant funds remaining at the end of a budget period **with the exception** of funds that are restricted in a Notice of Grant Award.

- **If the Carryover Balance is 25 Percent or Less.** If the grantee has less than 25 percent of their total awarded funds remaining as unobligated balance at the end of the budget period, they can utilize the unobligated funds as carryover in the next budget period without written approval from Division of Grants Management (DGM).
- **If the Carryover Balance Exceeds 25 Percent.** If the grantee has more than 25 percent of their total awarded funds remaining as unobligated balance at the end of the budget period, they must obtain prior written approval from their Grants Management Specialist (GMS) to carryover the unobligated funds. For more information on carryover requests, contact your GMS or visit the [http://www.ihs.gov/dgm/index.cfm?module=dsp\\_dgm\\_policy\\_training\\_tools](http://www.ihs.gov/dgm/index.cfm?module=dsp_dgm_policy_training_tools)

Carryover documents must be submitted through GrantSolutions.gov. Contact your Grants Management Specialist (GMS) to ensure that you know exactly what you need to submit in a complete carryover request.

### 3. Programmatic Requirements

Current grantees must continue to meet the following programmatic requirements to receive FY 2015 funding:

#### 3.1 Program Director

All grantees must have a Program Director who meets the following requirements:

- a. Be responsible for the administration including the financial management of the overall project
- b. Must have his/her primary appointment with the applicant organization; however, special arrangements of employment, such as inter-organizational personnel agreements, are permissible.

#### 3.2 Program Coordinator

All grantees must have a Program Coordinator who meets the following requirements:

- a. 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 that includes education and experience that are relevant to the individual's position and document that they are qualified for the position.

**Note the same person can serve as Program Director and Program Coordinator.**

#### 3.3 Basic Health Infrastructure to participate in program

- a. **Administrative and Financial Staff:** To manage and monitor the program.

- b. **Data Coordinator:** at least one person on site to manage documentation of program activities and outcomes and report data to Coordinating Center.
- c. **Resource and Patient Management System (RPMS) site manager**  
To use the Diabetes Management System (DMS), lab and Pharmacy packages. If you are not using RPMS, please describe your current health data system and its compatibility or comparability to RPMS.
- d. Basic Services Infrastructure to participate in the program
  - a. **Clinical Services:** such as health clinic or center
  - b. **Laboratory:** available for testing associated with the program
  - c. **Health professionals:** on site health educator/diabetes educator, dietitian, and physical activity specialist, full-time clerk/recruiter for this project and physician consultant.
  - d. **Pharmacist:** available for this project.

### 3.5 Additional Recommended Staff for program

- a. **Diabetes Prevention Program:** diabetes educator and/or other licensed health professional to teach curriculum; lifestyle coach.
- b. **Healthy Heart:** case manager(s) who is licensed healthcare professional

### 3.6 Implement the DP or HH Initiatives Responsibilities

All grantees must continue the implementation of their respective responsibilities. These responsibilities are the following:

- a. **Ensure adequate staffing for the project** – Programs will continue all the following SDPI Initiatives goals: recruitment, intensive activities, retention, less intensive community-based activities, evaluation, dissemination, trainings, and collection and submission of data for September 30, 2015-September 29, 2016. The work plan should include a staffing plan that will support these goals.
- b. **Recruit and Screen** enough individuals to meet the target goal of participants each year (Diabetes Prevention Program – 48 participants/year; Healthy Heart Project – 50 participants/year) the target goal will remain the same for September 30, 2015-September 29, 2016. Recruitment and screening will continue with the same purpose of meeting the target goal for each year
- c. **Maintain the Intensive Activities-** There is no change in the requirements for Intensive Activities for the Initiatives for September 30, 2015 to September 29, 2016. Grant programs will continue to implement Intensive Activities throughout this grant year. The key components, strategies and target goal for these intensive activities include the following:
  - I. **For the Diabetes Prevention Program Key Components include:**

- Intensive education curriculum modeled after the NIH DPP 16-week curriculum, but using a group approach, taught by a diabetes educator and/or nutritionist and/or physical activity specialist, weekly for 16 weeks.
- Individual coaching sessions-participants will meet with coach monthly during curriculum and quarterly thereafter to review progress, encourage retention, use tool box strategies for motivation, retention, and meet with family at least once.
- **Strategies:**
  - Include at least 150 minutes per week of physical activity, 1200-1800 kcal/day (determined case-by-case), and <25 percent of calories from fat
- **Target goals:**
  - 7% weight loss and maintenance

II. **For the Healthy Heart Project Key Components include:**

- Individual case management including assessments of participants needs, development and implementation of a care plan, monitoring and coordination of care with referrals and follow up, use of flow sheets, and care team meetings. There will be monthly visits (risk reduction phase), then quarterly (risk management phase per provider judgment).
- Disease management utilizing the IHS Standards of Care, IHS Best Practices for CVD, and American Diabetes Association recommendations. Key risk factors for CVD will be monitored through regular laboratory testing and treated to recommended targets at monthly clinic visits. Strategies include smoking cessation in those who smoke, daily aspirin use, stress reduction/management, medication therapy, improved nutrition, increase in physical activity, and addressing mental health issues.
- Self-management education on diabetes and CVD risk reduction can occur in individual or group settings. In addition to knowledge about diabetes and increased risk of CVD, other components of education could include motivational activities, involvement of families, lifestyle changes, assessment of readiness to change, and self-management blood glucose monitoring. Some recommended resources are Balancing Your Life with Diabetes Curriculum, Honoring the Gift of Heart Health Curriculum, and National Standards for Diabetes Self-Management Education.

**Strategies:**

- Smoking cessation in those who smoke, daily aspirin use, stress reduction/management, medication therapy, improved nutrition, increase in physical activity, and addressing mental health issues.

Target goals:

- Treatment targets are blood pressure control (<140/90 mmHG); glycemic control (A1C<7.0% for most patients; A1c < 8% acceptable based on specific patient circumstances); weight management/reduction (BMI <25 or loss of at least 7% body weight; waist circumference <40 inches in men and 35 inches in women); and statin therapy for patients with diabetes 40-75 years of age and patients <40 or >75 with known CVD, unless contraindicated.

d.

**Retain  
participants in  
program  
activities**

Diabetes Prevention and Healthy Heart Initiatives have a retention goal of 100%

**For the Diabetes Prevention Program retention activities should:**

- Include After Core activities
- Promote continued participation which should include, but not be limited to: group events and field trips, newsletters, tracking progress, incentives, competitions, raffles, healthy food at activities, role model success stories, recognition of achievements, items displaying program identification, motivational postcards, contracts, reminder mailings or phone calls, motivational speakers, buddy system, cooking demonstrations, fitness challenges and talking circles.
- Be free of barriers to participation such as lack of childcare or elder care, conflicting family involvement and activities, lack of transportation and/or parking, inflexible scheduling, employer approval for activities during work hours, and lack of community awareness of program.

**For the Healthy Heart Program retention activities should include:**

- Promote continued participation which should include but not be limited to: group events and field trips, newsletters, tracking progress, incentives, competitions, raffles, healthy food and activities, role model success stories, recognition of achievements (graduation), items displaying program identification, motivational

postcards, contract, reminder mailings or phone calls, motivational speakers, buddy system, and talking circles.

- Be free of barriers to participation such as lack of child care or elder care, conflicting family involvement and activities, lack of transportation and/or parking, inflexible scheduling, employer approval for activities during working hours, and lack of community awareness of program.

**e. Provide less intensive community-based activities-** Individuals identified with diabetes and those at risk for cardiovascular disease will participate in community-based awareness and motivational activities that help educate the community on ways to reduce their risk of diabetes and cardiovascular disease. Families can participate in activities such as monthly walks, health fairs, competitions, etc. These activities provide an opportunity for the DP/HH Initiative Programs to tailor activities to the community's needs.

**f. Participate in dissemination activities-** Dissemination is defined as the targeted distribution of information and intervention materials to the IHS, Tribal, and Urban (I/T/U) communities' audience. The intent of dissemination is to increase awareness about the associated evidence-based interventions and provide people with the necessary materials and tools to implement these interventions.

Implementation is defined as the use of strategies to adopt and integrate evidence-based health interventions and to change practice patterns within I/T/U settings.

During the project period from September 30, 2015 to September 29, 2016, grantees will continue to participate in developing and accessing a multi-media toolkit intended to disseminate the knowledge, skills, strategies, tools, materials, and other relevant resources of the SDPI Diabetes Prevention and Healthy Heart Initiatives to other American Indian and Alaskan Native communities.

Participation will include (but will not be limited to) assisting with:

- Preparation of the toolkit content including narrative and selection of other components such as tools, materials, graphics, and links to other resources in collaboration with DDTP and the Coordinating Center;
- Development and implementation of a marketing plan. The marketing plan may include presentation to the AI/AN community leaders and health care organizations given by the program staff. Presentations could be web-based or on-site;
- Appointment of an individual from your staff to serve as the

dissemination liaison. The dissemination liaison will be responsible for all requests and communications related to dissemination activities, including toolkit-related activities;

- Formation of a panel of experts (Resource Bank) from among program staff to provide advice and guidance to toolkit users. Possible mechanisms to include mentorships, web-based conferencing, conference calls, site visits, and regional trainings facilitated by the Coordinating Center.
- Development of a toolkit evaluation plan with focus on content, format, delivery and relevance, and assisting with implementation of the plan.
- Toolkit review, testing, and revisions as needed.

**g. Collect and Submit required data to the Coordinating Center-**

Programs will continue to participate in the evaluation of the program and will collect and submit data to the Coordinating Center as instructed. The evaluation is intended to monitor the effectiveness of the DP/HH programs and demonstrate accountability to stakeholders, including Congress.

Documentation of outcomes and activities include an assessment and questionnaire:

- At baseline,
- Immediately after completion of the Native Lifestyle Balance (NLB) Curriculum (DP only)
- Annually, on the anniversary of the first attended NLB Curriculum class or case management visit (DP/HH).

**The assessments include:**

- Medical clearance for participation (this should include physical exam, and may include cardiac clearance for physical activity and ECG for high risk individuals)
- Clinical measurements (weight, height, waist circumference, and blood pressure)
- Lab tests including lipid profile and glycemic measurement for DP and HH, and urine albumin: creatinine ratio for HH only
- Clinical history, and
- Prescribed medications
- The questionnaires address health and health behaviors

**h.** In the end of the project narrative section of this application, applicants are

asked to answer three questions, in one page or less describing major challenges, lessons learned, and some effective communication methods that IHS Division of Diabetes and the Coordination Center have used to deliver useful information to grantees.

- i. Part 3 of the project narrative asks applicants to show how they will implement program activities using a timeline- Programs will develop a timeline for their activities the full year. A template with an example of timeline is available in appendix 4

### 3.7 Implement Data Submission

Grantees must continue documenting program activities and outcomes per the Initiatives Operations Manual:

- **Diabetes Prevention Program Operations Manual –**  
[http://aianp.ucdenver.edu/sdpi/dp/data/initiative/dp\\_initiative\\_manual.htm](http://aianp.ucdenver.edu/sdpi/dp/data/initiative/dp_initiative_manual.htm)
- **Healthy Heart Project Operations Manual –**  
[http://aianp.ucdenver.edu/sdpi/hh/data/initiative/hh\\_initiative\\_manual.htm](http://aianp.ucdenver.edu/sdpi/hh/data/initiative/hh_initiative_manual.htm)

**Note:** prior to sharing data with the Coordinating Center (CC) or IHS DDTP, all participant identifiers must be removed in compliance with HIPAA regulations. Grantee agrees to protect the privacy of each AI/AN participant, as well as the confidentiality and proprietary nature of the data, when shared.

### 3.8 Implement Program and Evaluation Plans

Grantees must demonstrate progress towards meeting the goals and objectives set in their FY 2014 applications (Interim Progress Report) and clearly document their plan for continued work and evaluation in FY 2015 in the Work Plan of their Project Narrative. They must follow the plans submitted with their application when implementing either the DP or the HH Initiative Key Components and when evaluating their progress and outcomes.

Depending on progress made towards meeting goals and objectives set in their FY 2014 funding applications, grantees may:

- a. Continue to work towards meeting the goals and objectives set forth in their FY 2014 funding application, in support of the Key Components.
- b. Set new goals and objectives in support of some or all of the Key Components selected in the FY 2014 application.

### 3.9 Participate in Training, Technical Assistance, and Meetings

Grantees must participate in DP/HH Initiative training sessions, technical assistance (TA) activities, peer-to-peer learning activities, and working meetings. Ongoing continuing education of staff will include:

- a. DP/HH Initiative face-to-face or virtual meetings. Award recipients are required to attend all related trainings, meetings, and conference calls

offered or recommended by DDTP and the Coordinating Center. A minimum of four conference calls per year are anticipated. Recipients should plan on four trips per year for trainings and meetings and should budget accordingly. Scheduled meetings will be held in Rockville, MD or Denver, Colorado.

- b.** DDTP and CC conference calls, online trainings and regular web-based conferencing
- c.** One-on-one conference calls and visit with key DDTP and CC staff
- d.** As-needed regional technical assistance trainings, using peer-to-peer learning, facilitated by the CC.

Grantees will be expected to:

- a.** Participate in interactive discussions
- b.** Share strategies, activities, tools, materials, and results.
- c.** Share challenges and solutions
- d.** Lead workshops and presentations and share materials
- e.** Participate in other activities as needed.

All activities will be led by the Division of Diabetes or the Coordinating Center. Activities will address topics in the treatment and prevention of diabetes and may address program planning and evaluation, enhancing accountability through data management, and improvement of principles and processes. Grantees will be expected to integrate information and ideas in order to enhance the effectiveness of their programs. Expected outcomes from participation are improved communication and sharing among grantees, increased use of data for improvement, and enhanced accountability.

### **3.10 Participate in Dissemination Activities**

Grantees will explore ways to effectively disseminate the information about the Diabetes Prevention and Healthy Heart evidence-based practices.

During this new budget period, grantees, in collaboration with the Division of Diabetes and the Coordinating Center, will assist in reviewing, testing, and revising the multi-media toolkit intended to disseminate the knowledge, skills, strategies, tools, materials, and other relevant resources of the Diabetes Prevention Healthy Heart Initiatives to other American Indian and Alaska Native (AI/AN) communities.

Grantees may assist in developing models of dissemination and implementation that may be applicable across diverse I/T/U communities and practice settings. They may also assist in designing an evaluation that will accurately assess the outcomes of these efforts. In part, these efforts will result in a knowledge base about how interventions are effectively implemented in various practice settings in (AI/AN) communities.

Grantees should anticipate a modest commitment of staff time and related infrastructural support to participate in these activities, which could occur by

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conference call, web-based conferencing, work group meetings, and specialized tracks at regularly scheduled Initiatives meetings. The time commitment will be greater for individuals appointed as dissemination liaisons, Resource Bank members, and others who are actively involved in implementing the marketing plan and facilitating adoption and implementation.

Participation will include, but is not limited to:

- a. Appointing an individual from your staff to serve as the dissemination liaison. The dissemination liaison will be responsible for all requests and communications related to dissemination activities, including toolkit-related activities;
- b. Assisting with the development and implementation of a marketing plan. The marketing plan may include web based or in person presentations to AI/AN community leaders and health care organizations given by program staff.
- c. Assisting with the formation of a panel of experts (Resource Bank) from among program staff to provide advice and guidance to toolkit users. Possible mechanisms include mentorships, web-based conferencing, conference calls, site visits, and regional trainings facilitated by the CC;
- d. Advising the development of a toolkit evaluation plan, with a focus on content, format, delivery and relevance, and assist with implementation of the plan;
- e. Assisting with toolkit review, testing, and revisions, as needed.

#### **4. Required Application Documents for Primary Programs**

Grantees must submit all of the documents listed below with their Continuation Application in the GrantsSolutions.gov Application Package.

##### **4.1 Application Forms**

- 4.1.1 SF-424 Application for Federal Assistance Version 2
- 4.1.2 SF-424A Budget Information – Non-Construction
- 4.1.3 SF-424B Assurances – Non-Construction
- 4.1.4 IHS Certification Regarding Lobbying
- 4.1.5 IHS Faith Based Survey
- 4.1.6 SF-LLL Disclosure of Lobbying Activities
- 4.1.7 IHS Performance Site (1.4)
- 4.1.8 IHS Key Contacts Form

##### **4.2 IHS Indirect Cost Agreement**

Generally, indirect cost rates for IHS award recipients are negotiated with the HHS Division of Cost Allocation (<https://rates.psc.gov/>) and the Department of the Interior

National Business Center (1849 C St. NW, Washington, D.C. 20240)  
[http://www.doi.gov/ibc/services/Indirect\\_Cost\\_Services/index.cfm](http://www.doi.gov/ibc/services/Indirect_Cost_Services/index.cfm).

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, please contact the DGM at 301-443-5204. If needed, this documentation should be included in the continuation submission in GrantsSolutions.gov.

### **4.3 IHS Division of Diabetes DP/HH Project Narrative**

For FY 2015, consortium members will no longer be required to submit their own Project Narrative in the application kit. Programs with one or more consortium members will submit one Project Narrative but must include comments from each consortium member.

Guidelines and detailed instructions on how to complete the Project Narrative are located in [Appendix 2](#).

There are three parts to the Project Narrative:

- **Part 1 – Interim Progress Report**

All grantees are required to submit an Interim Progress Report on Grant Solutions that addresses progress that has been made through March 31, 2015 date based on the goals and objectives of your 2014 application. Instructions on how to submit this report are located in [Appendix 2](#).

- **Part 2 – Work Plan**

The work plan must include a timeline that will address your program's planned objectives and activities for the goals listed in the new budget period for FY 2015. An example of this work plan is located in [Appendix 3](#)

- **Part 3 – Program Activity Timeline**

The timeline is table used to describe the activities your program wishes to accomplish during the budget year. To complete a Timeline in the FY 2015 application, for each activity listed, please add the number representing that activity under the month this activity will take place. A sample timeline is provided in [Appendix 4](#).

- All items in Part 1& 2 must be included in your Project Narrative; do not delete or skip any items.

### **4.4 IHS Budget Narrative**

The Budget Narrative provides additional explanation to support the information provided on the SF-424A form (Budget Information for Non-Construction Programs).

- a. Grantees are required to submit a line item budget.

- b. Grantees are required to submit a 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.

The outline of budget categories/items below must be followed when writing your budget justification. All the categories and items must be included. The budget is specific to your own program, objectives, and activities. See [Appendix 5](#) for a sample line item budget and budget justification.

#### 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.
- In-kind positions

#### B. Fringe Benefits

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

- C. **Travel** Award recipients are required to attend all related trainings, meetings, and conference calls offered or recommended by DDTP and the SDPI Coordinating Center. A minimum of four conference calls per year may be required. Recipients should plan on four trips per year for trainings and meetings and budget accordingly. Scheduled meetings will be held in Rockville, or Denver, Colorado. The breakdown for each trip should include airfare, lodging, per diem and travel expenses.

Line items may include:

- Staff travel to four mandatory face-to-face meetings planned during the budget period. Example: travel for two people, multiplied by two days, with two–three nights lodging. Staff travel for other project activities may be required.
- 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. If training

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requires a registration fee, this fee should be listed under the “Other” category of the budget.

- Local mileage should be listed under the “Other” category of the budget.

**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
- Case Management materials and 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.\*
- 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.
- Miscellaneous services: telephone, conference calls, video conferencing, computer support, shipping, copying, printing, and equipment maintenance.
- Registration fees for training and/or conferences.
- Local mileage costs.

\* The *HHS Policy on Promoting Efficient Spending* will not affect DP/HH grantees because this policy does not apply to non-conference grant awards. Specifically, promotional items within the \$30 range are in place as a recruitment and retention measure and incentive that ties into the goals and objectives of the program. Food and supplies for nutrition events are allowed. Changes to the budget may be made as long as the changes do not exceed 25% of the total budget and do not change the scope of work listed in the work plan. Budget changes greater than 25% of the total budget must have prior approval.

#### 4.5 IHS Résumé (Bio sketches) for Key Personnel

Biographical sketches must be provided for the Project Director and Project Coordinator **even if there has not been a change in these positions since the FY 2014 application**. Biographical sketches should be provided for any other key personnel (Data Coordinator, Recruiter, Educators, Case Managers and Lifestyle Coaches) not included in the FY 2014 application. These sketches should include information about education and experience that are relevant to the individual's position and document how they are qualified for the position.

Acceptable formats include brief resumes or curriculum vitae (CV), short written paragraphs, and bio sketches on standard forms:

<http://grants.nih.gov/grants/funding/phs398/biosketch.pdf>

#### 4.6 Documentation of OMB A-133 required Financial Audit for FY 2014

Acceptable forms of documentation include:

- a. E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted.
- b. Face sheets from audit reports (face sheets only). These can be found on the FAC website:  
<http://harvester.census.gov/fac/dissem/accessoptions.html?submit=Retrieve+Records>

### 5. Required Documents for Consortium members

Programs with one or more consortium members must submit the following programmatic documents for **each** consortium member in addition to the required documents for the primary grantee:

- a. Application for Federal Assistance (SF-424)
- b. Budget Information for Non-Construction Programs (SF-424A)
- c. Assurances for Non-Construction Programs (SF-424B)
- d. Budget Narrative: A separate budget is required for each consortium member, **but the primary grantee's application must reflect the total budget for the entire cost of the project.**

## 6. Required Documents for Sub-contractors

Programs with one or more sub-contractors as documented in an existing Memorandum of Agreement (MOA) must submit the following programmatic documents for each sub-contractor:

- a. Application for Federal Assistance (SF-424).
- b. Budget Information for Non-Construction Programs (SF-424A): 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 2015 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 DDTP, including submission of all required documents. Applicants that do not submit all required documents in the **correct format** will be contacted to provide the missing documentation before their application is reviewed. Failure to provide all of the required documents in the **correct format** will delay processing of your application.

Unlike the SDPI Diabetes Prevention and Healthy Heart Initiative application process in FY 2010, the FY 2015 continuation applications are not competitive and will not be reviewed by an Objective Review Committee. Instead, DDTP program staff or their designees will review the applications. Continuation funding is dependent on:

1. Compliance with the Terms and Conditions
2. Satisfactory business (financial) review by Division of Grants Management (DGM)
3. Satisfactory programmatic review, including:
  - a. Completeness of information in the Project Narrative and Budget Narrative.
  - b. Documented progress, from September 30, 2014 to present March 31, 2015, towards meeting the goals and objectives set in the FY 2014 application.
  - c. Documented plan and required timeline 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 award.

### 8.1 Interim Progress Report

Grants regulations require that program progress reports be submitted semi-annually, approximately six months after the start of the budget period. *Submission of the Interim Progress Report, as part of this continuation application will meet this requirement.* **Completion of the Interim Progress Report must follow the guidelines provided in [Appendix 2](#).** Provide a brief comparison of actual

accomplishments to the goals and objectives established for the budget period or provide sound justification for the lack of progress.

Programs with one or more consortium members will submit one Interim Progress Report but must include comments from each consortium member.

## **8.2 Annual Progress Report**

An annual progress report is required for all grants at the end of the project period. The annual progress report must follow specific instructions that will be provided by the DDTP. The report should be submitted via GrantSolutions. The annual report is due 90 days after the budget period has ended.

## **8.3 Federal Financial Report**

Federal Financial Reports (FFRs) are due quarterly and their due date is 30 days after each quarter ends. A final FFR liquidating all expenditures must be received within 90 days of the budget period end date. DGM should receive a total of 5 FFRs each budget year unless all funds have been liquidated by the time the fourth quarter FFR was submitted.

Standard Form 425 (long form for those reporting program incomes; short form for all others) is required to be submitted via Grant Solutions and will be used for financial reporting.

Contact your Grants Management Specialist (see Section 9e. below) for any questions on the FFR (SF-425).

## **8.4 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. 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 website:

<http://harvester.census.gov/fac/dissemin/accessoptions.html?submit=Retrieve+Records>

## **8.5 Penalty for delinquent reports**

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 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 due to the failure of the grantee organization or the individual responsible for preparation of the reports.

## **9. Additional Resources and Support**

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

**a. DDTP Diabetes Prevention and Healthy Heart Initiatives Information webpage**

<http://www.ih.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI DPHH>

**b. SDPI Coordinating Center Website.**

This website provides access to expertise, guidance and other information on the SDPI Diabetes Prevention and Healthy Heart Initiatives for the grantees.

<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAI ANH/sdpi/Pages/sdpi.aspx>.

• **Diabetes Prevention Program Core Elements –**

[http://aianp.ucdenver.edu/sdpi/dp/data/initiative/dp\\_initiative\\_appendices.htm](http://aianp.ucdenver.edu/sdpi/dp/data/initiative/dp_initiative_appendices.htm)

• **Healthy Heart Project Core Elements –**

[http://aianp.ucdenver.edu/sdpi/hh/data/initiative/hh\\_initiative\\_appendices.htm](http://aianp.ucdenver.edu/sdpi/hh/data/initiative/hh_initiative_appendices.htm)

**c. DDTP Program Staff.**

Contact information for programmatic questions, including questions about the Project Narrative.

Josepha Burnley, Nurse Consultant

Program Official

[josepha.burnley@ih.gov](mailto:josepha.burnley@ih.gov)

Jennie Olguin

DP/HH Coordinator

[jennie.olguin@ih.gov](mailto:jennie.olguin@ih.gov)

**d. SDPI Coordinating Center Staff.**

For assistance contact:

Timothy Noe, Associate Director

[timothy.noe@ucdenver.edu](mailto:timothy.noe@ucdenver.edu)

Jenn Russell, Data Coordinator

[jenn.russell@ucdenver.edu](mailto:jenn.russell@ucdenver.edu)

Jenny Thompson, Project Coordinator

[jennifer.s.thompson@ucdenver.edu](mailto:jennifer.s.thompson@ucdenver.edu)

**e. DGM Grants Management Specialists.**

For questions about the budget, GrantSolutions.gov process, and/or financial reporting requirements contact:

**Diabetes Prevention (DP)**

Pallop Chareonvootitam

[pallop.chareonvootitam@ihs.gov](mailto:pallop.chareonvootitam@ihs.gov)

**Healthy Heart (HH)**

John Hoffman

[john.hoffman@ihs.gov](mailto:john.hoffman@ihs.gov)

- f. **Area Diabetes Consultants:** These individuals are familiar with the SDPI application process and grantees in their area. They can be contacted via email or phone to answer questions. Contact information can be found on the DDTP website here:  
<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>
- g. **Question and Answer Sessions:** DDTP will hold regular question and answer (Q&A) sessions about the continuation application process via online conferencing services. These sessions will give applicants an opportunity to ask specific questions. Information about these sessions including dates, times, and instructions for participating will be posted on the DDTP SDPI DP/HH Initiatives Information website:  
<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIDPHH>

### Appendix 1: Tips for Preparing a Strong Application

- 1. Read and follow the instructions and use the guidelines provided.** Be sure your application forms and required documents are complete and accurate. Be sure that the information in your Project Narrative follows the outline and is clearly written. All items **must** be included in your Project Narrative (do NOT delete or skip any items).
- 2. Become familiar with and use resources provided for preparing your application.**
- 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 an account 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 unnecessary or overly detailed information beyond what is required. If your answer to any of the topics is not applicable please indicate this with "N/A" and provide a brief statement as to why.
- 5. Be consistent.** Your budget should reflect proposed program activities.
- 6. Proofread your application.** Errors in spelling or grammar will make it hard for reviewers to understand the application.
- 7. Review your entire Application Package in GrantSolutions.gov to ensure accuracy and completeness.** Print out the application PDF after submission is complete. Review it to make sure that it is complete and that all required documents

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are included. For more details about getting started in GrantSolutions, see [Appendix 7](#).

## Appendix 2: Instructions for Completing the Project Narrative Templates

The Project Narrative is a very important part of the continuation application because it is a summary of your program's progress to date and it gives the details of what will be accomplished during the new budget period. The project narrative consists of two parts:

- **Part 1, Interim Progress Report on the current budget period.**

September 30, 2014 - March 31, 2015.

- **Part 2, Work Plan for the new budget period.**

September 30, 2015 to September 29, 2016

- **Part 3, Project Activities Timeline**

September 30, 2015 to September 29, 2016

Parts 1 and 2 of the Project Narrative and the Activities Timeline will be provided as separate Word document templates.

Instructions for the Project Narrative templates include the following:

- Be sure to address each of the topics asked in each template. Do not delete any of the questions being asked or tables that have been set up.
- Position your cursor under a question and press the "enter" button to respond. For tables, place your cursor in a cell and begin typing. You can add additional rows by pressing the "tab" button in the last cell of the table.
- For the Interim Report, if your program has not yet started on a topic, describe the reason(s) why you have not started.
- Make sure to include the name of your program including consortium sites and the author of the report.
- If your grant includes consortium member(s), make sure to include separate comments for each consortium site(s).
- Ensure each template does not exceed the number of pages as specified in the instructions.
- Ensure that Part 1 (Interim Report) and Part 2 (Work Plan) are completed before submitting into GrantSolutions.

### **Instructions for the Project Activities Timeline include the following:**

**Develop a separate timeline that lists Activities for each goal.**

The timeline is table used to describe the activities your program wishes to accomplish during the budget year.

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A sample Work Plan is provided below. The actual Work Plan will be provided on a Word Document template that is available on the DDTP website.

**Name of Grant Program: Blackstone Clinic**

**Program Type (DP/HH): HH**

**Consortium Site(s): None**

**Author of Report: John Smith, RD**

**Author’s Email: [John.Smith@blackstoneclinic.com](mailto:John.Smith@blackstoneclinic.com)**

**Author’s Phone Number: 555-555-5555**

**1. Goal: Ensure an adequate staffing plan.**

Programs will continue all activities, such as recruitment, retention, community-based activities, evaluation, and dissemination for FY 2015. The Work Plan should include a staffing plan that will support these activities.

- 1.1 Use the table below to describe your program’s staffing plan for FY 2015. Describe the staffing plan by accounting for all initiative staff listed in III.b (Basic Health Infrastructure) in the 2010 FOA to ensure adequate staffing is available to implement program activities. Some examples of key personnel are listed in the table below. Use this format as a guide and complete the table with the rest of your project staff.**

<b>Position or Title</b>	<b>Individuals Name or “Vacant”</b>	<b>Brief Description of Roles and/or Responsibilities</b>	<b>Percent of effort devoted directly to grant</b>	<b>In Kind? (Yes or No)</b>
<b>Program Director</b> <b>** If Vacant see instructions below</b>	John Doe, RN	Implementation of Program Goals, administrative duties including financial oversight and all grant application aspects, supervision, training and evaluation of program staff.	70%	No
<b>Program Coordinator</b>	John Smith, RD	Supervise staff. Assist with data collections coordinating fitness activities, lifestyle coaching and teaching	80%	No

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		curriculum, and assist with retention and community service activities. Assist Program Director as needed with reporting and fiscal management.		
<b>Administrative/ Clerical Staff</b>	Vacant	Responsible for assisting staff with clerical and administrative duties as necessary.	80%	Yes
<b>Data Coordinator</b>	Jane Smith	Responsible for entering required information on the appropriate forms from participants and submit into the HH Project online data submission portal.	75%	No

**1.2 If the Program Director position is vacant, explain why and what plans are in place to have the position filled.**

N/A

**1.3 Use the table below to describe the basic health infrastructure, as listed in section III.b of the 2010 FOA, which are currently in place. Also provide a description of the services you are providing to meet each component of the basic health infrastructure.**

Infrastructure/ Services	Is This Service Provided? (Yes/No)  **If “no” see instructions below	Brief Description of Services Provided
<b>Clinical Services</b>	Yes	Clinical services are provided by the health center providers in the tribal clinic
<b>Laboratory</b>	Yes	Program participants get the required labs in laboratory that is attached to the tribal health center
<b>Financial Services</b>	Yes	Financial services is provided by the tribal business administration office who manages the fiscal aspects of the grant program

**1.4 If your program does not have any of the basic health infrastructure as listed above, please explain how long the service has not been available and why. In addition, please describe any alternative currently in place to help accomplish the services.**

We have all the infrastructure in place

**1.5 Use the table below to list your objectives for this goal and related activities for each.**

Objective	Related Activity
Offer opportunities for professional development to improve and sustain job satisfaction of all staff in the grant year	1. Budget for staff training to maintain licensure and for professional development. 2. The project coordinator will meet with staff to identify training opportunities staff would like to attend.
Achieve 100% staffing in HH by July 2016	Increase pay grade offering more of a competitive salary for vacant positions.

**2. Goal: Screen and recruit enough individuals to meet the target enrollment goal (Diabetes Prevention Program-48 participants/year; Healthy Heart**

**Project-50 participants/year) from September 30, 2015 to September 29, 2016.**

The target goal will remain the same for September 30, 2015 to September 29, 2016. Recruitment and screening will continue with the same purpose of meeting the target goal for each year.

**2.1 Describe your plan for screening and recruitment for September 30, 2015 to September 29, 2016.**

**Methods of recruiting individuals to participate could include, but are not limited to:**

- **Community activities and events**
- **Advertisements in local media sources and clinic/health/wellness facilities**
- **Targeted mailings from existing records**
- **Targeted home visits by Community Health Representatives**
- **Identification and referral by clinical staff and family events**

**2.2 Use the table below to list your objectives for this goal and related activities.**

Objectives	Related Activities
Work with Clinical Diabetes Educators and Case Managers to assist with recruiting more participants.	Work with individuals who work with patients who have been diagnosed with diabetes.
Continue promoting the program using the tribal newsletter.	Use the tribal newsletter to make the community aware of the program by providing diabetes awareness articles in each issue. Also, adding any announcements of upcoming activities planned.
Increase the number of community screening events the program attends.	Schedule additional annual screening activities by working with the Tribal Health committee.

**3. Goal: Successfully maintain the Intensive Activities**

There is no change in the requirements for Intensive Activities for the Initiatives for September 30, 2015 to September 29, 2016. Grant programs will continue to implement Intensive Activities for this grant year. The key components, strategies, and target goal for the intensive activities include the following:

**For the Diabetes Prevention Program:**

- Intensive education curriculum modeled after the NIH DPP 16-week curriculum but using a group approach, taught by a diabetes educator and/or nutritionist and/or physical activity specialist, weekly for 16 weeks.
- Individual coaching sessions-participants will meet with a coach monthly during curriculum and quarterly thereafter to review progress, encourage retention, use tool box strategies for motivation/retention, and meet with family at least once.
- Strategies include at least 150 minutes per week of physical activity, 1200-1800 kcal/day (these will be individualized for each participant), and <25 percent of calories from fat
- Target goals: 7% weight loss and maintenance

**For the Healthy Heart Project:**

- Individual case management including assessment of participant needs, development and implementation of a care plan, monitoring and coordination of care with referrals and follow up, use of flow sheets, and care team meetings. There will be monthly visits (risk reduction phase), then quarterly (risk management phase) per provider judgment.
- Disease management utilizing the IHS Standards of Care, IHS Best Practices for CVD, and American Diabetes Association recommendations. Key risk factors for CVD will be monitored through regular laboratory testing and treated to recommended targets at monthly clinic visits. Strategies include smoking cessation in those who smoke, daily aspirin use, stress reduction/management, medication therapy, improved nutrition, increase in physical activity, and addressing mental health issues. Treatment targets are blood pressure control (<140/90 mmHG), glycemic control (A1C<8.0), weight management/reduction (BMI <25 or loss of at least 7% body weight; waist circumference <40 inches in men and 35 inches in women).
- Self-management education on diabetes and CVD risk reduction can occur in individual or group settings. In addition to knowledge about diabetes and increased risk of CVD, other components of education could include motivational activities, involvement of

families, lifestyle changes, assessment of readiness to change, and self-management blood glucose monitoring. Some recommended resources are Balancing Your Life with Diabetes Curriculum, Honoring the Gift of Heart Health Curriculum, and National Standards for Diabetes Self-Management Education.

**3.1 Use the following table to list planned activities that will be used to implement the Diabetes Prevention Program Key Components from September 30, 2015 to September 29, 2016.**

Key Components Elements	Planned Activities
Intensive education curriculum modeled after the NIH DPP 16-week curriculum	Intensive education curriculum model after the N.I.H DPP 16 week curriculum but not using a group approach, taught by a diabetes educator and or nutritionist and or physical activity specialist, weekly for 16 weeks.
Individual coaching sessions	Individual coaching sessions-participants will meet with coach monthly curriculum and quarterly thereafter to review progress, encourage retention, use tool box strategies for motivation/retentions
Strategies include at least 150 minutes per week of physical activity 1200-1800 kcal/day and <25 % of calories from fat	
Target goal of 7% weight loss and maintenance	

**3.2 Use the table below to list planned activities that will be used to implement the Healthy Heart Program Key Components from September 30, 2015 to September 29, 2016.**

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Key Components	Planned Activities
Individual Case Management	This includes: <ul style="list-style-type: none"> <li>• Assessment of participant needs,</li> <li>• Development and implementation of a care plan,</li> <li>• Monitoring and coordination of care with referrals and follow up, use of flow sheets, and care team meetings</li> <li>• Monthly visits (risk reduction phase), then quarterly (risk management phase) per provider judgment.</li> </ul>
Disease Management utilizing the standards of care, IHS Best Practices for CVD, and American Diabetes Association recommendations	<ul style="list-style-type: none"> <li>• Key risk factors for CVD will be monitored through regular laboratory testing and treated to recommended targets at monthly clinic visits.</li> <li>• Strategies include smoking cessation in those who smoke, daily aspirin use, stress reduction/management. medication therapy, improved nutrition, increase in physical activity, and addressing mental health issues.</li> <li>• Treatment targets are blood pressure control (&lt;140/90 mmHG), glycemic control (A1C&lt;8.0), weight management/reduction (BMI &lt;23 or loss of at least 7% body weight; waist circumference &lt;40 inches in men and 35 inches in women).</li> </ul>
Tobacco Cessation Plan for users	In house care or referral
Self –management education on diabetes and CVD risk reduction	<ul style="list-style-type: none"> <li>• motivational activities,</li> <li>• involvement of families,</li> <li>• lifestyle changes</li> <li>• teaching the National Standards for Diabetes Self-Management Education.</li> </ul>

**3.3 Describe any modifications you will make to the intensive activities for September 30, 2015 - September 29, 2016.**

**3.4 Use the table below to list your objectives for this goal and related activities for each. Be sure to list objectives for all the key components of the intensive activities.**

Objective	Related Activities
Increase number of class starts from 2 per year to 1 every quarter for the grant year.	<ol style="list-style-type: none"> <li>1. Implement quarterly classes starting on October 20, 2016.</li> <li>2. Post a schedule in the local newspaper October 3, 2016.</li> </ol>
DSME classes will be offered on a quarterly basis during this grant year.	<ol style="list-style-type: none"> <li>1. A quarterly newsletter will be developed that will include a schedule for DSME classes.</li> </ol>

**4. Goal: Successfully retain participants in program activities**

Programs will continue to conduct activities to retain participants in the program. The retention goal, for both Diabetes Prevention and Healthy Heart, is 100%.

**For the Diabetes Prevention Program, retention activities should include:**

- After-Core activities (minimum quarterly) - After Core activities are provided quarterly, at a minimum, and are meant to provide follow up with participants after the 16-week curriculum. Examples of After Core activities include in-person visits, phone contact, group activities, cooking classes and DPP refresher classes.
- Retention activities promote continued participation and could include, but are not limited to, group events and field trips, newsletters, tracking progress, incentives, competitions, raffles, healthy food at activities, role model success stories, recognition of achievements, items displaying program identification, motivational postcards, contracts, reminder mailings or phone calls, motivational speakers, buddy system, cooking demonstrations, fitness challenges and talking circles.
- Retention activities may also include the identification and removal of

barriers to participation, such as child care, elder care, family involvement and activities, transportation and parking, flexible scheduling, employer approval for activities during working hours, extra sessions, evening sessions, and community awareness of program.

**For the Healthy Heart Program retention activities should include:**

- Retention activities could include ,group events and field trips, newsletters, tracking progress, incentives, competitions, raffles, healthy food and activities, role model success stories, recognition of achievements (graduation), items displaying program identification, motivational postcards, contracts, reminder mailings or phone calls, motivational speakers, buddy system, and talking circles.
- Retention activities may also include the identification and removal of barriers to participation such as child care, elder care, family involvement in activities, transportation and parking, flexible scheduling, employer approval for activities during working hours, extra sessions, evening sessions, and community awareness of program.

**4.1 Describe how you will continue to meet the Retention Activities.**

**4.2 Use the table below to list your objectives for this goal and list related activities.**

Objective	Related Activities
Increase program retention from 60% to 70% by September 29, 2016.	<ol style="list-style-type: none"> <li>1. Design a stepped incentive program to encourage and motivate participants to complete the 16 week classes by September 30, 2016.</li> <li>2. Contact other HH programs to get ideas for incentives by September 30, 2016.</li> <li>3. Write a policy describing the stepped incentive program by December 2016.</li> <li>4. Implement the stepped incentive program by January 1, 2016.</li> </ol>

**5. Goal: Provide Less Intensive Community-Based Activities (Community/Group Activities)**

- Individuals with pre-diabetes (DP), and those with diabetes (HH) will participate in less intensive community-based awareness and motivational activities. These activities can include, monthly walks, health fairs, competitions, etc. Families can participate in these activities and provide an opportunity for the grant program to tailor activities to community needs.
- Individuals identified with diabetes and those at risk for cardiovascular disease will participate in less intensive community-based awareness and motivational activities that help educate the community on ways to reduce their risk of cardiovascular disease. Families can participate in activities such as monthly walks, health fairs, competitions, etc. These activities provide an opportunity for the award recipient to tailor activities to the community’s needs.

**5.1 Describe how you will continue to provide the less intensive community-based activities.**

**5.2 Use the table below to list your objectives for this goal and list related activities.**

Objective	Related Activities
<p><b>Objective 1:</b> Increase the number of Community-based Activities from one annual to two annual events during September 30, 2016 – September 29, 2017.</p>	<ol style="list-style-type: none"> <li>1. Meet with the Tribal Health Program to consider collaboration in sponsoring a Spring event. Meeting to take place in January 2017.</li> <li>2. Provide a Spring event/activity by April 30, 2017.</li> <li>3. Provide a Fall event/activity by September 1, 2017.</li> </ol>

**6. Goal: Successfully participate in dissemination activities**

Dissemination is defined as the targeted distribution of information and intervention materials to the I/T/U communities’ audience. The intent of dissemination is to increase awareness about the associated evidence-based interventions and provide people with the necessary materials and tools to implement these interventions.

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Implementation is defined as the use of strategies to adopt and integrate evidence-based health interventions and to change practice patterns within I/T/U settings.

During FY 2015, grantees will continue to participate in developing and accessing a multi-media toolkit intended to disseminate the knowledge, skills, strategies, tools, materials, and other relevant resources of the SDPI Diabetes Prevention/Healthy Heart Initiatives to other American Indian and Alaskan Native communities.

Participation will include (but will not be limited to) assisting with:

- Preparation of the toolkit content including narrative and selection of other components such as tools, materials, graphics, and links to other resources in collaboration with DDTP and the CC;
- Development and implementation of a marketing plan. The marketing plan may include presentation to the AI/AN community leaders and health care organizations given by the program staff. Presentations could be web-based or on-site;
- Appoint an individual from your staff to serve as the dissemination liaison. The dissemination liaison will be responsible for all requests and communications related to dissemination activities, including toolkit-related activities;
- Formation of a panel of experts (Resource Bank) from among program staff to provide advice and guidance to toolkit users. Possible mechanisms to include mentorships, web-based conferencing, conference calls, site visits, and regional trainings facilitated by the CC;
- Development of a toolkit evaluation plan with focus on content, format, delivery and relevance and assisting with implementation of the plan;
- Toolkit review, testing and revisions as needed.

**6.1 Name the individual designated from your staff to serve as the dissemination liaison and describe how your program will successfully participate in dissemination activities.**

**6.2 Use the table below to list your objectives for this goal and list the related activities for each.**

<b>Objective</b>	<b>Related Activities</b>
<b>Objective 1:</b> Continue participation in all dissemination	1. The dissemination liaison will monitor emails for updates regarding dissemination activities. (October 2016-September 2017)

activities during September 30, 2016 – September 29, 2017.	The project coordinator will maintain communication with the coordinating center at least monthly. (September 2016-September 2017)

**7. Goal: Participate in Training, Technical Assistance, and Meetings**

Grantees must participate in DP/HH Initiative training sessions, technical assistance (TA) activities, peer-to-peer learning activities, and working meetings. Ongoing continuing educating staff will include:

- DP/HH Initiative face-to-face virtual meetings,
- DDTP and CC conference calls, online trainings and regular web-based conferencing,
- One-on-one conference calls with key DDTP and CC staff as well as DDTP and CC visits,
- As-needed regional technical assistance trainings, using peer-to-peer learning facilitated by the CC.

**7.1 Use the table below to list your objectives for this goal and list the related activities for each.**

Objective	Related Activities
Attend all face-to-face or virtual meetings	Send at two employees to all planned virtual or face-to-face meetings.
Attend all CC conference calls and trainings made available.	Continue checking the DDTP website for upcoming trainings, and ensure at least two representatives participate in each session.

**8. Goal: Successfully collect and submit required data to the Coordinating Center.**

Programs will continue to participate in the evaluation of the program and will collect and submit data to the Coordinating Center as instructed. The evaluation is intended to monitor the effectiveness of the DP/HH programs and demonstrate accountability to stakeholders including Congress.

Documentation of outcomes and activities include an assessment and questionnaire:

- At baseline (DP and HH)

- Immediately after completion of the Native Lifestyle Balance (NLB) Curriculum (DP only)
- Annually, on the anniversary of the first attended NLB Curriculum class (DP) or case management visit (HH).
- The assessments include:
  - Medical clearance for participation (this should include physical exam, and may include cardiac clearance for physical activity and ECG for high risk individuals)
  - Clinical measurements (weight, height, waist circumference, blood pressure)
  - Lab tests including lipid profile and glycemic measurement for DP and HH, and urine albumin: creatinine ratio or HH only;
  - Clinical history, and
  - Prescribed medications.
- The questionnaires address health and health behaviors.

**8.1 Describe how you will ensure that the data will be collected and submitted to the Coordinating Center in a timely manner and meet all required rules and requirements.**

**8.2 Use the table below to list your objectives for this goal and the related activities for each.**

Objective	Related Activities
<p><b>Objective 1:</b> Maintain 100% submission of data to the Coordinating Center during September 30, 2015-September 29, 2016</p>	<p>All staff will complete training related to DP program forms and data processes by the end of October 2016.</p> <p>The Project coordinator will monitor data submissions quarterly to ensure program is on track. October 2015-September 2016.</p>

**9. In one page provide answers to the following three questions based on the SDPI-DP/HH initiative program experience.**

**9.1 What are the three (3) major challenges that your grant program has encountered in the implementation of the Initiative Project Interventions (Diabetes Prevention or Healthy Heart) within your community?**

**9.2 What are the three (3) most important things you and your SDPI initiative program have learned over the history of this grant that**

**should be disseminated to other I/T/U programs?**

**9.3 In your opinion, what have been the most successful ways that the Coordinating Center and the IHS Divisions of Diabetes have used to deliver useful information to you, the grantee?**

**10. Goal: Implement your activities using a Timeline.**

- Programs will develop a timeline for their activities the full year.

**10.1 Develop a separate timeline that lists Activities for each Goal 1 through 8. (See appendix 4 of the Continuation Application Instructions for a sample timeline.)**

Appendix 4: Sample Timeline

<u>Goals</u>	<u>Activities</u>	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept
<b>Ensure an adequate Staffing Plan</b>	List activities from your FY2015 Work Plan #1.3 that will ensure an adequate staffing plan for the project and indicate the time it will take to accomplish these activities. 1. Budget for staff training 2. Meet w/ staff to identify training opportunities	1-2					2						
<b>Screen and Recruit enough individuals to meet the target enrollment goal (Diabetes Prevention Program – 48 participants/year; Healthy Heart Project – 50 participants/year)</b>	List activities from your FY2015 Work Plan #2.2 that will assist you in meeting the enrollment goal by the end of this project year: 1. Set up meeting with Tribal Health to schedule screening events at each district pow wow 2. Screening activity in largest community 3. Recruit participants during community Pow Wow	1	3			2							
<b>Successfully maintain Intensive Activities</b>	List activities from your FY2015 Work Plan #3.4 that will assist you maintain the Intensive Activities and indicate when these activities will occur 1. Quarterly classes 2. Schedule of classes in the newspaper	1-2			1			1			1		
<b>Successfully Retain participants in program activities</b>	List activities from your FY2015 Work Plan #4.2 that you will use to retain program participants and indicate when these activities will occur 1. Design stepped incentive program 2. Contact other DP programs to get ideas for incentives. 3. Write incentive program policy	2	1	3									
<b>Provide less Intensive Community-Based Activities</b>	List activities from your FY2015 Work Plan #5.2 that you will use to provide the less							1		2			

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	<p>intensive community-based activities and indicate when these activities will occur.</p> <ol style="list-style-type: none"> <li>1. Meet with tribal health collaborate on Spring event</li> <li>2. Organize and provide a summer fair</li> </ol>												
<b>Successfully participate in Dissemination Activities</b>	<p>List activities from your FY2015 Work Plan #6.2 that you will use to disseminate program activities and indicate when these activities will occur</p> <ol style="list-style-type: none"> <li>1. Dissemination Liaison will monitor emails monthly for updates</li> <li>2. PC will maintain monthly communication with CC</li> </ol>	1-2	1-2	1-2	1-2	1-2	1-2	1-2	1-2	1-2	1-2	1-2	1-2
<b>Participate in Training, Technical Assistance, and Meetings</b>	<p>List activities from your FY2015 Work Plan #7.1 that you will implement to ensure staff participation in trainings, technical assistance, and meetings and indicate when these activities will occur.</p> <ol style="list-style-type: none"> <li>1. Attend virtual meeting</li> <li>2. Attend TA</li> <li>3. Plan to attend conference</li> </ol>			3				1		2			
<b>Successfully Collect and Submit required data to the Coordinating Center</b>	<p>List activities from your FY2015 Work Plan #8.2 that you will use collect and submit required data to Coordinating Center</p> <ol style="list-style-type: none"> <li>1. Staff will complete training on forms and data processes.</li> <li>2. Project Coordinator will monitor data submissions quarterly</li> </ol>	1-2			2			2			2		

## Appendix 5: Sample Budget

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	104,000
Administrative Assistant	31,866
CNA/Transporter	6,552
Mental Health Counselor	5,769
<b>Total Personnel:</b>	<b>148,187</b>

#### B. Fringe Benefits:

Program Coordinator	36,400
Administrative Assistant	11,153
CNA/Transporter	2,293
Mental Health Counselor	2,019
<b>Total Fringe Benefits:</b>	<b>49,846</b>

#### C. Training and Travel:

Staff Training	2,000
<b>Total Travel:</b>	<b>2,000</b>

#### D. Equipment (Items greater than \$5,000):

Desk Top Computers (2)	10,000
Exercise Equipment	20,200
<b>Total Equipment:</b>	<b>30,200</b>

#### E. Supplies:

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

#### F. Contractual:

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

#### G. Construction: N/A

#### H. Other Direct Costs:

Rent	20,805
Utility	4,000

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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	2,010
Local Mileage	1,350
Exercise Equipment	2,570
Lap Top Computer	1,500
LCD Projector	1,200
Registration Costs	500
<b>Total Other Direct Costs:</b>	<b>45,613</b>
<b>TOTAL EXPENSES</b>	<b>\$368,496.00</b>

## Budget Justification – SAMPLE

### A. Personnel: \$148,187.00

#### **Program Coordinator: Dr. John Doe**

A full-time employee, working for the Diabetes Program 20 hours per week, responsible for the implementation of the Program Goals as well as overseeing financial and grant application aspects of the agency.

(\$100 x 1040 hours = \$104,000.00)

#### **Administrative Assistant: Jane Secretary**

A full-time employee responsible for human resources management and providing assistance to the Executive Director.

(\$15.32 x 2080 hours = \$31,866.00)

#### **CNA/Transporter/Homemaker: To be named**

A part-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: Daffy Duck**

A part-time employee works six hours per week in the ADAPT/Mental Health Program providing counseling and workshops to clients.

(6 hours x 52 weeks x \$18.49/hour = \$5,769.00)

### B. Fringe Benefits: \$49,846.00

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: \$36,400

Administrative Assistant: \$11,153

CNA/Transporter/Homemaker: \$2,293

Mental Health Coordinator: \$2,019

### C. Training and Travel: \$2,000.00

**Staff Travel & Training** – Expenses in this category are associated with attending conference and seminars associated with diabetes for 2 staff: 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 3 days x 2 people = \$300.00), and ground transportation (\$25.00 x 2 x 2 people = \$100.00). A total of \$2,000.00 for staff travel and training.

### D. Equipment: \$30,200.00

**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 \$5,000.00 = \$10,000.00)

**Exercise Equipment**

Elliptical cross trainer equipment creates less impact on the knees (\$7,000), body fat analyzer to be used for assessments (\$5,200), Treadmill to offer another form of physical activity (\$8,000) Total for all exercise equipment is \$20,200.00.

**E. 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 Nutrition Events**

An allocation of \$200.00 has been made towards food and supplies. The food provided will be used by the Diabetes Educator during nutrition events, 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.

**F. 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**

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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)

**G. Construction: N/A**

**H. Other Direct Costs: \$45,613.00**

**Rent**

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

**Utility**

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

**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 25% of the annual cost of \$10,445.00.  
( $\$10,445.00 \times 25\% = \$2,611.00$ )

**Audit Fees**

An annual audit is conducted for this program's financial statements. Funding agencies require audit financial statements of grant funds. The program will cover 25% of the \$10,000.00 proposed audit expense.  
( $\$10,000.00 \times 25\% = \$2,500.00$ )

**Professional Fees**

To pay for computer consultant to fix computer problems. (\$200.00 per month x 12 mos. = \$2,400.00).

**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 is required to keep the agency clean. Diabetes will cover 20% of the contract cost of \$8,400.00.  
( $\$8,400.00 \times 20\% = \$1,680.00$ ).

**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 to promote Diabetes events.  
(2 ads x \$670.00 = \$2,010.00)

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

**Exercise Equipment**

8 dumbbell weights for strength training estimated at 8 x \$30 = \$240. Four exercise balls for balance and flexibility estimated at 4 x \$40 = \$160, Four exercise mats estimated at 4 x \$30 = \$120, adjustable bench for strength training estimated at 1 x \$300, bow flex plates kit for strength training 1 x \$800, 2 dance pads to provide alternate forms of exercise estimated at 2 x \$150 = \$300, exercise videos to provide alternate forms of exercise estimated at 5 x \$130 = \$650. For a total of = \$2570

**Lap Top Computer**

This type of computer 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

**Registration Costs**

The budget covers the cost of registration fees for staff training (\$250 x 2 = \$500.00)

**TOTAL EXPENSES (sample): \$368,496.00**

Appendix 6: FY 2015 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.	<a href="http://www.grantsolutions.gov">GrantSolutions.gov</a> <sup>1</sup> Requested by DGM	
1.2	Carefully read all application instructions from DDTP.	Instruction documents, <a href="#">DDTP webpage</a> <sup>2</sup> Requested by DDTP/DGM	
1.3	Review your FY 2015 Funding Application, with particular attention to the Project Narrative.	Your program files Requested by DDTP	
1.4	Make sure your organization is current with OMB A-133 required Financial Audit Reports.	Instruction documents <a href="#">FAC Webpage</a> <sup>3</sup> Requested by DGM	
1.5	Make sure that your Authorized Organization Representative (AOR) for your organization has access to GrantSolutions.gov	<a href="http://www.grantsolutions.gov">GrantSolutions.gov</a> <sup>4</sup> Requested by DDTP/DGM	

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.	<a href="#">D&amp;B Webpage</a> <sup>5</sup> Requested by OMB/DGM	
2.2	Either confirm or renew registration on the System for Award Management (SAM)/Central Contractor Registry (CCR).	<a href="#">SAM/CCR Information</a> <sup>6</sup> Requested by DGM	

<sup>1</sup> URL: <https://home.grantsolutions.gov/home/home/customer-support/getting-started/>

<sup>2</sup> URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIDPHH>

<sup>3</sup> URL: <http://harvester.census.gov/fac/>

<sup>4</sup> URL: <https://home.grantsolutions.gov/home/home/customer-support/getting-started/>

<sup>5</sup> D&B URL: <http://fedgov.dnb.com/webform>

<sup>6</sup> SAM/CCR URL: <http://www.ihs.gov/dgm/documents/AwardTermsReDUNSandSAM.pdf>

**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.gov application kit.	Resources and Primary Requestor	Completed?
3.1	<b>Form SF-424:</b> Complete form in GrantSolutions.gov.	<a href="#">Instructions for SF-424</a> <sup>7</sup> Requested by DGM	
3.2	<b>Form SF-424A:</b> Complete form in GrantSolutions.gov.	<a href="#">Instructions for SF-424A</a> <sup>8</sup> Requested by DGM	
3.3	<b>Form SF-424B:</b> Complete form in GrantSolutions.gov.	<a href="#">Instructions for 424B</a> <sup>9</sup> Requested by DGM	
3.4	<b>Grants.gov Lobbying Form:</b> Complete form in GrantSolutions.gov.	<a href="#">GrantSolutions.gov</a> <sup>10</sup> Requested by DGM	
3.5	<b>Faith Based Survey:</b> Complete form in GrantSolutions.gov.	GrantSolutions.gov Requested by DGM	
3.6	<b>SF-LLL Disclosure of Lobbying Activities:</b> Complete form in GrantSolutions.gov.	GrantSolutions.gov Requested by DGM	
3.7	<b>Indirect Cost Rate Agreement:</b> Obtain an electronic copy of the documentation for your organization.	GrantSolutions.gov Requested by DGM	
3.8	<b>Project Narrative:</b> Prepare using templates. Part 1 is the Interim Progress Report. Part 2 is the Work Plan. Part 3 is the Activity Timeline	<a href="#">DDTP Webpage</a> <sup>11</sup> Requested by DDTP	
3.9	<b>Budget Narrative:</b> Prepare according to instructions. Part I is the line item budget. Part II is the Budget Justification.	Instruction documents Requested by DDTP/DGM	
3.10	<b>Resumes or Biographical Sketches:</b> Include for Project Director, Project Coordinator and other key personnel not included in FY 2015 application.	Instruction documents Requested by DDTP	
3.11	<b>Key Contacts Form:</b> Complete with information for your Program Director and Program Coordinator.	<a href="#">DDTP Webpage</a> <sup>12</sup> Requested by DDTP	
3.12	<b>OMB A-133 required Financial Audit for FY 2012:</b> Obtain electronic copy of face sheet only.	<a href="#">FAC Website</a> <sup>13</sup> Requested by DGM	
3.13	<b>IHS Other:</b> Provide any other relevant application materials, including missing reports.	No additional resources or requests	

<sup>7</sup> URL: <http://www.grants.gov/assets/SF424Instructions.pdf>

<sup>8</sup> URL: <http://www.grants.gov/assets/InstructionsSF424A.pdf>

<sup>9</sup> URL: <http://www.grants.gov/assets/InstructionsSF424B.pdf>

<sup>10</sup> URL: <https://home.grantsolutions.gov/home/>

<sup>11</sup>URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIDPHH>

<sup>12</sup>URL:

[http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/Key\\_Contacts\\_V1.0\\_DDTP\\_508.pdf](http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/Key_Contacts_V1.0_DDTP_508.pdf)

<sup>13</sup> URL: <http://harvester.census.gov/fac/>

**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	<a href="http://Grantsolutions.gov">GrantSolutions.gov</a> <sup>14</sup> Requested by DDTP/DGM	
4.2	Print out and review your entire application kit, including all completed forms and documents.	Instruction documents Requested by DDTP/DGM	
4.3	Verify and submit the electronic application kit on GrantSolutions.gov	GrantSolutions.gov Requested by DGM	

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<sup>14</sup> URL: <https://home.grantsolutions.gov/home/>

## Appendix 7: Using GrantSolutions.gov for Application Submission

Applications must be submitted through **GrantSolutions.gov**:

1. Log on to <http://www.grantsolutions.gov>
2. Click on “Apply for Non Competing Award”, this link will be available under “My Grants List.”
3. Enter or upload all the application information and ensure that you have all green checkmarks before verifying and submitting.
4. After completing all the forms, click on “Verify Submission.”
5. Click on “Final Submission.” Click on “OK” upon the prompt “Are you sure you want to submit application?”

Additional GrantSolutions Resources:

- Grantee Guide to GrantSolutions [PDF – 2.16MB]  
<https://www.ihs.gov/dgm/documents/GranteeUserGuide201210508c.pdf>
- GrantSolutions Grantee Training Videos.  
<https://home.grantsolutions.gov/home/grantee-training-videos/>