Indian Health Service

Division of Diabetes Treatment and Prevention

Special Diabetes Program for Indians (SDPI)

Grant Program

Instructions for 2026 Non-Competing Continuation Application

From the IHS Division of Diabetes Treatment and Prevention

July 2025

https://www.ihs.gov/sdpi/

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1. Introduction

These instructions are intended to provide programmatic requirements for the Special Diabetes Program for Indians (SDPI) grant recipients for the 2026 Non-Competing Continuation Application from the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (Division of Diabetes or DDTP).

In addition to the Continuation Application requirements, this document includes tips for writing a strong application (Appendix 1), an application checklist (Appendix 2), a sample budget (Appendix 3), a sample SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report (Appendix 4), and a sample IHS Diabetes Care and Outcomes Audit (Diabetes Audit) Report (Appendix 5 and Appendix 6).

2. Key Information about 2026 Continuation Application

2.1 Commonly Used Abbreviations

a. ADC - Area Diabetes Consultant[1]

b. DDTP – IHS Division of Diabetes (Treatment and Prevention)[2]

c. DPM – Division of Payment Management

d. DGM – IHS Division of Grants Management[3]

e. FAC – Federal Audit Clearinghouse

f. FFR - Federal Financial Report

g. FY - Fiscal Year

h. GMS - Grants Management Specialist (GMS)[4]

i. IHS - Indian Health Service

j. NoA/NGA - Notice of (Grant) Award

k. OMB – Office of Management and Budget

l. RKM – Required Key Measure

[1] ADC Directory: https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/
[2] DDTP: https://www.ihs.gov/diabetes/
[3] DGM: https://www.ihs.gov/dgm/
[4] GMS Contact Info: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/#DGMCONCTACTINFO

m. SDPI - Special Diabetes Program for Indians[5]

n. SF – Standard Form

2.2 Budget Period

The Budget Period for 2026 is the same as the 2026 calendar year: January 1, 2026 – December 31, 2026.

2.3 Due Date

Per DGM policy, applications are due 60 days before the start of the grant budget cycle. Based on this policy, the 2026 Continuation Application due date will be **October 31, 2025 (subject to change)**. The official due date will be provided in GrantSolutions.

2.4 Funding Amounts

Grant recipients should apply for the same amount of funding as awarded in the 2025 Notice of Award (See item 25). Do not include any supplemental funding in the total award amount. The proposed Budget and Budget Narrative should be based on this amount. If you have any further questions, contact your GMS[4].

2.5 Electronic Submission

The required method for submission of applications is electronic submission via GrantSolutions. Below are the submission instructions:

- Log on to http://www.grantsolutions.gov
- Click on "Apply for Non Competing Award", this link will be available under "Grants List"
- Enter all the application information
- After completing all the forms, click on "Verify Submission" to submit the application to IHS.
- Click on "Final Submission."
- Click on "OK" upon the prompt "Are you sure you want to submit application?"
- You cannot alter any information once the application is submitted.

See the Grant Recipient Support and Reference for additional information about this process.

Contact GrantSolutions Help Desk or dgm@ihs.gov with any questions.

3. Programmatic Requirements

Programmatic requirements for SDPI can be found in the SDPI 2023 Notice of Funding Opportunity (NOFO)[6] and Terms and Conditions in your Notice of Award.

[5] SDPI: https://www.ihs.gov/sdpi/

[6] 2025 SDPI NOFO: https://www.federalregister.gov/d/2022-16264/p-40

4. Required Application Documents for All Applicants

SDPI grant recipients must submit all of the documents listed below (in section 4.1 Application Forms) with their Continuation Application, except those noted as optional.

4.1 Application Forms

Below is a list of forms that can be completed and submitted electronically in the Application Kit in GrantSolutions:

a. SF-424 Application for Federal Assistance, Version 2
b. SF-424A Budget Information - Non-Construction
c. IHS Performance Site (2.0)

Questions regarding any of these forms should be directed to your GMS[4].

4.2 SDPI Project Narrative

The Project Narrative template is a PDF fillable document set-up as follows:

a. Part A: Program Identifiers
b. Part B: Review of Diabetes Audit Reports
c. Part C: Leadership and Key Personnel
d. Part D: Partnerships and Collaborations
e. Part E: SDPI Diabetes Best Practice
f. Part F: Activities/Services NOT related to selected Best Practice
g. Part G: Additional Program Information

SDPI grant recipients are encouraged to use the Project Narrative template provided and place all responses and required information in the correct sections. Alternatively, all required information from this template may be provided in a separate document.

All pertinent items in the Project Narrative template must be included; do not change, delete, or skip any items unless otherwise instructed. Contact your ADC or primary SDPI grant recipient with any questions regarding the Project Narrative.

4.3 Implementing One SDPI Diabetes Best Practice

SDPI grant recipients must implement one SDPI Diabetes Best Practice (also referred to as "Best Practice"). When selecting their Best Practice, recipients should consider program/community needs and priorities, strengths, and resources. For the 2026 grant application, recipients may propose to:

a. Continue to work on the same Best Practice selected in their 2025 application. This could include:
    i) Continuing 2025 activities.
    ii) Continuing with the same Target Group implemented in 2025.

b. Select a new Best Practice with an appropriate Target Group that may be different than the Target Group you worked with in 2025. This could include:
    i) Proposing new 2026 activities.
    ii) Proposing a new Target Group for 2026.

4.4 IHS SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report for 2025

The RKM Data Summary Report is a PDF Report that can be retrieved and downloaded from the SOS (go to "SOS Grantee Reports" on the side navigation menu after logging into the SOS). This report summarizes the RKM data for your SDPI grant and, at minimum, should include your baseline RKM results for 2025. Grant recipients were also encouraged, but not required, to submit an RKM report in the middle of the grant year or around June 30, 2025. A sample SOS RKM Data Summary Report is provided in Appendix 4.

4.5 IHS Diabetes Audit Reports

SDPI grant recipients are expected to participate in and/or be aware of the aggregate results from the annual Diabetes Audit for their local facility. Grant recipients are required to submit copies of their annual Diabetes Audit Reports for 2024 and 2025 as part of their Continuation Application. For most grant recipients, Diabetes Audit Reports and information can be obtained directly from the WebAudit[7] or by requesting the report from their local facility or ADC[1]. Sample Diabetes Audit reports are provided in Appendix 5 and Appendix 6.

[7] IHS Diabetes Care and Outcomes Audit: https://www.ihs.gov/diabetes/audit/

In addition, grant recipients must review and include results from their annual Diabetes Audit Reports in their Project Narrative (Part B). Guidance is provided for those that do not have both 2024 and 2025 Audit Reports.

Some recipients may not be able to obtain reports from the WebAudit. These grant recipients should submit Diabetes Audit Reports obtained from the Resource and Patient Management System (RPMS) Diabetes Management System (DMS) that include only individuals with diabetes who are served by their grant. These DMS reports should be run using the following time periods:

- 2024: January 1, 2023 to December 31, 2023
- 2025: January 1, 2024 to December 31, 2024

A very small number of recipients were given waivers exempting them from participation in the 2024 and/or 2025 Annual Diabetes Audits. Waivers were sent via email to key contacts and uploaded as a Grant Message in GrantSolutions. Recipients that received waivers should:

- Submit a copy(ies) of the waiver(s) in lieu of the Diabetes Audit Reports.
- Follow the alternative instructions in Part B of the Project Narrative.

If you have any questions, contact your ADC[1].

4.6 IHS Budget Narrative

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

The Budget Narrative may be submitted as an MS Word or Excel document and should not be any longer than seven pages. The list of budget categories and items below is provided to give ideas about what you might include in your budget. You do not need to include all the categories and items below, and you may include others not listed. The budget is specific to your own program, objectives, and activities. A sample budget narrative is also provided in Appendix 3.

A. Personnel

For each position funded by the grant, including the Program Coordinator and others as necessary, provide the information below. Include "in-kind" positions, if applicable.

- Position name.

- Individual's name or enter "To be named."
- Brief description of role and/or responsibilities.
- Percentage of effort that will be devoted directly to this grant.
- Percentage of annual salary OR hourly rate and hours worked per year paid with SDPI funding.

B. Fringe Benefits

- List the "fringe rate" for each position included. The "fringe rate" is a percentage used to calculate the cost of employee benefits (like health insurance, retirement plans, payroll taxes, workers compensation, pension, etc.) in relation to their wages. DO NOT list a lump sum amount for all SDPI grant personnel's fringe benefits.
- Identify the percentage used by the Tribe or Tribal organization and the basis for computation.
- Identify the types of benefits included.

C. Travel

Line items for travel may include:

- Staff travel to meetings planned during the budget period. Example: travel for two people, multiplied by two days, with two–three nights lodging.
- Staff travel for other project activities as necessary.
- Staff travel for supplemental training as needed to provide services related to goals and objectives of the grant, such as CME courses, IHS Regional Meetings, Training Institutes, etc.

Additional Travel Notes/Tips:

- Specify the mileage and approved rate per mile, airfare, lodging, per diem, estimated number of trips (in-state/out-of-state), number of travelers, and other travel costs for each type of travel.
- Travel may be integral to the purpose of the proposed project or related to the proposed project activities (e.g., attendance at meetings).
- Do not include costs for travel for consultants, contractors, or other partner organizations – these costs should be placed in the "Contractual" line item.

D. Equipment

- Include "capital equipment" items that exceed $10,000 per unit (An example can be purchasing an electronic kiosk to obtain history and screening that cost over $10,000).

Capital equipment refers to long-lasting, durable items with a useful life of more than one year and a significant purchase price.

- Identify all equipment items to be purchased for the proposed project and place in an itemized list.
- Also include accessories necessary to make the equipment operational.
- **Do not** include equipment service or maintenance costs or contracts. These costs should be placed in the "Other" line item.

E. Supplies

Supply line items may include:

- All tangible personal property other than "Equipment".
- Supplies needed for activities related to the project, such as teaching materials and materials for recruitment or other community-based activities.
- Software purchases or upgrades and other computer supplies.
- File cabinets
- **NOTE:** Non-tangible goods and services associated with supplies, such as printing services, photocopy services, and rental costs should not be placed in the "Supplies" line item – place the non-tangible goods and services costs in the "Other" line item.

F. Contractual/Consultant

Contractual/consultant services are those services to be carried out by an individual or organization, other than the application, in the form of a procurement relationship.

- May include partners, collaborators, and/or technical assistance consultants to help with project activities. Include direct and indirect costs for any subcontractors here.
- Identify each proposed contract and specify its purpose and estimated costs.
- The applicant should list the proposed contract activities along with a brief description of the scope of work or services to be provided, proposed duration, and proposed procurement method (competitive or non-competitive), if known.

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

Major A&Rs that exceed $250,000 are not allowable under this project without prior approval.

H. Other Direct Costs (shown as "Other" on the SF-424A)

This category should include direct costs that do not fit in any other budget category. Other direct line items may include:

- Participant incentives – list all types of incentives and specify the amount per item. See the IHS Grant Programs Incentive Policy[8] for more information.
- Marketing, advertising and promotional items
- Office equipment, including computers, less than $5,000

[8] IHS Grant Programs Incentive Policy URL: https://www.ihs.gov/sites/dgm/themes/responsive2017/display_objects/documents/IHSCircularGrntIncentive.pdf

- Internet services
- Medications and lab tests – be specific; list all medications and lab tests
- Miscellaneous services: telephone, conference calls, computer support, shipping, copying, printing, and equipment maintenance.
- Insurance
- Rental/lease of equipment, equipment service or maintenance contracts, and printing or photocopying.

Training: (to be included under line H. "Other" on the SF-424A)

- Identify all training courses and the purpose of the training for the proposed project (e.g., staff training, provider training, community member training, etc.) and list each individual training course, if known.
- Specify the fees associated with each training (e.g., conference or registration fees).
- **Do not** include trainer or consultant/contractor fees. These costs should be placed in the "Contractual" line item.

I. Total Direct Charges (this line will automatically calculate on the SF-424A)

J. Indirect Costs (IDC)

Indirect costs are those incurred by the recipient for a common or joint purpose that benefit more than one cost objective or project and are not readily assignable to specific cost objectives or projects as a direct cost. The IDC line item consists of facilities and administrative cost (include IDC agreement computation – see item 4.7 below).

- If you choose to include IDC, you will use this line item.
- Indicate the approved rate for the Tribe or Tribal organization (the applicant must have a negotiated IDC).
- Examples of IDC are:
  - Personnel: IDC x Personnel = Indirect costs
  - Personnel and Fringe: IDC x Personnel & Fringe = Indirect costs
  - Total Direct Costs: IDC x Total Direct Costs = Indirect costs
  - Direct Costs minus Distorting or other factors such as contracts and equipment = IDC x [(Total Direct Costs – Distorting Factors) = Indirect costs)]
- **NOTE:** If you are including IDC in your budget, upload your current IDC Rate Agreement into the "IHS Current Indirect Cost Agreement" enclosure.

4.7 IHS Current Indirect Cost Agreement

Generally, indirect costs rates for IHS award recipients are negotiated with the HHS Program Support Center[9] and the Department of the Interior Indirect Cost and Contract Audit Services[10]. If the current

[9] HHS PSC: https://www.hhs.gov/about/agencies/asa/psc/indirect-cost-negotiations/index.html
[10] DOI Indirect Cost and Contract Audit Services: https://www.doi.gov/ibc/services/finance/indirect-cost-contract-audit

rate is not on file with DGM at the time of the award, the IDC portion of the budget will be restricted. The restriction remains in place until the current rate is provided to the DGM. If your organization has questions regarding the IDC policy, contact your GMS[4].

4.8 Resumé for New Key Personnel [if necessary]

Resumés or biographical sketches should be provided for any new, key personnel who were not included in the 2025 application. Biographical sketches should include information about education and experiences relevant to the individual's position. It should also include information determining that they are qualified for the position.

There is no official format that is required. Examples of acceptable formats include brief resumés or *curriculum vitae* (CV), short written paragraphs, and one-page Biographical sketch[11].

4.9 Key Contacts Form

Contact information for the Program Coordinator should be provided on this form. It is PDF fillable document available on the SDPI Continuation Application[12] webpage as well as in the Application Kit on GrantSolutions. Also complete a Key Contacts Form for any staff that should be on the SDPI email list.

4.10 Other

Provide other relevant application materials under the "Other" section.

5. Review of Applications

All applications will be screened for adherence to the instructions. Applicants who do not submit all required documents in the correct format may be contacted to provide the missing or revised documentation before their application can be reviewed. This may result in a delayed Notice of Award (NoA) and/or Special Grant Conditions on their NoA issuing funds for 2026.

The 2026 continuation application process is not competitive, therefore applications will not be reviewed by an Objective Review Committee. Instead, the Division of Diabetes program staff or their designees will review them. Approval is dependent on:

1. Compliance with Programmatic Terms and Conditions outlined in the 2025 NoA.
2. Satisfactory business (fiscal) review of the 2026 application.

[11] Bio Sketch: https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPIbiosketch.docx
[12] SDPI Application: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/

3. Satisfactory programmatic review of the 2026 application, including:
    a. Completeness of information using the correct Project Narrative document.
    b. Submission of baseline data from the SOS.
    c. Documented plan for continued work and evaluation in 2026.

6. Additional Resources and Support

There are many resources that provide additional information and support for grant recipients preparing applications, including:

a. The **SDPI[5] Website**

- SDPI Grant Resources[13] – Central location providing all the information you need for your SDPI grant, including:
    - **Recorded Webinars** – Provide an overview of application and other report resources, available on demand.
    - **SDPI Basics** – Provides and organizes information based on the following:
        - What is Required for this Grant[14]
        - Tips for New Program Coordinators[15]

b. **DGM[3] Website:** Current news, forms, policy topics, sources and training tools are available here.

c. **Question and Answer (Q&A) Webinars**: The Division of Diabetes will hold several Q&A webinars about the continuation application. These webinars will provide:
    i. Brief SDPI grant recipient updates
    ii. Opportunity for attendees to ask questions

    Information about upcoming webinars, including dates, times, and instructions for participating, will be posted under "Upcoming Events" on the SDPI homepage[5].

d. **SDPI Grantee Email**: The Division of Diabetes regularly sends email updates to SDPI grant recipients. Contact sdpi@ihs.gov if you are not receiving these e-mail updates.

e. **ADC**[1]: These diabetes experts are familiar with the SDPI application process and grant recipients in their IHS Area. They can be contacted via email or phone to answer questions.

[13] SDPI Grant Resources: https://www.ihs.gov/sdpi/sdpi-community-directed/
[14] What is Required for this Grant: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/
[15] Tips for New Program Coordinators: https://www.ihs.gov/sdpi/sdpi-community-directed/sdpi-basics/tips-for-new-program-coordinators/

f. **Division of Diabetes Program Staff**: For programmatic questions, including questions about the Project Narrative:

   a. SDPI Program Coordinator, Melanie Knight

      Email: sdpi@ihs.gov

      Phone: 505-252-0122

   b. Division of Diabetes Director, Carmen Licavoli

      Email: Carmen.Licavoli@ihs.gov

      Phone: 1-844-IHS-DDTP (1-844-447-3387)

g. **DGM Staff:** For questions about budget, grants policy, and financial reporting requirements, contact your GMS[4] or dgm@ihs.gov.

h. **GrantSolutions.gov:** For questions regarding GrantSolutions.gov:

   Email: help@grantsolutions.gov

   Phone: 202-401-5282 or 866-577-0771

   Hours: 7am – 8pm ET, Monday – Friday

   Email: DGM@ihs.gov

Appendix 1: Tips for Preparing a Strong Application

1. **Read and follow the instructions and use the correct documents.** Be sure your application forms and required documents are complete and accurate. If you use the Project Narrative template, be sure to use the correct version. All required items in the Project Narrative template **must** be included; do not change, delete, or skip any items. Also, ensure that documents are completed and submitted in required formats (e.g., complete and submit Project Narrative using Adobe Acrobat, not scanned).

2. **Start preparing the application well ahead of the due date.** Allow plenty of time to gather required information from various sources and to review the application with your diabetes team.

3. **Be concise and clear.** Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. Make sure the information provided throughout is consistent. Don't include extraneous information, just what is required. Ensure abbreviations are spelled out the first time they are used.

4. **Be consistent.** Your budget narrative should reflect proposed program activities and accurately match your SF-424A form.

5. **Proofread your application.** Misspellings and grammatical errors make it difficult for the reviewer to understand the information provided.

6. **Review a copy of your entire Application Kit to ensure accuracy and completeness.** Print out the application before submitting, if possible. Review it against Part B of the checklist in Appendix 2, to make sure that it is complete and that all required documents are included.

Appendix 2: SDPI 2026 Grant Application Checklist

Part A: Get Ready to Apply

Step	1.0 Get Ready to Apply Work with your SDPI Team to complete the following.	Resources and Primary Requestor	Completed?
1.1	Review your 2025 SDPI Application (last year's), with particular attention to the Project Narrative.	Your program files or GrantSolutions[16] Requested by IHS Division of Diabetes (DDTP)	
1.2	Obtain copies of the 2024 and 2025 Annual Diabetes Audit Reports for your local facility or community.	WebAudit[17], local facility, or Area Diabetes Consultant (ADC)[18] Requested by DDTP	
1.3	Confirm commitment from your organization leader for continued involvement in SDPI work or identify a new leader to be involved.	Project Narrative, Part C (SDPI website[19]) Requested by DDTP	

Step	2.0 Get Ready to Apply – Gather and Confirm Registration Information	Resources and Primary Requestor	Completed?
2.1	Confirm your organization's SAM.gov registration is current. Identify your Unique Entity Identifier (UEI) and identify or designate your EBiz Point of Contact (EBiz POC).	System for Award Management (SAM)[20] Requested by Division of Grants Management (DGM)	
2.2	Identify someone in your program, Tribe, or clinic who can submit the application into GrantSolutions.gov.	GrantSolutions[16] Requested by DGM	

Part B: Prepare Your Application

Step	3.0 Preparing Your Application – Forms and Documents Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions Application Kit.	Resources and Primary Requestor	Completed?
3.1	**SF-424**: Complete form in GrantSolutions.gov.	SF-424[21] Requested by DGM[22]	
3.2	**SF-424A**: Complete form in GrantSolutions.gov.	SF-424A[23] Requested by DGM	
3.3	**IHS Budget Narrative:** Prepare to complement the SF-424A.	Instruction documents/samples Requested by DDTP/DGM	
3.4	**IHS Diabetes Audit Reports for 2024 and 2025:** Obtain copies of the reports for your facility or community.	WebAudit[24] Requested by DDTP	

[16] GrantSolutions: https://home.grantsolutions.gov/home/
[17] Diabetes Audit: https://www.ihs.gov/diabetes/audit/
[18] ADC Directory: https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/
[19] SDPI Application website: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/
[20] SAM: https://www.sam.gov/
[21] SF-424 PDF: https://apply07.grants.gov/apply/forms/sample/SF424_Mandatory_3_0-V3.0.pdf
[22] DGM website: https://www.ihs.gov/dgm/
[23] SF-424A PDF: https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf
[24] IHS Diabetes Care and Outcomes Audit: https://www.ihs.gov/diabetes/audit/

Step	3.0 Preparing Your Application – Forms and Documents Complete all forms and/or prepare required documents. Submit or attach forms or documents to your GrantSolutions Application Kit.	Resources and Primary Requestor	Completed?
3.5	**IHS SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report for 2025:** Obtain a copy of the report for your program.	SOS[25] Requested by DDTP	
3.6	**SDPI Project Narrative:** Prepare using template provided.	SDPI website[19] Requested by DDTP	
3.7	**IHS Key Contacts Form:** Complete with information for the Program Coordinator.	Key Contacts Form[26] Requested by DDTP	
3.8	**IHS Performance Site (2.0)**: Complete form in GrantSolutions.	Site Performance Form[27] Requested by DGM	
3.9	**IHS Current Indirect Cost Rate Agreement**: Obtain an electronic copy of the documentation for your organization.	GrantSolutions Requested by DGM	
3.10	**IHS Resumé for Key Personnel**: Prepare documentation for each new individual not included in the 2025 application.	Self-prepared or Biographical Sketch Form[28] Requested by DDTP	
3.11	**IHS Other**: Provide any other relevant application materials.	Instruction documents (SDPI website[19]) Requested by the DDTP/DGM	

Part C: Submit Your Application

Step	4.0 Submit Your Application – Electronically via GrantSolutions.gov Submit or attach forms or documents to your GrantSolutions application.	Resources and Primary Requestor	Completed?
4.1	Ensure that all forms and documents are successfully uploaded and there are green checkmarks for all items in the application.	GrantSolutions[16] Requested by DDTP/DGM	
4.2	Review the application, including all completed forms and documents.	Instruction documents (SDPI website[19]) Requested by the DDTP/DGM	
4.3	Submit the electronic application in GrantSolutions.	GrantSolutions[16] Requested by DDTP/DGM	
4.4	Prepare and submit revisions as requested by DGM, DDTP, and/or your ADC.	GrantSolutions[16] SDPI website[19] Requested by DDTP/DGM/ADC	

[25] SOS: https://www.ihs.gov/sdpi/sdpi-outcomes-system-sos/
[26] Key Contacts Form: https://apply07.grants.gov/apply/forms/sample/Key_Contacts_2_0-V2.0.pdf
[27] Site Performance Form: https://apply07.grants.gov/apply/forms/sample/PerformanceSite_4_0-V4.0.pdf
[28] Biographical sketch Form:
https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/SDPIbiosketch.docx

Appendix 3: Sample Budget Narrative

NOTE: This information is included **for sample purposes only.** Each program's Budget Narrative must include only their budget items and a justification that is relevant to their program's activities/services.

A. Personnel

Program Coordinator	$40,000
Administrative Assistant	$6,373
CNA/Transporter	$6,552
Mental Health Counselor	$5,769
Total Personnel:	**$58,694**

Program Coordinator: George Smith
A full-time employee responsible for the implementation of the program goals as well as overseeing financial and grant application aspects of the agency.
(100% Annual Salary = $40,000/year)

Administrative Assistant: Susan Brown
A part-time employee responsible for providing assistance to the Program Coordinator.
(416 hours x $15.32/hour = $6,373.12)

CAN/Transporter/Homemaker: To be named
A full-time employee working 8 hours per week on this grant providing transportation services and in-home health care to clients.
(416 hours x $15.75/hour = $6,552.00)

Mental Health Counselor: Lisa Green
A part-time employee works 6 hours per week in the ADAPT/Mental Health Program providing counseling and workshops to clients.
(6 hours x 52 weeks x $18.49/hour = $5,768.88)

B. Benefits:

Program Coordinator	$14,000
Administrative Assistant	$2,231
CNA/Transporter	$2,293
Mental Health Counselor	$2,019
Total Fringe Benefits:	**$20,543**

Fringe benefits are calculated at 35% for both salaried and hourly employees. Fringe is composed of health, dental, life and vision insurance (20%), FICA/Medicare (7.65%), worker's compensation (1.10%), State unemployment insurance (1.25%), and retirement (5%).

Program Coordinator: $14,000
Administrative Assistant: $2,230.59
CAN/Transporter/Homemaker: $2,293.20
Mental Health Coordinator: $2,019.11

C. Supplies:

Desk Top Computers and Software (2)	$3,000
Exercise Equipment	$3,300
Laptop Computer	$1,500

LCD Projector	$1,200
Educational/Outreach	$3,000
Office Supplies	$1,200
Food Supplies for Wellness Luncheons	$2,400
Medical Supplies (Clinic)	$3,000
Total Supplies:	**$18,600**

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

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

Laptop Computer
This type of computer is needed to be used in conjunction with the LCD projector that will be used by the Diabetes Educator for presentations. Cost is $1,500.00.

LCD Projector
This equipment will be used by the Diabetes Educator for presentations. Cost is $1,200.00.

Educational & Outreach Supplies
Various printed literature, books, videos, pamphlets, pens, bottled water, little promotional items will be needed to hand out at various health fairs, events, and to various groups to educate and promote health. Funds allocated are $3,000.00.

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

Supplies for Monthly Wellness Meetings
An allocation of $200.00 has been made towards teaching tools that will be used by the Diabetes Educator during the monthly wellness classes.
($200.00 x 12 months = $2,400.00)

Medical Supplies - Clinic
An allocation has been made for purchasing medical supplies for our clinic such as alcohol wipes, strips for glucometers, paper sheets, gloves, gowns, etc., in the amount of $3,000.00.

D. Training and Travel:

Local Mileage	$1,350
Staff Training & Travel -Out of State	$2,400
Total Travel:	**$3,750**

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

Staff Travel & Training – Expenses in this category are associated with attending conference and seminars associated with diabetes for 2 staff: the budget covers the cost of registration fees ($250 x 2 = $500.00),

lodging ($175/night x 2 people x 2 days = $700.00), airfare ($450.00 x 2 people = $900.00), per diem allowance ($50.00 x 2 days x 2 people = $200.00), and ground transportation ($25.00 x 2 x 2 people = $100.00). A total of $2,400.00 for staff travel and training.

E. Contractual:

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

Fiscal Officer
An independent contractor to perform payroll, accounts payable, financial and grant reporting, and budgetary duties.
(416 hours x $40.00 per hour = $16,640.00)

Consulting Medical Doctor
A medical doctor is contracted to provide medical care to our clients with diabetes.
(12 hours per month x 12 mos. x $100.00 per hour = $14,400.00)

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

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

F. Equipment:

Heavy Duty Printer/Scanner/Copier	$10,000
Total Equipment:	**$10,000**

Heavy Duty Printer/Scanner/Copier
High Performance, high volume printer/scanner/copier to produce materials for diabetes wellness classes.
$10,000.00

G. Other Direct Costs:

Rent	$20,805
Utility	$4,000
Postage	$500
Telephone	$2,611
Audit Fees	$2,500
Professional Fees	$2,400
Insurance Liability	$1,593
Office Cleaning	$1,680
Storage Fees	$240
Biohazard Disposal	$154
Marketing/Advertising	$2,010
Total Other Direct Costs:	**$38,493**

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

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

Postage – The Diabetes Program postage is estimated at $500.00.

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

Audit Fees
An annual audit is conducted for this program's financial statements. Funding agencies require audit financial statements of grant funds. Diabetes will cover $2,500.00 of audit expenses which is 25% of the $10,000.00 proposal.

Professional Fees
A computer consultant is needed to fix computer problems. $200.00 per month x 12 mos. = $2,400.00 will cover the expenses.

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

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

Storage Fees
This program stores its records in a storage facility. Diabetes grant will fund $240.00 of this cost.

Biohazard Disposal
A special handling fee for biohazard disposal will cost $154.00 for this program.

Marketing/Advertising
Newspaper advertising will be used to promote Diabetes events. Three (3) ads x $670.00 = $2,010.00

H. Indirect Costs (15%): $34,819

The most recent Indirect Rate Cost Agreement was approved by the Department of the Interior on June 16, 2024. A copy of this agreement is attached separately in the application. The Indirect Rate Cost Agreement for FY2026 will be negotiated after completion of the FY2025 Single Audit.

TOTAL DIRECT COSTS $233,130

TOTAL DIRECT COST AND INDIRECT COSTS $267,949

Appendix 4: Sample SOS RKM Data Summary Report for 2025

To obtain a copy of this report for your program:

1. Log into the SOS.
2. Click on "SOS Recipient Reports" in the left-hand menu.
3. Click on "PDF Version" link found in the upper right-hand corner of the purple header banner.
4. Once loaded, download the PDF report to your computer.
5. Upload the PDF report into your application kit under the IHS SDPI Outcomes System Required Key Measure Data Summary Report enclosure.

IHS Special Diabetes Program for Indians
SDPI Outcomes System
Grantee: Test01

RKM Data Summary Report for 2025

Best Practice: Diabetes-related Education

Required Key Measure: Number and percent of individuals in your Target Group who receive education on any diabetes topic*, either in a group or individual setting.
*Includes nutrition education, physical activity education, and any other diabetes education.

Target Group Information:

Guidance: Select from adults and/or youth with diabetes and/or at risk for developing diabetes.
Number of Members: 50
Description: Community Tribal members who participated in our diabetes program activities.

Numerator (Number of individuals in your Target Group who achieved the RKM)	**Denominator** (Number of individuals in your Target Group)	**Percent** (Calculated)	**Change from Baseline**	**Date Submitted**	**Submitted By**	**Source**
10	50 Number entered into SOS: 10	20%	20% [Increase]	05/13/2025	mknight	Individual Entry
0	50	0%	N/A	01/16/2025 **BASELINE DATA**	melamonreg	Aggregate: 2025 application - sign-in sheets

Appendix 5: Sample of Required 2024 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Sex					
Male	47	75	**63%**	99%	44%
Female	28	75	**37%**	99%	56%
Unknown	0	75	**0%**	99%	0%
Age					
< 20 years	1	75	**1%**	99%	1%
20-44 years	20	75	**27%**	99%	16%
45-64 years	32	75	**43%**	99%	46%
≥ 65 years	22	75	**29%**	99%	36%
Diabetes Type					
Type 1	5	75	**7%**	99%	1%
Type 2	70	75	**93%**	99%	99%
Duration of Diabetes					
< 1 year	2	75	**3%**	99%	5%
< 10 years	48	75	**64%**	99%	47%
≥ 10 years	13	75	**17%**	99%	45%
Diagnosis date not recorded	14	75	**19%**	99%	7%
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	9	75	**12%**	99%	11%
Overweight (BMI 25.0-29.9)	17	75	**23%**	99%	24%
Obese (BMI ≥ 30.0)	40	75	**53%**	99%	63%
Height or weight missing	9	75	**12%**	99%	2%
Severely obese (BMI ≥ 40.0)	6	75	**8%**	99%	18%
Blood Sugar Control					
A1C < 7.0	28	75	**37%**	99%	42%
A1C 7.0-7.9	14	75	**19%**	99%	19%
A1C 8.0-8.9	8	75	**11%**	99%	11%
A1C 9.0-9.9	7	75	**9%**	99%	7%
A1C 10.0-10.9	1	75	**1%**	99%	5%
A1C ≥ 11.0	4	75	**5%**	99%	8%
Not tested or no valid result	13	75	**17%**	99%	8%
A1C < 8.0	42	75	**56%**	99%	61%
A1C > 9.0	12	75	**16%**	99%	19%

Date run: 07/09/2025

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IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Blood Pressure (BP) - Based on one value or mean of two or three values					
<130/<80	18	75	**24%**	99%	35%
130/80 – <140/<90	34	75	**45%**	99%	34%
140/90 - <160/<100	14	75	**19%**	99%	24%
160/100 or higher	3	75	**4%**	99%	6%
BP category undetermined	6	75	**8%**	99%	1%
<140/<90	52	75	**69%**	99%	69%
Hypertension					
Diagnosed ever	49	75	**65%**	99%	80%
Diagnosed hypertension and mean BP <130/<80	10	49	**20%**	99%	32%
Diagnosed hypertension and mean BP <140/<90	31	49	**63%**	99%	64%
Diagnosed hypertension and ACE inhibitor or ARB currently prescribed	34	49	**69%**	99%	75%
Tobacco and Nicotine Use					
Tobacco use					
Screened	66	75	**88%**	99%	90%
If screened, user	18	66	**27%**	99%	21%
If user, counseled	17	18	**94%**	99%	65%
Electronic nicotine delivery system (ENDS) use					
Screened	41	75	**55%**	99%	50%
If screened, user	1	41	**2%**	99%	4%
User of both tobacco and ENDS*	0	41	**0%**	99%	3%
User of tobacco and/or ENDS*	11	41	**27%**	99%	23%

*Excludes patients not screened for both tobacco and ENDS use

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Diabetes Treatment					
Number of diabetes medications currently prescribed					
None	18	75	**24%**	99%	18%
One medication	21	75	**28%**	99%	30%
Two medications	18	75	**24%**	99%	26%
Three medications	13	75	**17%**	99%	17%
Four or more medications	5	75	**7%**	99%	9%
Diabetes meds currently prescribed, alone or in combination					
Insulin	19	75	**25%**	99%	31%
Metformin [*Glucophage*, others]	36	75	**48%**	99%	55%
Sulfonylurea [glyburide, glipizide, others]	17	75	**23%**	99%	14%
DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]	3	75	**4%**	99%	13%
GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta, Bydureon*), liraglutide (*Victoza, Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic, Rybelsus, Wegovy*)]	18	75	**24%**	99%	28%
SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]	13	75	**17%**	99%	22%
Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]	6	75	**8%**	99%	6%
Tirzepatide [*Mounjaro*]	2	75	**3%**	99%	1%
Acarbose [*Precose*] or miglitol [*Glyset*]	0	75	**0%**	99%	0%
Repaglinide [*Prandin*] or nateglinide [*Starlix*]	3	75	**4%**	99%	1%
Pramlintide [*Symlin*]	0	75	**0%**	99%	0%
Bromocriptine [*Cycloset*]	1	75	**1%**	99%	0%
Colesevelam [*Welchol*]	0	75	**0%**	99%	0%
Statin Prescribed (Currently)					
Yes*	34	74	**46%**	99%	64%
Allergy, intolerance, or contraindication	1	75	**1%**	99%	2%
In patients with diagnosed CVD					
Yes*	13	16	**81%**	99%	76%
Allergy, intolerance, or contraindication	0	16	**0%**	99%	3%
In patients age 40-75 years					
Yes*	30	54	**56%**	99%	68%
Allergy, intolerance, or contraindication	1	55	**2%**	99%	2%

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Statin Prescribed (continued)					
In patients with diagnosed CVD and/or age 40-75 years					
Yes*	32	58	**55%**	99%	68%
Allergy, intolerance, or contraindication	1	59	**2%**	99%	3%
*Excludes patients with an allergy, intolerance, or contraindication					
Cardiovascular Disease (CVD)					
CVD diagnosed ever	16	75	**21%**	99%	36%
CVD and mean BP <130/<80	5	16	**31%**	99%	37%
CVD and not current tobacco user* *Excludes patients not screened for tobacco use	11	15	**73%**	99%	79%
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	9	16	**56%**	99%	62%
CVD and GLP-1 receptor agonist currently prescribed	4	16	**25%**	99%	26%
CVD and SGLT-2 inhibitor currently prescribed	3	16	**19%**	99%	25%
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	13	16	**81%**	99%	76%
Retinopathy					
Diagnosed ever	9	75	**12%**	99%	24%
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)	2	75	**3%**	99%	4%
Exams					
Foot exam - comprehensive	25	75	**33%**	99%	50%
Eye exam - dilated exam or retinal imaging	30	75	**40%**	99%	55%
Dental exam	20	75	**27%**	99%	36%
Diabetes-Related Education					
Nutrition - by any provider (RD and/or other)	23	75	**31%**	99%	48%
Nutrition - by RD	7	75	**9%**	99%	21%
Physical activity	47	75	**63%**	99%	49%
Other diabetes education	23	75	**31%**	99%	58%
Any of above	52	75	**69%**	99%	74%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Immunizations					
Influenza vaccine during Audit period	29	75	**39%**	99%	49%
Pneumococcal vaccine (PCV15, PCV20, or PPSV23) - ever	37	75	**49%**	99%	72%
Td/Tdap/DTaP/DT - past 10 years	49	75	**65%**	99%	76%
Tdap - ever	56	75	**75%**	99%	92%
If not immune, hepatitis B complete series - ever	20	73	**27%**	99%	52%
Immune - hepatitis B	2	75	**3%**	99%	1%
Hepatitis B complete series ever or immune to hepatitis B	22	75	**29%**	99%	53%
In patients age ≥ 50 years Shingrix/recombinant zoster vaccine (RZV) complete series - ever	20	45	**44%**	99%	55%
Depression					
Screened during Audit period	66	75	**88%**	99%	86%
Active diagnosis during Audit period	3	75	**4%**	99%	10%
Screened and/or active diagnosis during Audit period	66	75	**88%**	99%	88%
Lipid Evaluation - Note these results are presented as population level CVD risk markers and should not be considered treatment targets for individual patients.					
LDL cholesterol	55	75	**73%**	99%	78%
LDL <100 mg/dL	33	75	**44%**	99%	53%
LDL 100-189 mg/dL	21	75	**28%**	99%	24%
LDL ≥190 mg/dL	1	75	**1%**	99%	1%
Not tested or no valid result	20	75	**27%**	99%	22%
HDL cholesterol	56	75	**75%**	99%	78%
In females					
HDL <50 mg/dL	11	28	**39%**	99%	45%
HDL ≥50 mg/dL	13	28	**46%**	99%	33%
Not tested or no valid result	4	28	**14%**	99%	22%
In males					
HDL <40 mg/dL	12	47	**26%**	99%	36%
HDL ≥40 mg/dL	20	47	**43%**	99%	42%
Not tested or no valid result	15	47	**32%**	99%	22%

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Triglycerides[1]	56	75	**75%**	99%	78%
Trig <150 mg/dL	34	75	**45%**	99%	39%
Trig 150-499 mg/dL	21	75	**28%**	99%	37%
Trig 500-999 mg/dL	1	75	**1%**	99%	2%
Trig ≥1000 mg/dL	0	75	**0%**	99%	0%
Not tested or no valid result	19	75	**25%**	99%	22%
Kidney Evaluation					
Estimated Glomerular Filtration Rate (eGFR) to assess kidney function (In age ≥ 18 years)	65	74	**88%**	99%	87%
eGFR ≥60 mL/min	57	74	**77%**	99%	72%
eGFR 30-59 mL/min	5	74	**7%**	99%	12%
eGFR 15-29 mL/min	1	74	**1%**	99%	2%
eGFR <15 mL/min	2	74	**3%**	99%	2%
Not tested or no valid result	8	74	**11%**	99%	13%
Quantitative Urine Albumin-to-Creatinine Ratio (UACR) to assess kidney damage	31	75	**41%**	99%	57%
UACR - normal: <30 mg/g	18	31	**58%**	99%	63%
UACR - increased:					
30-300 mg/g	11	31	**35%**	99%	28%
>300 mg/g	2	31	**6%**	99%	9%
Not tested or no valid result	44	75	**59%**	99%	43%
In patients age ≥ 18 years, eGFR and UACR	31	74	**42%**	99%	55%
Chronic Kidney Disease (CKD) (In age ≥ 18 years)					
CKD[2]	18	74	**24%**	99%	31%
CKD[2] and mean BP <130/<80	2	18	**11%**	99%	32%
CKD[2] and mean BP <140/<90	13	18	**72%**	99%	62%
CKD[2] and ACE inhibitor or ARB currently prescribed	12	18	**67%**	99%	71%
CKD[2] and GLP-1 receptor agonist currently prescribed	9	18	**50%**	99%	29%
CKD[2] and SGLT-2 inhibitor currently prescribed	6	18	**33%**	99%	27%
CKD Stage					
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	16	74	**22%**	99%	31%
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	10	74	**14%**	99%	15%
Stage 3: eGFR 30-59 mL/min	5	74	**7%**	99%	12%
Stage 4: eGFR 15-29 mL/min	1	74	**1%**	99%	2%
Stage 5: eGFR <15 mL/min	2	74	**3%**	99%	2%
Undetermined	39	74	**53%**	99%	39%

IHS Diabetes Care and Outcomes Audit - WebAudit
Audit Report for 2024 (Audit Period 01/01/2023 - 12/31/2023)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Tuberculosis (TB) Status					
TB diagnosis documented ever and/or positive test result ever	2	75	**3%**	99%	6%
If not diagnosed, TB test done ever (skin test or blood test)	10	73	**14%**	99%	46%
TB test done ever or TB diagnosed ever	12	75	**16%**	99%	48%
If TB diagnosis documented and/or positive test result, treatment initiated ever	0	2	**0%**	99%	37%
If most recent TB test result was negative, was test done after diabetes diagnosis	7	10	**70%**	99%	61%
Hepatitis C (HCV)					
Diagnosed HCV ever	2	75	**3%**	99%	2%
In patients not diagnosed with HCV and age ≥ 18 years, screened ever	43	72	**60%**	99%	74%
In age ≥ 18 years, screened for HCV ever or HCV diagnosed ever	45	74	**61%**	99%	74%
Combined Outcomes Measure					
Patients age ≥40 years meeting ALL of the following criteria: A1C <8.0, Statin currently prescribed*, and mean BP <130/<80	4	59	**7%**	99%	17%
*Excludes patients with an allergy, intolerance, or contraindication					
Diabetes-Related Conditions (In age ≥ 18 years)					
Severely obese (BMI ≥40.0)	5	74	**7%**	99%	18%
Hypertension diagnosed ever	49	74	**66%**	99%	80%
CVD diagnosed ever	16	74	**22%**	99%	37%
Retinopathy diagnosed ever	9	74	**12%**	99%	24%
Lower extremity amputation ever, any type (e.g., toe, partial foot, above or below knee)	2	74	**3%**	99%	4%
Active depression diagnosis during Audit period	3	74	**4%**	99%	10%
CKD stage 3-5	8	74	**11%**	99%	15%
Number of diabetes-related conditions					
Diabetes only	17	74	**23%**	99%	10%
Diabetes plus:					
One	33	74	**45%**	99%	30%
Two	18	74	**24%**	99%	33%
Three	2	74	**3%**	99%	18%
Four	3	74	**4%**	99%	7%
Five or more	1	74	**1%**	99%	2%

75 charts were audited from 75 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

Footnotes

[1]For triglycerides: >150 is a marker of CVD risk, not a treatment target; >1000 is a risk marker for pancreatitis.
[2]Chronic Kidney Disease (CKD): eGFR<60 or UACR≥30

Abbreviations

A1C = hemoglobin A1c (HbA1c)
ACE inhibitor = angiotensin converting enzyme inhibitor
ARB = angiotensin receptor blocker
BMI = body mass index
BP = blood pressure
DPP-4 inhibitor = dipeptidyl peptidase 4 inhibitor
DT = diphtheria and tetanus
DTaP = diphtheria, tetanus, and acellular pertussis
CKD = chronic kidney disease
CVD = cardiovascular disease
eGFR = estimated glomerular filtration rate
ENDS = electronic nicotine delivery systems
GLP-1 receptor agonist = glucagon-like peptide-1 receptor agonist
HCV = hepatitis C virus
HDL = high-density lipoprotein
LDL = low-density lipoprotein
RD = registered dietitian
SGLT-2 inhibitor = sodium-glucose co-transporter-2 inhibitor
TB = tuberculosis
Td = tetanus and diphtheria
Tdap = tetanus, diphtheria, and acellular pertussis
Trig = triglycerides
UACR = urine albumin-to-creatinine ratio

Appendix 6: Sample of Required 2025 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2025 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 50 patients determined to be eligible by Test02 Sample Data.
Unless otherwise specified, time period for each item is the 12-month Audit Period.

	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Sex					
Male	47	75	**63%**		
Female	28	75	**37%**		
Unknown	0	75	**0%**		
Age					
< 20 years	1	75	**1%**		
20-44 years	20	75	**27%**		
45-64 years	32	75	**43%**		
≥ 65 years	22	75	**29%**		
Diabetes Type					
Type 1	5	75	**7%**		
Type 2	70	75	**93%**		
Duration of Diabetes					
< 1 year	2	75	**3%**		
< 10 years	46	75	**61%**		
≥ 10 years	15	75	**20%**		
Diagnosis date not recorded	14	75	**19%**		
Body Mass Index (BMI) Category					
Normal (BMI < 25.0)	9	75	**12%**		
Overweight (BMI 25.0-29.9)	17	75	**23%**		
Obese (BMI ≥ 30.0)	40	75	**53%**		
Height or weight missing	9	75	**12%**		
Severely obese (BMI ≥ 40.0)	6	75	**8%**		
Blood Sugar Control					
A1C < 7.0	28	75	**37%**		
A1C 7.0-7.9	14	75	**19%**		
A1C 8.0-8.9	8	75	**11%**		
A1C 9.0-9.9	7	75	**9%**		
A1C 10.0-10.9	1	75	**1%**		
A1C ≥ 11.0	4	75	**5%**		
Not tested or no valid result	13	75	**17%**		
A1C < 8.0	42	75	**56%**		
A1C > 9.0	12	75	**16%**		

Date run: 07/09/2025

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IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2025 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test02 Sample Data

Annual Audit

75 charts were audited from 50 patients determined to be eligible by Test02 Sample Data.
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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Blood Pressure (BP) - Based on one value or mean of two or three values					
<130/<80	18	75	**24%**		
130/80 – <140/<90	34	75	**45%**		
140/90 - <160/<100	14	75	**19%**		
160/100 or higher	3	75	**4%**		
BP category undetermined	6	75	**8%**		
<140/<90	52	75	**69%**		
Hypertension					
Diagnosed ever	49	75	**65%**		
Diagnosed hypertension and mean BP <130/<80	10	49	**20%**		
Diagnosed hypertension and mean BP <140/<90	31	49	**63%**		
Diagnosed hypertension and ACE inhibitor or ARB currently prescribed	34	49	**69%**		
Tobacco and Nicotine Use					
Tobacco use					
Screened	66	75	**88%**		
If screened, user	18	66	**27%**		
If user, counseled	17	18	**94%**		
Electronic nicotine delivery system (ENDS) use					
Screened	41	75	**55%**		
If screened, user	1	41	**2%**		
User of both tobacco and ENDS*	0	41	**0%**		
User of tobacco and/or ENDS*	11	41	**27%**		

*Excludes patients not screened for both tobacco and ENDS use

Annual Audit

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Diabetes Treatment					
Number of diabetes medications currently prescribed					
None	18	75	**24%**		
One medication	21	75	**28%**		
Two medications	18	75	**24%**		
Three medications	13	75	**17%**		
Four or more medications	5	75	**7%**		
Diabetes meds currently prescribed, alone or in combination					
Insulin	19	75	**25%**		
Metformin [*Glucophage*, others]	36	75	**48%**		
Sulfonylurea [glyburide, glipizide, others]	17	75	**23%**		
DPP-4 inhibitor [alogliptin (*Nesina*), linagliptin (*Tradjenta*), saxagliptin (*Onglyza*), sitagliptin (*Januvia*)]	3	75	**4%**		
GLP-1 receptor agonist [dulaglutide (*Trulicity*), exenatide (*Byetta, Bydureon*), liraglutide (*Victoza, Saxenda*), lixisenatide (*Adlyxin*), semaglutide (*Ozempic, Rybelsus, Wegovy*)]	18	75	**24%**		
SGLT-2 inhibitor [bexagliflozin (*Brenzavvy*), canagliflozin (*Invokana*), dapagliflozin (*Farxiga*), empagliflozin (*Jardiance*), ertugliflozin (*Steglatro*), sotagliflozin (*Inpefa*)]	13	75	**17%**		
Pioglitazone [*Actos*] or rosiglitazone [*Avandia*]	6	75	**8%**		
Tirzepatide [*Mounjaro, Zepbound*]	2	75	**3%**		
Acarbose [*Precose*] or miglitol [*Glyset*]	0	75	**0%**		
Repaglinide [*Prandin*] or nateglinide [*Starlix*]	3	75	**4%**		
Pramlintide [*Symlin*]	0	75	**0%**		
Bromocriptine [*Cycloset*]	1	75	**1%**		
Colesevelam [*Welchol*]	0	75	**0%**		
Statin Prescribed (Currently)					
Yes*	34	74	**46%**		
Allergy, intolerance, or contraindication	1	75	**1%**		
In patients with diagnosed CVD					
Yes*	13	16	**81%**		
Allergy, intolerance, or contraindication	0	16	**0%**		
In patients age 40-75 years					
Yes*	30	54	**56%**		
Allergy, intolerance, or contraindication	1	55	**2%**		

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Statin Prescribed (continued)					
In patients with diagnosed CVD and/or age 40-75 years					
Yes*	32	58	**55%**		
Allergy, intolerance, or contraindication	1	59	**2%**		
*Excludes patients with an allergy, intolerance, or contraindication					
Cardiovascular Disease (CVD)					
CVD diagnosed ever	16	75	**21%**		
CVD and mean BP <130/<80	5	16	**31%**		
CVD and mean BP <140/<90	14	16	**88%**		
CVD and not current tobacco user* *Excludes patients not screened for tobacco use	11	15	**73%**		
CVD and aspirin or other antiplatelet/anticoagulant therapy currently prescribed	9	16	**56%**		
CVD and GLP-1 receptor agonist currently prescribed	4	16	**25%**		
CVD and SGLT-2 inhibitor currently prescribed	3	16	**19%**		
CVD and GLP-1 receptor agonist and/or SGLT-2 inhibitor currently prescribed	5	16	**31%**		
CVD and statin currently prescribed* *Excludes patients with an allergy, intolerance, or contraindication	13	16	**81%**		
Retinopathy					
Diagnosed ever	9	75	**12%**		
Lower Extremity Amputation					
Any type ever (e.g., toe, partial foot, above or below knee)	2	75	**3%**		
Exams					
Foot exam - comprehensive or complete	25	75	**33%**		
Eye exam - dilated exam or retinal imaging	30	75	**40%**		
Dental exam	20	75	**27%**		
Diabetes-Related Education					
Nutrition - by any provider (RD and/or other)	23	75	**31%**		
Nutrition - by RD	7	75	**9%**		
Physical activity	47	75	**63%**		
Other diabetes education	23	75	**31%**		
Any of above	52	75	**69%**		

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Immunizations					
Influenza vaccine during Audit period	29	75	**39%**		
Pneumococcal vaccine (PCV15, PCV20, PCV21, or PPSV23) - ever	37	75	**49%**		
Td/Tdap/DTaP/DT - past 10 years	49	75	**65%**		
Tdap - ever	56	75	**75%**		
If not immune, hepatitis B complete series - ever	20	73	**27%**		
Immune - hepatitis B	2	75	**3%**		
Hepatitis B complete series ever or immune to hepatitis B	22	75	**29%**		
In patients age ≥ 50 years Shingrix/recombinant zoster vaccine (RZV) complete series - ever	20	45	**44%**		
Depression					
Screened during Audit period	66	75	**88%**		
Active diagnosis during Audit period	3	75	**4%**		
Screened and/or active diagnosis during Audit period	66	75	**88%**		
Lipid Evaluation - Note these results are presented as population level CVD risk markers and should not be considered treatment targets for individual patients.					
LDL cholesterol	55	75	**73%**		
LDL <100 mg/dL	33	75	**44%**		
LDL 100-189 mg/dL	21	75	**28%**		
LDL ≥190 mg/dL	1	75	**1%**		
Not tested or no valid result	20	75	**27%**		
HDL cholesterol	56	75	**75%**		
In females					
HDL <50 mg/dL	11	28	**39%**		
HDL ≥50 mg/dL	13	28	**46%**		
Not tested or no valid result	4	28	**14%**		
In males					
HDL <40 mg/dL	12	47	**26%**		
HDL ≥40 mg/dL	20	47	**43%**		
Not tested or no valid result	15	47	**32%**		

Annual Audit

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Triglycerides[1]	56	75	**75%**		
Trig <150 mg/dL	34	75	**45%**		
Trig 150-499 mg/dL	21	75	**28%**		
Trig 500-999 mg/dL	1	75	**1%**		
Trig ≥1000 mg/dL	0	75	**0%**		
Not tested or no valid result	19	75	**25%**		
Kidney Evaluation					
Estimated Glomerular Filtration Rate (eGFR) to assess kidney function (In age ≥ 18 years)	65	74	**88%**		
eGFR ≥60 mL/min	57	74	**77%**		
eGFR 30-59 mL/min	5	74	**7%**		
eGFR 15-29 mL/min	1	74	**1%**		
eGFR <15 mL/min	2	74	**3%**		
Not tested or no valid result	8	74	**11%**		
Quantitative Urine Albumin-to-Creatinine Ratio (UACR) to assess kidney damage	31	75	**41%**		
UACR - normal: <30 mg/g	18	31	**58%**		
UACR - increased:					
30-300 mg/g	11	31	**35%**		
>300 mg/g	2	31	**6%**		
Not tested or no valid result	44	75	**59%**		
In patients age ≥ 18 years, eGFR and UACR	31	74	**42%**		
Chronic Kidney Disease (CKD) (In age ≥ 18 years)					
CKD[2]	18	74	**24%**		
CKD[2] and mean BP <130/<80	2	18	**11%**		
CKD[2] and mean BP <140/<90	13	18	**72%**		
CKD[2] and ACE inhibitor or ARB currently prescribed	12	18	**67%**		
CKD[2] and GLP-1 receptor agonist currently prescribed	9	18	**50%**		
CKD[2] and SGLT-2 inhibitor currently prescribed	6	18	**33%**		
CKD Stage					
Normal: eGFR ≥60 mL/min and UACR <30 mg/g	16	74	**22%**		
Stages 1 and 2: eGFR ≥60 mL/min and UACR ≥30 mg/g	10	74	**14%**		
Stage 3: eGFR 30-59 mL/min	5	74	**7%**		
Stage 4: eGFR 15-29 mL/min	1	74	**1%**		
Stage 5: eGFR <15 mL/min	2	74	**3%**		
Undetermined	39	74	**53%**		

IHS Diabetes Care and Outcomes Audit - WebAudit
DRAFT Audit Report for 2025 (Audit Period 01/01/2024 - 12/31/2024)
Facility: Test02 Sample Data

Annual Audit

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	# of Patients (Numerator)	# Considered (Denominator)	Percent	Area Percent	IHS Percent
Tuberculosis (TB) Status					
TB diagnosis documented ever and/or positive test result ever	2	75	**3%**		
If not diagnosed, TB test done ever (skin test or blood test)	10	73	**14%**		
TB test done ever or TB diagnosed ever	12	75	**16%**		
If TB diagnosis documented and/or positive test result, treatment initiated ever	0	2	**0%**		
If most recent TB test result was negative, was test done after diabetes diagnosis	7	10	**70%**		
Hepatitis C (HCV)					
Diagnosed HCV ever	2	75	**3%**		
In patients not diagnosed with HCV and age ≥ 18 years, screened ever	44	72	**61%**		
In age ≥ 18 years, screened for HCV ever or HCV diagnosed ever	46	74	**62%**		
Combined Outcomes Measure					
Patients age ≥40 years meeting ALL of the following criteria: A1C <8.0, Statin currently prescribed*, and mean BP <130/<80	4	59	**7%**		
*Excludes patients with an allergy, intolerance, or contraindication					
Diabetes-Related Conditions (In age ≥ 18 years)					
Severely obese (BMI ≥40.0)	5	74	**7%**		
Hypertension diagnosed ever	49	74	**66%**		
CVD diagnosed ever	16	74	**22%**		
Retinopathy diagnosed ever	9	74	**12%**		
Lower extremity amputation ever, any type (e.g., toe, partial foot, above or below knee)	2	74	**3%**		
Active depression diagnosis during Audit period	3	74	**4%**		
CKD stage 3-5	8	74	**11%**		
Number of diabetes-related conditions					
Diabetes only	17	74	**23%**		
Diabetes plus:					
One	33	74	**45%**		
Two	18	74	**24%**		
Three	2	74	**3%**		
Four	3	74	**4%**		
Five or more	1	74	**1%**		

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Footnotes

[1]For triglycerides: >150 is a marker of CVD risk, not a treatment target; >1000 is a risk marker for pancreatitis.
[2]Chronic Kidney Disease (CKD): eGFR<60 or Quantitative UACR≥30

Abbreviations

A1C = hemoglobin A1c (HbA1c)
ACE inhibitor = angiotensin converting enzyme inhibitor
ARB = angiotensin receptor blocker
BMI = body mass index
BP = blood pressure
DPP-4 inhibitor = dipeptidyl peptidase 4 inhibitor
DT = diphtheria and tetanus
DTaP = diphtheria, tetanus, and acellular pertussis
CKD = chronic kidney disease
CVD = cardiovascular disease
eGFR = estimated glomerular filtration rate
ENDS = electronic nicotine delivery systems
GLP-1 receptor agonist = glucagon-like peptide-1 receptor agonist
HCV = hepatitis C virus
HDL = high-density lipoprotein
LDL = low-density lipoprotein
RD = registered dietitian
SGLT-2 inhibitor = sodium-glucose co-transporter-2 inhibitor
TB = tuberculosis
Td = tetanus and diphtheria
Tdap = tetanus, diphtheria, and acellular pertussis
Trig = triglycerides
UACR = urine albumin-to-creatinine ratio