

FY 2010 Special Diabetes Program for Indians (SDPI)  
Diabetes Prevention and Healthy Heart Initiatives

**Grant Application Instructions and Guidance**

Funding Opportunity Number (FON): HHS-2010-IHS-SDPI-0005  
Catalog of Federal Domestic Assistance (CFDA) Number: 93.442

Application Deadline Date:	September 10, 2010
Objective Review Date:	Week of September 20, 2010
Anticipated Date of Award:	September 30, 2010

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Letter from Dr. Kelly Acton, Director, IHS DDTP

Dear SDPI Diabetes Prevention Program and Healthy Heart Project Applicants,

Let me take this opportunity to welcome you to the application process for FY 2010 SDPI Diabetes Prevention Program and Healthy Heart Project cooperative agreement funding. I would like to congratulate the SDPI Demonstration Project grantees on your diabetes program successes over the past six years. I also want to acknowledge the Community-Directed grantees for your contributions to addressing diabetes prevention and treatment in your communities.

The IHS Division of Diabetes Treatment and Prevention (DDTP), in consultation with Tribal leadership, and in accordance with the directive of the IHS Director, will continue the activities of the initial Diabetes Prevention Program and Healthy Heart Project. For Fiscal Years 2010 and 2011, the approach will be less intensive as we transition to learning more about how to continue our programs in “real world” settings and to learn more about how to effectively share lessons learned as well as the resources and tools we have developed with other AI/AN communities and health care settings.

In this application, you are being asked to continue or newly implement one of two programs and to document activities and outcomes. One program is called the Diabetes Prevention Program, with primary prevention of diabetes as its goal. The other program, the Healthy Heart Project, is aimed at cardiovascular disease risk reduction in AI/ANs with diabetes. Another purpose of this Cooperative Agreement is to disseminate information and best practices from the original SDPI Demonstration Projects into other AI/AN IHS, Tribal and urban Indian health settings.

Thank-you in advance for submitting your application to continue the work under the SDPI Diabetes Prevention or Healthy Heart Project Initiative. We look forward to continuing to work with you toward our vision of a diabetes-free future for our communities.

Sincerely,

Kelly Acton, MD, MPH  
Director, IHS DDTP

## Commonly Used Abbreviations

<b>ADC =</b>	Area Diabetes Consultant
<b>AI/AN =</b>	American Indian/Alaska Native
<b>AOR =</b>	Authorized Organizational Representative in Grants.gov
<b>BIA =</b>	Bureau of Indian Affairs
<b>CCR =</b>	Central Contractor Registry
<b>CEO =</b>	Chief Executive Officer
<b>DDTP =</b>	Division of Diabetes Treatment and Prevention
<b>DGM =</b>	<b>Division of Grants Management</b>
	<b>DGO =</b> Division of Grants Operations
	<b>DGP =</b> Division of Grants Policy
<b>DHHS =</b>	Department of Health and Human Services
<b>DUNS =</b>	Dun and Bradstreet Number
<b>FOA =</b>	Funding Opportunity Announcement
<b>FON =</b>	Funding Opportunity Number
<b>FSR =</b>	Financial Status Reports
<b>HIPAA =</b>	Health Insurance Portability and Accountability Act
<b>IHS =</b>	Indian Health Service
<b>MOA =</b>	Memorandum of Agreement
<b>NoA =</b>	Notice of Award
<b>ORC =</b>	Objective Review Committee
<b>SDPI =</b>	Special Diabetes Program for Indians

## I. INTRODUCTION

### A. Purpose of the Instructions

The purpose of this document is to help you prepare a successful application for FY2010 SDPI Diabetes Prevention Program or Healthy Heart Project funding. This document includes a checklist, guidance, references and access to forms that we hope will be helpful to you.

It is very important for you to note that the official application requirements are described in the Funding Opportunity Announcement (FOA). The aim of **these** instructions is to help you complete your application according to the requirements.

### B. Application Checklist

The FY2010 SDPI Diabetes Prevention Program and Healthy Heart Initiatives Project Application Checklist is located in **Appendix 1**. You are strongly encouraged to use it. It lists the steps that need to be taken as you prepare and submit your application.

### C. Key Information

#### 1. Who is eligible to apply?

- Current SDPI Demonstration Project grantees are eligible to apply for funding under this competitive cooperative agreement announcement and must demonstrate that they have complied with previous terms and conditions of the SDPI grant in order to receive funding.
- SDPI Community-Directed grantees that meet the following criteria and **can document capacity** are also eligible:
  - A. Indian Health Service facility (hospital or clinic).
  - B. Federally-recognized Tribes operating an Indian health program operated pursuant to a contract, grant, cooperative agreement, or compact with the IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), (Public Law 93-638).
  - C. Title V Urban Indian Health Program: this includes programs currently under a grant or contract with the IHS under Title V of the Indian Health Care Improvement Act, (Public Law 93-437).
  - D. A Consortium of any of the above that can demonstrate a history of successful collaborative efforts in meeting goals and requirements of previous projects or grant programs. Smaller applicants are encouraged to apply as a consortium, especially if their diabetes registry is < 250.

- Eligible entities may apply for one or both programs as the primary award recipient, but will only be funded for one (Diabetes Prevention Program or Healthy Heart Project) cooperative agreement. Furthermore, eligible entities may participate in only one consortium for the program area (Diabetes Prevention Program or Healthy Heart Project) in which they are not a primary award recipient.
- Entities that are not currently funded for either a SDPI Community-Directed or Demonstration Project grant are **not** eligible.
- Non-profit Tribal organizations or national/area health boards are **not** eligible to apply, consistent with Tribal consultation on this issue. These organizations may be funded by eligible entities to assist with your program through collaborative arrangements.
- Applications that do not meet these eligibility requirements will be returned to the applicant **without further review**.

## 2. When are applications due?

- Electronic applications must be submitted via <http://www.grants.gov/> no later than 12:00am (midnight) Eastern Daylight Time ( EDT) on the deadline date of **Friday, September 10, 2010**.
- Paper applications must be received at the Division of Grants Management by close of business on the deadline date. Paper applications are allowed only if a written waiver is obtained before submitting the application. The waiver will include several specific instructions for you to follow.

## 3. What should we do to get ready to prepare our application?

- Print a copy of the FY2010 SDPI Diabetes Prevention Program and Healthy Heart Project Initiative Cooperative Agreement Application Checklist and read it. **Appendix 1**.
- Registration on <http://www.grants.gov/> is required if an organization is not already registered. This can take up to fifteen (15) business days, so verify your registration or get registered. A registration checklist and other information are available on: [http://www.grants.gov/applicants/organization\\_registration.jsp](http://www.grants.gov/applicants/organization_registration.jsp).
- Print a hardcopy of all application materials that you download from <http://www.grants.gov/>. Carefully read the Funding Opportunity Announcement (FOA) and all instructions before completing any forms or preparing any application documents.

## 4. How do we apply?

- Plan to submit your application electronically via <http://www.grants.gov/>.
- The Grants.gov web site has detailed instructions to download, complete and submit your application package: [http://www.Grants.gov/applicants/apply\\_for\\_grants.jsp](http://www.Grants.gov/applicants/apply_for_grants.jsp).

5. What happens after we apply?

- The IHS Division of Grants Management (DGM) will obtain all applications from the <http://www.grants.gov/> system. The DGM staff will screen all applications to ensure that each application meets the eligibility criteria and that all mandatory documents have been included. **Applications that do not meet the eligibility criteria and/or do not contain ALL mandatory documents will be returned to the applicant without further review. There will be no exceptions.**
- The IHS Division of Diabetes Treatment and Prevention (DDTP) receive the applications from DGM. The DDTP staff will process the applications for the Objective Review Committee (ORC) panels.
- An Objective Review Committee (ORC) that is made up of Federal, Tribal and other organizational representatives will review and score all applications. Applications that receive the minimum required score or higher will be ranked according to the score received. Organizations with approved applications will receive a Notice of Award (NoA). It is anticipated that the NoAs will be issued no later than September 30, 2010.
- Applications that do not receive the minimum required funding score will receive a Summary Statement outlining the weaknesses of their application. Applicants from these organizations will have one additional opportunity to revise and resubmit their application for consideration. The DGM will issue an email to these organizations notifying them of the outcome and provide additional guidance on how to proceed and the deadline due date. These Notice of Awards will not be issued until late October or early November.
- Applicants with returned applications (deemed not eligible) will have one additional opportunity to resubmit their application for these FOA funds. The specific due date and ORC date will be provided at a time after the application has been returned. These NoAs will not be issued until late October or early November.

6. What are important key dates for our application?

Application deadline date: September 10, 2010  
Objective Review Date: Week of September 20, 2010  
Anticipated Date of Award: September 30, 2010

## II. SUGGESTED APPROACHES

### A. First Steps

#### 1. Grants.gov web site:

- Become familiar with how to find information on and use the Grants.gov web site.
- Play around on the web site. It's a great way to get a feel for how things work.
- Use Grants.gov training resources to help you navigate around their web site:  
<http://www.grants.gov/applicants/resources.jsp>.

#### 2. Either register or verify your organization's needed registrations:

- DUNS Number: An organization must have a DUNS number in order to apply for a Federal grant. To obtain a DUNS number or to find out if your organization already has one, go to <http://fedgov.dnb.com/webform>.
- CCR Number: An organization must also be registered with the Central Contractor Registration (CCR) in order to apply for a Federal grant. In addition, **all applicants must renew their CCR registration annually**. If necessary, register or complete your annual CCR registration update online at <http://www.ccr.gov/>.
- Registration with Grants.gov: This process is separate from the registration processes that are described above. In order to register with Grants.gov, the applicant must have a DUNS number and be registered with CCR. Grants.gov registration checklist and other information are available at [http://www.grants.gov/applicants/organization\\_registration.jsp](http://www.grants.gov/applicants/organization_registration.jsp)

#### 3. Start doing footwork to get a Letter of Support or Tribal resolution for your SDPI program.

#### 4. Organization's Financial Audit Reports for 2007 and 2008:

- OMB regulations (OMB Circular A-133) require that all grantees (e.g. Tribes and Tribal organizations) that expend \$500,000 or more per year under Federal grants maintain current financial audits. These are not IHS or Diabetes program audits. Without a current financial audit, the grantee is not eligible to receive additional grant funding. It is critical that grantees have current financial audits and/or resolve existing findings.
- Visit the Federal Audit Clearinghouse web site for details on how to submit your financial audit reports at: <http://harvester.census.gov/fac/>.

5. Participate in DDTP training opportunities about this Funding Opportunity Announcement (FOA):

- DDTP will sponsor recorded WebEx Sessions and live Question and Answer Sessions. Information of these sessions will be provided to current SDPI Demonstration Project applicants from the Coordinating Center. The same information will also be posted on the DDTP web site  
<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIInitiatives>

## B. Preparing Your Application

1. Download the application package and instructions from Grants.gov:

- To access the application package, go to <http://www.grants.gov/> and click on the “Apply for Grants” link in the left hand menu.
- Follow the instructions to download the application package using the CFDA Number.
- The CFDA Number is **93.442**.

2. Steps to take if you are not able to submit an electronic application:

Paper applications are only allowed if a written waiver is obtained before submitting the application.

You must request a waiver at least ten (10) days before the application deadline date.

- Make sure that the subject line of your email message requesting a waiver clearly states: “Request for Waiver from *[insert grantee organization’s name]*”.
- The waiver request must include the Grants.gov tracking number, the problem(s) you encountered, and steps you took to resolve the problem(s).
- After you receive your waiver, remember to include a copy of it in the package with your paper application. It is very important that you adhere to the paper submission instructions and timelines that will be stated in your waiver approval response.

3. Complete all forms and prepare all documents:

Complete all forms and prepare all documents off-line.

- Application for Federal Assistance – **SF-424**:
  - Form and instructions for completing this form can be found on <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIInitiatives>
- Budget Information for Non-construction Programs – **SF-424A**:
  - Form and instructions for completing this form can be found on <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIInitiatives>
- Assurances for Non-construction Programs – **SF-424B**:
  - Form and instructions for completing this form can be found on <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIInitiatives>
- Disclosure of Lobbying Activities – **SF-LLL**:
  - By completing this form, the program certifies that it has no lobbying activities to disclose.
  - Form and instructions for completing this form can be found on <http://www.whitehouse.gov/sites/default/files/omb/grants/sflllin.pdf>
- Project Narrative:
  - Refer to the FOA for details about content and formatting.
  - Refer to **Appendix 3** of the instructions.
- Budget Narrative:
  - In addition to providing a line item budget on Form 424B, your Budget Narrative will provide a narrative justification that briefly explains all budget items and how they support your objectives. Your budget should be specific to your program, objectives, and activities.
  - Refer to **Appendices 4 and 5** for details about content.

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- Other documents that must be prepared for submission with your application include:
  - o Work Plan and one-page time frame chart for required activities
  - o One-page narrative: Answer three questions related to Participation in Dissemination and Implementation Activities (*Section II, Award Information, B. Award Recipient Responsibilities, 3. Participation in Dissemination and Implementation Activities*).
  - o Tribal Resolution or Tribal Letter of Support (Tribes or Tribal organizations only)
  - o Letter of Support from Organization's Board of Director (Title V Urban Indian Health programs only)
  - o CEO Letter of Support (IHS facilities only)
  - o 501(c)(3) Certificate (urban facilities only)
  - o Letters of Support from affiliated organizations
  - o Current Indirect Cost Agreement
  - o Memorandum of Agreement (if sub-contracting with a local IHS facility) and required SF-424 forms.
  - o Documentation of OMB A-133 required Financial Audit for FY 2007 and FY 2008 (Tribal programs and Tribal organizations)
    - Acceptable fiscal audit documentation can include: email confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; **or** face sheets from audit reports. Face sheets can be found on the FAC web site:  
<http://harvester.census.gov/fac/dissemin/accessoptions.html?submit=Retrieve+Records>
  - o Biographical sketches for Key Personnel
  - o Contractor/Consultant resumes or qualifications plus scope of work
  - o Documentation of HIPAA compliance
  - o Organizational chart (optional)
  - o Key Contacts Form

4. Follow formatting guidelines when preparing narratives:

- Do not exceed seven (7) typed pages for the Project Narrative and four (4) pages for the Budget Narrative.
- Use single-spaced lines.
- Use consecutively numbered pages.
- Use black font not smaller than 12 points (tables may be done in 10 point character fonts).
- Use one-inch border margins.

**C. Submitting Your Application**

1. Review your application package:

- Print out and carefully review each of your completed forms and documents for accuracy, completeness, and adherence to formatting guidelines.
- Be sure not to exceed page limit requirements.
- Check to be sure that you have included all required forms and documents.
- Required documents (including letters of support, Tribal resolutions, Biographical information for Key Personnel, and Financial Audit Reports) can be attached to your application package using the appropriate link.
- Attach required documents as separate attachments instead of combining them. For example, each Letter of Support or Tribal Resolution should be attached separately.

2. Submit an electronic application using Grants.gov:

- Go to the Grants.gov web site to find instructions for uploading your application package: [http://www.grants.gov/applicants/apply\\_for\\_grants.jsp](http://www.grants.gov/applicants/apply_for_grants.jsp)
- There are no mandatory requirements for this application. If a mandatory requirement is placed on the package in error, please attach a bogus document so the system will allow you to submit your package without a problem.
- If you run into any technical problems, contact the Grants.gov Contact Center at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov). The Contact Center is available to address questions 24 hours a day, seven days a week (except on Federal holidays).

3. Make sure that your application was received by Grants.gov:

- After your application is submitted, a confirmation screen will appear. Your tracking number will be noted at the bottom of the screen. Write this number down.
- For information about what to expect after submission and about tracking your application, go to <http://www07.grants.gov/assets/TrackingYourApplicationPackage.pdf>

#### **D. Instructions for Returned Applications and Disapproved Applications**

1. Returned Applications:

- Applicants with returned applications (deemed not eligible by DGM) will have one additional opportunity to resubmit their application for these FOA funds. The specific due date and ORC date will be provided at that time. The NoAs for these applicants, once the applications have been approved, will not be issued until late October or early November.

2. Disapproved Applications:

- After eligible applications are reviewed by an ORC, programs that do not receive the minimum score required for funding are disapproved applications. The applicant's Authorized Organizational Representative (AOR) will receive an emailed summary statement that identifies the application's weaknesses and strengths. The applicant will have ten (10) business days from the date the Summary Statement is sent via email to provide a revised application to the DGM. The DGM will also provide guidance on how to proceed and the deadline due dates. These NoAs will not be issued until late October or early November.

### III. WORKING IN GRANTS.GOV

#### A. CCR and Grants.gov Registration Checklist

A CCR-Grants.gov checklist provides registration guidance. The registration process is a **one-time** process, which is **required** before representatives of an organization can submit grant application packages electronically through Grants.gov. The registration process can take three to five days or up to two weeks, depending on the readiness of your organization. For organizations new to the Grants.gov process, it is recommended that you start the registration process at least 30 days or more prior to the deadline date of the Funding Opportunity for which you wish to apply for.

You can access the CCR and Grants.gov Registration Checklist electronically via the following link: [http://www.grants.gov/assets/Organization\\_Steps\\_Complete\\_Registration.pdf](http://www.grants.gov/assets/Organization_Steps_Complete_Registration.pdf)

#### B. Electronic Submission

When you open <http://www.grants.gov/>, you will want to verify if your Adobe Reader version is compatible with Grants.gov.

A test package has been made available to verify if you have the correct version of Adobe Reader installed on your computer. To verify if you have a compatible version of Adobe Reader installed, click on the test application package link below (or on the Grants.gov web site):  
<http://www.grants.gov/applicants/AdobeVersioningTestOnly.jsp>

If an error message displays, the test application package was opened with an incompatible version of Adobe Reader. To download the compatible version required to complete and submit a grant application package please visit the download software page:  
[http://www.grants.gov/help/download\\_software.jsp#adobe811](http://www.grants.gov/help/download_software.jsp#adobe811)

If you can see the application package you have a compatible version of Adobe Reader to apply for grant applications on Grants.gov.

Be aware that any applicant who is applying for a grant application with Adobe Reader must use the compatible version to save and submit the application or submission errors will occur.

NOTE: Please contact Grants.gov Customer Support if you experience difficulties.

The preferred method for receipt of applications is electronic submission through Grants.gov. If any technical concerns arise please contact Grants.gov Customer Support at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov) The Contact Center is available to address questions 24 hours a day, seven (7) days a week (except on Federal holidays).

If the grantee needs to request formal waiver, it must be done so at least ten days prior to the application deadline. All waiver requests must be submitted to IHS, reviewed and approved by the Chief Grants Management Officer. Please be certain to submit your request for a waiver, in writing. The waiver must clearly outline a justification for the need to submit an application outside of the standard Grants.gov electronic process. Please submit your waiver request to: [grants.policy@ihs.gov](mailto:grants.policy@ihs.gov) with a copy to [Tammy.Bagley@ihs.gov](mailto:Tammy.Bagley@ihs.gov) or call (301) 443-5204. Please make sure that your subject line clearly states: "Request for Waiver from [*insert grantee organization's name*]. The waiver request must include the Grants.gov tracking number, the issue, and steps taken to resolve the issue.

In order to submit electronic applications please adhere to the following:

- Register with CCR. The organization must have a DUNS number prior to registering with CCR. If a DUNS number is needed please contact 1-866-705-5711 or request it online via <http://www.dnb.com/ccr/register.html>
- Registration with CCR requires the organization to contact 1-866-606-8220 or via online at <http://www.ccr.gov>. There are two important fields within the CCR they are E-Biz Point of Contact (E-POC) and M-PIN.
- Register with Grants.gov which is a separate process from the registration process that is described above. In order to register with Grants.gov, the applicant must have registered with CCR and have a username and password and DUNS number information. The DUNS number should match the one that was used to register in CCR. If they differ, this will prohibit the applicant from successfully registering in Grants.gov. Once the applicant has successfully registered in Grants.gov they will be issued a username and password from Grants.gov. This information is separate and distinct from what was received during the CCR registration process. **Please hold on to both sets of usernames and passwords.** Registration in Grants.gov can be done in approximately seven business days. Please begin the registration process early. For assistance, contact Grants.gov directly at 1-800-518-4726.
- Applicants can have only "one" E-POC and several Authorized Organizational Representatives (AORs). The E-POC can serve in dual roles as an E-POC and an AOR. The E-POC must authorize each AOR in order for them to officially submit the electronic application on behalf of the organization.
- IHS, Grants.gov, nor CCR can provide input on how the organization is set up. Please use the governing body within your organization to make sure that the appropriate officials are designated to submit the application to the IHS via Grants.gov.
- The E-POC can log into Grants.gov and authorize the organizational representative(s). All log-ins consist of the organization's M-PIN (which is received during the CCR registration process) and the DUNS number.
- Your electronic application must comply with any page limitations that are described within the Program Announcement.

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- Please use the attachment feature in Grants.gov to attach additional documentation that may be required by IHS.
- The organization should search for the application package and accompanying instructions by using the CFDA number or by using the funding opportunity number.
- After the application is submitted the applicant will receive a Grants.gov tracking number via email.
- Successful submissions will receive electronic verification and an assigned tracking number from Grants.gov.
- Unsuccessful submissions will be sent an error notification message. If the submitter does not receive either a verification of submission email or an error notification email, please contact the Grants.gov Help Desk directly 1-800-518-4726 or email [support@grants.gov](mailto:support@grants.gov). You may Track My Application package by using the following link if Grants.gov has provided you with a “Valid” tracking number. [http://www.grants.gov/applicants/track\\_your\\_application.jsp](http://www.grants.gov/applicants/track_your_application.jsp) (also included below). The Contact Center is available to address questions 24 hours a day, seven (7) days a week (except on Federal holidays).
- Troubleshooting Tips: [http://www.grants.gov/help/trouble\\_tips.jsp](http://www.grants.gov/help/trouble_tips.jsp)

Email applications **will not be accepted** by IHS under this announcement.

### ***C. Important Grants.gov Reminder***

Please be reminded (as outlined at the beginning of the instructions) that you must access the application package by going to Grants.gov “Apply for Grants.” Search for the application package using the CFDA number.

### **D. Attachments in Grants.gov**

All other attachments (appendix documentation, Tribal resolutions, etc.) should be attached to the Grants.gov file. There are no mandatory requirements for this application. If a mandatory requirement is inadvertently placed on the package, please attach a bogus document so the system will allow the applicant to submit the package without error.

## **E. Validate that your application was received by Grants.gov**

In order to ensure that your application package was received properly by Grants.gov you should visit the “Track My Application” feature that is described below.

Soon after you submit your application package and receive the submission confirmation and receipt confirmation emails, along with your assigned Grants.gov tracking number, you will be able to click on the link in the email confirmation and “Track My Application.” You or any member of your organization with the tracking number will be able to check the status of your application without logging into Grants.gov.

### **Email Notifications:**

- *Submission Confirmation Email (appears instantly):*
  - o Application is currently being processed by Grants.gov.
  - o **Contains a Tracking Number and Link to Track your Submission.**
  
- *Submission Receipt Email (within two days) :*
  - o Application has entered the Grants.gov system and is ready for Validation.
  - o **Contains a Tracking Number and Link to Track your Submission.**

### **Error Notifications:**

If there is an error in your application submission, then you will be notified when you receive your Validation Receipt Email.

- *Submission Validation Receipt Email:*
  - o Email validating or rejecting the application package due to errors.
  - o Notification that the application is being prepared for IHS retrieval if no errors.
  - o If errors contact the Grants.gov help desk at to resolve issues at: **Grants.gov Contact Center:** 1-800-518-4726 or email them at [support@grants.gov](mailto:support@grants.gov). The Contact Center is available to address questions 24 hours a day, seven days a week (except on Federal holidays).
  
- *IHS Retrieval Email:*
  - o Notification that the application has been sent to IHS.

### **Track My Application Results Page:**

There is a main link to Track My Application in Grants.gov, but you will still need your tracking numbers for each application submitted. <https://apply07.grants.gov/apply/checkAppStatus.faces>. The difference between using the link stated here, and the one listed on the confirmation notices is on that on confirmation notices you will find a direct link to your application due to the assigned tracking number, and the link above will take you to the main webpage to track your application, but you still need your tracking numbers to view the data.

You will be able to track up to five (5) applications at one time without having to log into Grants.gov, by clicking on the link above and having all tracking numbers needed.

- *Information listed in the results screen includes:*

CFDA Number

Funding Opportunity Number

Grants.gov Tracking Number

Date/Time Application Received

Status (Rejected, Validated)

Status Date

Agency Tracking Number (if any)

Submission Name (SF-424)

Amount of Request

### **What to do if you don't see your application package in Track My Application?**

If you don't see your submitted application listed, follow the instructions below:

- Open an internet browser window (example: Internet Explorer) and resubmit your application package as normal (detailed instructions below). If you still do not receive the confirmation page after you resubmit your application package, contact the Grants.gov Contact Center (**see below**).

### **Instructions to resubmit by opening a new internet browser window (Internet Explorer)**

1. Open the Internet Explorer browser on your computer.
2. Go to the File menu and choose "Open" – the "Open" dialog box will appear.
3. In the "Open" dialog box click on the browse button – another dialog box will appear with access to your files.
4. In the dialog box go to the drop down menu for "File Types" and select "All Files."

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5. Through the dialog box, find the location of your saved application package on your computer.
6. Once you have located your application package, select it with your mouse and click the "Open" button – the dialog box will disappear and the "Open" dialog box will still be present.
7. In the "Open" dialog box, click on the "Ok" button – your application package will now appear.
8. Within your application package, to resubmit, click on the "Submit & Save" button – Call or email the Grants.gov Contact Center at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov) to verify that your submission was received by the Grants.gov system and to receive a tracking number for your application package if you do not get one electronically.

## IV. BUDGET ISSUES

### A. Instructions for Preparing the Budget and Budget Narrative

**Appendix 4** provides instructions for preparing your Budget Narrative; **Appendix 5** gives a sample Budget Narrative. Information about specific budget issues is provided in this section.

### B. Indirect Cost Rates

All applicants that request indirect costs will be required to have a current negotiated rate on file with the appropriate Federal cognizant agency with either the Department of Health and Human Services (HHS), Division of Cost Allocation (DCA) or Department of Interior.

Grants Policy does not recognize the Pilot Contract Support Cost (CSC) rate for our grant programs; hence, a current rate must be present at the time of award or costs associated with indirect costs will be restricted until the Division of Grants Management receives a current negotiated rate agreement. See the FOA for further information (*Section VI. Subsection 3, Page 24*).

### C. Limitations on Use of SDPI Grant Funds

Some costs are not allowable or have been eliminated for this grant program because they were not authorized in the program legislation. The following items have been highlighted for your information:

- Construction costs, cash prizes, and gifts are not allowable. For further details, go to the incentive policy on the Grants Policy Staff (GPS) web site. The link is: [http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp\\_policy\\_sources](http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_sources)
- Space rental or purchase of modular units (This applies to IHS entities only): Space rental or purchase/use of modular units must be submitted to the IHS Area Realty Management Officer for review and submittal to the IHS Headquarters Realty Officer prior to their obligation. Contact Felicia Snowden, Lead Realty Officer, IHS, OEHE, Division of Facilities Operations at 1-301-443-5954 for assistance.

### D. Sub-contracts

Tribes may contract with a local IHS facility to provide specific clinical or support services. Tribal funds are transferred to the service unit through a Memorandum of Agreement (MOA).

- A signed Memorandum of Agreement (MOA) must be submitted with the application. The MOA must include the scope of work assigned to the sub-contracting IHS facility.
- The IHS Area Director and the Tribal Chairperson must give signed approval of the MOA.
- The Tribe's application must include additional SF-424 and SF-424A forms that are completed by the IHS facility which includes a budget narrative and a face page that is signed by the Chief Executive Officer (CEO).

## V. GRANTS POLICY AND PROCEDURE INFORMATION

### A. Applicant Organization Certification and Acceptance

In signing the face page of the application or having the E-POC and/or AOR submit the application electronically, the duly authorized representative of the applicant institution certifies that the applicant organization will comply with all applicable assurances and certifications.

Each application, whether hardcopy or electronic, to the IHS requires that the following assurances and certifications be verified by the signature of the Official signing for the applicant organization. Definitions are provided in the HHS Grants Policy Statement, Rev. January 2007 for all certifications and assurances.

- Civil Rights – n/a for IHS
- Lobbying
- Non-Delinquency on Federal Debt
- Handicapped Individuals
- Sex Discrimination
- Age Discrimination
- Environmental Impact – NEPA
- Flood Insurance
- Historic Preservation Act

The individual that signs and/or submits an application electronically or in hardcopy further certifies that the applicant organization will be accountable both for the appropriate use of all grant funds awarded and for the performance of the grant-supported project or activities.

### B. Historical Preservation Requirements

By signing the face page of the application, whether hardcopy or electronic, the applicant certifies that the DGM will be notified immediately at: (301) 443-5204 of any property listed or eligible for listing on the National Register of Historic Places that will be affected by the IHS grant award.

Under Section 106 National Historic Preservation Act (16 U.S.C. 470 et seq.), IHS must consider effect on historic properties prior to making a funding decision. Historic properties include any district, site, building, structure, or object that is listed on, or is eligible for listing on, the National Register of Historic Places as outlined in National Register – see directly below.

### **National Register Information System (NRIS)**

<http://www.cr.nps.gov/nr/research/index.htm> is a database that contains information on places listed in or determined eligible for the National Register of Historic Places.

Please contact the Grants Policy Staff at (301) 443-5204 for policy related to the requirements for historic preservation.

### **C. Equal Treatment for Faith-based Organizations**

In accordance with 45 Code of Federal Regulations, Part 87; Section 87.1, religious organizations are eligible, on the same basis as any other organization, to participate in any Department of Health of Human Services grant program for which they are otherwise eligible.

### **D. Eligibility**

Non-profit organizations must demonstrate proof of non-profit status before the award date. We strongly encourage each organization to attach it with your electronic application. For electronic application “proof of non-profit status” and any other required documentation may be scanned and attached as an “Other Attachment.” Proof of non-profit status is stated in the full announcement.

Additional eligibility information can be found in the FOA.

### **E. Paper Applications**

All grantees must obtain prior approval to submit a paper application. Please use the following link to obtain the necessary forms for paper submissions:

[http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp\\_forms](http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_forms)

- SF-424 Application for Federal Assistance [PDF]  
(<http://www.acf.hhs.gov/programs/ofs/grants/sf424v2.pdf>)
- SF-424A Budget Information – Non-construction Programs [PDF]  
(<http://www.acf.hhs.gov/programs/ofs/grants/sf424a.pdf>)
- SF-424B Non-construction Programs [PDF]  
(<http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>)
- Disclosure of Lobbying Activities Form [PDF]  
(<http://www.whitehouse.gov/omb/grants/sfillin.pdf>)
- Certification Regarding Lobbying (<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>)

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An original plus two (2) copies of your application package must be submitted. The original application must be single-sided, with required signatures on the face page of the application. Do not staple or otherwise bind the original application. The format should be consistent with what is noted in the FOA.

Please mail the application to: Denise E. Clark, The Division of Grants Management; 801 Thompson Avenue, TMP, Suite 360; Rockville, Maryland 20852.

## **F. Submission Dates and Times**

Electronic applications must be submitted through Grants.gov by 12:00am (midnight) Eastern Daylight Time (EDT) on Friday, September 10, 2010.

Paper applications must be received at the DGM by close of business on September 10, 2010.

**Proof of timely mailing for all paper applications consists of one of the following:** a legibly dated U.S. Postal Service postmark or a dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks are not acceptable.

Take into consideration the amount of time it will take for your application package to be sent via regular postal mail, UPS or Federal Express. Late applications—whether electronic or paper—will not be accepted for processing and will be returned to the applicant without consideration for funding.

## **G. Terms of Award**

All IHS grant awards are subject to the HHS Grants Policy Statement (HHS GPS), 01/07 unless otherwise noted in the NoA. Please refer to the NoA to obtain details regarding specific terms and conditions that may pertain to your organization.

Debarment and Suspension as well as Drug-Free Workplace are now standard terms and conditions of the award. These requirements no longer require separate certifications; however, by signing the application (either electronic signature credentials or face page of the SF-424A) the applicant certifies they are meeting the requirements of 45 CFR Part 76 (Debarment and Suspension) and 45 CFR Part 82 (Drug-Free Workplace).

All other administrative requirements are cited in the Program Announcement, NoA or the HHS Grants Policy Statement, Rev. 01/07 under Administrative Requirements. The administrative requirements that are found in the HHS Grants Policy Statement are standard terms of award.

## **H. Disabled Persons**

Information under this announcement is available to deaf and hearing-impaired persons. The text telephone (TTY) number is 1-301-443-6394.

## VI. TECHNICAL ASSISTANCE OPPORTUNITIES

### A. Question and Answer Sessions:

WebEx Question and Answer Sessions are occurring regularly. These sessions have no pre-planned agenda. The Q&A sessions give you an opportunity to ask questions and get the information you need to prepare a quality application. Check the SDPI Diabetes Prevention and Healthy Heart Application Information page on the DDTP web site to learn when sessions are scheduled and to identify specific call-in information.

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

### B. For Budget Information and Related Questions:

Contact Denise Clark ([denise.clark@ihs.gov](mailto:denise.clark@ihs.gov)) at DGM: 1-301-443-5204

### C. For Grants Policy Information:

Contact Tammy Bagley ([tammy.bagley@ihs.gov](mailto:tammy.bagley@ihs.gov)) at DGM: 1-301-443-5204,  
or email: [Grants.Policy@ihs.gov](mailto:Grants.Policy@ihs.gov)

### D. For Questions Related to the Grants.Gov Electronic Application Process:

Call the Grants.gov Contact Center at 1-800-518-4726

### E. For Central Contractor Registry-related Inquiries:

1-866-606-8220

### F. For Information About Waivers for Paper Application Submission:

Call Tammy Bagley at 1-301-443-5204

### G. For SDPI Grant Program Information and DDTP Program Questions:

Lorraine Valdez ([s.lorraine.valdez@ihs.gov](mailto:s.lorraine.valdez@ihs.gov)),  
Gordon Quam ([gordon.quam@ihs.gov](mailto:gordon.quam@ihs.gov)) or  
Bonnie Bowekaty ([bonnie.bowekaty@ihs.gov](mailto:bonnie.bowekaty@ihs.gov)).  
1-505-248-4182

### H. For the SDPI Coordinating Center:

Megan R. Berrier, BA, Program Specialist  
SDPI DP Program and HH Project Coordinating Center  
Phone: 1-303-724-0426; Fax: 1-303-724-0332  
Email: [Meghan.Berrier@ucdenver.edu](mailto:Meghan.Berrier@ucdenver.edu)

## VII. RESOURCES

There are many valuable resources on the web sites noted below. Spend some time visiting them and become familiar with the information that is available.

### A. SDPI Funding Opportunity Announcement web page:

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

### B. Resources for preparing SDPI Diabetes Prevention and Healthy Heart applications:

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

### C. Grants.gov applicant resources:

Includes recorded training sessions about how to use Grants.gov.

<http://www.Grants.gov/applicants/resources.jsp>

### D. Division of Grants Management (DGM) web site:

<http://www.ihs.gov/nonmedicalprograms/gogp>

#### Standard Forms (SF) 424, 424A, 424B, and LLL – Disclosure of Lobbying Activities

[http://www.ihs.gov/nonmedicalprograms/gogp/index.cfm?module=gogp\\_forms](http://www.ihs.gov/nonmedicalprograms/gogp/index.cfm?module=gogp_forms)

#### Policy Topics

[http://www.ihs.gov/nonmedicalprograms/gogp/index.cfm?module=gogp\\_policy\\_topics](http://www.ihs.gov/nonmedicalprograms/gogp/index.cfm?module=gogp_policy_topics).

#### Use of Incentives Policy

[http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars/Circ05/Circ05\\_06/circ05\\_06.htm](http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars/Circ05/Circ05_06/circ05_06.htm)

### E. Diabetes Programmatic Resources:

1. *IHS Standards of Care for Patients with Type 2 Diabetes*  
<http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/ClinicalGuidelines/DiabetesStandardsCare508Rev2.pdf>.
2. *Recommendation for the Use of A1C for the Diagnosis of Diabetes and Pre-diabetes in the Indian Health System*  
[http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/ClinicalGuidelines/2010\\_IHS\\_A1C\\_statement.pdf](http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/ClinicalGuidelines/2010_IHS_A1C_statement.pdf).

3. *Balancing Your Life with Diabetes Curriculum*

**Available for order through the IHS DDTP web site:**

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

4. *Honoring the Gift of Heart Health Curriculum*

**For American Indians:**

[http://www.nhlbi.nih.gov/health/prof/heart/other/aian\\_manual/amer\\_indian.htm](http://www.nhlbi.nih.gov/health/prof/heart/other/aian_manual/amer_indian.htm).

**For Alaska Natives:**

[http://www.nhlbi.nih.gov/health/prof/heart/other/aian\\_manual/alaska\\_native.htm](http://www.nhlbi.nih.gov/health/prof/heart/other/aian_manual/alaska_native.htm).

5. *National Standards for Diabetes Self-Management Education*

<http://care.diabetesjournals.org/content/30/6/1630.full.pdf+html>.

## **Appendices**

### [Appendix 1: Checklist](#)

[Part A: Get Ready to Apply](#)

[Part B: Prepare Your Application](#)

[Part C: Submit Your Application](#)

### [Appendix 2: Tips for Preparing a Strong Application](#)

### [Appendix 3: Project Narrative Instructions](#)

[Project Narrative template is available at the following link:](#)

### [Appendix 4: Budget Narrative Instructions](#)

[Budget Categories](#)

### [Appendix 5: Sample Budget Narrative](#)

[Budget Justification](#)

### [Appendix 6: Required Documents Checklist](#)

Appendix 1: Checklist for FY2010 SDPI Diabetes Prevention and Healthy Heart Initiatives – Funding Opportunity HHS-2010-IHS-SDPI-0005

**Part A: Get Ready to Apply**

Step	1.0 Getting Ready to Apply – Team Work Work with your SDPI Team to do the following activities.	Resources	Completed?
1.1	Calculate current diabetes burden in your community.	FOA	<input type="checkbox"/>
1.2	Identify organizations for collaborations and request support letters.	FOA	<input type="checkbox"/>
1.3	Make sure your organization is current with OMB A-133 required Financial Audit Reports.	FOA + Instructions <a href="#">Federal Audit Clearinghouse Website</a> <sup>1</sup>	<input type="checkbox"/>

Step	2.0 Getting Ready to Apply – Get Registered Register your organization to submit an application on Grants.gov.	Resources	Completed?
2.1	Either confirm or obtain a DUNS number for your organization.	<a href="#">DNB Webpage</a> <sup>2</sup>	<input type="checkbox"/>
2.2	Either confirm current registration or renew your organization’s registration on the Central Contractor Registry (CCR).	<a href="#">CCR Webpage</a> <sup>3</sup>	<input type="checkbox"/>
2.3	Either confirm current registration or register your organization with Grants.gov.	<a href="#">Grants.gov Webpage</a> <sup>4</sup>	<input type="checkbox"/>
2.4	Make sure you are an Authorized Organization Representative (AOR) for your organization on Grants.gov.	<a href="#">Grants.gov Webpage</a> <sup>5</sup>	<input type="checkbox"/>

<sup>1</sup> <http://harvester.census.gov/fac/>

<sup>2</sup> <http://fedgov.dnb.com/webform>

<sup>3</sup> <http://www.ccr.gov>

<sup>4</sup> [http://www.Grants.gov/applicants/get\\_registered.jsp](http://www.Grants.gov/applicants/get_registered.jsp)

<sup>5</sup> [http://www.Grants.gov/applicants/get\\_registered.jsp](http://www.Grants.gov/applicants/get_registered.jsp)

**Part B: Prepare Your Application**

Step	<b>3.0 Preparing Your Application – Obtain Materials</b> Get the application package and instructions from the Grants.gov web site.	Resources	Completed?
3.1	Download the Application Package and Instructions, using the CFDA Number: 93.442.	<a href="#">Grants.gov Webpage</a> <sup>6</sup>	<input type="checkbox"/>
3.2	Carefully read the FOA and Instructions before anything else.	FOA + Instructions	<input type="checkbox"/>

Step	<b>4.0 Preparing Your Application – Forms and Documents</b> Complete all forms and prepare required documents off-line. Attach the necessary documents to your application package.	Resources	Completed?
4.1	Complete form SF-424.	<a href="#">Instructions for SF-424</a> <sup>7</sup>	<input type="checkbox"/>
4.2	Complete form SF-424A. In Section A, fill out row 1; in Section B, fill out column 1.	<a href="#">Instructions for SF-424A</a> <sup>8</sup>	<input type="checkbox"/>
4.3	Complete form SF-424B.	<a href="#">Instructions for 424B</a> <sup>9</sup>	<input type="checkbox"/>
4.4	Complete Disclosure of Lobbying Activities (SF-LLL) Form (if applicable).	<a href="#">Instructions for SF-LLL (see page 2)</a> <sup>10</sup>	<input type="checkbox"/>
4.5	Prepare Project Narrative.	FOA + Instructions	<input type="checkbox"/>
4.6	Prepare Budget Narrative.	FOA + Instructions	<input type="checkbox"/>
4.7	Prepare Appendices.	FOA + Instructions	<input type="checkbox"/>

<sup>6</sup> [https://apply07.grants.gov/apply/forms\\_apps\\_idx.html](https://apply07.grants.gov/apply/forms_apps_idx.html)

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

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

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

<sup>10</sup> <http://www.whitehouse.gov/omb/grants/sfillin.pdf>

Step	5.0 Preparing Your Application – Mandatory Documents	Resources	Completed?
	Prepare required documents. Important: Attach them to your application package by using the Other Attachments Form.		
5.1	Obtain a Letter of Support or Tribal resolution.	FOA	<input type="checkbox"/>
5.2	Get a copy of your 501(c)(3) Certificate (Urban Programs only).	FOA	<input type="checkbox"/>
5.3	Biographical sketches for all Key Personnel.	FOA	<input type="checkbox"/>
5.4	Obtain documentation of OMB A-133 required Financial Audit for FY 2007 and FY 2008.	FOA + Instructions <a href="#">Federal Audit Clearinghouse Website</a> <sup>11</sup>	<input type="checkbox"/>

### Part C: Submit Your Application

Step	6.0 Submit Your Application – Electronically via Grants.gov	Resources	Completed?
	Submit your completed application package via the internet to Grants.gov.		
6.1	Print out and review your entire application package, including completed forms and documents.	FOA + Instructions	<input type="checkbox"/>
6.2	Upload completed application package electronically via Grants.gov.	<a href="#">Grants.gov Webpage</a> <sup>12</sup>	<input type="checkbox"/>
6.3	Track status of your application on Grants.gov.	<a href="#">Grants.gov Webpage</a> <sup>13</sup>	<input type="checkbox"/>

<sup>11</sup> <http://harvester.census.gov/fac/>

<sup>12</sup> [http://www07.grants.gov/applicants/apply\\_for\\_grants.jsp](http://www07.grants.gov/applicants/apply_for_grants.jsp)

<sup>13</sup> [http://www07.grants.gov/applicants/apply\\_for\\_grants.jsp](http://www07.grants.gov/applicants/apply_for_grants.jsp)

Step	<b>7.0 Submit Your Application – Paper Application</b> After you have obtained a written waiver approval response from the Chief Grants Management Officer, you may submit a printed paper application directly to the Division of Grants Management (DGM). <u>A waiver must be received prior to submitting a paper application.</u>	Resources	Completed?
7.1	Print out and review your entire application, including completed forms and documents.	FOA + Instructions	<input type="checkbox"/>
7.2	Prepare your application package.	<a href="#">1. Application Forms on DGM Webpage</a> <sup>14</sup> 2. Part B of this checklist	<input type="checkbox"/>
7.3	Submit your paper application to DGM as instructed in the FOA. <b>Include a copy of your approved waiver in the package with your paper application. It is very important that you adhere to the paper submission instructions and timelines that will be stated in your waiver approval response.</b>	FOA	<input type="checkbox"/>

<sup>14</sup> [http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp\\_forms](http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_forms)

## Appendix 2: Tips for Preparing a Strong Application

**Keep the review criteria in mind when writing the application.** Applications will be scored based on the information that is contained in the application package. Be sure the application forms and the information in your narratives are complete, clearly written and address the criteria that will be used when the application is reviewed. Do not assume that reviewers are familiar with the applicant organization, service area, barriers to health care, or health care needs in your community.

**Start preparing the application early.** Allow plenty of time to gather required information from various sources.

**Be concise and clear.** Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided throughout is consistent. Your budget should reflect proposed program activities.

Submit information that is required by the FOA. More is not always better.

**Carefully proofread the application.** Misspellings and grammatical errors will make it hard for reviewers to understand the application.

**Carefully review a copy of your application package to ensure accuracy and completeness.** Print out the application before submitting. Review it to make sure that it is complete and that all required documents are included.

## Appendix 3: Project Narrative Instructions

The Project Narrative template is available at the following link:

[http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPI\\_FY2010\\_DPHH\\_TemplatePN.0818.doc](http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPI_FY2010_DPHH_TemplatePN.0818.doc)

Once you access the Project Narrative Template, follow these instructions:

### Instructions

1. Save this template document with a new filename that includes your program name (for example, *SDPI FY 2010 Project Narrative Blackstone Clinic.doc*). **Delete this instructions page.**
2. Type in the requested information in each section. Keep all of the bold header text but delete the instructions in italics and/or parentheses when you type in your information. Refer to the FOA and application instructions for details about the requested information.
3. Your project narrative should be no longer than seven (7) pages in length and include all the Sections listed below.
4. Other formatting guidelines:
  - Use single-spacing between lines.
  - Be typewritten.
  - Have consecutively numbered pages.
  - Use black type not smaller than 12-point fonts (tables may be done in 10 point fonts).
  - Be printed on one side only of standard size 8-1/2" x 11 paper.
  - Use one-inch border margins.
  - Do NOT include other application forms or documents in the Project Narrative. Standard forms, budget and budget narrative, Tribal resolutions, letters of support and/or other application items are not part of this Project Narrative.

**Your Project Narrative will follow this outline:**

***Table of Contents***

***Program Summary*** (one-page abstract)

Body of the Narrative (limit of seven [7] pages) arranged as follows:

***Applicant Status***

- State the program for which you are applying. Is it primary prevention of diabetes or cardiovascular disease risk reduction? **Remember: applicants can apply for only one program per application.**
- Clearly identify yourself or your consortium as the applicant and indicate the basis for its eligibility under this initiative as described in FOA and above in *I. Introduction, C. Key Information, 1. Who is eligible to apply?*

**Statement of Need**

Define the target populations that will participate in the program and the geographic area to be served.

Clearly state the unduplicated number of individuals you propose to serve (annually and over the entire program period).

Applicants should propose to serve no fewer than 48 new individuals with pre-diabetes per year for the primary prevention of diabetes project, or 50 new individuals per year for the cardiovascular disease risk reduction project.

Describe the burden of diabetes, the nature of the problem and extent of the need for the program in the target population(s).

Documentation of need may come from quantitative as well as qualitative sources. The quantitative data could come from community assessments that you or others have conducted, or from local data or trend analyses, diabetes registry numbers and/or IHS Diabetes Care and Outcomes Audit data.

Qualitative sources could include focus groups and key informant interviews you or others have conducted with the targeted community, as well as anecdotal reports.

See *Section III. Eligibility Information, B.1.* Applicants must demonstrate “the minimum burden of diabetes in population served.”

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Applicants must submit information to show that the burden of diabetes in their community is significant and justifies funding for this program, such as the user population of their health program, the number of individuals in their diabetes registry, and any other descriptive data quantifying the problem of diabetes in the population served.

In general, successful applicants will have at least a user population of 2500 and/or a diabetes registry of at least 250 individuals.

Eligible entities that have a diabetes registry of less than 250 people are encouraged to form a consortium with other eligible entities.

In general, the minimum size of a consortium should be a total combined user population of ~2500 and/or a total combined diabetes registry ~250.

### **Organizational and Community Readiness and Feasibility**

Discuss the capability and experience of the applicant organization and other participating organizations, including experience organizing and mobilizing the community, and providing relevant diabetes services, as well as culturally appropriate/competent services.

Describe the extent to which the community and other stakeholders indicate support for your proposed program.

Identify categories of stakeholders – for example, professional groups, civic groups, governmental organizations, faith-based groups, and others – and discuss the role you expect them to play in the program.

Applicants are encouraged to include letters of support showing stakeholders interested with this application.

See *Section III. Eligibility Information, B.3*. Applicants must demonstrate that the basic health infrastructure listed is in place or provide a plan for putting it into place with this funding mechanism.

The applicant must demonstrate that the following basic health infrastructure is in place or provide a plan for putting it into place with this funding mechanism:

- a) Clinical services – such as a health clinic or center
- b) Laboratory – available for testing associated with the program
- c) Administrative and financial staff to manage and monitor the program
- d) Health professionals – on-site health educator/diabetes educator, dietitian, physical activity specialist, full-time clerk/recruiter for this project, and physician consultant
- e) Pharmacist – available for project
- f) Data Coordinator – at least one person on site to manage documentation of program activities and outcomes and report data to Coordinating Center
- g) 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.

## **Program Approach**

Discuss and explain the core values that will guide the implementation of program activities, and explain how each of these values will be operationalized.

At a minimum, discuss each of the following as it relates to the proposed program: (a) healthy lifestyles; (b) participatory process; (c) authentic community voice; (d) leadership development; and, (e) cultural context for engaging and involving individuals and community.

You may identify and discuss other values important to your targeted individuals and community.

Discuss how you plan to develop effective partnerships with community organizations and other groups, so as to minimize duplication of services and perceived threats of encroachment on established “territory.”

Describe the potential barriers to successful conduct of the proposed program and how you will overcome them.

## **Resources and Experience**

Applicants must demonstrate prior successful activities to prevent or treat diabetes, including a description of the activities, any evaluation or outcomes so far, and evidence of successful compliance with SDPI requirements.

Show that the necessary groundwork (e.g., planning, consensus development, memoranda of agreement, and identification of potential facilities) has been completed or is near completion so that the program can be implemented as soon as possible.

If applicable, identify any cash or in-kind contribution that you or your partnering organizations will make to the program.

Describe the resources available for the proposed program (e.g., facilities, equipment, qualified staff), and provide evidence that services will be provided in a location that is adequate, accessible, compliant with the Americans with Disabilities Act (ADA), and amenable to the target population.

See *Section III. Eligibility Information, B.2.* Applicants must demonstrate “prior success in diabetes prevention and treatment activities.”

Applicants must demonstrate prior successful activities to prevent or treat diabetes, including a description of the activities, any evaluation or outcomes so far, and evidence of successful compliance with SDPI requirements.

### **Capacity Building**

Indicate the gaps that the program activities supported by this cooperative agreement will fill or the manner in which they will extend and/or expand other existing services in your community.

Describe strategies for sustaining the program activities beyond the project period if Congress does not continue funding for this initiative after 2012.

### **Documentation of Outcomes and Activities**

Describe your ability to collect, document, manage, and report on required measures as outlined previously:

- For Diabetes Prevention Program refer to *Section I, B.1.d. – Description of Diabetes Prevention Program Activities, iv. – Documentation of outcomes and activities.*
- For Healthy Heart Project refer to *Section I, B.2.d. – Description of Healthy Heart Project Activities, iii. – Documentation of outcomes and activities.*

The IHS DDTP will provide the necessary protocols and forms for documentation and reporting.

Describe current use of Resource and Patient Management System (RPMS), and whether you are using the RPMS packages such as pharmacy, laboratory and Diabetes Management System (DMS).

If you are not using RPMS, please describe your current health data system and its compatibility or comparability to RPMS.

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In general terms, describe any experience in documenting similar information, quality control, and transfer to external programs such as the IHS/DDTP.

Describe the local process for reviewing and approving all reports and publications based on data such as these.

## Appendix 4: Budget Narrative Instructions

The Budget Narrative provides supporting information for your Standard Form (SF) 424A: Budget Information – Non-construction Programs.

A. The **project period** for this Diabetes Prevention and Healthy Heart Initiative cooperative agreement is two years: FY 2010 and FY 2011:

- Budget Year One is September 30, 2010 – September 29, 2011.
- Budget Year Two is September 30, 2011 – September 29, 2012.

**Applicants are required to submit a proposed budget for Budget Year One of this two-year initiative.**

B. Applicants should develop their year one budget as appropriate for your selected area (Diabetes Prevention Program or Healthy Heart Project) and respective activities.

C. Sub-contracts:

Tribes may contract with a local IHS facility to provide specific clinical or support services. Tribal funds are transferred to the service unit through a Memorandum of Agreement (MOA).

- A signed Memorandum of Agreement (MOA) must be submitted with the application. The MOA must include the scope of work assigned to the sub-contracting IHS facility.
- The IHS Area Director and the Tribal Chairperson must give signed approval of the MOA.

D. The following list of budget items is provided to give you ideas about what you might include in your actual budget under each budget category. In addition to a **line item budget**, **provide a narrative budget justification that briefly explains the budget items and how they support your objectives.** You do not need to include all the items below – and you may include others not listed. The budget is specific to your own program's goals, objectives, and activities.

E. For guidance, applicants should refer to the OMB Circular appropriate for them:

- A-87 Cost Principles for State, Local and Indian Tribal Governments at <http://www.whitehouse.gov/omb/circulars> or
- A-122 Cost Principles for Non-Profit Organizations at <http://www.whitehouse.gov/omb/circulars>.
- Applicants can also contact the IHS Division of Grants Management:  
Tammy Bagley at [Tammy.Bagley@ihs.gov](mailto:Tammy.Bagley@ihs.gov) ; (301) 443-5204

## **Budget Categories**

### **A. Personnel**

#### 1. Key Personnel

- Program Director: up to 25% effort
- Program Coordinator: up to 50% effort

#### 2. Additional staff as needed for your specific program:

The Data Manager/Coordinator can be employed up to 50% effort.

Other remaining key personnel will be employed at the percent effort appropriate for the scope of work at each site:

- Administrative Clerk/Recruiter (consider full-time person)
- RPMS Site Manager (only if not already funded by the health program)
- Diabetes Educator and/or other licensed health professional to teach the DPP curriculum.
- Lifestyle Coach
- Dietitian
- Physical Activity Specialist
- Pharmacist (Healthy Heart Project)
- Data Coordinator, up to 50%
- Case Manager who is a licensed health care professional (Healthy Heart Project)
- Physician Consultant
- Other

Provide a named individual or list 'to be named' FTE for **each position, include percent effort that will be devoted directly to this project by each individual**, and include "in-kind" positions, if applicable. Limited salary support for secretarial or clerical help is allowable only when in direct support of the proposed project.

Funding for some of these positions may also be put in the consultant or contractual budget categories.

Do not include funding for these positions if already paid through another source, i.e. dietitian already on staff.

Include base salary, fringe benefits rate and amount, and total salary for each position to be funded from these grant funds.

## **B. Fringe Benefits**

List the fringe rate and amount **for each** position listed. **DO NOT** list *only* the lump sum fringe benefit amount for all personnel.

## **C. Travel**

Line items may include:

- Staff Travel to meetings planned in Year One.  
(Example: travel for two people, x two days, two-three nights lodging.)
- Assume four grantee meetings per year in either Albuquerque, New Mexico or Denver, Colorado. Assume that up to four staff will be allowed to attend one meeting together. Assume two staff will be allowed to attend the other three meetings per year.
- Supplemental Training as needed for staff to provide services related to goals and objectives of the grant, such as CME courses or other training opportunities.
- Staff travel for project activities as necessary.

## **D. Equipment** (as needed for the project)

Include capital equipment here (items that exceed \$5,000).

## **E. Supplies**

Line items may include:

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

## **F. Contractual/Consultant**

May include partners, collaborators, technical assistance consultants you hire to help with project activities – include direct costs and indirect costs of any subcontracts here.

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

Major A&R exceeding \$250,000 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 (IHS Incentives Policy: [http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars/Circ05/Circ05\\_06/circ05\\_06.htm](http://www.ihs.gov/PublicInfo/Publications/IHSManual/Circulars/Circ05/Circ05_06/circ05_06.htm))
- Marketing, advertising, and promotional items for both intensive and community based activities
- Office equipment, computers under \$5,000 (consider buying computer equipment/laptops with built-in camera for video conferencing; there will also be increased use of WebEx sessions)
- Internet access
- Medications and Lab tests – be specific; list all medications and lab tests
- Miscellaneous services: telephone, voice mail, conference calls, computer support, shipping, copying, printing, equipment maintenance

## I. Other Direct costs

Line items may include:

- Rental costs
- Utility
- Postage, Telephone
- Audit Fees, Professional Fees
- Insurance Liability
- Office Cleaning, Storage Fees, Biohazard Disposal
- Marketing/Advertising

**Total Direct Costs** (add items A – I)

**Indirect Costs** (current negotiated indirect cost rate with BIA)

**Total Budget** (Total Direct plus Indirect Costs)

## Appendix 5: Sample Budget Narrative

### A. Personnel:

Program Director (25%)	11,500
Program Coordinator (50%)	21,000
Administrative Clerk/Recruiter (100%)	20,000
Data Coordinator (50%)	15,000
<b>Total Personnel:</b>	<b>67,500</b>

### B. Fringe Benefits: (rate is 18%)

Program Director	2,070
Program Coordinator	3,780
Administrative Clerk/Recruiter	3,600
Data Coordinator	2,700
<b>Total Fringe Benefits:</b>	<b>12,150</b>

### C. Travel and Training:

Local Mileage	1,350
Staff Training & Travel	2,400
Travel to 1 grantee meeting x 4 staff ABQ	3,104
Travel to 3 grantee meetings x 2 staff CO	7,038
<b>Total Travel:</b>	<b>13,892</b>

### D. Equipment:

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

### E. Supplies:

Educational/Outreach	2,492
Office Supplies	1,200
Food Supplies for Healthy Luncheons	2,400
Medical Supplies (Clinic)	<u>3,000</u>
<b>Total Supplies:</b>	<b>9,600</b>

### F. Contractual:

Fiscal Officer	16,640
Consulting Medical Director	14,440
Registered Dietician/Diabetes Educator	18,720
Exercise Therapist	33,250
Pharmacist (PT)	<u>13,338</u>
<b>Total Contractuals:</b>	<b>96,388</b>

**G. Other Direct Costs:**

Incentives	10,000
Rent	21,297
Utility	4,000
Postage	500
Telephone	2,611
Audit Fees	2,500
Professional Fees	2,400
Insurance Liability	1,593
Office Cleaning	1,680
Storage Fees	240
Biohazard Disposal	154
Marketing/Advertising	<u>2,010</u>
<b>Total Other Direct Costs:</b>	<b>48,985</b>

**TOTAL DIRECT** **\$258,015.00**

**TOTAL INDIRECT (35%)** **\$138,985.00**

**TOTAL** **\$397,000.00**

**Budget Justification**

**A. Personnel:** **\$67,500.00**

Program Director (25%)

This employee (Johnny Jones) is responsible for the administration (including fiscal management) of the overall project. (520 hours x \$22.11 per hour = \$11,500.00)

Program Coordinator (50%)

A part-time employee (Sally Ignacio) is responsible for the day-to-day leadership and management of the activities within the project. (1,040 hours x \$20.19 = \$21,000.00)

Administrator Clerk/Recruiter (100%)

A full-time employee (Betty Ingram) is responsible for completion of administrative tasks and is responsible for recruitment of participants into the program; works closely with the Program Coordinator. (2,080 hours x \$9.62 = \$20,000.00)

Data Coordinator (50%)

A part-time employee (Dan Howard) is responsible to manage documentation of program activities and outcomes and report data to the Coordinating Center. (1040 hrs x \$14.42 per hour = \$15,000.00)

**B. Fringe Benefits:** **\$12,150.00**

Fringe benefits are calculated at 18% of salaries. Fringe is composed of health, dental, life and vision insurance (20%), FICA/Medicare (7.65%), worker's compensation (1.11%), State unemployment insurance (1.25%), and retirement (5%).

Total salary amount as listed above is \$67,500.00 x 18% (fringe rate) = \$12,491.00 (total fringe benefits).

**C. Training and Travel:** **\$13,892.00**

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

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

Travel to 1 grantee meeting x 4 staff in ABQ, NM - Expenses in this category are associated with attending one grantee meeting in Albuquerque, NM for up to 4 staff: the budget covers the cost of airfare (\$450 x 4 people = \$1,800), lodging (\$86/night x 4 people x 2 days = \$688), per diem (\$52 x 4 people x 2 days = \$416), and ground transportation (\$25 x 4 people x 2 trips = \$200). A total of \$3,104 for travel to grantee me

Travel to 3 grantee meetings x 2 staff in Denver, CO – Expenses in this category are associated with attending 3 grantee meetings in Denver, Colorado for up to 2 staff: the budget covers cost of airfare (\$675 x 2 people x 3 trips = \$4,050), lodging (\$158 x 2 people x 2 days x 3 trips = \$1,896), per diem (\$66 x 2 people x 2 days x 3 trips = \$792), and ground transportation (\$25 x 2 people x 2 trips x 3 visits = \$300). A total of \$7,038 for travel to 3 grantee meetings in Denver, Colorado.

**D. Equipment:**

**\$9,500.00**

Desk Top Computers (2)

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

Exercise Equipment

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

Lap Top Computer

This type of compute is needed to be used in conjunction with the LCD projector that will be used by the Diabetes Educator for presentations. Cost is \$2,000.00

LCD Projector

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

**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 \$2,492.00.

Office Supplies:

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

Food & Supplies for Monthly Wellness Luncheons

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

Medical Supplies -Clinic

An allocation has been made for purchasing medical supplies for our clinic such as cotton sticks, strips for glucose check machines, paper sheets, gloves, gowns, etc., in the amount of \$3,000.00

**F. Contractual:**

**\$96,388.00**

Fiscal Officer

An independent contractor contracted 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)

Nutritionist/Diabetes Educator

A registered dietitian/diabetes educator is contracted to provide diabetes related meal planning and instruction and facilitate one-on-one consultation with clients. (8 hours per week x 52 weeks x \$45 per hour = \$18,720.00)

Exercise Specialist

An exercise specialist is contracted to conduct and monitor the exercise program necessary for each client. (950 hours x \$35 per hour = \$33,250.00)

Pharmacist

A Pharmacist is contracted to provide pharmacy consultation necessary for each client (290 hours x \$45.99 per hour = 13,338)

**G. Other Direct Costs**

**\$49,493.00**

Rent

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

Utility

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

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

Telephone

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

Audit Fees

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

Professional Fees

To pay for computer consultant to fix computer problems. \$200.00 per month x 12 mos. = \$2,400.00 will cover the expenses.

Insurance Liability

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

Office Cleaning

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

Storage Fees

NUI 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. Three ads x \$670.00 = \$2,010.00

<b>TOTAL DIRECT CHARGES:</b>	<b>\$258,015.00</b>
<hr/>	
<b>TOTAL DIRECT</b>	<b>\$258,015.00</b>
<b>TOTAL INDIRECT (35%)</b>	<b>\$138,985.00</b>
<b>TOTAL</b>	<b>\$397,000.00</b>

## Appendix 6: Required Documents Checklist

Document	Where to access form, instructions, guidance or description of document.
SF-424	<a href="http://www.acf.hhs.gov/programs/ofs/grants/sf424v2.pdf">http://www.acf.hhs.gov/programs/ofs/grants/sf424v2.pdf</a>
SF-424A	<a href="http://www.acf.hhs.gov/programs/ofs/grants/sf424a.pdf">http://www.acf.hhs.gov/programs/ofs/grants/sf424a.pdf</a>
SF-424B	<a href="http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf">http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf</a>
SF - LLL Disclosure of Lobbying Activities (if applicable)	<a href="http://www.whitehouse.gov/sites/default/files/omb/grants/sflllin.pdf">http://www.whitehouse.gov/sites/default/files/omb/grants/sflllin.pdf</a>
Project Narrative	Access the Project Narrative template at the following link: <a href="http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPI_FY2010_DPHH_TemplatePN.0818.doc">http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPI_FY2010_DPHH_TemplatePN.0818.doc</a>
Budget and Budget Narrative	Appendix 4 and 5
Work Plan and one-page time frame chart for required activities	<p><b>Description of Diabetes Prevention Program Activities</b></p> <p><i>Refer to FOA: Section II, B. Award Recipient’s Responsibilities, 1. Diabetes Prevention Program, d. Description of Diabetes Prevention Program Activities.</i></p> <p>Award recipients are required to implement all components of the activities describe below and provide a work plan and a one-page time frame chart to that effect:</p> <ul style="list-style-type: none"> <li>▪ Intensive Activities</li> <li>▪ After-core Activities</li> <li>▪ Less Intensive/Community/Group activities</li> <li>▪ Documentation of outcomes and activities</li> </ul>
	<p><b>Description of Healthy Heart Project Activities</b></p> <p><i>Refer to FOA: Section II. Award Information, B. Award Recipient’s Responsibilities, 2. Healthy Heart Project, d. Description of Healthy Heart Project Activities.</i></p> <p>Award recipients are required to implement all components of the activities describe below and provide a work plan and a one-page time frame chart to that effect:</p> <ul style="list-style-type: none"> <li>▪ Intensive Activities</li> <li>▪ Less Intensive/Community awareness activities</li> <li>▪ Documentation outcomes and activities</li> </ul>

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<p>Answer 3 questions related to Participation in Dissemination and Implementation Activities with narrative, in <b>one page</b> or less.</p>	<p><i>Refer to FOA: Section II. Award Information, B. Award Recipient's Responsibilities, 3. Participation in Dissemination and Implementation Activities, g. Instructions for Applicants</i></p> <p>Applicants that are current SDPI Community-directed grantees but not a Demonstration Project grantee, please answer the questions based on your grant's experience.</p> <p>Answer all the following questions:</p> <ol style="list-style-type: none"> <li>1. What are 3 major challenges that your grant program encountered in the implementation of the Demonstration Project intervention (Diabetes Prevention or Healthy Heart) within your community?</li> <li>2. What are the 3 most important things you and your SDPI program have learned over the past 5 years that you think should be disseminated to other I/T/U programs?</li> <li>3. In your opinion, what have been the most successful ways that the Coordinating Center and the IHS DDTP have used to deliver information to you, the grantee?</li> </ol>
<p>Tribal Resolution or Tribal Letter of Support (Tribes or Tribal organizations only)</p>	<p>Applicants must submit a current, signed and dated Tribal Resolution or Tribal Letter of support from all Indian Tribe(s) to be affected by the proposed program activities.</p>
<p>Letter of Support from Organization's Board of Director (Title V Urban Indian Health Programs only)</p>	<p>Urban Indian health programs must submit a letter of support from the organizations' board of directors.</p>
<p>CEO Letter of Support (IHS facilities only)</p>	<p>IHS facilities must submit a letter of support from the Chief executive Officer (CEO).</p>
<p>501 (c) (3) Certificate (urban facilities only)</p>	<p>Urban Indian health programs are non-profit organizations and must also submit a copy of the 501(c) (3) Certificate.</p>
<p>Letters of support from affiliated organizations</p>	<p>The applicant must submit a letter of support from the top administrator of all partners and collaborating entities.</p>
<p>Current Indirect Cost Agreement</p>	<p>In accordance with the HHS Grants Policy Statement, Part ii-27, IHS requires applicants to have a current indirect cost rate agreement in place prior to the award. The rate agreement must be prepared accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period.</p>

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	<p>If the current rate is not on file with DGO 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 DGM. See the FOA for more information. If your organization has questions regarding the indirect cost policy, contact the Tammy Bagley, IHS Division of Grants Management, at (301) 443 5204.</p>
<p>Memorandum of Agreement (if sub-contracting with a local IHS facility) and required SF 424 forms.</p>	<p>Sub-contracts          Tribes may contract with a local IHS facility to provide specific clinical or support services. Tribal funds are transferred to the service unit through a Memorandum of Agreement (MOA).</p> <p>A signed Memorandum of Agreement (MOA) must be submitted with the application. The MOA must include the scope of work assigned to the sub-contracting IHS facility.</p> <p>The IHS Area Director and the Tribal Chairperson must give signed approval of the MOA.</p> <p>The Tribe's application must include additional SF-424 and SF-424A forms that are completed by the IHS facility which includes a budget narrative and a face page that is signed by the Chief Executive Officer (CEO).</p>
<p>Required Organization's Financial Audit for 2007 and 2008</p>	<p>Documentation of OMB A-133 required Financial Audit for FY 2007 and FY 2008 (Tribal programs and Tribal organizations). Acceptable fiscal audit documentation can include:</p> <ul style="list-style-type: none"> <li>• email confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted; <b>or</b></li> <li>• face sheets from audit reports. Face sheets can be found on the FAC website:  <a href="http://harvester.census.gov/fac/dissemin/accessoptions.html?submit=Retrieve+Records">http://harvester.census.gov/fac/dissemin/accessoptions.html?submit=Retrieve+Records</a></li> </ul>

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Biographical sketches for Key Personnel	<p><b>A. Program/Project Director</b> - This individual will be responsible for the administration including the fiscal management of the overall project and must have his/her primary appointment with the applicant organization.</p> <p>The Program Director may be but is NOT required to be the Program Coordinator.</p> <p><b>B. Program/Project Coordinator</b> - This individual is responsible for the day to day leadership and management of the activities within the project.</p> <p>This individual must meet the following requirements:        - have experience with program/project management and grant/cooperative agreement management including skills in program coordination, budgeting, reporting and supervision of staff,        - have a working knowledge of diabetes</p>
Contractor/Consultant resumes or qualifications plus scope of work	Brief Resumes or qualifications plus scope of work
Documentation of HIPAA Compliance	<p>Applicants must have procedures in place to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations.</p> <p>Applicants must document procedures in place that ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, as all Indian health programs are required to do.</p> <p>NOTE: Problems with privacy and confidentiality identified during peer review of the application may result in the delay of funding.</p> <p>Identify the procedures that are in place in your clinical/medical facility that ensure compliance with HIPAA.</p>
Organizational chart (optional)	
Key Contacts Form	<p>Access the Key Contacts Form at the following link:  <a href="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</a></p>