

Program Name:

**Indian Health Service  
Special Diabetes Program for Indians  
Community-Directed Grant Program**

**FY 2015 Annual/Final Progress Report Template**

**Other Activities**

Last updated: January 2016

**Instructions for Using this Template**

Provide the information below for any other activities provided in FY 2015 that are not already reflected on your Best Practice(s). Further template instructions and information are provided on the *FY 2015 Annual Progress Report Template: Part 1*. **Ensure that you are using the current version of [Adobe Reader](#)<sup>1</sup> to complete these templates.**

**The Annual Federal Financial Report (SF-425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.**

**Section 1: Program Identifiers**

1. Program Name:
2. Grant NO. (use number found on current NoA):
3. Name of person completing template:
  - A. Email address:
  - B. Phone number:

**Section 2: Target Population and Goal**

4. Target Population:
  
  
  
  
  
  
  
  
  
  
5. Goal:

---

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

Program Name:

### Section 3: SMART Objectives

List all objectives for these other activities. If there are more than 7 objectives, number (starting with 8) and list them in [Section 6](#) of this template.

A. Objective #	B. Objective	C. Briefly Explain Progress Made
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Program Name:

### Section 4: Additional Measures

Report up to 5 additional measures based on the following criteria:

- Utilized the most grant funding
- Devoted the most program time
- Resulted in the most significant improvement from previous reporting

A. Measures	B. Objective #	C. Baseline or beginning value and date	D. Final value for FY 2015 and date	E. Data Source (where did these values come from)
1.		as of	as of	
2.		as of	as of	
3.		as of	as of	
4.		as of	as of	
5.		as of	as of	

Program Name:

### Section 5: Major Activities

List major activities completed, the objective that the major activity corresponds to (reference the objective # from [Section 3](#) of this template), and the timeline or date the activity was completed.

A. Major Activities	B. Objective #	C. Timeline/Date Activity was Completed
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Program Name:

## Section 6: Other Information

1. Describe any major challenges you encountered in implementing these other activities.

A. How have you overcome these challenges?

2. If you have any further information to add regarding these other activities for FY 2015, such as additional objectives, measures or activities, add it here. **If you do not have any further information to provide, you may leave this item blank.**

Program Name:

**You have completed the Other Activities Template. Next Steps:**

1. **Save** this document on your computer for your records.
2. **Ensure** that you have completed Part 1 and 2 of the [FY 2015 Annual Progress Report](#)<sup>2</sup>.
3. **Review** your report for completeness and accuracy.
4. **Report** on all selected Best Practices for FY 2015
5. **Submit your completed report** – attached as PDF documents on GrantSolutions under Grant Notes.
6. **Notify** Your [Area Diabetes Consultant](#)<sup>3</sup> that the report has been submitted on GrantSolutions.

**Note: Your Annual Progress Report will be considered incomplete if Parts 1 and/or 2 are not included or complete.**

**The Federal Financial Report (SF 425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.**

---

<sup>2</sup> FY 2015 Annual Progress Report URL:

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

<sup>3</sup> ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>