

TIPCAP Program Guide 2026

**Tribal Injury Prevention Cooperative
Agreement Program (TIPCAP)**



Office of Environmental Health & Engineering
Division of Environmental Health Services
Injury Prevention Program

PURPOSE OF THE TIPCAP PROGRAM GUIDE

The purpose of this guide is to provide a general overview to assist TIPCAP sites in program operations and administration of the cooperative agreement funding. The guide will assist in the implementation of TIPCAP's goals and expectations, and it also documents the roles and responsibilities of the TIPCAP team and awardees (TIPCAP sites).

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INTRODUCTION

ABOUT THE GUIDE

Welcome to the 2026 TIPCAP Program Guide. This program guide is designed to provide TIPCAP sites with an overview of operating an TIPCAP cooperative agreement with the Indian Health Service (IHS) – Division of Environmental Health Services. Below, please enjoy a warm welcome from the IHS Injury Prevention Specialist, CDR, Andrea Tsatoke.

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Dear TIPCAP Coordinators, Partners, and the Injury Prevention Community!

Welcome to Year 1 of the 2026–2030 TIPCAP cycle! We are excited to begin this new funding period and welcome both returning and newly funded TIPCAP programs as we work together to strengthen Tribal injury prevention efforts.

The first year of TIPCAP is an important time for building a strong foundation for success. Year 1 provides an opportunity to establish program goals, strengthen partnerships, develop plans for implementation, and begin thinking about long-term sustainability. This guide was created to support TIPCAP sites in understanding program requirements, administering cooperative agreement funding, and accessing resources available to Tribal injury prevention programs. We encourage you to use this guide as a resource throughout the year whenever questions arise.

Thank you for your commitment, dedication, and passion for addressing injuries and promoting injury prevention in Tribal communities. Your work plays a vital role in improving the health and well-being of the communities you serve, and we are honored to partner with you during this new TIPCAP cycle.

CDR Andrea Tsatoke
Injury Prevention Specialist
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STAY CONNECTED

TIPCAP sites are encouraged to sign up for the Indian Health Service Injury Prevention listserv to receive updates, announcements, training opportunities, [TIPCAP newsletters](#), and additional injury prevention resources throughout the year.

[Injury Prevention LISTSERV](#)

TIPCAP sites are required to utilize [TIPCAP.org](#) for TIPCAP communications, deadlines, resources, and program deliverables (reporting forms).

TIPCAP sites can use the [TIPCAP Directory](#) for peer-to-peer communications.

ABOUT THE GUIDE

The program guide will have minor updates throughout the TIPCAP program cycle (2026-2030). Much of the information remains the same. The resources listed within the program guide can also be found on TIPCAP.org or the [IHS TIPCAP](#) webpage.

*Whether you are a new TIPCAP site or a returning site, we encourage you to review the entire TIPCAP Program Guide to familiarize yourself with TIPCAP. Please reach out to the TIPCAP team for technical assistance or questions.

SECTION 1: INJURY PREVENTION & TIPCAP



OVERVIEW OF THE IHS INJURY PREVENTION PROGRAM AND TIPCAP

INJURY PREVENTION PROGRAM MISSION

The mission of the Indian Health Service Injury Prevention Program (IPP) is to elevate the health and well-being of American Indians and Alaska Native (AI/AN) by reducing the impact of injuries and violence and strengthening Tribal capacity to lead community-based solutions. Injuries are the leading cause of death for AI/AN people between the ages of 1 and 54 years. The IPP aims to increase the ability of Federally Recognized Tribes, Tribal Organizations, and Urban Indian Organizations (UIOs) to address their injury and violence problems.

TIPCAP SUMMARY

The purpose of the IHS cooperative agreement is to address the disparity in injury rates by encouraging Tribes to implement focused, community-based injury prevention programs and projects using evidence-based and evidence-informed strategies. Injury prevention evidence-based and evidence-informed strategies are prevention methods that have been scientifically evaluated and proven to prevent injuries, including strategic changes to the environment (for example, roadways, elder homes for fall hazards, smoke alarms) and strategies to promote behavior change (such as car seat use, bathroom grab bar use). Injury prevention programs and projects are most effective when based on these best practices. The use of well-planned, promising, and innovative injury prevention strategies is also recommended.

TIPCAP TERMINOLOGY

Evidence-based Strategies are prevention methods that have been scientifically evaluated and proven injuries. This can include strategic changes to the environment (for example, improving roadways, evaluating elder homes for fall hazards, and installing smoke alarms) and strategies to promote behavior change (such as car seat use and floatation devices.)

Evidence-informed Strategies allow for blending knowledge from science and Tribal community-based practices to prevent injuries. This includes use of evidence-based strategies that are tailored to Tribal communities by adapting language, culture, and context in a way that is compatible with cultural patterns, meaning, and values. These types of approaches allow for well-planned, promising, and innovative injury prevention strategies while adapting to Tribal community needs.

TIPCAP NOTICE OF FUNDING

The Tribal site's responsibilities as the cooperative agreement recipient are listed in the Funding Announcement Number: [HHS-2026-IHS-IPP-0001](#)

The IHS agency-specific responsibilities are listed in the Funding Announcement Number: HHS-2026-IHS-IPP-0001. TIPCAP is described at 93.284 in the Catalog of Federal Domestic Assistance. The program is authorized under 25 U.S.C. 13, Snyder Act, and 42 U.S.C., Section 301(a), Public Health Service Act, as amended. This program is funded through a competitive cooperative agreement.

TIPCAP RESOURCES

[**TIPCAP.org**](#) is an internal, password-protected website specific to the 2026–2030 TIPCAP cycle and serves as a central resource hub for TIPCAP programs. The website provides access to TIPCAP-specific documents, reporting tools and templates, training materials, resources, announcements, and other information to support program activities throughout the funding cycle. Programs are encouraged to visit TIPCAP.org regularly, as new resources and materials will continue to be added as they become available.

[**TIPCAP Resource Guide**](#) is a document designed to assist TIPCAP sites in the implementation of TIPCAP's goals and expectations by describing resources for injury prevention programs. The Resource Guide contains all the program planning, evaluation, and injury-specific resources.

TIPCAP 2026-2030 PREVENTION STRATEGIES

TIPCAP 2026-2030 PREVENTION TOPICS

- Overdose/Poisoning Prevention
- Gun Violence Prevention
- Motor Vehicle Injury Prevention (Child Restraint Systems and Seat Belts)
- Pedestrian Safety Prevention
- Suicide Prevention
- Elder Fall Prevention
- Traumatic Brain Injury Prevention
- Drowning Prevention
- Fire/Burn Prevention
- Emerging Injury Issues (Traditional Ecological Knowledge for wildfire, smoke, and excessive heat prevention)

IHS INJURY AND VIOLENCE PREVENTION STRATEGIES

The Indian Health Service developed a publication that outlines several strategies, or interventions, that may be used to reduce or prevent injuries and violence in Tribal communities. The Indian Health Service Injury Prevention Program (IPP) supports American Indian and Alaska Native communities in their efforts to prevent injuries and violence. The IPP focus is on prevention, rather than response, treatment, or rehabilitation.

The document (listed below) outlines strategies and interventions recommended by the IHS IPP in working with Tribal communities. The list of interventions will assist programs to identify, select, and adapt the most appropriate strategies for reducing or preventing injury and violence in their Tribal communities.

[Injury and Violence Prevention Program Strategies](#)

TIPCAP STAFF OVERVIEW

PROGRAM SUPPORT AND COORDINATION

This section states TIPCAP team roles and responsibilities (as identified in the TIPCAP Funding Opportunity Announcement) and highlights the key staff who will be responsible for providing support to TIPCAP programs and projects.

The TIPCAP team will monitor the overall progress of the TIPCAP sites and their adherence to the terms and conditions of the cooperative agreement. TIPCAP team will collaborate with the TIPCAP Coordinator to determine and implement the injury prevention (IP) methods and approaches that will be utilized. This includes providing guidance for required reports, technical assistance, development of injury prevention resources and tools, data analytics, and assistance with evaluation.

HIS and Red Creek Solutions will plan and set an agenda for an annual meeting that provides ongoing training, fosters collaboration among sites, and encourages continuity planning. IHS will also provide guidance in injury prevention training and continuing education courses to increase competencies in injury prevention. The TIPCAP team is listed below.

TIPCAP Team**IHS**

- Injury Prevention Program Manager
- Injury Prevention Specialist
- Division of Grants Management
- Project Officer – Area or District IHS Offices
- EHSC Injury Prevention Consultant

Monitoring Contractor

- Project Director
- Research/Technical Advisor

INDIAN HEALTH SERVICE STAFF

The IHS Injury Prevention Program Manager, IHS Injury Prevention Specialist, and Environmental Health Support Center (EHSC) Injury Prevention Consultant are assigned with key responsibilities through the Indian Health Service – Division of Environmental Health Service to provide scientific, technical, and programmatic oversight for the TIPCAP sites.

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DIVISION OF GRANTS MANAGEMENT

The IHS Grants Management Specialists (GMS), assigned by the Division of Grants Management (DGM) Office, are responsible for business, grants policy interpretation, and non-programmatic areas of grants administration questions from TIPCAP sites.

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PROJECT OFFICERS

A Project Officer (IHS Injury Prevention Specialist – Area, District or designee) assigned by the IHS IPP to provide technical program oversight for a TIPCAP site. A Project Officer is often located in an Area or District Office across the IHS regions. The Project Officer will have substantial involvement in partnership with the TIPCAP site. The Project Officer is a TIPCAP Coordinator's first point of contact for questions or technical assistance regarding TIPCAP.

The TIPCAP Coordinator and Project Officers are recommended to meet periodically (monthly/bi-monthly) for project updates and technical assistance in program management.

Project Officer Functions:

- Assist TIPCAP Coordinators with decisions regarding best practice and implementation for injury prevention practices and strategies (i.e., review workplan, etc.).
- Provide guidance on evaluation (data collection, data quality, analysis, and reporting).
- Assist coordinators with required progress and financial reports.
- Support oversight by participating in site visits (Part 1 Sites only), meetings, and semi-annual conference calls.
- Recommend training, continuing education, or providing resources for coordinators.
- Monitor the overall progress and challenges of the TIPCAP site's program/project and their adherence to the terms and conditions of the cooperative agreement.

PROJECT OFFICER COMMUNICATIONS

Each month, the Project Officer maintains contact with their assigned TIPCAP site via phone, email, virtual meeting, or on-site visit. A new TIPCAP Coordinator will require more communications, check-ins, and technical assistance (TA). In general, communication should be an ongoing process between the TIPCAP site and Project Officer.

The TIPCAP site must practice continuity planning and provide those changes as needed to their assigned Project Officer. Refer to [page 24](#) for guidance for continuity planning and communications.

MONITORING CONTRACTOR: RED CREEK SOLUTIONS

Red Creek Solutions (RCS), LLC. serves as the external monitoring contractor for the IHS TIPCAP. RCS's mission is to enhance injury prevention collaboration and intentional planning to promote safe and healthy communities for American Indians and Alaska Natives. The monitoring contractor's goal is to assist the TIPCAP sites with their technical assistance needs and provide administrative support for the IHS TIPCAP team.

RCS will provide TIPCAP sites with quality TA, through experienced subject-matter experts. The TA provided includes, but is not limited to, data analytics, program reporting, program evaluation, best practice resources, partnership development, and other public health injury prevention resources as needed. The monitoring contractor conducts regular communications with the IHS TIPCAP team and TIPCAP sites.

The monitoring contractor will provide the following technical assistance/monitoring activities:

- Provide individualized, one-on-one technical assistance to TIPCAP sites on an ongoing basis, including assistance with:
 - Annual work plan
 - Evaluation activities (data analytics, reporting, and program evaluation)
 - Drafting resources to showcase program successes, lessons learned, and new findings
 - Subject-matter technical assistance
 - Coordinate and facilitate bi-annually conference calls with TIPCAP sites and TIPCAP Team
 - Coordinate and conduct program site visits for TIPCAP Part 1 Sites
 - Coordinate and facilitate TIPCAP webinars
 - Assist with the planning and coordination of the annual TIPCAP Workshop
 - Assess TIPCAP program progress for program deliverables and timelines
 - Develop and/or provide resources for data analytics
 - Develop format (storytelling, presentations, digital, and etc.) and program management tools.
 - Manage the TIPCAP.org website

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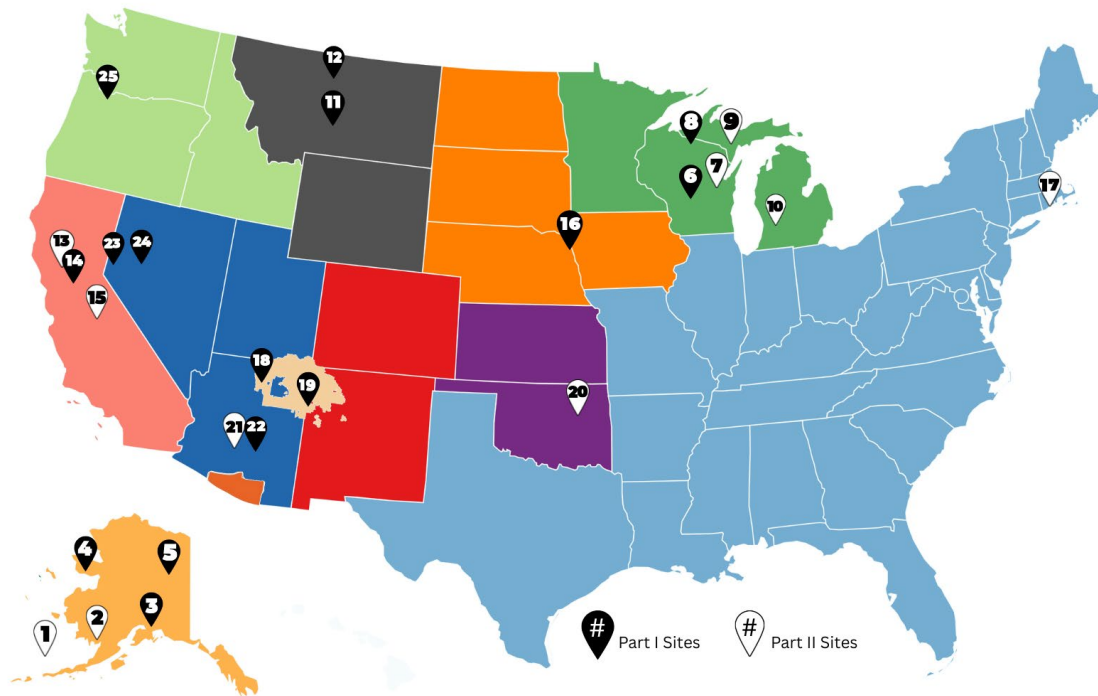
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SECTION 2: TIPCAP PART I & PART II SITES



Part I TIPCAP Sites

3. Southcentral Foundation
4. Norton Sound Health Corporation
5. Dena Nena Henash dba Tanana Chiefs Conference
6. Ho-Chunk Nation
8. Lac du Flambeau Band of Lake Superior Chippewa Indians
11. Confederated Salish & Kootenai Tribes
12. Rocky Boy Health Center
14. California Rural Indian Health Board, Inc.
16. Winnebago Comprehensive Healthcare System
18. Tuba City Regional Health Care Corporation
19. Fort Defiance Indian Hospital Board, Inc.
22. Salt River Pima Maricopa Indian Community
23. Reno-Sparks Indian Colony
24. Fallon Paiute-Shoshone Tribe
25. NW Portland Area Indian Health Board



Part II TIPCAP Sites

1. Bristol Bay Area Health Corporation
2. Aleut community of St. Paul Island
- 7 Stockbridge- Munsee Community
9. Match-e-be-nash-she-wish Band of Pottawatomie Indians
10. Hannahville Indian Community
13. Sacramento Native American Health Center
15. Tuolumne MeOWuk Indian Health Center, Inc.
17. Narragansett Indian Tribe
20. Indian Health Care Resource Center of Tulsa
21. Native Health, Inc.

TIPCAP PART I & PART II SITES: OVERVIEW

TIPCAP PART I SITES

➤ Part I Site Requirements

Part I Sites (Programs) have a minimum IHS user population of 2,500 and are required to employ a full-time TIPCAP Coordinator who manages the IPP. The position cannot be part-time, split duties, or have other duties assigned. This Position may be located within an Urban Indian Organization, Tribal health program, Tribal highway safety program, or a community-based Tribal program. The TIPCAP Coordinator should have relevant education or experience in injury prevention, public health, law enforcement, or traffic safety, as well as experience with program management, planning, evaluation, reporting, and budget management.

➤ Part I Funding

Part I TIPCAP Sites are funded up to \$150,000 per year during the 5-year funding cycle. The administrative components of this funding are essential to the program and will be a significant portion of the TIPCAP Coordinator's workload.

➤ Part I IP Coordinator Responsibilities

The TIPCAP Coordinator is tasked to provide the program deliverables and duties of the TIPCAP program. Listed below:

- **Administrative:** Program management, training & continuing education, semi-annual conference call, and reporting.
- **Program Interventions:** Work plan, intervention implementation, data collection & analysis, and evaluation.

SUPERVISOR OF THE TIPCAP COORDINATOR – TIPCAP PART I SITES

The individual who supervises the TIPCAP Coordinator will vary by Tribe or Tribal organization based on its personnel structure and management practices. The level of involvement in the day-to-day operations of the IPP may also vary.

Supervisors provide oversight and support to the TIPCAP Coordinator and TIPCAP activities. This may include reviewing required reports and continuation applications, supporting completion of program activities and training requirements, and participating in conference calls and site visits with the IHS Project Officer and monitoring contractor.

TIPCAP PART II SITES

➤ Part II Site Requirements

Part II TIPCAP Sites (Projects) receive funding to develop injury prevention or innovative strategies (known as "Evidence-Based or Evidence-Informed Strategies.") Part II TIPCAP Sites must have a designated TIPCAP Coordinator to manage the IP project.

➤ Part II Funding

Part II TIPCAP Sites are funded up to \$40,000 per year during the 5-year funding cycle and may use up to 20% of the total award for salary support (designated TIPCAP Coordinator). The administrative components of this funding are essential to the project and will be a significant portion of the designated TIPCAP Coordinator's workload.

➤ Part II IP Coordinator Responsibilities

The TIPCAP Coordinator is tasked to provide the program deliverables and duties of the TIPCAP program. Listed below:

- **Administrative:** Project management, training, semi-annual conference calls, and reporting.
- **Project Interventions:** Work plan, intervention implementation, data collection & analysis, and evaluation.

PART II PROJECT STAFF

Part II Projects will have an administrative oversight designee from the Tribe or Tribal organization who will manage the responsibilities of the Part II Project and support culturally competent injury prevention projects that strengthen communities to take action in injury prevention. The administrative oversight designee will be known as a TIPCAP Coordinator.

TIPCAP COORDINATOR – TIPCAP PART I SITES AND TIPCAP PART II SITES

The TIPCAP Coordinator works closely with the Project Officer, IHS Headquarters staff, and the monitoring contractor to support program implementation, reporting, training, technical assistance, and other TIPCAP requirements.

DRAW-DOWNS

The TIPCAP Coordinator and financial/support staff should ensure the TIPCAP funds are drawn down throughout the funding cycle (year). Division of Grants management recommends draw-downs occur at least quarterly. Draw-downs are essential and should be the main priority before submitting a carryover request. A quarterly disbursement financial statement will also be provided to sites to provide awareness of the TIPCAP current budget and encourage quarterly draw-downs for TIPCAP scope of work.

2026-2030 FUNDED TIPCAP SITES

PART I SITES

1. California Rural Indian Health Board, Inc.
2. Confederated Salish and Kootenai Tribes
3. Dena Nena dba Tanana Chiefs Conference
4. Fallon Paiute-Shoshone Tribe
5. Fort Defiance Indian Hospital Board, Inc.
6. Ho-Chunk Nation
7. Lac du Flambeau Band of Lake Superior Chippewa Indians
8. Northwest Portland Area Indian Health Board
9. Norton Sound Health Corporation
10. Reno-Sparks Indian Colony
11. Rocky Boy Health Center
12. Tuba City Regional Health Care Corporation
13. Salt River Pima Maricopa Indian Community
14. Southcentral Foundation
15. Winnebago Comprehensive Healthcare System

PART I: ROLES AND RESPONSIBILITIES

Incorporate Evidence-Based or Evidence-Informed Prevention Strategies	Tailor IPP strategies using Tribally driven and culturally informed approaches to promote safe behaviors, lead with culture, and empower communities to take action in injury prevention. Support primary injury prevention approaches that aim to prevent injuries before they occur.
Evaluation Plan	Develop and maintain an evaluation plan for program data collection, including baseline data, timelines, and outcomes. Data will be used to set priorities, plan the program, and evaluate interventions using primary and secondary data sources. Indigenous evaluation methods may also be included.
Develop a 5-Year Plan	Develop a five-year workplan based on injury morbidity and mortality data and implement evidence-based or evidence-informed injury prevention strategies.
Logic Model	Develop a logic model that includes specific, measurable, achievable, realistic, and time-bound (SMART) benchmarks and activities. The logic model should include inputs (personnel and materials), outputs (activities and participation), and outcomes (short-, medium-, and long-term). Assists in monitoring program progress.
Develop or Participate in an IP Coalition	Develop partnerships by leading or participating in an injury prevention coalition to share resources and expertise and collaborate in planning, implementing, and evaluating projects.
Sustainability Plan	Engage in activities that promote the sustainability of the IPP and develop a sustainability plan by the end of Year 3.

PART II SITES

1. Aleut Community of St Paul Island
2. Bristol Bay Area Health Corporation
3. Hannahville Indian Community
4. Indian Health Care Resource Center of Tulsa
5. Match-e-be-nash-she-wish Band of Pottawatomis Indians
6. Narragansett Indian Tribe
7. Native Health, Inc
8. Sacramento Native American Health Center
9. Stockbridge-Munsee Community
10. Tuolumne Me-Wuk Indian Health Center, Incorporated

PART II: ROLES AND RESPONSIBILITIES

Incorporate Evidence-Based or Evidence-Informed Prevention Strategies	Tailor IPP strategies using Tribally driven and culturally informed approaches to promote safe behaviors, lead with culture, and empower communities to take action in injury prevention. Support primary injury prevention approaches that aim to prevent injuries before they occur.
Evaluation Plan	Develop and maintain an evaluation plan for project data collection including baseline, timeline, and outcomes. Data will be used for setting priorities, planning the program, and evaluating interventions. Indigenous evaluation methods may be included.
Develop a 5-Year Plan	Develop a five-year workplan based on injury morbidity and mortality data and implement evidence-based or evidence-informed injury prevention strategies.
Logic Model	Develop a logic model that includes specific, measurable, achievable, realistic, and time-bound (SMART) benchmarks and activities. The logic model should include inputs (personnel and materials), outputs (activities and participation), and outcomes (short-, medium-, and long-term). Assists in monitoring program progress.
Sustainability Plan	Engage in activities that promote the sustainability of the IPP and develop a sustainability plan by the end of Year 3.

SEMI-ANNUAL AND ANNUAL CONFERENCE CALLS

RCS will coordinate and conduct the semi-annual and annual conference calls for the TIPCAP sites. Through guidance of the IHS headquarters (HQ) leadership, the RCS team will develop the semi-annual conference call agenda and provide the agenda to the TIPCAP sites two weeks prior to the conference call via email. The agenda will serve as a guide for conversation and technical assistance. The semi-annual and annual conference calls are scheduled for 60 minutes.

The purpose of the semi-annual and annual conference calls are to increase communication and collaboration between the TIPCAP Coordinator, Project Officer, IHS HQ leadership, and the monitoring contractor. The conference calls seek to build rapport with sites and to assist TIPCAP Coordinators in making progress towards their work plan goals and objectives. In addition, calls will include TA for selected topics, such as program planning, implementation, resources, training, and evaluation.

Q: Who is required to participate on the semi-annual and annual conference calls?

A: The TIPCAP Coordinator and Project Officer are required to participate in the scheduled calls. The TIPCAP Coordinator must coordinate with their assigned Project Officer to select a semi-annual and annual conference call date. Other Tribal staff associated with the TIPCAP site (e.g., supervisors, assistants, etc.) are encouraged to participate in the calls.

Q: What will occur during the semi-annual and annual conference call?

A: Activities conducted during the conference calls can vary and may include:

- Review of project goals and objectives (for each year)
- Discussion of TA needs
- Scheduling of site visits for TIPCAP Part 1 Sites
- Administrative topics and deadlines
- Follow-up from previous correspondence (e.g., site visits, conference calls)
- Program sustainability

Q: How to book your TIPCAP site's semi-annual conference call?

A: Red Creek Solutions will send an email in Quarter 1 and Quarter 3 to the TIPCAP sites to book their semi-annual conference call. A link will be provided in the email to book with Microsoft Outlook Booking. **All TIPCAP sites must meet with their project officer prior to scheduling the conference call with the booking link.** It is the TIPCAP site's responsibility to share the meeting link with all program and project key personnel Project Officer and Tribal/Organizational Staff).

Q: How are the conference calls conducted?

A: All individual conference calls with the monitoring contractor are held using an online video conferencing software called Microsoft Teams. Microsoft Teams provides simple online meeting space with the abilities to send simple online messaging, document sharing, and mobile call-in options for conference call. For help with Microsoft Teams there are tutorials and video instructions available on the help center website: [Join a meeting in Microsoft Teams](#).

Q: What happens after a conference call?

A: Each individual conference call will be recorded and transcribed for a call summary report (notes). The call summary report will be uploaded to the internal, password-protected TIPCAP website (www.tipcap.org) then added to the TIPCAP site's program individual page.

OFFICE HOURS AND WEBINARS

TIPCAP ADMINISTRATIVE AND EDUCATIONAL WEBINARS

TIPCAP webinars involve all Part I and Part II TIPCAP sites and TIPCAP team. The TIPCAP webinars feature experts in the injury prevention field and will cover a variety of topics such as program planning, best practice, injury and violence data, TIPCAP reporting forms, evidence-informed, implementation, and evaluation. The TIPCAP webinars are designed and conducted each year for the TIPCAP sites and TIPCAP team.

The monitoring contractor will provide communications via email and Constant Contact to inform the TIPCAP sites and TIPCAP team of the webinar opportunities that are scheduled and available from established injury prevention organizations or networks. The monitoring contractor will record and upload the recorded webinars on [TIPCAP.org](https://www.tipcap.org). The monitoring contractor will deliver 3 to 4 webinars per TIPCAP funding cycle year via Microsoft Teams.

TIPCAP OFFICE HOURS – VIRTUAL

TIPCAP office hours are coordinated and led by the TIPCAP team. The Injury Prevention Specialist and DGM will coordinate and facilitate officer hours for the following topics:

- Program or grants management updates or announcements
 - Carryover request
 - Audit concerns
 - Non-compete continuation application
- General TIPCAP site requirements or changes

The monitoring contractor will coordinate and facilitate officer hours for the following topics (as needed):

- Program Profiles
- Program Videos
- Reporting Forms
- Technical Assistance
- Newsletter Articles

TIPCAP NEWSLETTER

The monitoring contractor will collect and organize the article content and photos/images, from each TIPCAP site to compile and draft the bi-annual TIPCAP newsletter. The TIPCAP sites will send their articles, photos/images, and photo release forms to **RCS** (TIPCAP@redcreeksolutions.com). The TIPCAP newsletters provide insight to the TIPCAP community's work, sharing relevant injury and violence prevention (IVP) resources, and networking among the TIPCAP sites and partners.

➤ TIPCAP Sites

- TIPCAP sites are expected to contribute to the newsletter once each project year. Items included in the newsletter are listed below.

➤ Project Officer

- Project Officers can provide technical assistance for TIPCAP sites by reviewing article drafts or providing article content feedback.

The newsletter can include the following items:

- Articles from TIPCAP sites to share progress, updates, photographs, programming, lessons learned, and etc.
- Announcements and news from the TIPCAP team
- Updates from the monitoring contractor (e.g., site visits, conference calls)
- Highlights of innovative approaches in injury and violence prevention
- Best Practices
- Survey Results
- Training and conference opportunities
- TIPCAP resources
- Sarah's Corner (Environmental Health Support Center Updates)
- TIPCAP 2026-2030 Directory

Q: When and how are newsletters published?

A: Newsletters are developed biannually and distributed on the [IHS Injury Prevention listserv](#) (available in PDF for downloading) also hosted on the IHS Injury Prevention [website](#).

To include someone on the newsletter distribution list (e.g., someone who works with your TIPCAP program/project), you can have that individual subscribe to the [Injury Prevention listserv](#).

ANNUAL TIPCAP WORKSHOP

Each project year, an annual TIPCAP workshop provides an opportunity to increase a Coordinators' knowledge and skills, foster collaboration among sites, and obtain peer-to-peer exchanges.

Q: What is the purpose of the annual workshop?

A: The annual workshop will focus on new information, best practice, skill building, communication, and networking to assist TIPCAP sites with capacity building.

Q: Who participates in the annual workshop?

A: Attendance and participation by each **Part I TIPCAP Site is mandatory**. If a Coordinator is unable to attend, prior notification describing the reasons must be submitted to the IHS IP Specialist, Andrea Tsatoke at andrea.tsatoke@ihs.gov. Each Part I TIPCAP site allocates travel funds for the Coordinator to attend the workshop every year. If the Coordinator position is vacant at the time of the annual meeting, the tribe or tribal organization is required to send an alternate. A TIPCAP site may send more than one person in addition to the TIPCAP Coordinator to the annual workshop.

Attendance and participation for **Part II TIPCAP sites are not mandatory but strongly encouraged**. A TIPCAP site may send more than one person in addition to the TIPCAP Coordinator to the annual workshop.

Q: How is the annual workshop agenda developed?

A: Annually, a survey of all TIPCAP sites is conducted to gather feedback on recommendations for the agenda format, speakers, and other logistics. The IHS Project Officers, IHS IP Program Manager, and monitoring contractor assist in the development of the workshop agenda.

The workshop is designed to be interactive, a cultural learning environment, and tailored to the priorities of Tribal participants (e.g., panel presentations, oral presentations, and/or roundtable discussions). The monitoring contractor will email the workshop logistics, registration, and agenda to the TIPCAP sites and TIPCAP team.

The IHS Project Officers, IHS IP Program Manager, and monitoring contractor are responsible for the development, facilitation, and evaluation of the workshop. Keynote speakers and subject matter experts are invited to present at the workshop.

Q: Where is the annual workshop held?

A: IHS, the monitoring contractor, and TIPCAP sites will consult and determine location on an annual basis. Hotel logistics are coordinated by the IHS IP Program Team.

CONTINUITY IN INJURY PREVENTION

Continuity planning in injury prevention ensures that the health and prevention services being delivered through the TIPCAP sites maintain active operations and communication with the TIPCAP team.

The goal is to preserve active communication with the TIPCAP sites and the TIPCAP team. If a TIPCAP site endures a change/turnover in the TIPCAP Coordinator position or point of contact (POC) this must be reported to the TIPCAP team immediately. The new TIPCAP site TIPCAP Coordinator or POC will be given access to TIPCAP.org, Constant Contact, and Grant Solutions (pending Tribal policies and procedures).

A discussion should also occur in advance regarding who would assume the TIPCAP Coordinator's duties in the event of a potential vacancy to ensure of responsibilities and minimize any disruption during the transition.

TIPCAP COORDINATOR VACANCIES

If the TIPCAP Coordinator position becomes vacant, the Tribe or Tribal organization must begin the process of hiring a new TIPCAP Coordinator and **notify the TIPCAP team**. A designated individual may temporarily manage the day-to-day activities of the IPP until the position is filled.

Q: What is a Point Of Contact (POC)?

A: A Point Of Contact is an individual from the TIPCAP site that also has communication and leadership responsibilities for the TIPCAP site. Their involvement of the TIPCAP program or project is determined by the Tribe or Tribal organization. If a TIPCAP site wishes to have an additional contacts for their TIPCAP site this information must be provided to the TIPCAP team. During the semi-annual conference calls the TIPCAP team will conduct a contact review for the TIPCAP site's TIPCAP Coordinator and point of contact(s).

Q: What do I provide if our TIPCAP site has a change/turnover in the TIPCAP Coordinator position or the point of contact?

A: Each TIPCAP site must provide the TIPCAP team with the following items to ensure a disruption in communication does not occur:

- New TIPCAP Coordinator: Coordinator name, phone number, email, and job title.
- New Point of Contact (POC): name, phone number, email, and job title.

Continuity planning in injury prevention ensures that required program/project documents are kept in a safe space and accessible when needed for reporting and operations.

Do:

- Keep TIPCAP files secured on your work computer and labeled.
- Ensure your supervisor has access to retrieve the TIPCAP files and reports in the event of change/turnover in the TIPCAP Coordinator position or POC.

TIPCAP.org and Constant Contact will be updated when a TIPCAP site submits new contact information for their TIPCAP site. This allows the TIPCAP site to remain in active communication with the TIPCAP team.

Q: How does the new IP Coordinator or POC gain access to TIPCAP.org?

A: The new IP Coordinator or POC will email the **RCS** at TIPCAP@redcreeksolutions.com for TIPCAP.org access. RCS will create a new login for the new individual based on the information provided (Name, Tribe/Organization, Job Title, and Email).

Do:

- Contact Injury Prevention Specialist, Andrea Tsatoke, at andrea.tsatoke@ihs.gov for information on how to create an account in [Grants Solutions](#).

NEW TIPCAP COORDINATOR - TIPCAP ORIENTATION

In the event of a filled vacancy, the new TIPCAP Coordinator must email the RCS team at TIPCAP@redcreeksolutions.com to coordinate a TIPCAP Orientation for the new TIPCAP Coordinator. The TIPCAP Coordinator must coordinate with their Project Officer to select an orientation date. The TIPCAP orientation will be scheduled for 60 minutes via Microsoft Teams and include the TIPCAP team.

Do:

- Review the TIPCAP Site's work plan.
 - Have your workplan on hand for the TIPCAP Orientation meeting.
 - Have a calendar on hand to document TIPCAP deadlines for deliverables.
 - Bring any questions you may have regarding TIPCAP.
-

INJURY PREVENTION SUSTAINABILITY: PROGRAM PROFILE

The TIPCAP sites should keep sustainability at the forefront. This includes the practice of having readily available program information, data, and a general overview of program/project operations and goals. Each year the TIPCAP sites are provided with a program profile to highlight their injury prevention work, accomplishments, and highlight their community outreach.

Do:

- Use your individualized program profile to share with your community stakeholders and Tribal leadership. This will help the community understand the injury prevention being conducted within the community and the need for prevention efforts.
- Share your program profile with new potential partners. This can aid in partnership development and support for your injury prevention work.
- Share the program profile with potential grant funders. This can help you secure new funding by having readily available data, program/project goals, and an already developed 1-pager of your injury prevention work.

Listed below is an example of a program profile. The program profiles can be downloaded from the IHS TIPCAP Program Profile [website](#).

TANANA CHIEFS CONFERENCE
Traditions and Travel
Department of Wellness & Prevention
FAIRBANKS, ALASKA

NEW TIPCAP PROGRAM

SERVING 42 COMMUNITIES
235,000 SQUARE MILES OF INTERIOR ALASKA

ABOUT THE PROGRAM
The Traditions and Travel program is a new TIPCAP program of the Tanana Chiefs Conference Department of Wellness & Prevention. Based in Fairbanks, Alaska, the program serves 42 communities across 235,000 square miles of Interior Alaska, with a focus on preventing accidental drownings through water and ice safety.

TRAVELING SAFELY THROUGH INTERIOR ALASKA
Traditions and Travel focuses on preventing accidental drownings throughout Interior Alaska. The program increases access to life-saving equipment, strengthens water and ice safety knowledge and awareness, and encourages ongoing community discussion about safe practices.

OUR APPROACH
THREE STRATEGIES FOR SAFER TRAVEL

- 01 ACCESS**
Life-Saving Equipment
Increase access to personal flotation devices (PFDs/life jackets) and other essential water and ice safety equipment for individuals and families in rural and remote communities.
- 02 EDUCATE**
Water & Ice Safety Knowledge
Educate community members on the importance of wearing a PFD when traveling on the water, the dangers of cold-water exposure and its effects on the body, and safe practices when traveling on or near ice.
- 03 ENGAGE**
Community Discussion
Promote ongoing conversations about cold-water, boating, and ice safety, including the proper use of PFDs. Share drowning prevention and water safety information through media messaging, community presentations, trainings, health fairs, community events, and school-based activities.

MEET THE TEAM

Cole Cantu
Community Injury Prevention Project Coordinator

Kailey Erickson
Wellness and Prevention Grants Coordinator

2026 - 2030
TIPCAP

Tribal Injury Prevention Cooperative Agreement Program

SECTION 3:

TIPCAP FUNDING & DELIVERABLES



TIPCAP FUNDING

COOPERATIVE AGREEMENT VS. GRANT

Cooperative agreements use the same policies as grants. The distinguishing feature between a grant and a cooperative agreement is that under **a cooperative agreement substantial involvement is anticipated between the awarding office (IHS) and the recipient during performance of the funded activity.** This involvement may include collaboration, participation, or intervention in the activity. The primary beneficiary under a cooperative agreement is the public.

For instructions on completing all aspects of the pre-and-post-cooperative award functions, monitoring, and reporting requirements, see IHS Grant Training Tools: <https://www.ihs.gov/dgm/training1>

NOTICE OF AWARD

The Notice of Award (NOA) is the only official award document executed by the IHS Grants Management Office (GMO). The NOA contains annual negotiated terms and conditions for providing financial assistance to the recipient. The cooperative agreement is the financial assistance instrument used to support or accomplish a public purpose authorized by Federal statute, in which substantial involvement or collaboration is expected. The NOA can be found at www.GrantSolutions.gov.

Do:

- **Read and review all terms and conditions of the NOA**
- Respond to all special terms of award within 30 days and send a copy to IHS officials.
- Review NOA Substantial Programmatic Involvement & Specific Responsibilities.
- Review Standard Grant Conditions, including a description of:
 - Reporting requirements, due dates, and format. [Progress Reports Requirements - Grants Training Tools](#)
 - The rules listed in [Uniform Administrative Requirements, Cost Principles, and Audit Requirements](#) effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in 2 CFR 300.
 - The HHS [Grants Policy Statement \(GPS\) PDF](#). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your NOA.
 - All federal statutes and regulations relevant to the federal financial assistance, including those highlighted in the [HHS Administrative and National Policy Requirements](#).
- Be familiar with your TIPCAP scope of work and modifications due to responses from program and financial officials.
- Change of Project Director (key personal change), submit on letterhead, signed by Authorized Official. Include a bio-sketch/cv with phone number and email of the new individual.

For questions regarding the Notice of Award, contact:

Cherron Smith, Grants Management Specialists, Division of Grant Management
Phone (240) 672-7926 | Email: Cherron.Smith@ihs.gov

TIPCAP SITE ACCOUNTING AND GRANTS STAFF

Each Tribe or Tribal organization has the name and contact information of the Tribal accounting or grants staff member who will support your TIPCAP site. Each Injury Prevention Coordinator should be familiar with the organization's financial and grants processes.

Q: What general roles and responsibilities do the Tribal Account & Grants staff have?

A: Manage the financial status reports and reporting of the project's budget.

- Submit financial status reports to Grant Solutions with annual reports.
- Complete financial report to the **Payment Management System (PMS)**.

CARRYOVER FUNDING REQUESTS

All unobligated funds that are available for carryover must be used to support the original approved goals and objectives of the cooperative agreement based on the Funding Opportunity Announcement.

A common contributing factor for a carryover request is a TIPCAP Coordinator vacancy. The greater percentage of the total budget is salaries. Please be aware the carryover funding amount is cumulative with each year of funding carried forward. For further guidance on carryover request visit the [IHS Grants Training Tools webpage](#).

The Carryover Policy distinguishes between:

- 1. Unobligated funds with a balance of 25% or less than the annual amount awarded**
 - Approved by PO
 - Must provide a plan and budget for the carryover and how it relates to project scope of work
 - Report carryover 25% or less on the Federal Financial Report under the "Remarks" section.
- 2. Unobligated funds with a balance of more than 25% of the annual amount awarded**
 - **Part I TIPCAP Sites:** \$37,500 and over
 - **Part II TIPCAP Sites:** \$10,000 and over

Note: TIPCAP sites may not carryover TIPCAP Funds that are identified as restricted in the NOA's terms and conditions.

Q: What happens after the TIPCAP site submits their carryover request to the DGM?

A: The carryover request is received by the DGM and will be reviewed for allowable and reasonable cost to ensure all documents required have been submitted.

Q: What is the DGM Official's role in the carryover request?

A: DGM will provide comments or concerns they have with the line-item budget and justification to the Program Official.

- The Federal Financial Reports (FFRs) are reconciled to determine whether the funds that are requested are actually available for carryover.
- Approval is obtained from the program based on their technical review of the carryover request as it relates to the program goals and objectives.
- If no additional documentation is needed from the TIPCAP site, DGM has 30 days to process the request and issue a NOA reflecting approval of the carryover funds.

➤ Common Roadblocks To Carryover Request Processing

- Incomplete carryover request packages – A complete package must include the data of the carryover request and the grant number.
- Budget justifications inadequate – not enough details to support line items.
- Submitting packages directly to Program without sending it directly to GS at www.grantsolutions.gov at “Manage Amendments.”

➤ Unallowable Costs

- Contingency costs – events which cannot be foretold with certainty as to time, or with assurance that the events will happen.
- Contributions and donations – cash, property, and services regardless of the recipient.
- Entertainment costs – amusement (parks), tickets to shows/sports events, social activities, dinners, etc. If no other documentation is needed from the grantee, DGM has 30 days to process the request and issue a NOA reflecting approval of the carryover funds.

NON-COMPETING CONTINUATION APPLICATION

➤ Application Process

A [non-competing continuation application](#) is the process a Tribe or Tribal organization uses to request an additional year of funding through the IHS TIPCAP. The process allows for a Tribe or Tribal organization to revise the TIPCAP budget (to better match actual expenses from the prior year) and to refine the work plan.

Modifications to update the work plan (e.g., changes in project goals) are allowed, **but no changes may be made to the scope of work without approval of the IHS IPP**. The activities listed to address program objectives may change from year to year.

Do: When completing the continuation application, you will need to submit a revised work plan using the templates provided. The work plan should be completed using SMART objectives and in coordination with the

TIPCAP site's Project Officer. Additionally, the TIPCAP Coordinator should review the requirements of the application carefully to ensure all items are complete and included in the package for submission into Grant-Solutions.gov.

Do: Attend the TIPCAP office hours on Non-Competing Continuation (NCC) application in the fall.

➤ Application Review & Deadlines

The IHS IP Program Manager, IP Specialist, Grants Management, and Project Officer will review the non-competing continuation application work plan and budget. **Each TIPCAP site's Project Officer is required to complete a technical review for each year a continuation application is submitted.** This technical review will allow the Project Officer to assess the TIPCAP site's performance, the budget, and their ability to continue receiving the funding in the next year.

➤ Non-Competing Continuation Application Deadline

The deadline to submit continuation application for project officer review is during the current program/project year, October 14.

The deadline to submit a continuation application to Grant Solutions is during the current program/project year, October 31.

TIPCAP DELIVERABLES AND REPORTING REQUIREMENTS

All Part I Programs and Part II Projects are required to submit progress reports and financial status reports to IHS. All TIPCAP sites should reference their Notice of Award for information on frequency, timelines, and deadlines for site-specific reporting requirements.

➤ Types Of Reports

- Progress reports (with data reporting tools, narrative report, and cover page/checklist)
- Federal Financial Reports (Submit only with the annual report)

IP Coordinators are encouraged to obtain assistance from their supervisor, Project Officer, and the monitoring contractor in completing reports. In addition, sites could reach out to their tribal grant writing staff and the finance or accounting office for help in completing the necessary reporting requirements.

➤ Submitting Reports

Reports must be submitted through [GrantSolutions.gov](https://grantsolutions.gov)

➤ Steps For Using GrantsSolutions.gov:

- Attend training offered by IHS Grants Management at [Grants Training Tools | Division of Grants Management](#)
- To create an account, complete the "Recipient User" [section](#) and submit information to IHS Grants Management (Cherron Smith).
- Submit all progress and financial reports to [GrantSolutions.gov](https://grantsolutions.gov)
- Contact help@grantsolutions.gov for any account issues or technical assistance.

PROGRESS REPORTS

All Part I Programs and Part II Projects are required to submit reports discussing activities related to each goal and objective. All TIPCAP sites will receive standardized progress report forms to complete. Using required forms (located in [TIPCAP.org](https://tipcap.org) under **program profile**), compare actual accomplishments to the goals established for the reporting period.

➤ Progress Report Template

The template follows the goals, objectives, activities, and evaluation regarding the program/project. The progress report shall include a brief description of the following for each program/project function or activity involved. Please be clear and concise.

- **Objective of program/project:** Summary of progress for each objective and its accomplishments or challenges. Including photos and IHS TIPCAP photo waivers.
- **Progress during reporting period:** Summary of work done during the reporting period, addressing objectives and process of activities, impact statement, and outcome/output measures.

- **Challenges:** Summarize any significant changes that have been made to the program/project (e.g., personnel, work plan, etc.)
- **Evaluation:** Provide a summary of what you learned through the program implementation and how you used the findings to make adjustments, review strategic planning, seek new partners or resources, or implement new strategies.
- **Training/Technical Assistance:** List any training or TA that you have/are receiving for the program/project. List any barriers you have encountered in receiving information or TA.

DATA REPORTING TOOLS

The monitoring contractor and IHS will work with each TIPCAP site to provide **program-specific data collection tool(s)** to assist in data collection and evaluation. These data forms are built from each TIPCAP site's individual work plan. All data reporting tool(s) should be submitted for each semi-annual and annual period.

TOPIC – SPECIFIC DATA COLLECTION TOOLS

The monitoring contractor and IHS will work together to develop specific data collection forms to reflect the injury prevention topic represented in the 2026-2030 TIPCAP funding cycle. These data forms are built from each TIPCAP site's individual work plan and cooperative agreement. The specific data collection tools can be modified during the 2026-2030 TIPCAP funding cycle based on programming (injury prevention) data collection. Listed below are examples of the specific data collection tools:

- Helmet Distribution
- Observation Forms (Helmet, Child Passenger Safety, Seat Belt, Personal Floating Device, Firearm, etc.)
- Child Passenger Safety – Child Restraint Check/Installation
- Exercise-Class Form
- Home Assessment
- Home Modifications
- Functional Assessment Spreadsheet

➤ Supplemental Reporting Form: Secondary Data Form

Secondary Data Form (e.g., TBI, Transportation Safety, Drowning, and etc.), are optional to complete. If a TIPCAP site is utilizing applicable secondary data, then a secondary data form can be submitted along with the progress report.

COVER PAGE – REPORTING CHECKLIST

Each site will also complete a cover page for each semi-annual and annual report. This cover page is program-specific and will include a checklist of the data reporting tools developed for each site, as well as other required documents. **The checklist includes a checkbox and signature section for the Coordinator and Project Officer to indicate they reviewed the documents that will be submitted with the report.**

TIPCAP PART I & PART II REPORTING DOCUMENTS

All documents can be accessed via [TIPCAP.org](https://tipcap.org)

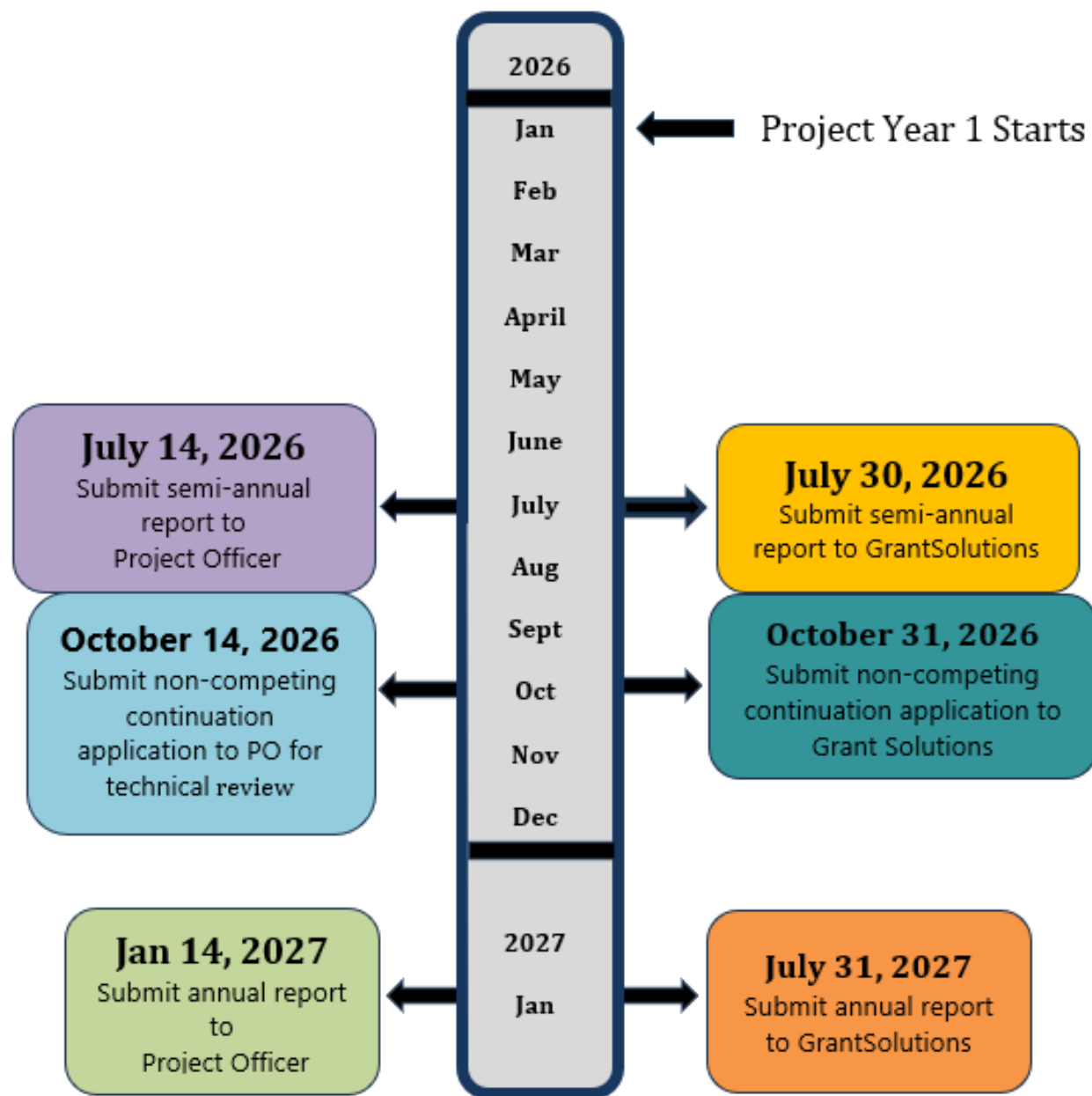
- Cover Page – Reporting Checklist
- Progress Report (Narrative Report)
- Program Specific Data Collection Tool
- Secondary Data Forms
- Injury Prevention Topic – Specific Data Collection Tool

TIPCAP sites can attach as appendices any questionnaires, surveys, data analysis, etc. you may have used to collect data for the data reporting tool(s).

TIPCAP SEMI-ANNUAL AND ANNUAL REPORTS

Failure to Submit Reports: This funding is conditional, and complete and on-time reports are a requirement. Failure to submit required reports within the required time frame may result in restrictions, suspension, or termination of an active cooperative agreement; withholding of additional awards for the project; or other consequences, such as withholding of payments or converting to the reimbursement method of payment. This applies whether the delinquency is attributable to the failure of the organization or the individual responsible for preparation of the reports.

TIPCAP PROJECT YEAR 1 REPORTING TIMELINE



SECTION 4: INJURY PREVENTION TRAINING & OPPORTUNITIES



SKILL BUILDING

IHS TRAINING: IVP COURSES

There are several opportunities for staff development and training outside of the annual TIPCAP workshop and the oversight that TIPCAP sites receive from the TIPCAP team. **IP Coordinators** are required to complete the [Injury and Violence Prevention \(IVP\) Courses](#) 1 & 2. However, course 3 is highly encouraged for professional development. Environmental Health Support Center (EHSC) Office Hours will also be shared with TIPCAP sites depending on topic.

➤ Injury Violence Prevention Series (Course: 1-3)

Each course is conducted both in virtual and in-person formats. There are no course fees unless otherwise noted in the registration. The courses are available to all IHS and Tribal personnel through the EHSC. All three IVP courses are required to apply for the Injury and Violence Prevention Fellowship Program.

➤ Injury And Violence Prevention Course 1.

Topics included:

- Introduces participants to the components of the public health approach to preventing injuries among American Indian and Alaska Native. Participants will participate in small work groups to address specific injury issues in fictional Tribal communities throughout Indian Country.

Learning Outcomes:

- Interpret injury data
- Identify causes of injuries
- Describe the process to work with injury coalitions to plan for implementation, evaluation, marketing and advocacy of injury prevention programs

Course Length: Online course is 5 days (4 to 5 hours per day) and in-person course is 3 days.

➤ Injury And Violence Prevention Course 2.

Topics include:

- A continuation where the Introduction to Injury Prevention course ends, to educate participants to the core components of the public health approach to preventing injuries among American Indians and Alaska Natives:
 - Using and summarizing data
 - Finding and selecting evidence-based interventions (EBIs)
 - Adapting/tailoring EBIs to specific cultures
 - Planning EBIs
 - Evaluating EBIs
 - Communicating about EBIs

- Developing an injury/violence prevention proposal

Learning Outcomes:

- Associate appropriate injury data with evidence-based interventions
- Indicate evidence-based strategies for developing injury prevention proposals
- Administer evidence-based interventions in Tribal communities

Course Length: Online course is 4.5 days (3 to 5 hours per day) and in-person course is 3 days.

➤ Injury And Violence Prevention Course 3.

Topics include:

- Builds on IVP course 1 and 2 knowledge and skills by providing tools and advanced techniques to prevention injury and violence.

Learning Outcomes:

- Ability to conduct literature reviews
- Understand data and confidentiality
- Associate data collection and methods (sampling)
- Administer descriptive data analysis (use of Excel Pivot Tables)
- Ability to conduct project evaluation
- Possess skills for policy and advocacy

Course Length: Online course is 4.5 days (3 to 5 hours per day) and in-person course is 3 days.

INJURY AND VIOLENCE PREVENTION FELLOWSHIP

Since 1987, the IHS Injury Prevention Program (IPP) has offered a fellowship program for advanced learning about IP. The [IHS Injury and Violence Prevention \(IVP\) Fellowship](#) provides practical knowledge and skills for IVP practitioners working in American Indian and Alaska Native communities. **The IVP Fellowship builds on learning obtained from IHS IVP Courses 1-3 and prior experiences of participants.**

Completing the Fellowship provides participants with a strong foundation in injury and violence prevention by building familiarity with published literature and data on key IVP issues. Fellows gain hands-on experience in data collection and analysis, project planning, and effective program management. Throughout the Fellowship, participants learn how to promote community and coalition involvement, apply evidence-based IVP strategies, and conduct meaningful program evaluations. The experience enhances both oral and written communication skills, including developing and delivering a scientific presentation. With opportunities for field work and individualized learning, Fellows emerge with practical skills, deeper insight, and the confidence to lead impactful IVP initiatives in their communities.

Participants in the 18-month program (called Fellows) apply for this training by working on individual projects in their home communities or the communities they serve. These projects often involve collecting specific injury data,

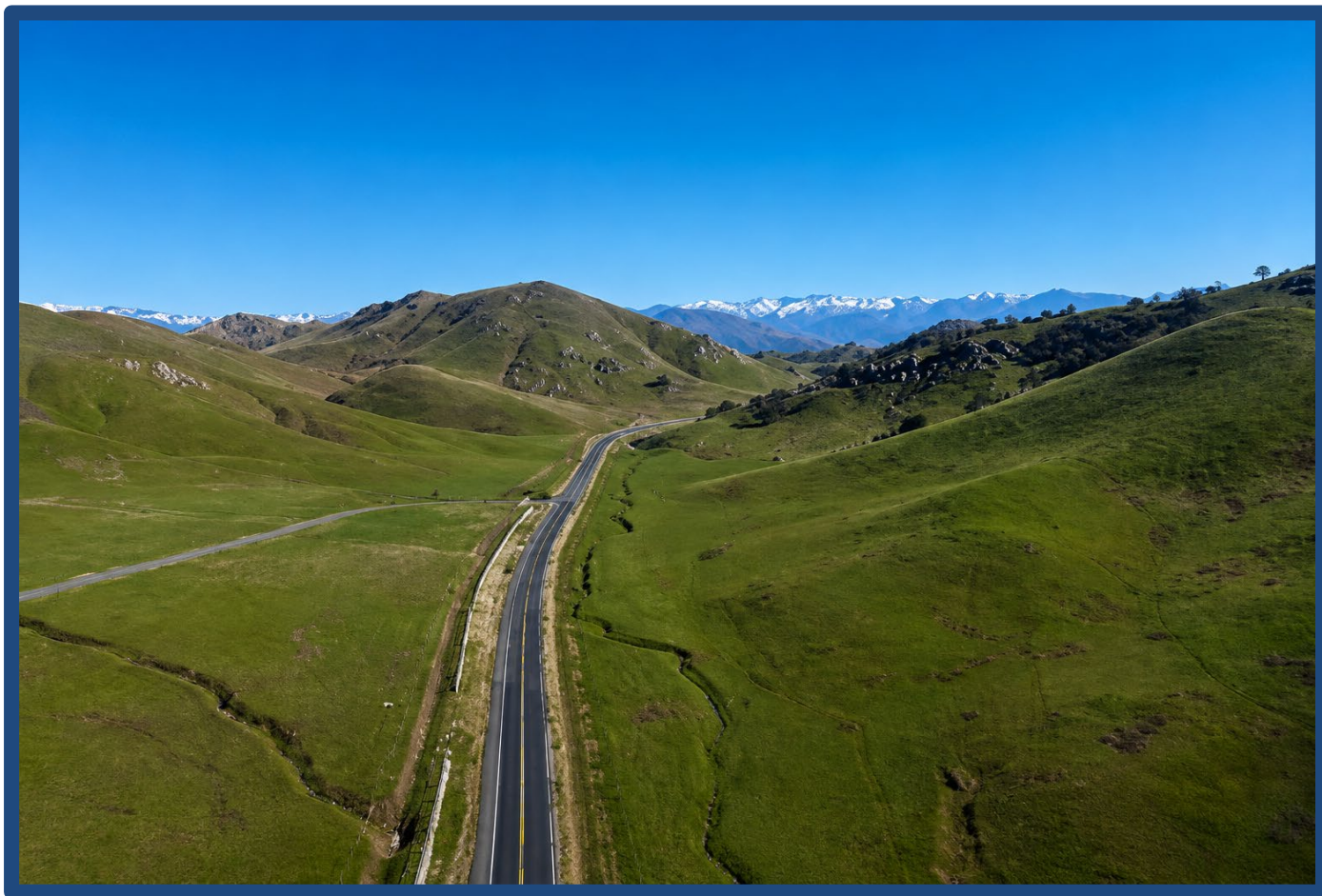
exploring effective IVP strategies, planning and managing an IVP project, and conducting project evaluation. Projects can focus on unintentional injury or intentional violence in one of the three project types: 1) Problem Analysis, 2) Program Planning, or 3) Program Evaluation.

IVP Fellowship Inquiry. To learn more about the IVP Fellowship contact Molly Madson, Injury Prevention Program Manager, at molly.madson@ihs.gov.



Fellowship Class: 2023-2024

SECTION 5: FREQUENTLY ASKED QUESTIONS



TIPCAP FREQUENTLY ASKED QUESTIONS

ROLES AND RESPONSIBILITIES

In this section of the program guide you will find frequently asked questions (FAQs) regarding the TIPCAP program. Please feel free to reach out to the TIPCAP team for technical assistance or questions regarding TIPCAP reporting, functions, deliverables, communications, and responsibilities.

Q: Does the TIPCAP site have to follow all recommendations provided by the monitoring contractor (RCS), (e.g., recommendations made via semi-annual conference calls, site visits, technical assistance meetings, or technical reviews)?

A: Yes. The TIPCAP site and the IHS Project Officer share responsibility for determining how to use and implement the TA provided by the monitoring contractor. This TA is intended to strengthen and sustain Tribal Injury Prevention Programs. Recommendations offered by the monitoring contractor—particularly those related to progress reporting, data collection, and program evaluation—can support the site’s ability to document, share, and promote program achievements to the Tribe, IHS, and potential future funding partners.

The TIPCAP site and Project Officer are encouraged to collaborate in reviewing these recommendations and deciding which should be adopted, how they should be implemented, and what support may be required. The TIPCAP team will make every effort to clearly distinguish between recommendations that are optional and requirements that are mandatory. It is also understood under the terms of a cooperative agreement that the IP Coordinator and TIPCAP team are partners in the decisions made that determine the directions and success of the program/project.

Q: Is the Tribe or Tribal organization responsible for performing the direct duties and responsibilities of an absent or not yet appointed TIPCAP/IP Coordinator?

A: Yes. The cooperative agreement is a contract between IHS and the Tribe or Tribal organization. Each of the cooperative agreements differ, however, all identify someone at the Tribe or Tribal organization as the responsible party. A hired or designated TIPCAP/IP Coordinator is responsible for the day-to-day responsibilities and operations of the TIPCAP program/project. The TIPCAP site must fulfil the requirements of the cooperative agreement.

Q: What must a TIPCAP site provide when a change of Project Director occurs?

A: A TIPCAP site must include the following items when submitting a change of Project Director in Grant Solutions:

- Change of Project Director, submit on letterhead and signed by Authorized Official.
- Include a bio-sketch/cv with phone number and email of the new individual.
- Must include a justification for the change and any budget changes resulting from the proposed change.
- Submit as an amendment in Grant Solutions.

Q: How do incentives work with TIPCAP funding?

A: Incentives can be used to support a program's injury prevention efforts to retain participation for TIPCAP programming. **The general rule is that items \$30 or less are acceptable for incentives.** The TIPCAP/IP Coordinator and Project Officer must work together to ensure the incentive items are in compliance with the cooperative agreement's appropriate expenditures guidelines and scope of work. If incentives were not part of the approved budget for the year, the IP Coordinator must consult with the Project Officer to discuss further inquiry and approval processes.

A Continued: Incentives must not take place to provide supplies for TIPCAP program or projects. The TIPCAP/IP Coordinator must consult with their Project Officer if unsure if an item is better served as an incentive or program/project supply.

- Part I Programs can receive up to \$3,750 for incentives per program year.
- Part II Projects can receive up to \$1,000 for incentives per project year.

Q: How to submit a carryover request in Grant Solutions?

A: Submit an official carryover request, on letterhead and signed by "Authorized Official." The cover letter should provide the following information:

- Grant number
- Amount to be carried over; and
- Explanation why this carryover is needed, and what objectives will be achieved using the funds.
 - The objectives must be part of the previously approved scope of work.

Attach the following items to the cover letter:

1. Detailed description of activities to be funded with carryover funds.
2. Scope of Work (i.e., workplan)
3. Provide a detailed line-item budget and justification for the amount of carryover funds requested.
 - Must provide a plan for the carryover and how it relates to the project scope of work.
4. A Federal financial Report (FFR, Form SF-425)

Formally submit the carryover request in Grant Solutions at "management amendments."

Q: Can TIPCAP funds be used to purchase items (e.g., child restraints, t-shirts, jackets, and etc.) to use for program/project profit?

A: No. A cooperative agreement cannot use federal funds (TIPCAP) for profit of any product purchased with federal funding.

Q: Can Part II TIPCAP Sites use their funding to supplement the staff salary?

A: Yes. No more than 20% can be used for salary for Part II TIPCAP sites, which is \$8,000 per year.

Q: What is the protocol for using Tribal/Indigenous Data?

A: Tribes and Tribal organizations have their own policies and procedures for collecting, analyzing, and reporting data (i.e., quantitative and qualitative). Best practice is to follow the Tribe/Tribal organization's procedures for approval for any injury surveillance, community surveys, data reporting, or Indigenous evaluations.

Q: Can we provide an Indigenous Evaluation?

A: Yes. The 2026-2030 TIPCAP cooperative agreements encourage TIPCAP sites to implement Indigenous evaluation. The practice of Indigenous evaluation is to center the community and drive a cultural lens for storytelling, shared learned experiences, respect Tribal sovereignty, to formulate community relevance and best practices.

- **Example:** Empirical data, which includes information gathered through observations, measurements, word of mouth, shared experiences or stories, to provide additional context on how a program/project is being implemented and received.

TIPCAP PROGRAM GUIDE TERMS

KEY TIPCAP PROGRAM GUIDE TERMS

Key terms	Term Definitions or Term Abbreviations
B	
Baseline Data	A starting point measurement that can be used for progress or comparisons.
C	
Coalition	An entity composed of several diverse organizations or constituencies that have agreed to work together to achieve a shared goal.
Cooperative Agreement	Legal contractual agreement that provides close collaboration between funding agent and one or more recipients, in which a recipient formally agrees to accomplish a set of goals and objectives.
D	
Data Analytics	The systematic process of collecting, filtering, and interpreting data to discover patterns/trends, generate insights, and support informed decision-making actions or selections.
Data Analysis	The process of evaluating data using analytical and logical reasoning to examine each component of the data provided. Data from various sources are gathered, reviewed, and then analyzed to form a finding or conclusion. There are a variety of specific data analysis methods: • Data Mining • Text Analytics • Business Intelligence • Data Visualizations
Deliverables	Program or project deliverables are stated within the cooperative agreement either as tangible or intangible outputs produced by the work of a program or project that are agreed upon and verifiable as complete.
DGM	Division of Grants Management

E	
Evaluation	The rigorous, scientifically based collection of information about program and intervention implementation, activities, characteristics, and outcomes that determine the merit or worth of the program or intervention (did the practice yield behavior changes.) Evaluation provides direction for improving programs or interventions, identifying lessons learned, and informing decisions about future planning and resource allocation.
Evidence-Based Strategies	Are prevention methods that have been scientifically evaluated and proven to prevent or reduce injuries. This can include strategic changes to the environment (for example, improving roadways, evaluating elder homes for fall hazards, and installing smoke alarms) and strategies to promote behavior change (such as car seat use and flotation device use).
Evidence-Informed Strategies	Allow for blending knowledge from science and Tribal community-based practices to prevent injuries. This includes use of evidence-based strategies that are tailored to Tribal communities by adapting language, culture, and context in a way that is compatible with cultural patterns, meaning, and values. These types of approaches allow for well-planned, promising, and innovative injury prevention strategies while adapting to Tribal community needs.
G	
Grants Solutions	Is the largest Federally managed grants services provider, supporting Federal agencies across the full grant's lifecycle, from pre-award planning to post-award closeout. All TIPCAP grant management (reporting and deliverables) will be conducted in Grant Solutions.
Goal	A strategic and measurable target/statement that describes the desired outcome a program or project is intended to achieve within a fixed timeframe.
I	
Impact Statement	Briefly summarizes the difference made by programs, research, or implemented interventions. Highlights program or project accomplishments.

	Provides a visual/description of the number of individuals reached through program or project efforts.
Incentive	An item used to motivate or encourage someone to take an action or remain engaged. Some injury prevention practices implement the use of incentives to motivate program or project participation and retention.
Injury	An unintentional or intentional physical impact to an individual's body resulting from acute exposure to thermal, mechanical, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.
Injury Prevention (IP)	Proactive public health and safety effort aimed at reducing the occurrence or severity of unintentional and intentional injuries. - Involves identifying risk factors, behaviors, and environmental characteristics. - Implementing evidence-based interventions. - Conducting topic focused assessments and evaluations. - Often creating policies or regulations to prevent injuries and educate target audience.
Indigenous Evaluation	Incorporating Indigenous knowledge and using information to support community priorities. Empirical data is a practice of Indigenous evaluation which includes information gathered through observations, conversations, shared experiences, or stories, to provide additional context on how the program or project is being implemented or received.
L	
Logic Model	A planning tool that provides a visual for project or program's strategic/work plan: - It connects a project or program's resources (inputs) and planned activities to its intended results (outputs and outcomes.) - Highlights roles or responsibilities. - Provides a timeline.
M	
Microsoft Teams	Virtual communication software that requires internet access. It is used for semi-annual conference calls, technical assistance calls, and TIPCAP webinars.

Monitoring	Routine tracking and reporting priority information about a program or project and its inputs, intended outputs, outcomes, challenges, and impacts.
Monitoring Contractor	Red Creek Solutions serves as the TIPCAP monitoring contractor for the 2026-2030 TIPCAP cycle. Monitoring Contractor provides the following program related tasks: • Providing technical assistance. • Facilitating semi-annual conference calls. • Assisting with TIPCAP Workshop planning and execution. • Conducting TIPCAP program evaluations and data analysis.
N	
NOA	Notice of Award
O	
Objective	A statement of a desired program or project intervention result that meets criteria of being specific, measurable, attainable, relevant, and timely (SMART).
Outcome	Defines an intervention's output, often used to measure the impact of event, decision, change agent, or experiment. • The result, consequence, or end product of a process, action, or situation. Outcome Examples: • Change in knowledge or behaviors • Development of policy • Creation of traffic safety laws
P	
Project Officer	A local IHS Project Officer who serves as a liaison or extension of the IHS IPP to provide technical assistance and program or project oversight.
Q	
Qualitative Data	Data collected using qualitative methods such as interviews, focus groups, observation, and key informant interviews. It can provide an understanding of social situations and interactions. Provide an understanding of individual's values, perceptions, motivations, and reactions.

	Generally expressed in narrative (written) form, pictures/visuals, or objectives (i.e., not numerically.)
Quantitative Data	Quantitative data are measured on a numerical scale. Data collected using quantitative methods such as surveys, case studies, experiments, or observations. • Can be displayed using tables, charts, histograms, dashboards, and graphs. • It is objective, structured, and analyzed using statistical methods to identify patterns, trends, findings, and correlations.
S	
Secondary Data	Refers to information or data that has already been collected by someone other than the person or program using it. The data may be reused for a purpose different from the purpose for which it was originally collected.
Supplemental Reporting Forms	These reporting forms are specific to an activity within an injury prevention topic. The supplemental reporting form is completed to report data if the specific activity occurred during the reporting period and is not required if the activity was not conducted.
Surveillance	The ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding an injury prevention event or activity. • Fundamental public health tool used to identify injury patterns, monitor trends, and develop evidence-based prevention strategies to reduce morbidity and mortality.
Sustainability	A program or project's ongoing capacity to resolve and work together to sustain established efforts, outcomes, and impact post implementation or funding sources.
Sustainability Plan	A written, community-based plan that outlines how a program or project will achieve and maintain sustainability. • Demonstrates that stakeholders and practitioners have reached a consensus on a program or projects sustainability.
T	
Technical Assistance (TA)	Tailored guidance provided to meet the specific needs of a TIPCAP site or sites through collaborative communication between a subject-matter expert and the TIPCAP site(s).

	Takes into account site-specific circumstances, culture, and topic-area focus. It can be provided by phone, mail, email, virtually, or in person.
TIPCAP	Tribal Injury Prevention Cooperative Agreement Program
U	
Unintentional Injury	Injury that occurs without intent to harm (e.g. motor vehicle crashes, drowning, and etc.) These events are largely predictable and preventable through injury prevention strategies.
W	
Webinar	Virtual learning setting that requires internet access. - The Monitoring Contractor will utilize Microsoft Teams for webinars. - Presenter/subject-matter expert will provide a virtual presentation. - Webinars are scheduled for 60 minutes. - Allow for Q&A sessions.
Key Program Guide Terms – None exist for the following: A, F, H, J, K, R, V, Y and Z	

