



Indian Health Service

# Division of Diabetes Treatment and Prevention

**SDPI Informational Webinar: SDPI FY 2016 Grant Program Update**  
**January 13, 2016**

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Kelli Begay:

Like I said, we will be going over a lot today. We have two parts here. We'll be starting off with welcoming introductions. We'll also have some grant updates. We'll be going over the use of additional funds, which you may have heard about or seen in an email that was sent to you, and then we'll be closing our session. So we'll go ahead and get started. With that, I'm going to turn it over to Dr. Ann Bullock, the director for the Division of Diabetes. Ann?

Ann Bullock:

Hi, everyone! As Kelli said, this is Ann Bullock. I want to add my thanks for your patience and endurance. We all deal with technological glitches, so sorry that this is shifting our webinar later into your afternoon, for some of you mornings, but I appreciate that very much.

So, I want to say, first of all, a big congratulations to you all. It's been a grueling process, the competitive process for SDPI Grants or any grants is always a challenging one to make sure that you get through, jump through all the hoops, and do them in the right order and in the right timeline. So, I really want to thank you all for your patience during the process, your hard work. Because as we all know, in the end, what we really want is to have resources in our communities so that you all can do the good work of doing diabetes prevention and treatment work with the people that you serve. So, thank you, congratulations and we're in a sense, we're calling our January 27th webinar our kickoff. But really, in a sense, this one is the first webinar for our FY 2016 grantees, and that's you guys. So, congratulations again and thank you.



We know you have lots of things you need to know about, so we want to just give you some little bit of an update on how the application process went. That would be really quick, and then we'll get into the information you all are needing to know so that you can get your additional dollars applied for.

For grantees in the past because we've used these numbers, this is the number of 2015 grantees, 2015, not now, but last year. There were 305 Community-Directed primary grantees, plus another 25 sub-grantees, for a total of 330 programs funded to the SDPI Community-Directed Program in 2015. You are all familiar with the Diabetes Prevention and Healthy Heart Initiatives, and there have been 68 of those in 2015. So, just a reminder, because you usually hear a number of around 400 or so for the number of sites that are funded by SDPI, so you can see that it's roughly about 400 or actually 398 in 2015 with our DP/HH colleagues.

For 2016, our numbers are a little different for several reasons, but not too different. So the number of applications were submitted into Grants.gov and which passed the screening process went into objective review, were 284 applications. The number of applications which successfully came out the other side of the ORC or Objective Review Committee Process was 276. So, eight applications did not achieve a fundable score. So that means a vast majority of you all, the ones who are on this call today, you all did a great job, and were able to achieve a fundable score through that Objective Review Process.

Of the 276 primary grantees, 232 are Tribal. So obviously, overwhelmingly, this is a Tribal program. Fifteen sites are IHS, this is a decrease. I mean, it definitely shifted to being Tribal programs as the years have gone by. And there are 29 Urban programs.

The number of totally new grantees is five. There are a couple of programs who kind of shifted the way they were doing things, they may have been a sub-grantee in the past and now are primary. But the number of totally new grantees is five, four in California Area and one in the Nashville Area. The number of programs to be funded, so this includes our sub-grantees is a total of 301, so 276 primary grantees with again 25 sub-grantees. These are divided up by Area as you can see here. You can check your Area out and see how many of your fellow grantee sites there are in your Areas. The highest being Portland with 40, but several Areas: Phoenix, Oklahoma City, Bemidji, California in the 30s. So, quite a range down to three in Tucson, which is a small Area of course in terms of numbers of grantees or sites anyway. And Nashville and Navajo are the two that has sub-grantees this time around.

Moving on then. Notices of Award, those of you who've been through this, we realized many of you are old hands. You know this stuff as well as we do, but there are also many of you who are new to this process, either because you're a totally new grantee or because you're a new staff to the program. So we know that some of these things are extra confusing for those who are new in this process. So, NoAs, Notices of Award sometimes called Notices of Grant Award are the official notification from the IHS Division of Grants Management that your organization has been awarded an SDPI grant. So it's the real deal. That's the thing you really got to have is the NoA, we'll be talking about that because many of you have them but many of you also do not. We'll talk about the timeline in a minute.

We want to make sure that you all are getting the communications from the IHS Division of Grants Management or DGM, including those NoAs when they come out. Because who they are contacting are the people that are the officials listed in the application. So your Authorized Organization Representative or AOR, as well as, perhaps the couple of other people in your organization, depending on who is listed as being the officials for your Tribe or organization. That may or may not as many of you know include you. So the SDPI program people may or may not be on this list. If you are not, then you need to get with your AOR or whoever else in your Tribe or organization that's receiving this information from DGM to be sure you are in the loop and getting what you need. Because you're going to have to provide some more information and you don't want to be missing out on this. So please do

work with your AOR to ensure that you are getting all of the important communications from DGM as they come through.

So when you get your Notice of Award, be sure you're paying particular attention to what -- they maybe have slightly different terms applied depending on which Grants Management Specialist put the NOA together, usually called Special Terms of Award or Special Grant Conditions, something like that, to be sure that you're aware of those conditions that you're going to need to meet with your grant. Some of these NoAs are on the long side, so you don't want to be missing out on important information. Please read the entire NoA and looking for those special conditions in particular.

So where are we at with the NoAs for 2016? Technology being what it is that not only it does delay our webinar today but with the closure of UFMS in December, plus some issues with GrantSolutions. There have been some system issues which have affected the NoA processing, and that delayed us a little bit our timeline for getting them all out to you. So, as always, we apologize for those limitations. But our colleagues in DGM are working very hard to make sure these things all get out when we needed.

The NoA distribution date, we're still talking in terms of the old cycles because we got to translate the old cycles into one single-budget cycle. And once we get through FY16, we will have accomplished that. For Cycles 1 and 2, all of the NoAs have been processed. There may be a couple of you who have not yet received the NoA, but they have all been processed through DGM. Again, thank our DGM colleagues for getting all of that done. So that's something to celebrate right there, a milestone that Cycles 1 and 2 are just about finished in terms of getting their NoAs, at least.

Most of you in what used to be Cycles 1 and 2, you will note on your NoA a start date of January 1st, 2016, so New Year's Day of this year. So about two-thirds of you that is what you will see. If you received your NoA or on before January 1st, that's what it will say. As many of those NoAs, about third of them went out last week or early this week, DGM has put on there a start date for your grant of January 15, this Friday. So you would not be able to draw down funds under the new NoA until January 15th or this Friday. Hopefully that will not be a problem for any of you. If it is, please let your Grants Management Specialist know.

If you're a totally new SDPI Program, in other words you're not part of a sub-grantee arrangement in 2015, you're totally new. Then, those NoAs have also been processed just like Cycles 1 and 2. If you were a sub-grantee or in some other arrangements as part of 2015, then you're going along with the cycle that -- that previous grant as you were under, is part of. So that may be a Cycle 3 or 4 in the past, and so you might not have seen an NoA yet. If you are in what is still in Cycle 3 and 4 in 2015, since it's still going for Cycles 3 and 4. Your NoAs are being processed in January and well into February. As you all know, Cycle 3 has a three-month overlap and Cycle 4 a five-month overlap with 2015. So there will not be any break in funding for any of you all. So Cycle 3 and 4, we'll be talking more about what would be required from all of you, but DGM will want to work with you all to get the information on the additional funds you've been awarded, if possible, before they issue your NoA. But we'll talk about that more in a minute.

As we transition to FY 2016, your budget period for this year, the start of it will be whatever your program's NoA tells you it will be. For some of you, it was January 1st as you've seen, for others of you, January 15th. For those of you in Cycle 3 and 4, it will be whatever is on your NoA. But for everybody, as we transition to the single-budget cycle, the end date will be December 31st, 2016.

So other changes as you all know, we're going to be -- we'll talk much more about this in future webinars. You'll be required to submit required key measure data for your chosen Best Practice, and that will be through a brand new system, what we're calling the SDPI Outcomes System or SOS, which feels appropriate given -- how sometimes these new things can feel overwhelming at times. The SOS is anticipated to open next month. We're still building it. We know that -- we are hoping that you all

would start looking at some baseline data for your Best Practice Target Groups. So please do look at those things, but we will not be able to have you enter anything until next month. We're going to do a whole webinar devoted just to the SOS on Wednesday, February 10th. So we'll be telling you more about that. And in fact, we did announce that in the emails we've been sending out about our first few webinars, so make sure you do attend that. It is a required training.

And we're going to do lots of trainings. We know there are lots of questions and everyone has individual issues that they're going to need to work on, in addition -- the questions that many of you have. Trainings related to SDPI for 2016 will be ongoing. We will include a number of Q&A webinars where you can ask anything related to the grant and also to the Diabetes Audit, which will be coming up very soon as well. So, just as we try to get as much training out to you as possible during the application process, we intend to keep doing that. Now that you all are on the other side and arr grantees, we want you all to be successful as you have it in the past.

So, we will send out emails to you all about these training. But you can always access them through our DDTP SDPI Training webpage. You can go to the DDTP website, which is [diabetes.ihs.gov](http://diabetes.ihs.gov) and find the SDPI page to see the list of upcoming trainings. If you want them to get -- all to get those on your calendars.

We need to move on now to the information that you all who are going to be receiving more funds than you applied for in your 2016 application, which is almost all of you. As you all know, with the conclusion of the Diabetes Prevention/Healthy Heart Initiative Grants, those dollars were rolled into the Community-Directed. And all Areas saw a significant increase in dollars going to them, and that has indeed translated to almost all of you receiving more funds than you actually applied for in your application, which is wonderful. But it is going to mean that we're going to need a little more out of you than we have had. I'm having a little glitch with Adobe Connect here. It needs to reload. There it is.

All right! You will have to indeed give us some supplemental information that have to be received and approved by the project officer who is your Area Diabetes Consultant, as well as Division of Grants Management before any of the funds over and above the amount you applied for can be used. And please do note that some of your NoAs may include other funding restrictions, which have nothing to do with this issue for 2016. You may be on a cost reimbursement basis or something else. So, there may be other restrictions on NoAs. Please make sure you're paying attention to those that apply to your particular grant program.

For details about the funding amount, if you are not aware of the amount you're going to receive in 2016, you will find it out very quickly. And any questions or instructions for submitting the supplemental application information make sure you talk with your Grants Management Specialist. For Cycles 1 and 2 and for new brand new grantees, you've already, as we've said before, received your NoA and you should look at that closely to see what your Grants Management Specialist wants you to provide and the way in which they want you to submit that either through GrantSolutions or by email to them.

If you're a Cycle 3 or 4 grantee, most, if not all of you, have received an email from your GMS telling you what the amount is for your grant for 2016 that for, almost all of you an increased amount. So you'll want to check that for the amount, but also for what the instructions are from your GMS as to how to submit this supplemental information. Please, please do contact your GMS with any questions. There are some differences between how each GMS wants this information, so we can't give you universal steps on all of this. The relationship with your GMS is extra critical these days.

So, of this supplemental information you must submit. Everyone who is going to get more money than they applied for is going to have to provide some supplemental budget information, how are you going to spend these additional dollars. Unless your GMS tells you otherwise, you will have a choice as to whether to submit budget information only for the additional dollars, in other words your budget that was in your application talks about the things that you've done, or were applying for with the base

amount, with your regular grant amount. So you might only if it makes sense want to tell us about the additional dollars. Or if it's easier, you can revise the entire budget including what you already submitted in your application and send that. Unless your GMS tells you otherwise, it is your choice as to whether you provide budget information, budget line items, just like you did in your application, for just the additional dollars or if it makes more sense for you to do -- just revise the entire budget. It really depends on your particular circumstance and preference.

You'll also need of course to submit some supplemental budget narrative information. So not only we have to see in your budget the little line items of how you propose to spend those additional dollars, but here's your chance to tell us that the narrative or why of what you plan to do and a little bit of the how. Again, unless your GMS says otherwise, it is your choice as to whether your budget narrative only refers to the additional funds or if it makes sense and is easier for you just to revise and expand on what you submitted with your application. You can do it either way. It is up to you and your GMS as to which way to do that.

Everyone will have to do those two things, who is getting more money than they applied for. Whether you're getting a small amount more or a lot more, both of those two things will be needed. Now, you will also need to submit some revisions to your work plan or scope of work. These were things that were in your project narrative in the original application. Again, this is a little bit -- dependent on how your GMS wants this. But for the most part, the people who need to submit this are the ones who are proposing new activities that they did not include in their 2016 application. Then, you would need to submit some supplemental information around those new activities. If you're only going to expand on an activity that you already put through your application then you may not need to submit much in a way of this. But if you're proposing any new activities with this, please indeed -- similar to the budget narrative, we need to know programmatically what you plan to do with those dollars and how. This includes the information you provide on those types of things in the project narrative, such as what group of people you want to target with those services and how you plan to evaluate them. This is not the same as your Best Practice work. You guys have already committed to your Best Practice work. This is not related to that. This is the other activities on your project narrative.

So, I want to make sure that's clear. If you are proposing any new activities with these additional dollars, you will definitely need to submit a new work plan, scope of work. It gets called different things by different GMS's. And some of them may wish you to provide some of this information even if you're just expanding activities. In that case, just check with your GMS on their preference. Your GMS may ask you for a revised SF-424A, which will include the new funding amount, and there may be other things. So indeed, work with your GMS on what they want and how they want you to send it.

Just some quick tips for revising your budget. State the obvious, be specific, detailed, and complete just as you were -- for your original application, ensure the dollar amount and the line item budget as well as your budget justification and your SF-424A match exactly. You'd be surprised that we saw a number of applications where these things did not match, where there were some math errors and other things. So please always double, triple check these things. Of course, everything in the budget must be justified by the activities and services you are proposing in your supplemental budget narrative and possibly in a revised scope of work if you're going to propose some new activities. So of course, make sure everything is reasonable, well justified, and as I said a minute ago, do double check the math. We did find some errors in the -- even some of the usually most capable sites. So please do check that out.

So this is very important. Most of you already know these things, but your GMS is your BFF. You need to make sure you are in contact with your GMS for any and all questions related to your grant and what needs to be submitted and when. This is the same list as it has been with the exception that Pallop is now working with the California grants, as well as the Urban programs. So their names, their email addresses and their phone numbers are there. Please make sure that for questions, you contact the appropriate GMS for your Area.

Okay. That was a fair amount of information right there. I know there are some questions already going in the chat. Delighted that we have Mr. Hoffman from DGM on the call with us. So, we have a DGM expert with us as well. So with that, Kelli, if we can do some questions.

Melanie Knight:

Okay. This is Melanie. I'll go ahead and read through the questions. The first one is, "What do you need to do if you have a change in the authorized official? Thanks." I think we'll go ahead and have Mr. John Hoffman get us started with that one.

John Hoffman:

Okay. Good afternoon, everybody. A change in authorized official -- now, let's not get us confused. There are two different definitions to that. There's authorized official AOR that deals with Grants.gov, and there's authorized official in the Notice of Award. If we want to change authorized official within the Notice of Award, it would be the same process as changing the program director or simply the grantee would submit the request via GrantSolutions.gov to change authorized representative or authorized official on the Notice of Award. However, if we're speaking regardless to change in authorized representative, the AOR in Grants.gov, the grantee would need to go through Grants.gov and update that through SAM and so forth. That's a process.

So the AOR, Authorized Organization Representative is through Grants.gov. The authorized official on the Notice of Award would come through Division of Grants Management here through GrantSolutions.gov just as a change in -- example, like a change in Program Director, Program Investigator request. Does that clarify it a little bit?

Ann Bullock:

Mr. Hoffman, for many people, what they probably going to want to know is the person who submitted their application may no longer work for their organization or whatever. They want to make sure that who is on the NoA is someone who they need -- is in that position now. So it sounds like they would need to go through DGM to get that changed for their NoA and on your official forms, is that right?

John Hoffman:

Yes, that's correct. If it is on Notice of Award, they would come through Division of Grants Management, and they could submit that through the GrantSolutions as a prior approval request or manage amendments within GrantSolutions.

Ann Bullock:

Great! Thank you.

Melanie Knight:

Thanks. I think that answered that kind of secondary question we had as well. It's very similar. Can we change, update our AOR? So, let us know if you had any -- for folks listening, if you have any further questions in the chat about the AOR. But we just went through that question.

So the next one is, "Do we have access to our ORC score?" So, I'm going to go ahead and answer that since I was one of the PAMs on the session. If your NoA has become available, your Executive Summary has been uploaded into the GrantSolutions system. So if you haven't found it and you've received your Notice of Award just log back into GrantSolutions. You can look at your grant notes. I

believe it's available there as well. But if not, the Executive Summary that provides your average ORC score is available in the GrantSolutions system as an application note.

The next question is from Lake County, they have not received their NoA yet. They are Cycle 2. When are they expected to receive it? Mr. Hoffman, are you able to answer that one?

John Hoffman:

Yes. We are currently – you know, I do apologize. We have had some system troubles here with the GrantSolutions system. However, the Cycles 1 and 2 should be -- if not awarded already, pretty close to being awarded. I'm not specific on Lake County as I don't work with the Lake County Tribal Health. I would reach out to your Grant Specialist who oversees your program. However, it should be very close to being awarded.

Melanie Knight:

Great! Thank you, Mr. Hoffman.

John Hoffman:

And I would expect you receive it within -- yeah, expect to receive that within a week or at least the longest, two weeks, especially if you're in the Cycle 2.

Melanie Knight:

Great! Thank you. The next question is, "Is the SDPI specific to 18 and older or can children be included in the scope of our work? Ann, would you like to answer that one?"

Ann Bullock:

Right. SDPI is not specific to people 18 and older. It is certainly fine. And many of our programs have -- programs or activities that work with youth and children. As long as it's describe in your -- either the application you've already submitted or in the supplemental information we're talking about here. You are welcome to propose activities that work with risk factors in children and youth.

Melanie Knight:

Great! Thank you. Next question, "If the NoA has a start date of 1/15/2016, will it end on December 31st, 2016 still?" A follow-up question, "Is the program is not allowed to obligate funds from January 1st to January 14th, 2016?" Mr. Hoffman, can you answer that question?"

John Hoffman:

Yeah. The NoA will have an end date of December 31st, 2016. To my understanding, yes, the pre-award costs are allowable. So, any expenses occurred from January 1 through January 15 are allowable to the grant. Even though the period start date says January 15th for instance, those costs are allowable.

Ann Bullock:

So the costs are allowed but they will not be able to draw down the funds until the 15th, is that correct Mr. Hoffman?

John Hoffman:

Correct. Those funding won't actually be there until you receive your Notice of Award. For instance, if the start date or if your Notice of Award starts on January 15<sup>th</sup>, you're not going to receive the funding until that actual Notice of Award is issued, and those funds will be deposited in Payment Management.

Melanie Knight:

Okay. We have a similar question. "Another program has a start date of 1/15/2016, will the payroll for the January 1st through 14, 2016 be covered for reimbursement?"

John Hoffman:

Yes.

Melanie Knight:

Okay. Another similar question. "We have a start date of 1/15/2016. Are we allowed to utilize carry forward some funds from FY15 to handle expenses?"

John Hoffman:

Essentially, no, because those carryover funds were approved in the prior budget period, and that prior budget period ended 12/31 of 2015. Originally, this new grant award is supposed to start 1/1/2016. So if you have a 1/15/16 start date, the pre-award cost are allowable, so you'll be able to reimburse yourself for any cost from 1/1/2016 on with the 2016 funding because that authority for the carryover ended 12/31 of 15.

Melanie Knight:

Okay. I think you pretty much just answered this next question which I believe is just worded a bit differently. "We have been using carryover for the last three months. We are Cycle 1. If we have any money left, can we still use it?" So it sounds like the same answer you gave, correct, from the previous question.

John Hoffman:

Correct. Now, if it's under 25% of the annual award amount, then prior approval is not required. So I would advise grantee to check what the unobligated balance is or was as of 12/31 of 2015.

Ann Bullock:

Just to clarify though because I'm sure there may be some confusion out there. This is not to say that you have lost your carryover. No one has lost any carryover that they would have had at the end of 2015. As Mr. Hoffman just said, you can check on what that is. You can use it without additional approval if it's under 25% of the annual grant amount. But otherwise, as always, it's larger than it requires a carryover request. Am I saying that correctly Mr. Hoffman?

John Hoffman:

Correct, Dr. Bullock. After 12/31 of 2015, you folks should do an accounting reevaluate and see what the unobligated balance is. You're not going to lose it if it is greater than 25%. And of course, we're going to need another carryover request and authorization within the 2016 period. However, if that 2015 unobligated balance is below the 25% of your annual award amount, then prior approval is not required and you have indirect authority to go ahead and expand those funds within 2016. So it

depends on what your accounting comes up when they do the reconciliation of the 2015 period. But those funds will not be lost. Those funds if it is over 25%, you still have access to them. You just need to submit the carryover request.

Ann Bullock:

Thank you. I know everyone was worried about whether -- with the new grant cycle we're all starting here, whether any carryover would be lost from the past. And the answer is no, you will not lose that. So, thank you for that clarification Mr. Hoffman.

Melanie Knight:

Great! Thank you. We have another question. I'm going to go ahead and take a stab at answering it first, but Mr. Hoffman or Dr. Bullock if you have anything else to add, let me know. "If the NoA does not list the amount, please clarify how we will find the amount and what the additional funds will be?"

So I understand, Molly, you are with Kayenta IHS. You are sub-grantee, so you probably need to check with your primary grantee. I believe they're going to be the ones that will be working with you on any additional revisions. Mr. Hoffman, Dr. Bullock is there anything else you wanted to add to that question?

John Hoffman:

No, Melanie. I think you answered it well.

Melanie Knight:

Okay. Great! Thank you.

The next question, "Will the supplemental funds be awarded in consecutive years or just in 2016?"

Ann Bullock:

I'll take that one Melanie. Okay. So we're talking about -- I don't know -- what they are referring to as supplemental funds. What I think you're referring to, I hope you are, is these additional funds that have been -- are being awarded because of the addition of what used to go to the DP/HH Grant Program. So the amount that is being awarded for 2016, with a few exceptions, offsets and other kinds of issues, so not talking about individual variations but across the board for most sites. That will be the amount that will be awarded for all five years assuming we receive funding for the last three years from Congress of course. But it will be the same amount. Again, there are some individual variations on that, but as a general rule, it's the same amount that's be awarded in 2016 through 2020.

Melanie Knight:

Great, thank you. I have another question. What is the timeline for the supplemental budget? Mr. Hoffman, can you answer that one?

John Hoffman:

I'm not sure if I understand that question. What is the timeline for the supplemental budget? Is that referring to when are they due to DGM?

Ann Bullock:

I would assume that from the context.

John Hoffman:

We (DGM) would want those just immediately as soon as you can possibly get them in, so we can start reviewing those, the supplemental information documentation and get those reviewed along with program and awarded just as soon as the grantee is completed with the supplemental documentation or information, just as soon as possible.

Ann Bullock:

Thank you.

John Hoffman:

I'm sorry Dr. Bullock. There is no timeline of how we would prefer just to get those in as soon as possible.

Ann Bullock:

Right. So, just to expand that a bit, so Cycles 1 and 2 except for one or two exceptions, you all have your NoAs. DGM worked so hard over the holidays and after to get those out, so they did not wait for you all to send in your supplemental budget, budget narrative, etcetera kind of information. The funds that were awarded above and beyond what you applied for are restricted until you submit this supplemental information and it is approved and those restrictions on those additional funds are lifted. What DGM would like to do for Cycle 3 and 4 since there's a little more time since they're not going to run out of money as fast as Cycles 1 and 2 did, is that you all will hopefully or most of you will be able to submit the supplemental information before the NoA is awarded. So then you don't have to go to the NoA process twice.

So many of you are receiving emails in Cycle 3 and 4 from your GMS with a date by which they would like to see that supplemental information provided, but don't worry if you do not meet that. As Mr. Hoffman said, there is no hard-fast deadline. Meaning, that after which you'll lose money or some other sort of thing, it's just that you get these NoAs processed, they would like that information as soon as possible as he said and if possible by the dates that is in the email from your GMS. So Cycles 1 and 2, it has to be done after the NoA has been sent so you all can start drawing down on most of your funds and then provide the supplemental information for the additional funds then get those restrictions lifted for Cycle 3 and 4. As much as possible, they'd like to have that information before the NoA goes out so they can be done just once. Hopefully that was clear, Mr. Hoffman. Did I state that all correctly?

John Hoffman:

Yes, Dr. Bullock. That is exactly correct.

Ann Bullock:

Thank you.

Melanie Knight:

Great, thank you. And we have two similar questions coming up. "Our NoA requires a revised work plan due to new funds. What form/format should this be in? Should we send in a revised Project Narrative form?" Another question is, "will there be a new form for supplemental work plan or do we

update our applications?" Dr. Bullock, I know you've covered this in your slide. Would you mind going over that information again?

Ann Bullock:

Sure. You can either submit the revision of the entire budget you've already submitted in your application or you can submit budget information just for the additional funds. Work with your GMS. They may prefer one or the other. But in general, DGM has said that it's up to you all to what is more clear and easier and more straightforward.

Same with budget narrative; that you wish to submit a revision of what you've submitted in your application, that's fine or else you can just provide budget narrative information for the additional funds as long as it corresponds with what's in your budget, we're all good. In terms of the format, Mr. Hoffman, I believe you all are saying that you'd like it as word documents. Is that correct?

John Hoffman:

That's correct, yes.

Ann Bullock:

And some GMS's are asking that that be uploaded into GrantSolutions by you as a grant note and others are asking that you send them as attachments to an email to them. So please work with your GMS as to which way they would prefer that you submit that additional information.

Melanie Knight:

Dr. Bullock, I think these two questions were specific to the scope of work or work plan or the revised project narrative.

Ann Bullock:

For the revised project narrative or work plan, similarly, it can be done as a word document, that's just fine.

Melanie Knight:

Okay. Thank you. Next question is how long -- I'm sorry, go ahead.

John Hoffman:

Let me interject real quick, this is John. But you grantees out there, I know a lot of this is confusing what the different specialists claim different methods of submitting out your revised -- just the revised supplements and so forth. Like Dr. Bullock stated, Cycles 1 and 2, your Notice of Awards will request additional supplemental information. Those can be submitted. I would follow exactly what it says on the Notice of Award. Some of us ask you to email it to your specialist directly or upload those into the GrantSolutions system. So, pay attention to what that Notice of Award says, and we get pretty specific on how we want to receive these. Now the Cycle 3 and 4 grantees, I'm sending emails out to all the grantees in the Areas that I oversee and I'm requiring them to email me back the revised documentation, revising the total amount including -- the original amount, including the supplemental funding for a total amount.

So what we want to see for the Cycle 3 and 4 grantees is basically a work plan, the budget, the justification for that entire award amount, so there are two different things that we're looking for. Cycle

1 and 2, we pretty much want to see the supplemental information. But the Cycle 3 and 4 grantees, we want to see a work plan, budget narrative, justification, for the entire award amount. So for instance, if you receive 250,000 annually, you're getting supplemental -- it's not supplemental funding but your application was approved for another additional hundred thousand which is now making it 350,000 instead of issuing that Notice of Award at 250,000, and restricting 100,000, we want to get that information in to DGM prior to issuing that Notice of Award showing the full entire plan for that 350,000. So there are no restrictions on your grant. So I just want to clarify that out and put that out there.

Ann Bullock:

Thank you for that clarification because I guess it's a little different than even we at the DDTP had been hearing. So if I am hearing you correctly, Mr. Hoffman, so Cycle 3 and 4, you want them to submit revisions of the entire budget and revisions of the entire budget narrative and scope of work that goes along with that for any new activities. Is that correct?

John Hoffman:

Yes. That is absolutely correct. So when we look at it and approve the entire award amount, we don't have to put any restrictions on there, where we're going to have -- it's going to be one complete plan.

Ann Bullock:

Okay, great. Whereas for the Cycle 1s and 2s that the NoAs had to get out so that they could keep paying their staff and taking care of business there. You all went ahead and just got those NoAs out and restricted the additional funds. And so for that, work with your GMS as to whether they have a preference for just a revision of the budget and budget narrative you've already submitted or just submit the budget and budget narrative for the additional funds.

John Hoffman:

Yes.

Ann Bullock:

Great, thank you.

Melanie Knight:

Great. Next question is, how long after we submit the additional documents, can we expect to hear if it is approved? Mr. Hoffman, can you answer that?

John Hoffman:

I would estimate at least two weeks. Once the additional documentation is submitted and not only just Division of Grants Management, after review and approve it, we're also asking the Area Diabetes Consultants to review and approve as well. So this goes through an approval process, so I would estimate at least two weeks.

Melanie Knight:

Okay, great. We have a question from a grantee that says they have not received their NoA yet. Mr. Hoffman, can you answer to that?

Kelli Begay:

They're Cycle 1.

Melanie Knight:

They're Cycle 1.

John Hoffman:

Cycle 1, I am not sure. I don't really know. I think we pretty much at DGM, most of a specialist have got -- have issued the majority of the Cycle 1 SDPI grant applications. I'm not sure which -- they would have to specify exactly there could be a system problem but I'm not aware of it.

Melanie Knight:

Do we recommend we have them contact their GMS?

John Hoffman:

Yes, definitely.

Melanie Knight:

Okay.

John Hoffman:

If they have not received it by now, I would definitely reach out to their Grants Management Specialist.

Melanie Knight:

Great, thank you. We have another question. "Sub grantees, do not communicate with the GMS, correct?" Yes, it should be the primary grantee that communicates with the GMS. If you have any questions or concerns though, bring them up to your Primary and if they can't answer it, they'll ask the GMS on your behalf. Mr. Hoffman, did you have anything else to add on that?

John Hoffman:

No, that's absolutely correct.

Melanie Knight:

Okay. Coming up on two similar questions, it is said that Cycle 3 and 4 have received an email regarding funding amounts. This grantee is Cycle 4 and they have not received anything. And then another question that's similar is, is there a date that Cycle 3 and 4 will receive this letter? So looks like some people have not received this letter yet. Mr. Hoffman, do you have any updates on this?

John Hoffman:

Well that's correct. I know Nashville, Navajo, Phoenix and Tucson have not received the email. Those will be going out this week and, basically, it's going to notify the Cycle 3 and 4 grantees of their new funding level amount and what I am shooting for the due dates on the revisions to be January 22nd but with an anticipated start date if the grantees can get those back just as soon as I'm going to get the

email out between today, Thursday and Friday, the 14th and 15th with a due date of the 22nd and an anticipated start date of February the 1st.

Now, as far as the Great Plains, Portland, Oklahoma City, Alaska, Bemidji, Billings, California and the Urban programs, you would need to get with your Grants Management Specialist.

Ann Bullock:

So in other words, not everyone in Cycle 3 and 4 have received this email yet from their GMS. So, it's still a work in progress as Mr. Hoffman just said so stand by, they should be coming soon. But do make sure that you are receiving, you as in the SDPI program, that you are receiving the information that it's not getting stuck in your AOR or similar person's inbox and they aren't sending them to you. Please do check with them to be sure they forward you all of these important things as they come through from DGM.

Melanie Knight:

Great, thank you. Another question, do we need to resubmit the project narrative for the additional funds or can it be a written outline document? I believe Dr. Bullock answered that previously saying it could be a Word document. Did you want to add anything else, Dr. Bullock to that?

Ann Bullock:

Right. The entire project narrative does not have to be resubmitted and you'll only really need to get into this in detail if you're going to propose new activities. But as you heard Mr. Hoffman say, especially Cycles 3 and 4 since they are going to look at the additional amounts kind of in total with the applied for amount, if you need to describe projects that you intend to do, don't hesitate to do it but you don't have to do it as a resubmission of the entire document that it was called the project narrative in the application. Mr. Hoffman, can you add anything to that?

John Hoffman:

No, that sounds good, Dr. Bullock.

Melanie Knight:

Great. Next question, if we are wanting to add a staff position with the additional funds that will be assisting in accomplishing goals submitted in the original application, do we do a supplemental budget or amend the original budget? Mr. Hoffman, can you answer that question?

John Hoffman:

Well, that decision is entirely up to you. If you as a grantee want to add that particular position in with the supplemental budget then you're more than welcome to do that. Now, if you want to amend the original budget, you have the authority to go ahead and do that if it's called a budget revision. If the budget revision is under 25% your grant annual award amount then you have indirect authority to go ahead and do that. That's up to the grantee if they want to show that within the supplemental funding.

Melanie Knight:

Thank you.

John Hoffman:

I'm assuming that's not changing the scope of work. That's a tricky question. I mean, that could be answered in a lot of various different ways. If the grantee wants to show that within the supplemental -- use the supplemental funding for that position, that's -- when they submit the supplemental budget, they would show within a supplemental budget justification.

Melanie Knight:

Great, thanks. I have another question. "I'm a new grantee and not 100% sure what cycle I am but I have not received any information on a date on when I should receive funds and how much I am receiving". So, I'll go ahead take a stab at answering this first and Dr. Bullock and Mr. Hoffman, just let me know if you have anything else to add. You're Delaware Nation and so yes, in a sense, you are new. We also know that you used to be under Lawton previously, and Lawton was Cycle 4. So in your case because your Area is Oklahoma City you should be receiving an email, or your AOR should be receiving an email from your GMS, and that would be Cherron Smith. So if you or your AOR is not receiving that email, it may be a good idea to follow up with your GMS to see if that email has been sent out.

Anything else to add on that question? Okay. I'm going to move on to the next one. "We are a Cycle 3 grantee so we wait until we receive our NoA and then submit out information into Grants.gov or GrantSolutions?" Because you're Cycle 3 you should be receiving an email from your GMS requesting revision so you want to be looking out for that email or following up with your AOR to see if they're receiving that email.

Ann Bullock:

Just to clarify from the question. You did not wait until you received your NoA. You need to find that email that Mr. Hoffman's been describing some of you have received it, others will be receiving it in the next week or so. You need to find that email for instructions on how to submit the supplemental information because that will then go into the preparation of the NoA.

Melanie Knight:

Great, thank you. Question, this looks like it may be a Cycle 4 grantee from the previous year. "Will there be a problem with our current grant ending on 05/31/16, our new grant starting -- in this case, it has January 1st 2016." Mr. Hoffman, do you want to answer that one?

John Hoffman:

Sure. No. There will not be a problem with the budget period being cut short. Essentially, the funding will remain there for 2015 and once we issue the 2016 funding, it sounds like this is a Cycle 4 grantee. They may have a start date of 02/01, February 1, in which case the FY 2015 budget period will come to a close and the 2016 budget period will start on February 1, 2016, for this budget period only. Then it will end on December 31 of '16. Grant year 20 or FY 2017 will start 01/01/17.

So there will not be a problem with -- the budget periods will not overlap each other. We will close down one budget period and start a new budget period when we issue the new FY 2016 funding.

Ann Bullock:

But no Cycle 3 or 4 will lose money from 2015. That's really important because I know people worry about that when they hear the budget period will end sooner than what was on the last NoA for 2015. No one will lose any 2015 dollars.

John Hoffman:

Correct.

Melanie Knight:

Okay great, thank you. Another question, if we have already submitted a request for carryover in 2015, do we need to resubmit? Mr. Hoffman, can you answer that one?

John Hoffman:

Yes, any prior request that were approved within 2015 need to be reevaluated and resubmitted for the 2016 budget period. Even though 2015 budget period is not going out until either 03/31 or 05/31, it's going to be cut short. So the authorization on that prior approval will end when that budget period ends. So once we pick up on the 2016, it's like being in a whole another budget period and you would need to resubmit a carryover request for that budget period as well.

Melanie Knight:

Great, thank you. Another question, can new positions be added in the supplemental funding and reclassifying one of the positions? Looks like another question for you, Mr. Hoffman.

John Hoffman:

I guess with the supplemental funding, if you take on -- if your scope of work or goals and objectives show that the position or if that shows or supports, justifies within the budget then that should be fine. It just depends on what's your scope of work, what your plans are, what your work plans are with additional funding.

Ann Bullock:

But in general staff, are indeed allowable costs as long as they do match up with approved scope of work, correct Mr. Hoffman?

John Hoffman:

Yes.

Ann Bullock:

Great.

Melanie Knight:

Okay. Another question is what is the due date for the SF-424A? I'm assuming this is for the revision. That should be specified. In your case, it will be your Notice of Award because you are a new program that has already received your NoA. That due date should be specified in your special grant condition or in your special term in your Notice of Award.

Next question is, does the carryover also apply to Cycle 3 and 4 because we will have well over 25%. Mr. Hoffman, can you answer that one?

John Hoffman:

Yes. I mean, that's the same what I just detailed earlier about two questions ago. Essentially, 2015 funding will come to an end so if you did have an approved carryover within 2015, once the budget period end date, in this example, maybe it would be January 31st of 2016. You folks would do a federal financial report to figure out how much the SDPI program has remaining and your 2016 budget period will begin February 1, 2016. So it will be within the 2016 budget period you would need to -- if that amount is over 25% then it sounds like it is. Resubmit a carryover request and get authorization for those unobligated funds within the 2016 budget period.

Melanie Knight:

Okay, thank you. Another question, if GMS specified (new amount for revisions) in email and we want to revise other (already submitted) parts of the budget, can we or should we email our GMS? Mr. Hoffman, can you answer that one?

John Hoffman:

Yes. I definitely would. See if it was recently submitted and you want to revise it again. I would reach out to your GMS as soon as possible and let them know, so they're reviewing the accurate most up to date revision that there is.

Melanie Knight:

Alright. Another question, "we have additional funds that we are allowed 30 days to prepare a budget and scope of work. Can we still draw down now on the NoA or do we have to wait until the additional funds/scope of work is approved?" Mr. Hoffman, can you answer that one?

John Hoffman:

If you received your Notice of Award for the original budget amount that you applied for, you can go ahead and start expending on that particular budget and plan. The additional funding, that is going to be that was restricted, you cannot draw down on that until that is approved.

Melanie Knight:

Okay. Looks like we have a question that was answer previously but we usually restate just in case this person got on a little bit late. The question is, will there be a specific supplemental project narrative template and budget form we fill out for additional funds? I'll toss that in the air, Mr. Hoffman, Dr. Bullock. Who wants to answer that one?

Ann Bullock:

As we've said, there's no specific template for submitting this additional information. Word documents are just fine but no specific template. Obviously, for a budget one would want to submit it in a budget line item form, but there's nothing we're sending out in terms of an actual fillable form or template.

Melanie Knight:

Great, thank you. Mr. Hoffman, looks like this question is directed to you. Are the AORs included in the email notices that you've been sending out regarding the additional funding being issued?

John Hoffman:

The AORs, the Authorized Representatives are being included. That's the Program Directors and the Authorized Representative for that organization, yes, they're being included in the emails as well.

Melanie Knight:

Okay. We have two similar questions coming up. First one is, "Our NoA states to submit budget and scope of work within 30 days of the award issue date. I thought you said there was not a date but to get it in as soon as possible?" Second question, "so Cycles 3 and 4, do have a set deadline to submit the additional information?" So can we get clarification on these deadlines?

John Hoffman:

The date on the NoA does state 30 days, however that's not a drop dead date -- that's a date that we put out there to get the grantees to submit these budget revisions as soon as they could. If they go past that 30 days, that's fine. We just want to get these revisions in and reviewed and restrictions removed as soon as possible. That's for the Cycle 1 and 2s. So, most of them will see the 30-day term there. However, that's just to get them in as soon as possible and get the restrictions removed for the additional funding. Now the Cycle 3 and 4s do have a set deadline date. They don't have a set deadline date to submit additional information. What we are trying to do within Division of Grants Management is to get these revisions into us soon as possible because we can only issue the awards on either the 15th or the 1st. So we're shooting to get these issued by February 1 of 2016 and if we can get these revisions into us and get them reviewed and approved, we want to get these NoAs issued by February 1. However, if something happens and we're not going to be able to issue that Notice of Award until February 15th and the next date after that is March 1.

There's not a set deadline; however, we just want to get this in as soon as possible so we can get them reviewed and approved.

Melanie Knight:

Okay, thank you. I have another question. "For Cycle 3, are we still held to the five-page limit for budget justification when submitting the new budget with the additional funding?"

John Hoffman:

No. There's no page limit on the budget justification.

Melanie Knight:

Okay, thank you. Next question, "the amount of supplementary funding our NoA was approved for was substantially more than we initially expected. If I understand this correctly, we will be receiving a greater amount for the next five years. What if we currently are not able to utilize all of the supplementary funds? Do we lose out on all the funding or do we only utilize part of the supplementary funds? Can we use more funding in the subsequent years if the need arises?"

Ann Bullock:

Well it's obviously a mixed blessing at times to receive more money than we have programs in place for. What we're going to get to in the second part of the webinar here, we hope to do that shortly seeing a lot of people in the chat, wondering if we're going to get to the next part and we will. We want to have everyone thinking about what they could do with this money. Remember, we have two years of funding from Congress for sure, 2016 and 2017. This is a five-year FOA and so we hope the Congress

will continue to look favorably upon the program and continue to authorize it through the end of the five years of this FOA and of course well beyond, we certainly hope. So the needs in our communities are great. None of our communities would not benefit from additional services. We realize that the infrastructure some sites have is small and it's difficult to ramp up for different kinds of things.

So, when we get to the second part of the discussion here, we'll be talking about ideas for you around allowable cost for things that you might want to try and spend some of those dollars on. Now, you don't have to spend the dollars exactly the same way every year. So for example, you may want to -- it will take you all to ramp up some additional services that you want to have approved for, you might want to use more of those additional dollars this year for one time cost. Perhaps supplementing the diabetes medicines in your pharmacy or helping your podiatry or PT program with the cost of special shoes for patients with diabetes and neuropathy.

So one-time costs are fine and you can adjust on the next couple of years, as you work with your GMS on how some of these dollars will be spent to benefit your community.

Melanie Knight:

Great, thank you. Next two questions are related to the indirect cost rate, so the first one is, "will the funds be restricted if we use the 2015 indirect cost rate? We have not received the 2016 rate yet." Another question on indirect cost rate is, "when our initial application was submitted, we did not have an approved indirect cost rate but we do now. Can we include that in the revised budget and if so, what supporting documents are required, if any?" Mr. Hoffman, can you answer those questions on the indirect cost rate?

John Hoffman:

Yes, I sure can. The 2015 IDC rate, that just depends on the covers of budget period that you're applying for. If that IDC rate that you have approved as a grantee, does not cover the current budget period that you're applying for those indirect costs then the funds would be restricted pending the updated indirect cost rate agreement. So it just depends on what the period of time is that you're submitting for indirect cost; however, you don't lose those. Those are restricted. You still have access to those funds but we just -- DGM needs to see the updated IDC rate. Now the initial application was submitted with an approved IDC rate. Now you do. I would definitely include that new IDC rate with your revised budget and supporting documentation and that's all you need to do and your GMS should see that. And if that was restricted, they would remove the restriction and accept that current IDC approved rate.

Melanie Knight:

Okay. Another question is, "can the additional funds be used for current staff that are underpaid according to their credentials?" Mr. Hoffman, is that an allowable cost?

John Hoffman:

Yes, it is. It is allowable, yes.

Melanie Knight:

Okay. Mr. Hoffman, we're going to go ahead and move on, but we're going to still collect questions along the way. I just want to check with you. Are you able to stay on a little bit late? I know you're on the Eastern Time.

John Hoffman:

I'm sorry, Melanie. I missed that question.

Melanie Knight:

So I was just asking, we're going to continue on because I know some of these questions are going into our next section which is on allowable costs and so I just wanted to see if you're able to stay on and help answer questions after we go through the rest of this presentation.

John Hoffman:

Yes, that's fine. I'll be online.

Melanie Knight:

That's fantastic. Thank you. We're going to go ahead and continue on. I know we probably didn't get through a few questions but we will get through as much as we can towards the end. A lot of these questions too are related to our next section. So we're going to go into that and maybe this will help answer some of those questions that we're seeing. So I'm going to go ahead and have Carmen take it away, our Deputy Director.

Carmen Hardin:

Good afternoon everyone. As Melanie said, my name is Carmen Hardin. I am the Deputy Director of DDTP. And I get the awesome opportunity to talk to you about how to spend money. That's exciting. These are exciting times with the additional funding for the individuals that are being funded for Fiscal Year 2016 gives all the programs, the ones that are receiving the additional funding, an opportunity to be creative, flexible, and build their programs with these funds. I'm going to talk to you a little bit about some of ways or options you can use this funding. As Dr. Bullock had said earlier, you can use it for one-time items. You can use it for staffing. But I'm going to show you a list, and I just want everybody to know that this is not an exhaustive list. These are just ideas. That doesn't mean that they're the only things that you can spend the additional funding on. And these are allowable costs. In addition to the list, I'm going to also kind of bring up a few little helpful hints as to how you can document it in the budget narrative and the project narrative as well.

So moving forward, I like to bring everything up all once. So, we had a question about additional staff and staffing issues. Yes, that is an allowable cost. That is something that you can use your additional funding on. You can use it to hire staff, or expand the services of your current staff. If it's a part-time individual you want to bring up to full-time, that's perfectly acceptable. If you want to have somebody come in and speak to your program about various health-related issues, speaker fees are definitely acceptable. However, if you document the speaker fee as an honorarium within your budget narrative, that is not allowable. So please understand that it has to be documented as a speaker fee for an educational programmer presentation.

Training and travel is definitely an allowable cost. Medical supplies, as Dr. Bullock mentioned earlier, you could purchase medications, diabetic shoes, syringes, anything under the medical supply list. And exercise equipment, tools for physical activity and education. You can purchase tread mills, elliptical machines, rowers, kettlebells, yoga mats, weights, et cetera. Again, be as creative as you can, and expand your program as you feel necessary.

A real popular item here, Food for Nutrition Education. We see this in the budget narrative a lot. This is a sticky one though because you're allowed to purchase food for educational purposes or healthy snacks but you're not allowed to -- or the programs I should say, are not allowed to purchase meals per

se for social events. So, it is an allowable cost; however, be careful how you document it within your project narrative and your budget narrative. Office equipment, any office equipment that you need is definitely acceptable. Audio visual projects, storytelling projects and other related projects. Any marketing that you want to do for your program. You want to create banners, posters. You even want to use some vehicle advertisement, that's definitely acceptable within Grants Management policy.

A real popular area that we oftentimes get a lot of questions about is the incentives. Incentives are definitely allowed in the educational tools. However, there are some rules and guidelines that we like to talk about based on Grants Management policy. You're allowed to purchase little kits for the participants and patients such as pedometers, cooking utensils, logbooks and whatnot, but it's important that you understand that the incentive item has to have a value less than \$30 for each item. And that's less than \$30 for each item, but one patient can get more than one incentive within a calendar year or fiscal year.

The incentive policy, we have a link here for your use. And it's important to take a look at this because like I said, this is a very sticky area that is definitely allowable but has some guidelines. For instance, remember to use acceptable terms when you're speaking about incentives. Oftentimes, we'll see Nike tote bags or we'll see George Foreman grills or stuff like that. We are not allowed to use trade names, brand names, and we have to be very general when we explain the exercise garment. You have to say exercise garment instead of a t-shirt. You have to say tote bag instead of a Nike tote bag. So try not to label the item, make it as general as you can and just not use brand names. And yes, believe it or not a Crockpot, which I didn't think is a brand name, is definitely a brand name. It's a slow cooker. This is a very important area that I stress that you review the incentive policy if you have additional time.

Another real common area that we often get questions about but it is definitely an area that you can use your additional funding, is alteration and renovation. Changing the clinic, changing -- making cubicles that sort of thing is definitely an allowable cost. You can modernize, you can renovate, you can have mobile and/or temporary units. Grant funding cannot be used to purchase land or permanent buildings. It cannot change the blue print of the facility or the building whatever changes that you make, alterations or renovations. You can use your funding for vehicles including GSA, purchasing and leasing the vehicles for your program. And some of the other services, this is a requirement of your program. You know, you could use the funding for biohazard waste disposal, that is a solution for storage or I should say for storage. And I believe, that's it.

And again, I just want to stress to all of you that this is not an exhaustive list. These are just ideas, options for you. Be creative. Tailor your purchases or your needs to your own program and help it to grow and meet the needs of the community. Thank you so much. Dr. Bullock, do you want to go ahead and introduce?

Ann Bullock:

I will, yes, thank you, Carmen.

Carmen Hardin:

Thank you. Sure.

Ann Bullock:

We've been hearing about lots of things that are allowable cost categories if you will. This is our chance here with these additional dollars. For some of you, your additional dollars will only help you maybe catch up with inflation, maybe not even that in terms of the cost over the years that have accumulated with your SDPI program. But for others of you, you are receiving a fairly significant increase in the dollars that you have been receiving. These are all ideas. And many of us have not

had to think about what we would like to do with additional dollars because we haven't had any for so long. That's part of why we're talking about this now is to remind you what types of costs are allowable and not -- and also to make sure that you are thinking in a big broad way and about new science that's coming along to help us with diabetes prevention in ways we never imagined even 10 years ago. And with that, I want to switch the topic over to a particular couple of interventions that our colleagues at the Johns Hopkins Center for American Indian Health have been doing and now we have randomized control trials evidence for, and these are the types of programs we would love to see SDPI grantees undertaking, because they are evidence-based.

For the next few minutes, we're going to have Dr. Allison Barlow who is the Associate Director for Johns Hopkins Center for American Indian Health, tell you about two important interventions: The Family Spirit and Together on Diabetes Intervention. Dr. Barlow, thank you so much for joining us today.

Allison Barlow:

Thank you so much, Dr. Bullock, and Mr. Hoffman, and everyone else who we've been listening to. I'm so grateful to be able to speak with you today and I'm really excited that Congress had the wisdom to do this. So just briefly our center has worked for more than three decades with American Indian communities to design programs released from the ground up to keep optimal health and well-being across the lifespan. And since our founding, we've had a memorandum of understanding with Indian Health Service to really leverage our mission to do the best work we can for Tribal communities. We've had three decades of continuous partnership work with Southwestern Tribal communities and they're shown here.

And the two programs that we're going to talk about really were designed in partnership with these communities, and we'll show you where they've been scaled to other communities in the case of the first one.

So the first program is called Family Spirit, and its evidence-based has really shown outcomes from mothers and children that are associated with reduction of obesity which we know is the risk factor for diabetes. The Family Spirit intervention is a structured home visiting intervention that's taught by American Indian home visitors to young mothers from pregnancy through 36 months post-partum. And it's home-based outreach. Other family members who help to care for the young children, others with a baby, or aunts or grandmas also are invited to take part in the lessons that really have been designed for those family units. But the data that I'll show you later is really about outcomes for the young moms and their children.

Ann Bullock:

Allison, sorry to interrupt, this is Ann. A number of us are having a hard time hearing you. Is there any way you can speak louder or get closer to your phone? Thank you so much.

Allison Barlow:

Sure. Is this any better?

Ann Bullock:

That is better, yes, thank you.

Allison Barlow:

Okay, sorry. I'll turn my line up, too. Sorry. The key content of the Family Spirit Intervention is listed here, and you'll see it's very comprehensive. It includes goal setting, parenting, child care, reproductive health, nutrition, and responsible feeding. And you can read the rest of the list here. What we really want to emphasize is it's comprehensive so that it gives mothers and children the best start that they can have to really help young children develop healthfully across zero to age three. And again, we've learned so much from science about how that healthy start really does reduce the risk of obesity for these young kids.

The lessons are taught through flip charts. The participant will see a very highly illustrated lesson and the health educator has a lot of prompts to help her through the curriculum. The curriculum has been designed to really tap the cultural assets of Native communities, the ideas that children are still very sacred, and also that pregnancy is such a special time for the young moms. This program was designed, there was a lot of acknowledgment about the importance of that matrilineal power and strength that comes first from moms to children and so on through the generations.

The content was designed to be culturally grounded in Native American value systems. There are stories that are in the curriculum that help create a dialogue between the home visitor and the mom, so the mom gets practice solving problems that she faces in day-to-day life. All the illustrations were done by Native artists, and there are outtakes in the curriculum for cultural activities and connections to additional resources in the communities that are teaching the curriculum. There also are guides that we provide to help the community adopt the Family Spirit Program, to insert their own cultural components from their communities from traditional parenting and nurturing practices to information about family structures, to local community resources.

Now, just a little bit about how we know how Family Spirit has worked. We've been able to evaluate the Family Spirit Program through three successive randomized controlled trials. And at the end of the presentation, we list the references, but we really looked at the outcomes in three domains: in parenting, in mothers' outcomes, and in child outcomes. In the parenting domains, we learn that the moms increase their knowledge base related to parenting and child care, they improve their self-efficacy that's sort of there, confidence that their parenting is going to make a difference in their child's outcomes, and we saw reduced parenting stress, and improved home safety attitudes. In terms of non-specific social and emotional outcomes, moms experienced decreases in depression and substance use and fewer risky behaviors, and all of these that so far, there is some evidence that this is linked to better outcomes in children including risks for obesity.

And then finally in the child outcomes, we saw fewer social and emotional behavior problems in children through age three. And I'll show you a little bit of data that has linked these types of outcomes in kids to lower risk for obesity over the course of childhood.

Here is a little bit of evidence that comes from a much larger base evidence about how -- what we know about parenting and increased risk of obesity in children. We know that when moms have low maternal self-efficacy and inconsistent discipline and parenting that is more restrictive, that children have higher risk for obesity. So the parenting outcomes that we found through the Family Spirit Program are really the opposite of this. That moms gained self-efficacy and they adapt the parenting styles that would be associated with lower risk for obesity.

In addition, we saw child outcomes that countered obesity risks. So the children whose mothers received this program had better function in what we call externalizing and internalizing. And I know we don't have a lot of time, but what that means is, the externalizing is when children are more impulsive and more likely to be fussy. And internalizing are problems that relate to things like the child being withdrawn and having less secured attachment and are more fearful. Those types of behaviors were reduced in the kids whose moms received this program. And all of those behaviors have been associated with lower obesity risk.

So, after we got this evidence, we submitted this to two national review processes that rated Family Spirit on a scale of 4, perfect 4 out of 4 for readiness for dissemination. It received the highest rating for evidence for existing home visiting programs, and also among the other home visiting programs that had the highest retention rate. 91% of the moms were still in the program after a year and 83% after three years. And we really attribute that to the idea of hiring locally, having local Native home visitors from the communities who know their communities and who are compassionate and passionate to deliver this curriculum and we believe so much in this thing designed from the grass roots up.

This program is now in over 60 Tribal communities across the US, and I'll show you on the next slide, the process for disseminating to other communities who would like it. We've now built a tool kit. You're seeing it now. There's a participant workbook. The big box on the left-hand side as you're looking at the screen is full of lesson plans that hook to a little foot chart that's in that little black bag on the right hand side. There's an implementation guide so the home visitor is able to check before she goes out. She knows exactly what she needs to take onto her lessons, and it has activities that can go with each lesson. And then in the foreground of the screen, you see a little CD there, a little disk. And that's, if communities want to evaluate the outcomes for their own communities, that has evaluation tools that are ready to use. We don't keep any of the data that the Tribes are collecting. That's really for your own uses. We would help if you wanted it. If you wanted technical assistance to evaluate, we certainly are available for that but we don't need to see any of the data.

This is just a snapshot of the training and technical assistance. We provide a week-long training, a comprehensive training on the curriculum content implementation. We can come to your site to do that, or we will host that training in Albuquerque. So it's really up to you. We provide that kit that I showed you to every health educator who is trained and each health educator who is trained gets a certification after that week-long training. We also provide event training for supervisors at the site. And the costs are listed here so you would basically calculate your cost based on \$9,000 per site for the first year, \$3,000 after year one for continuous training, and then \$3,000 per health educator who is trained including all of the equipment here she would need.

And then if you would choose a supervisor to be trained, that's the cost of the supervisor training.

And then below that, just provides some more detailed information about what we believe the case load that's recommended that we've learned through the work that we've done here. The health educator she or he is working full time could serve 20 to 25 families over the course of the year, that they would need reliable transportation to serve the families. And then there's a list of other possible expenses, computer, printer, office supplies, those kinds of things that maybe your site already has covered by your diabetes grant.

So, that's a bit on the Family Spirit Program. And I know we have very limited time, and I'll quickly go through the second program. It's called Together on Diabetes. And this program has a different focus. It's focused on youth who have been screened in local clinics as they're either pre-diabetic or diabetic. This is a newer program. The primary target group for this is youth ages 10 to 19 who are at risk for type 2 diabetes or have already been diagnosed with type 2 diabetes. And as youths are recruited into the program, they designate a support person from their family who will enter the program with them, and this can be a parent or guardian or trusted adult that the youth selected with their guardian.

The program is a yearlong. Its home-based lessons, there are 12 lessons covered over the first six months by a trained family health coach, again, someone from the community who delivers lessons in the homes for the first six months. And then the second six months is a maintenance period. This period involves helping to train the support person to take over sort of the goal setting and support for the youth that the youth have done during the first six months. In addition to that, the family health coach attends visits with the youth and family members with the providers to help navigate the referrals, and the treatment that they use and supposed to be receiving. Just really helping the family connect

and build strong relationships with that local provider, and helping the provider know also what the youth is doing in the home-based lesson.

And then we've been able to design ways that the family health coaches can participate in pretty wide activities that might be promoting supporting existing health promotions with youth prevention activities, of course, in your case, the other existing activities that you're already doing with your Special Diabetes money. This is just a list of the key contents in the diabetes curriculum so you'll see goal setting, positive thinking, physical activity, nutrition, mindful eating, holistic living, building support networks, diabetes management, meal planning, and active listening.

And then, I'm just going to show you now data from the most recent trial that we did. This is pre-post data but you'll see the four communities that participated were three on the Navajo Reservation: Chinle, Shiprock and Tuba City, and then the White Mountain Apache community.

We saw nice increases in youth knowledge across time that was sustained up to 12 months. This graph shows we used the pediatric quality of life instrument to learn about the youth progress in terms of psychosocial health, social health, physical, emotional, and school health. And what we're really excited to see is that they gained across all these areas. The red line that you see in this graph is our national norm, and physical health, and social health. And in total health, the youth increased that quality of health outcome and rose above national norm for these Areas.

Next we're really excited about we saw a really nice decrease in depression for the youth who are enrolled in the program. So at baseline, 17% of the total youth scored at baseline, they were positive in their depression screening and we saw, this follows the 6.7% at six months and creeps back up at 12 months and 9%, and we think this is because they were getting fewer visits from those family health coaches. We really again are beefing up this program to ensure that the support person really has the tools that they need to continue support these as the family health coach visits are getting fewer.

And then we had some nice physiological findings. There was significantly increased physical activity over the course of the program, decreased BMI for both girls and the boys and decreased blood pressure. And then in the highest risk youth, those who scored above 7% on their hemoglobin A1c baseline. We saw 32% of them decrease their hemoglobin A1c levels over the course of the program. And then the children and families often expressed high satisfaction with the program over the course of the period.

We're at the point now where we're seeking partners to scale the Together on Diabetes programs to other communities. We're building a training that would be focused on teaching -- sending health coaches to deliver the curriculum and implement the other components including service navigation with the local clinical provider, and then really support them through implementation in terms of routine check-ins and adapting their curriculum to include local resources and other materials that you would want to integrate at your site. And finally, if it's desired by the site to fit with the value of mission.

And so, we would be able to train up a site for \$40,000. That would include training 10 health coaches. This would be done on site through a training that would be designed specifically for communities who are interested. And then we continue to provide technical assistance after year one through phone calls and a site visit continuing after that year. And I think because this program is so new, if this was something of interest, we can talk with you right away and come up with a reasonable budget that meets your needs in a number of health coaches that you would want to train. Again, this is really new. We just finished this program the evaluation of it in the past year and we're just grateful to be able to present you the findings and really, we're more fluid with this and would work with you to design a budget that meets your needs.

And then, the bottom box here just explains -- the recommended case load is very similar that a full time family health educator could serve 20 to 25 families over a yearlong period. Here, she would need

transportation. I think in this program we're really excited that we sustained -- we retained the equal number of boys to girls and it was a really popular program for boys because sometimes, it can be harder to reach in other programs that we've found. And then again, it lists other types of expenses that are very similar to the Family Spirit Program.

These are just some contact information here. I am based in Baltimore at our center at the Johns Hopkins Center for American Indian Health. We have an office in Albuquerque. Nicole Neault is there. Her email is here as well and both of us can answer any questions. We have a large team that works on both of these programs. All of the trainings for the Family Spirit Program are done by senior trainers who are Native Americans. Folks who have trained all the 60 sites I've showed you. And for this new Together on Diabetes Program, it's a combination of Native and non-Native trainers who have been working on this program.

Thank you so much. I'm sorry to have spoken so quickly, but I know you all have been on the phone a long, long time, so thank you very much for this opportunity.

Ann Bullock:

Thank you so much, Dr. Barlow. We gave you quite the task to describe two amazing programs in just a short period of time, but hopefully, everyone on the call was able to get at least a sense for what both of these programs are about. Family Spirit again is a home intervention, home visiting program which targets pregnant women and young children. And how amazing that things that happened so early in development and in life are now being shown when they go right to reduce risks for all kinds of things including obesity associated risk factors as well as later substance abuse associated risk factors.

When our moms and our kids and our families receive the support and education and coaching and cheerleading and all those good things, it makes the difference for health throughout the life span. Pretty amazing.

And then the second intervention, working to provide emotional and other types of support for youth helping them with not only their physical health but their mental health as well. Because we don't want to just see diabetes all by itself, we want to see it in the context of our people, our communities, and all of the problems that are going on. And it turns out that if the right things happen at key points in children and youth development, it has lifelong impact, so how exciting.

Johns Hopkins has a wonderful job with partnering with Tribes. Some of you are familiar with some of their work. Of course, they are a non-profit, university-oriented program, and so they are not a for profit organization. So when Dr. Barlow tells you about those costs such as what it cost them to provide this assistance to programs trying to implement these great interventions.

We wanted you to hear about a couple of interventions that you might want to think about with those to spend money for these additional dollars on, or at least down the road to kind of plan for expanding our view on diabetes prevention into these earlier times of life that have such long-term impact. There are a couple of questions that came in about the program but we're not going to stop here for questions just yet. We have just a little bit more to do and then we will get to the questions about Family Spirit and Together on Diabetes as well as what we're about to talk about really briefly. And then we'll also answer all the other questions we did not get to from the earlier section.

What we want to talk about next is some of you are already doing this, some of you may want to do this with your additional dollars. But we've learned a lot from our Diabetes Prevention, Healthy Heart Initiative colleagues. As you all know, these grant programs have been going on. It was started 2004 as part of SDPI. Our Diabetes Prevention or DP Initiative colleagues have been implementing an adaptation of the NIH's Diabetes Prevention Program (DPP), intervention, lifestyle intervention which was proven to significantly in the trial by 58% reduce the risk of progression from pre-diabetes to

diabetes. Some of you in your Community-Directed programs have been doing either a full DPP type intervention often in our communities called Native Lifestyle Balance. And some of you have been doing at least some parts of a DP intervention.

The Healthy Heart Initiative has used intensive case management, it's more clinical, and is trying to make sure that people with diabetes who don't yet have evidence of heart disease that we can reduce those risk factors for heart disease. So making sure their blood pressures are controlled and they're on a statin or other appropriate medications and they have all the education they need. It's really intensively working with them in a case management fashion to tailor, clinical and educational interventions to give them the best chance of for DP to reduce the risk of diabetes itself and for Healthy Heart to reduce the risk after they have diabetes that they might get cardiovascular disease.

We want to give our colleague at the University of Colorado DP-HH Coordinating Center, Ms. Jenn Russell. Just a quick moment to tell you about that as these DP-HH grants are winding down the Coordinating Center which has been helping them all the way through to put these intensive protocols that these 68 sites have been doing across the country that they have a chance to work with you if you would like to get some assistance from them. With all these years of expertise, they've developed on how to implement these types of interventions and programs. Ms. Russell, are you with us?

Jenn Russell:

Yes, I am. Thank you so much.

Ann Bullock:

Great. Please tell us a little bit about the assistance that our Community-Directed grantees can get from you all.

Jenn Russell:

Absolutely. And I'm so happy to be invited today to talk with you all a little bit about what we could do to help if you are interested in implementing anything that is similar to the DP or HH initiative with that -- those additional dollars that you may be getting in your Community-Directed grant. Our DP-HH grantees have, like Dr. Bullock said, worked really hard over the last many years at implementing their programs in their communities.

And they've been very successful, and we've learned a lot from them. So, I would like the chance, if you guys are going to be doing this, to kind of be the in between resource for them to kind of share with you those successes and be able to be that resource for now until at least the toolkits are posted so you can use those. For right now, what we can do for you at the coordinating center more specifically is provide recommendations on successful staffing for your program if you are going to be doing any kind of DP or HH like activities.

So, who might be involved in those types of interventions? How much time they might want to spend? How much time you might need like full-time, part-time on what different positions, what backgrounds those staff might need to have. Credentials, education, any kind of trainings that we know about that have been helpful for DP/HH programs in the past for those staff members so we can certainly be a resource to you for those types of things.

We can also share with you the types of curriculum and culturally relevant educational materials that our programs have used and that we've also heard about that have been helpful for them not only just like the Lifestyle Balance curriculum and the group lifestyle interventions, and the Honoring the Gift of Heart Health, those types of things but also like culturally relevant motivational interviewing, educational

materials and the many more that our grantees have used throughout the years that we can provide our resources to you on. So we can certainly share those.

Program activities. So our grantees have been, like Dr. Bullock said, intensively recruiting and retaining their participants in their grant programs since about 2006. So, we have participants now, as we're wrapping up, that have been in 10 or 11 will be about 11 years in the DP or HH program. So, we have knowledge of all the different recruitment activities and retention activities, community activities, participant education, the things that our grantees have done to gain stakeholders' support, all those types of things.

So, if you need recommendations on the successful activities that our grantees have been implementing, we would be happy to be a resource for that. Then, we can also provide training and assistance surrounding evaluation method and data analysis including tools and methods to present outcomes and evaluation measures to patients or providers or stakeholders, any kind of audience you think it might be helpful.

Our grantees have collected a ton of data for the last 10 plus years on all kinds of clinical outcomes and also lifestyle measures anywhere from A1Cs to lipids, to weight and blood pressure, as well as physical activity level, eating habits, things like that. So, we can be a resource to you and train you and assist you.

If that's something you would like, we can certainly help you with those things on how you might be able to -- I know that you guys will be collecting the key measures for your Best Practice, but if there's something that you might be doing that is DP/HH like, we can certainly help put together something for you so you can collect measures and come out with some things you can present to your patient on how they're improving their outcomes as a result of the intervention that you're providing with them. So, we'll be happy to provide that to you.

We can also, especially right now while the interventions or, sorry, the initiatives are still going on, they're your best resource and I know a lot of them are very willing to share with you their lessons learned and their successes. So mentorship recommendations and pairing, we're more than willing to facilitate those relationships while those are still going on, so, especially pairing you with somebody who might be in a similar situation as far as urban or geographically paired. So, you may even be able to do a site visit or something like that to kind of learn from your peers who have actually been implementing the DP/HH initiative over the years would be helpful. We can certainly facilitate that process.

Then, individual training sessions, and technology capacity building surrounding navigating and effectively using the dissemination toolkits once they're available. So hopefully, those will be available soon and those are going to be a great resource for everybody to use. Our grantees have worked very hard the last couple of years putting those together in hopes that people can use them as a great resource and they're going to be a culmination of basically everything I've just talked about, things that we could provide to you. A little bit of everything will be in there, everything from position descriptions on staffing things, to examples of program activities and evaluation methods and everything like that. So, I hope that that's helpful to you. I know that that was pretty quick. I could talk about these interventions for days, but I won't. I hope that you will contact me if you have any questions. Here's my contact information. Please reach out to me if you have any questions at all about DP or HH-related activities, and I'd be happy to share with you or help you in any way I can.

Ann Bullock:

Thank you so much, Ms. Russell. That was great, and we certainly encouraged any and all of our Community-Directed grantees who either already are implementing interventions similar to the DP/HH who would like to get some help, maybe with brushing up their programs or for those who are thinking

about implementing new programs to take advantage of all these years of intensive experience that our DP/HH grantee colleagues have and which our coordinating center has collected and benefitted from as well.

So, thank you very much for that and indeed please do contact Ms. Russell if you have any questions and we'll take a couple of questions here in just a minute on these initiatives as well.

So, we're just about now getting back to your questions, but before we jump in there, please remember how to find us at the IHS Division of Diabetes, our website, [diabetes@ihs.gov](mailto:diabetes@ihs.gov) and our email. That's one that you get to especially for SDPI questions, it's right there. Again, your great colleagues and Grants Management Specialist in DGM, please stay in touch with them to make sure you're getting everything in that you need to provide the needed supplemental information for the additional funds that almost all of you will be getting.

So, I'm glad Mr. Hoffman is still on the phone because we'll be needing his help here again in just a minute, but so that we can let our colleagues at Johns Hopkins and the Coordinating Center go on to other things, we'll get the questions for them first and then get back to all the general questions.

So, Melanie, if you would do that and then also if you would show us our upcoming trainings, we'll put that up here, there we go. Remember, January 27th, that is a required training. We'll be going over terms and conditions and other things including taking a lot more of these same kinds of questions as always and then February 10th is the introduction and orientation to this SDPI outcome system that you will be using in order to submit your Best Practice required key measure data and then a couple of dates to put in your calendars. Right now, they're scheduled as Q&As. We may have more information to present on the status of the grants at that time but they will also be Q&As. So, with that, Melanie, we can go to the questions for Dr. Barlow first.

Melanie Knight:

Sure thing. So, our first question is what level of credential do you recommend for health educator? Would CHR's be qualified?

Allison Barlow:

Definitely. The CHR, actually, we work with IHS through nine sites now where we're training CHR's or health techs that are supervised under Public Nursing to do Family Spirit and also together on diabetes program was designed for that same level of worker. So, the focus that delivered those programs were required to have a high school degree and some work experience but that was all.

Melanie Knight:

Great, thank you. Another question for you is does your nutrition cover cinnamon and milk thistle as a breakthrough metabolic stabilizer for diabetes?

Allison Barlow:

That is such a great question. It doesn't currently, but it's something -- if we worked with a community that really wanted to promote those things and there was reason to do so then that's the type of thing the community could integrate into the overarching curriculum.

Melanie Knight:

Great. Thank you. Another question is do you have an app for the program?

Allison Barlow:

No, we do not have an app. We wish we did. It's a great, great future consideration.

Melanie Knight:

Great. Okay, another question. Thank you for sharing the new wonderful programs who have been proving to be very effective in preventing and treating diabetes. Lake County is interested in implementing the program but we are one of the sites that did not receive a significant increase in our funds in 2016. Will you anticipate opportunities to apply for more funding?

Allison Barlow:

Who's the best to answer that?

Ann Bullock:

I think, Allison if you're just aware of any funding opportunities, not through SDPI, it sounds like for either Family Spirit or their Together on Diabetes Intervention, if you're aware of anything that might help with funding.

Allison Barlow:

Absolutely. So, one thing for Family Spirit, the new MIECHV Grant, the Maternal Infant and Early Childhood Home Visiting Grants are going to be reissued and maybe I can send information to Dr. Bullock to disseminate but Tribes can apply directly for those funds. There's a specific funding for Tribal communities over and above what the states are receiving and Family Spirit can be taught with those funds.

Ann Bullock:

Great! If you'll just send that, I'll be happy to get that out on the new -- it's a Federal Grant Program, the Maternal, Infant and Early Childhood Home Visiting program which Dr. Barlow said is often abbreviated as MIECHV is a wonderful program which a number of the grantee sites on this call are already a part of. So, it's great if there's another opportunity to apply for those dollars that would help with Family Spirit. So, thank you for that.

Melanie Knight:

Thank you. Are there any other questions on Family Spirit or --

Ann Bullock:

Just one that --

Melanie Knight:

We just recently got another question from Hualapai and how we fit Family Spirit into the required Best Practices and if we are approved to change our target population. This one, I don't know, maybe, Dr. Bullock, you might get us started on?

Ann Bullock:

Right. I don't think Dr. Barlow has to be well-versed with our Best Practices because these are very specific things. So, Family Spirit can be implemented either through Best Practice work, but you guys have already picked your Best Practices and target groups for that. So, if you wish to use your additional dollars to implement Family Spirit, it would not have to fit into the Best Practices framework no matter what because this is an evidence-based intervention and the costs that you propose for it are all in the allowable category, then you would be able to do that without worrying about fitting it into our Best Practice framework.

However, if someone had picked, for example nutrition, education or physical activity education or diabetes-related education, any of those Best Practices, Family Spirit absolutely fits into that because parts of the curriculum definitely address those things with these pregnant women and young children.

So, it is perfectly fine to propose this with your additional dollars if you have enough to implement this sort of a program and you don't have to worry about it fitting into the Best Practices framework is what I'm saying because you've already picked that to begin with but it absolutely would for anyone going forward fit particularly well under those three Best Practices. Hopefully that answers your question.

Melanie Knight:

Great, thank you. It looks like there's a follow-up question to the funding. So, this is from Lake County. Again, they're just wondering if there's any funding available for the Together on Diabetes program.

Allison Barlow:

Yes, I'm just thinking. I think I will probably try to follow up with a list of potential foundations that are really dedicated to supporting Native American grantees that are also interested in nutrition and diabetes prevention. So, off the top of my head, those are foundations like Kellogg Foundation and Robert Wood Johnson Foundation, but I'll have to follow up with Dr. Bullock to provide a list like that, but that will be some potential funders.

Ann Bullock:

That will be great Dr. Barlow. If you find anything there, we're happy to send that out through our email network. That would be great.

Melanie Knight:

All right, thank you and we did get another question that came up. One of our grantees is looking on the map. Is Nevada able to get this sort of program?

Allison Barlow:

Is that referring to the MIECHV Program or Family Spirit or Together on Diabetes? I am not sure.

Melanie Knight:

Probably the Family Spirit but we'll see if --

Ann Bullock:

She put in the chat, she's talking about either one.

Allison Barlow:

As far as I know, Nevada. It is not restricted to any states. I hope I'm answering this well. The MIECHV Program is specific to Tribal communities, and there's also a state MIECHV, but there's a set aside for Tribes, specifically. So, absolutely Tribes in Nevada could get the MIECHV funding to do a program like Family Spirit. I think this is the right way to answer this, Dr. Bullock, but any of the grantees could do Family Spirit or TOD if they had enough funds and a supplement to do it. I guess it's the correct way to answer that.

Melanie Knight:

Great. That's all I have for Dr. Barlow at this point.

Ann Bullock:

So, Dr. Barlow, you're welcome to stay with us. You've already been with us quite a while here with our delayed webinar and we really want to thank you and your team for joining. If we have other questions and you're on the line, we'll be happy to get those to you. Otherwise, if you need to go, we'll send them to you by email and hopefully connect you with the asker of the question. So, thank you so much for that great information.

Allison Barlow:

My pleasure. I'll be here for another half hour but I'll be on mute so if something comes up, I'm happy to answer it.

Ann Bullock:

Wonderful! Thank you so much.

Allison Barlow:

Thanks.

Melanie Knight:

Great! So, we're going to move on to questions for the Coordinating Center regarding the Diabetes Prevention Healthy Heart Initiatives. The first question is, where can programs access DPP curriculum, other educational tools that have been developed?

Jenn Russell:

So, if anybody wants to just email me directly I'm happy to share to the link to the different curriculums depending on what exactly they're looking for. So, for anybody that wants those that they just go ahead and email me. I can talk with them a little bit more about what they're looking for and send them the links specifically.

Melanie Knight:

Great! Thank you and I think we're going to provide your contact information again on the presentation here.

Jenn Russell:

Perfect.

Melanie Knight:

Next question is diabetes prevention is an area I'm interested in pursuing. Is there a resource I can go to in order to investigate what we can do and any restrictions, possible diagnosis that I need to be aware of?

Jenn Russell:

This person can contact me too. I think that was Betty Nicholson that asked that. If she will just contact me, I can send her the link to a couple of resources for the DP Program stuff and we'll get her rolling on some DP Program education and the curriculum, and background stuff. Anything on your guys' end though, I don't know if Dr. Bullock wants to answer anything as far as like the restrictions go. I don't know if we need clarification on what you're talking about, Betty.

Ann Bullock:

Right. I'm guessing she's probably talking about pre-diabetes, what the definitions are perhaps, but we can get into that another time, Ms. Nicholson. If you'd like to, as Ms. Russell said, email her or us and we'll be happy to help you with those questions.

The toolkits, we know we've been promising them for several years now. They are the DP toolkit we hope will be on our website within the next month or two. We have had one type of systems problem or delay after another and so even we're tired of promising them. It looks like you're probably tired of hearing us promise that they're going to be ready hopefully soon, but honestly real progress is being made and once those are the DP tool kit and then the HH toolkit will follow. We know those will be helpful to programs in addition to what the coordinating center can offer. Those are indeed coming. So, thanks.

I don't know if there are any questions for the coordinating center. So, Ms. Russell, you are also welcome to stay with us as we continue to go through all of the questions that have come through. But if you need to go, we understand so that you could -- we will connect you with the askers of any questions that come after you have to leave.

Jenn Russell:

Okay, yeah. I'll hang around but I'll be on mute. So if you guys need me, I'll be here.

Ann Bullock:

Wonderful. Thank you again.

Jenn Russell:

Yeah. Thank you guys very much.

Melanie Knight:

Great. Thank you. All right. So we're going to go ahead and jump back into the other questions that are the general questions as we said that have been asked or that are being asked right now. So, two questions coming up similar but I believe they've been answered before.

We'll answer again just to clarify "Are these additional funds one time allocation or is this funding going to be included in each subsequent annual award?" The second question is "Will this be the final award amount for the next five years?" Dr. Bullock, would you like get us started on that one?



Ann Bullock:

Sure. And we have answered these. So perhaps, the askers of these questions have already heard the answer but the short summary is this is a five-year funding opportunity announcement. Congress has funded us for the first two of those five years. We certainly hope they will see it in their wisdom to fund all five years and well beyond as well. Assuming that that happens, the same grant amount will go forward for the five years of this FOA.

Again, there are a few individual circumstances that there might be some variation on that. But for the vast majority of you, the answer to that question is yes. It will be the same amount for each of the next four years on top of this first year assuming Congress funds us for those final three years.

Melanie Knight:

Great. Thank you. Another question, this one looks like it'll be directed to you, Mr. Hoffman. "Can any funding be used for student loan repayment, CMA to promote staff retention?"

John Hoffman:

That one is going to have to be looked at. I would ask the grantee to contact their grant management specialist and we would really take a look and see if it's within, there's certain elements we'll have to take a look at. It's too broad of a question to answer yes or no.

Melanie Knight:

Great. Thank you. Next question is from Cathy Waller. "We are a cycle one and also DP. We received our Diabetes Prevention grant funding to cover the current year ending September 29, 2016. Do we keep DP money awarded for this year plus total funds awarded for Community-Directed 2016?" Dr. Bullock, would you like to get us started on this one perhaps?"

Ann Bullock:

Right. The Community-Directed and DP in this case initiative grants are separate grants. They're both part of SDPI but they really are separate meaning that answers to this question will be done separately. Your site's DP intervention will be ending its fully funded period as of September 29th as you well know. As you have heard in webinars directed to DP/HH grantees, you may request a no cost extension up to 12 months past September 29, 2016, and then an additional three months for a grant closeout period. So you will not lose your DP money. You just will need to present a plan in your no cost extension request on how to utilize those dollars during the NCE.

Similarly on the Community-Directed as you've been hearing, no one will lose 2015 dollars for carryover. As Mr. Hoffman explains, you may have to submit the carryover request if it's going to happen in the 2016 budget period but no one will lose the Community-Directed dollars from 2015 or before that may have accumulated. No one loses funds on either side.

Melanie Knight:

Great. So you mentioned carryover. The next question is regarding that. "Will I need to submit a carryover request as a cycle three recipient, or will the budget I submitted detailing the planned use of the overlap fund count as a full documentation?"

John Hoffman:

No. The 2015 budget period will come to an end when we issue that 2016 Notice of Award. So goals and objectives that weren't completed from the 2015 funding, and if it's over 25% of the award amount, the grantee would need to submit the carryover request within the 2016 budget period.

Melanie Knight:

Great. Thank you. We have another carryover question. "Did I hear correctly that FY 2015 budget period will be cut short? This is the first I have heard of it. We are cycle three."

John Hoffman:

Yes. That is correct. The 2015 budget period will be cut short depending when DGM issues the Notice of Award. We anticipate issuing Notice of Awards with the February 1 start date. Or if it's not February 1, it'll be soon thereafter February 15th or March 1st. Once we issue the 2016 Notice of Awards, the 2015 budget period will be cut short.

Melanie Knight:

Okay. Here's the carryover question. "Is there a cut-off time on carryover funds from prior years?"

John Hoffman:

There is no cut-off time to request a carryover funding. Though the funds do remain with the grantees, however, we do ask that those funds be expended or requested to be expended. There is no cutoff time, those funds do remain with the grantee until expended.

Melanie Knight:

Thank you. I have another question. Stephanie Stark, "Got a little confused. Cycle three and four, will need to submit a carryover. Once we receive our new NOA because we are starting a new grant, correct? Are we to submit a carryover and continue with 2015 and run the new 2016 at the same time or will we just report up until the end date?"

John Hoffman:

That's correct. The new carryover request is going to be required for the 2016 budget period. The 2015 if you received carryover authorization within 2015, that will end when the 2015 budget period ends, the authorization. Therefore, it would be cut short and once 2016 takes effect and you start operating within the 2016 budget period, you would have reevaluate your unobligated balance for the program. And at that point in time, you will seek or if over 25%, resubmit a carryover request and seek authorization to expend those unobligated funds within 2016.

Melanie Knight:

Great. Thank you. The next question is on bridge funding. Carmen, you might be able to help on this one as well. From Zelda Yazza. "Regarding the bridge supplemental funding, how is that awarded? Our program didn't receive the supplemental funds for the three months. Therefore, we used the carryover. How was it sent to the SDPI programs?" Mr. Hoffman, do you want to go ahead and get it started though. Are you able to answer this question?

Carmen Hardin:

I'm confused with the question, Melanie. That's why I hesitated. Go ahead, Mr. Hoffman. I'm sorry.

John Hoffman:

No, no. Go ahead, Carmen.

Carmen Hardin:

I was just wondering, is this a three-month funding for the cycle one? And so everybody should have been awarded their bridge funding. Please note that the bridge funding is very different than the funding, the supplemental funding, that we're talking about today.

If you did not receive the bridge funding for your Cycle 1 2015 grant, please contact Division of Diabetes and we'll definitely look into that for you. Mr. Hoffman, did you have anything more to add to that? I think he lost connection.

Ann Bullock:

Yeah. We have to make it very clear though that Cycle 1's who had carryover would not pursue supplemental funding during that three month gap between the end of 2015 Cycle 1 budget period to get us through until January 1st.

According to the asker of this question, they had carryover. So indeed, they would not have received any funding to get them through the bridge because they had carryover.

We could not award additional funds when they had unexpended funds already. That may be the answer to that question. If it's not, then you'll need to let us know probably by email.

Carmen Hardin:

Thank you Dr. Bullock. I missed the last part of that question. So, that's exactly correct.

Melanie Knight:

And while we're trying to get John back on, I do see something in the chat that says if you have to go, that's fine. We understand especially with the delay. So, if you have to go, that's fine. This session is being recorded. So if you do want to catch up and see what you've missed, the link should be available on our website within about a week. I just want to let you know about that and thank you for your time. Dr. Bullock, did you want to add any closing thoughts for those who might have to leave a little bit early?

Ann Bullock:

As you said, we appreciate everyone's flexibility today. And again, congratulate you all as being 2016 grantees and hang in there for a little bit more work to get these additional dollars which will be worth it and we're here to help you with that. We realize that some of the information here today may not seem exactly like what you've heard before for both DGM and DDTP. This is indeed a bit of a moving target on how we can make sure this is all done correctly and fairly. And so we're trying our best to keep you all apprised. So please do try and join us for our January 27th webinar. It will be recorded if you're not able to make that one and of course, our February 10<sup>th</sup> one as well. Hopefully, Mr. Hoffman can hear our appreciation for him joining us and hopefully, he can get back on the phone part of this as well.

Melanie Knight:

We got him connected again. So you don't see he's lined up but we did find his number.

Ann Bullock:

All right, that's great.

John Hoffman:

I am here, Dr. Bullock. I apologize for that.

Ann Bullock:

Mr. Hoffman, we're glad you're here. For those who are having to hop off, we're just thanking them and making sure they know about the trainings. But we're going to take a few more questions and awfully glad that you're here for that.

John Hoffman:

Okay, great.

Melanie Knight:

Great. The next question is from Melinda Williamson. "I was always told diabetic shoes were not allowed because they are much more than a \$30 limit. Can you clarify?" I know Mr. Hoffman you talked about that in a previous training when we were doing applications. Do you want to talk about that?

John Hoffman:

That's fine. The diabetic shoes, it's just depends on your goals and objectives that you selected as a grantee. They may be allowable, they may be unallowable. It just depends on each individual case. That is something that I just can't say yes, they'll allowable or no, they're not allowable. It all depends on what's been approved within the goals and objectives. I would reach out to your grants management specialist and discuss it in detail and it may be allowable or they may be allowable, I'm sorry.

Ann Bullock:

Right. I just want to add to that that the term diabetic shoes means a couple of different things. This is an important distinction. When I've used that term, I'm strictly referring to the clinically indicated special footwear that is actually durable medical equipment in that sense it is -- or supplies that are required for people with neuropathy. Being able to provide those kinds of footwear or inserts that are done by podiatrists or orthoptists, those are the kinds of things that certainly would be allowable as medical cost.

With other people mean by the term diabetic shoes may include like the N7 shoes, sneakers basically, athletic shoes. They would not be allowable as incentives but as Mr. Hoffman said, depending on the type of goals and objectives you have for your program, work with your GMS to see if there's any way that you could provide those types of shoes as exercise equipment. Does that make sense, Mr. Hoffman?

John Hoffman:

Yes. It sure does. Thank you, Dr. Bullock.

Melanie Knight:

Great. Thank you. Another question from Christine, "Incentives are 30 and under. Is there a cost limit for door prizes or prizes for fitness events?"

John Hoffman:

Oh, I see a big red flag on this one. Prizes are not allowable. The incentives are allowable under \$30 but once we start talking about prizes, those are unallowable. If a door prize would actually be one unallowable expense, fitness events, it just depends on the wording and verbiage as well. Incentives are under \$30. Prizes, however, you just cannot give a prize to somebody for whatever reason. Those aren't allowable costs. So the verbiage may be the difference here. I'm not sure.

Ann Bullock:

What about door prizes specifically? So you have 100 people come to your event they each get a ticket and you give them a door prize, draw one person's or two persons' names for door prizes. Is that allowed or not allowed to have a --

John Hoffman:

No. Dr. Bullock, that's really teetering on the unallowable -- the whole prize, you can give the incentives to the general public whose attending, but the door prizes, it's a game and it's just I don't -- we'd really have to take a look at that.

Ann Bullock:

Right. Why I was asking the question, we get this pretty often, this question. So you are being able to be so clear with us today that door prizes really are not allowed especially if they're going over that \$30 limit.

John Hoffman:

Yes.

Ann Bullock:

Great. Thank you.

Melanie Knight:

Great. Thank you. Next question is from Central Valley. "We have annual diabetes conference in November that we provide lunch at and we have over 200 attendees. Can we still use our funds to purchase foods for the event?" Mr. Hoffman, can you answer that one?

John Hoffman:

Yes. I think Carmen, you've addressed this question so well in the past. From DGM's standpoint, it's allowable.

Carmen Hardin:

Oh, it's allowable. Providing meals -- we were always taught providing meals for social events is not an allowable cost, however, providing nutrition demonstrations, cooking demonstrations, or an event teaching healthy eating or healthy snacks provided is acceptable. But I'm happy to hear otherwise if --

John Hoffman:

No. That's the same that's why I reached out to you because you know the answer to this question and it has not changed.

Carmen Hardin:

Okay. Thank you. Just to clarify, I just want to say again, purchasing food for teaching purposes, food demonstrations, or providing healthy snacks at the teaching seminars or whatnot is definitely okay. However, providing a meal at a conference or providing meals at social events, we've always understood that it's not acceptable.

Melanie Knight:

Okay, great. The next question is from Sandra Hann. "Just clarifying, one person can get more than one incentive per year? That seems like a good idea but I thought we were told the opposite during the grant writing webinars."

John Hoffman:

No. That's incorrect. The incentives can go to one person multiple times but it has to be under the \$30 threshold. They're not limited to one incentive per year.

Melanie Knight:

Okay. Another question from Courtney Drevo "Is it allowable to use funds to sponsor children to go on a diabetes prevention camp, a weeklong overnight camp?"

Carmen Hardin:

Mr. Hoffman, this is Carmen. I'm going to have to defer to you on this one.

John Hoffman:

Okay. That just depends. If the goals and objectives that were approved in the application support that cost, then it would be allowable. But we would really need to take a look at the goals and objectives and see if those were approved within that application. So I just cannot give a yes or no answer. It would need to be supported by the goals and objectives. They may be allowable, they may not be allowable. It just depends on what's within the goals and objectives.

Melanie Knight:

Okay. Next question is from Stacy Hammer. "Can the additional funds be utilized to pay the rest of the salary for the SDPI Coordinator? Our budget was submitted with the coordinator's pay budgeted at 75%. Are we allowed to utilize some of the additional funding to bump that up to 100% of the Coordinator's salary?"

John Hoffman:

Yes if the Coordinator's position, if they spend 100% of their time towards the grant that should be allowable.

Melanie Knight:

All right. I have two similar questions coming up. The first one is from Haskell Indian Health Center. "What additional documentation or approval is needed for alterations or renovations? We are considering adding a mobile unit as an exercise facility."

The similar question is from Ken. "Is replacing or purchasing modular buildings used for exercise an allowable cost with the supplemental funds?" Mr. Hoffman, I know you're good at answering this question.

John Hoffman:

Okay. The additional documentation for the A&R, it just depends on what is required. If it's a mobile unit as an exercise facility, there are three main things. We would need a NEPA survey, the budget narrative and justification detailing the expense of that mobile unit and also the detailed line drawings of that mobile unit. That documentation is what's needed to be reviewed and submitted for that mobile unit.

Now, can replacing, purchasing a modular building used for exercise is an allowable cost in the supplemental funds? If the goals and objectives support that cost of the modular building, then yes that would be allowable and there would be the same documentation, a NEPA survey, detailed cost breakdown of the modular unit and the line drawings of the modular unit itself.

Melanie Knight:

Great. Thank you. Sorry, go ahead.

John Hoffman:

With the details and what the prior approval and with all the submitted documentations supporting those modular units, they would be allowable.

Melanie Knight:

Dr. Bullock, we have about four minutes left and probably about twenty more questions. Do you want us to keep going?

Ann Bullock:

Yeah. We still have fair number of people on the line. Let's try and maybe go for another 15 minutes perhaps if that's alright. At that point, we will cut it off. But we understand again if anyone -- as people have to get off. Thank you for joining but we do want to try and answer as many of these questions as we can. We know it's a confusing time, and these are important issues.

Melanie Knight:

Okay. We will continue on. The next question is from Jaynel Graymountain "Is the purchase of a mobile medical van allowable?" Mr. Hoffman, can you answer that one?

John Hoffman:

That would depend on the approved goals and objectives. Like I stated before, if the goals and objectives can support the mobile medical van, then it may very well be allowable. But I can't just answer it yes or no. It has to be supported by the approved goals and objectives.

Melanie Knight:

Okay. Next one is from Delaware Nation. This grantee has a high request for a yoga class. "Our area does not have a yoga instructor. Will the funds be allowed to be used to pay for a yoga instructor class? Would that go under training and travel?"

John Hoffman:

I would assume that that's supported by the goals and objectives. And if they are, then yes, they're allowable costs. And under the category, would that be going to travel or training? Actually, that should go under the other category or contractual would be fine as well.

Ann Bullock:

Just to clarify, travel and training usually refer to staff getting training or going on travel for training agreeing that it would not go under training and travel.

John Hoffman:

Yes, that's correct.

Melanie Knight:

Great. Okay, question from Haskell. "Can we combine carryover funds and additional funding received for alterations, renovations?"

John Hoffman:

Well, it just depends. Keep in mind that unobligated funding or carryover funding can only be utilized to meet unmet goals and objectives from prior budget periods. Now, if the grantee proposed the modular building within their approved goals and objectives or scope of work from prior budget periods, then that would be fine.

However, if they do not have that approved within their prior goals and objectives, then no, the unobligated funds cannot be utilized to start a new program or project. However, the new funding, supplemental funding, I guess if they wanted to include that within the new scope of work, that would be allowable.

Melanie Knight:

Okay. Next question from is Russ Price "Is a progressive incentive allowable, say a participant attends 15 events in a calendar year and earns an exercise garment above the \$30 threshold for attending all events, is that allowable?"

John Hoffman:

That would just depend. I have seen it in the past, however on that, I'm going to have to refer the person to their grants management specialist to really take a look at it.

Melanie Knight:

Okay. Next question is from Hualapai. "If we are understanding this information, is the implication that we can change our target population? Given the very clinical focus of Best Practice lists provided to the SDPI applicants, under what Best Practice would Family Spirit fit?" I believe Dr. Bullock you answered this previously or touched on this.

Ann Bullock:

Yeah, I think we already covered this one. In short for the additional funds, pretty much no one is going to probably not going to be changing their Best Practice. You all have already picked your Best Practice and target groups et cetera. So you don't have to worry about trying to fit, adding a Family Spirit program into your Best Practice work. But if someone were to try to fit it under existing Best Practice work, they would probably have selected nutrition education, physical activity education, or diabetes-related education as certainly the Family Spirit curriculum includes elements of all of those.

Melanie Knight:

Okay. Next question is from Stefanie Stark, "Some incentives that we use are swimming passes and bowling passes. Are these considered allowable costs? I'm reading the link and understand why movie passes are, but not the swimming and bowling."

John Hoffman:

Well that again goes back to their approved goals and objectives. If the scope of work, goals and objectives or work plans supports those activities, they are allowable costs. The movie passes are very different from the swimming which is an activity or bowling which is another activity passes and so forth. The key to that is any type of entertainment is unallowable. Movie passes, amusement park passes, and so forth is unallowable.

Melanie Knight:

Okay. Next question is from Stefanie Stark. It looks like it's addressed to you, Mr. Hoffman. "A while back, I had inquired about the purchase of kayaks and paddle boards and them being rented and at that time, Michelle Begay had said it was allowed as long as the rental fee funds went to the swimming lessons and then we have to report the income on the SF-424 et cetera. Those have not been rented as of yet but if they are this summer, will that still be allowed with the 2016 grant and reporting be the same?"

John Hoffman:

Yes. Any program income from the SDPI grant needs to be reported back on that SF-425 as program income. It is allowable, however, it just needs to be reported on the SF-425 as program income.

Melanie Knight:

Great. And just another confirmation, "can SDPI funds can be used to purchase raised beds for the hoop house (greenhouse)?"

John Hoffman:

They may be depending on the scope of work and their approved goals and objectives within the application. I don't know the particulars. I would have to really take a look at that and see if it's within the approved goals and objectives.

Melanie Knight:

Thank you. Another question from Miriam "With previous diabetes prevention program staff included health or lifestyle coaches. Can additional funding be used to have staff trained as lifestyle coaches that can be beneficial for both diabetes management and prevention?"

Carmen Hardin:

I can help you out with this one, Mr. Hoffman.

John Hoffman:

Okay.

Carmen Hardin:

Again, funding staff is definitely an allowable cost as we talked about. However, it does have to support the scope of work and the goals and objectives of the grant. Mr. Hoffman, do you have anything to add to that?

John Hoffman:

No. I sure don't.

Melanie Knight:

Okay. Next question is from Carol Cruz. "Would speaker fees be under 'other' or contractual on the budget?"

John Hoffman:

Speaker fees would actually be under the 'other'.

Melanie Knight:

Okay. Another question Arlyn Pittler. "Please talk about possible additional funding opportunities, we will lose our DPP funding which was an important part of our department." Dr. Bullock, I know we talked about that briefly during the presentation. Do you have anything else you want to add to that?

Ann Bullock:

Right. Other than SDPI, we don't have in IHS any other grant programs that address these types of things in particular. As Dr. Barlow mentioned, there are some foundations and other organizations like Robert Wood Johnson and some others that might have some funding or do at times offer RFPs out there for that sort of funding, but nothing to replace that. And certainly while you may not be getting as much back at your site as your DP program was getting -- hopefully your site is getting a good boost up in its Community-Directed funding as a result of these changes.

Melanie Knight:

We have an ambulance coming by. We're okay. Okay. Next question is from Mikael Aragon. "I just want to verify the required trainings will be recorded. When will they be available to watch?" So I can answer that. The required trainings -- and this one's not required. This is more informational, but it is being recorded. These trainings are going to be recorded, and they will be available on the Division of Diabetes website. And we'll be sending out emails once those recordings become available. Yes, they will be recorded.

Next question is from Kathy Littlebear. "We are a Tribal program. This is our first time approved. Will we be utilizing the IHS RPMS diabetes case management for reporting?" Dr. Bullock, would you like to get us started on this?

Ann Bullock:

I'm not sure what she means. I wonder if she means DMS within RPMS. Either way Ms. Littlebear, there will be two -- a couple of types of reports and this we'll be going over in future webinars especially for those like you. Welcome to SDPI who are new. In terms of reporting required key measured data, we'll be using the SDPI outcome system or SOS that we will be providing an orientation on on February 10th.

Other reporting under SDPI grant will be what is required for you semiannual and annual progress reports and all the financial and grant reports that will have to go to DGM. We'll talk more about that later, but you won't be using a program in RPMS for reporting. Although you will be hopefully drawing some of your data out of your RPMS program regarding your Best Practice activities. So you'll hear more about that as future webinars happen.

Melanie Knight:

Great. Thank you. I think we're going to cover one more question. If there is less than 25% of 2015 budgeted funds, can we use this small amount for renovation of a facility that is greatly in need? For example, new carpet that in some spots are worn and could possibly be a hazard to patients." Mr. Hoffman, can you answer that one?

John Hoffman:

Yes. Unobligated funds can be utilized to meet unmet goals and objectives from prior budget periods. If that falls into the unmet goal and objective, then under 25%, the grantee would be able to or it would be allowable for the grantee to do that.

Melanie Knight:

Great. Thanks. Dr. Bullock, would you like to go ahead and close this out?

Ann Bullock:

Sure. Everyone, thank you especially the 235 or so of you who have hung in there to the bitter end here. Thanks again for your patience as we got going late today with our technical problems. Our next one will be on January 27th. We will talk a lot more then about the early ending of the budget periods for Cycle 3 and 4, we're seeing lots of questions that we've already answered and some more that we didn't get to yet on that topic in particular. So we will work with DGM to get some slides with more specifics for that information for you all and what that means.

But again, it does not mean anyone's going to lose any money. You all will have all your money and get through appropriate access for both 2015 and 2016 so no loss of funds. Please be looking if you haven't already for your NOA, if you are Cycle 1 or 2 and a new program. If you have not received your NOA, then you should be checking with your risk management specialist. If you're Cycle 3 and 4 if you have not already received an email from your GMS, you will be very soon telling you how he or she would like you to submit your supplemental information on your additional funds.

We thank you all. Mr. Hoffman, thank you for all of your expertise in answering so many questions and staying so late with us today. We so appreciate our partnership with you and DGM.

John Hoffman:

Well, thank you Dr. Bullock for asking us to partake in this meeting as well.

Ann Bullock:

Wonderful. Thank you everyone. If you have questions in the meantime about grant related things, please talk to your GMS one more time. We'll put that slide up with their contact information and if you have other questions that DDTP can answer, please let us know. That information is at the top as well.

Thank you all. Congratulations on successfully getting through the application process. We're so delighted to have such a wonderful group of 2016 grantees. Thanks everyone. We'll talk to you on January 27th.