Program Name:

Indian Health Service
Special Diabetes Program for Indians
2026 Continuation Application Project Narrative
Last updated: July 2025

Instructions

1. This is an optional template for SDPI grantees to use to submit the required information below.

2. **Retrieve** and review the following documents:

   a. Your program's 2025 application, including the completed Project Narrative.
   b. Your program's 2025 Notice of (Grant) Award.
   c. Your local clinic's 2024 and 2025 Diabetes Care and Outcomes Audit (Diabetes Audit) Reports.
   d. Your program's 2025 SDPI Outcomes System (SOS) Required Key Measure (RKM) Data Summary Report.

3. **If using this template,**

   a. **Download** a copy of this Project Narrative template to your desktop before entering any information.

   b. **Ensure** [Adobe Acrobat Reader](http://get.adobe.com/reader/otherversions/)[1] is used.

   c. **Complete** ALL pertinent items by selecting a response from a list or typing the requested information.

   d. **Review** your completed Project Narrative to ensure all required items – outlined in red – are filled in.

4. **Submit** your completed Project Narrative (or equivalent) as instructed.

Additional Information

1. **Form fields (free text fields)**.

   Free text fields are not limited to the space you see on the template. Additional text that you enter can be seen by clicking on the plus sign in the lower, right-hand corner of the field.

2. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used in your Project Narrative. Any other abbreviation(s) used should be spelled out the first time you use them.

   a. ADC = Area Diabetes Consultant
   b. IHS = Indian Health Service
   c. I/T/U = Indian/Tribal/Urban
   d. NoA/NGA = Notice of (Grant) Award
   e. PDF = Portable Document Format (access using Adobe Acrobat Reader or Pro)
   f. SDPI = Special Diabetes Program for Indians
   g. SOS = SDPI Outcomes System
   h. RKM = Required Key Measure
   i. RPMS = Resource and Patient Management System

3. Contact your [ADC](#)[2] or the SDPI team (sdpi@ihs.gov) if you have any questions or problems.

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[1] Adobe Acrobat Reader download: http://get.adobe.com/reader/otherversions/

[2] Area Diabetes Consultant Directory: https://www.ihs.gov/diabetes/about-us/area-diabetes-consultants-adc/

Program Name:

Part A. Program Identifiers

A1.1 Date (mm/dd/yyyy):

A1.2 IHS Area:

A1.3 Program Name (Include Tribal or Clinic Name):

A1.4 Grant Number (Item 12 on NoA/NGA):

A1.5 Information about person completing this Project Narrative.

    a. Name:

    b. Title:

    c. Email:

    d. Phone:

A1.6 Is your SDPI program primarily clinic-based, community-based, or both?

Part B. Review of Diabetes Audit Reports

B1.1 Were you able to obtain copies of your local clinic's Annual IHS Diabetes Care and Outcomes Audit Reports for both 2024 and 2025?

    a. If no, why not?

    b. If other, provide a brief explanation:

B1.2 Provide information in the table below that corresponds to Audit Reports you were able to obtain.

    a. **If you DO have Audit Reports for both 2024 and 2025**: provide two to three outcomes that need to be improved based on these reports (if audit reports are not available, go to B1.2b).

a. Audit Outcome	b.Audit 2024 Result (percent)	c. Audit 2025 Result (percent)
1.	%	%
2.	%	%
3.	%	%

Program Name:

    b. **If you DO NOT have Audit Reports for both 2024 and 2025:** list two to three diabetes-related issues

that your program can work on improving.

a. Diabetes-related Issue	b.2024 Result	c. 2025 Result
1.		
2.		
3.		

B1.3 How can your program assist with improving the items in B1.2a or b? Note that whether your program is clinical or community based, there are many ways to impact these items.

Part C: Leadership and Key Personnel

C1.1 In your 2025 Project Narrative, you were asked to identify an organization administrator or Tribal leader that agreed to be actively involved in your program's work (Part C).

    a. Provide the name and role or position that this leader holds.

    b. Describe how this leader was involved with your program's work for 2025.

    c. Will this leader continue to be involved with your program's work for 2026? If not, identify a new leader that will be involved, including their name and role or position.

Program Name:

C1.2 List all key personnel that will be involved in your program's activities/services. This may be your "Diabetes Team." If there are more than 15 people, provide the information for additional individuals in Part G, Other Information of this Project Narrative. **Provide a brief resume or biographical sketch for any new key personnel working on the project since you submitted your 2025 grant application**.

First Name	Last Name	Title and Credentials	Paid with SDPI funds (at least in part)?	How long involved with your program?
1.		**Diabetes Program Coordinator** **Credentials:**		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Program Name:

Part D: Partnerships and Collaborations

D1.1 Provide information on any new or discontinued partnerships that occurred since you completed your 2025 grant application. If there are more than five changes, use Part G, Other Information of this Project Narrative to document them. **If there are no new or discontinued partnerships, proceed to Part E.**

a. Partner Name	b. New or Discontinued?	c. **If Discontinued**: briefly describe why **If New**: briefly describe services provided/primary focus of partnership
1.		
2.		
3.		
4.		
5.		

Part E. SDPI Diabetes Best Practice

Per the Funding Opportunity Description[3], grantees must select one SDPI Diabetes Best Practice (also referred to as "Best Practice"). During the 2026 budget period, grantees will implement their selected Best Practice activities/services, as well as track and report data on their Target Group for their Required Key Measure (RKM) in the SDPI Outcomes System (SOS).

There is a list of all the Best Practices on the SDPI Diabetes Best Practices[4] webpage. Each Best Practice includes a brief statement on the importance, RKM information, guidance for selecting a Target Group, and resources and tools. An SDPI Diabetes Best Practices List and Summary Table[5] is also available for quick reference. For the 2026 application, grantees 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.

Section 1: Best Practice and Required Key Measure Information for 2025

Submit a copy of your program's 2025 RKM Data Summary Report from the SOS, which includes the following:

- Your program's selected Best Practice

- Target Group number

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[3] Funding Opportunity Description: https://www.federalregister.gov/d/2022-16264/p-47
[4] SDPI Diabetes Best Practices: https://www.ihs.gov/sdpi/sdpi-community-directed/diabetes-best-practices/
[5] Best Practices Summary Table:
https://www.ihs.gov/sites/sdpi/themes/responsive2017/display_objects/documents/bestpractices/SDPI_BP_Summary.pdf

Program Name:

- Target Group description
- RKM baseline data

Per the Terms and Conditions of the grant, grantees must submit data for the RKM of their selected Best Practice into the SOS at the start (baseline) and end of each budget period. All grantees should have already submitted 2025 baseline RKM data. If this has not been completed, do so before submitting a 2026 Continuation Application. Contact your ADC[2] or the SDPI team (sdpi@ihs.gov) if you are having difficulty submitting the required information.

Section 2: 2026 Best Practice, Target Group Number and Description, and Activities

E2.1   SDPI Diabetes Best Practice selected:

a. Briefly describe why your program selected this Best Practice.

b. Is this a different Best Practice than the one your program selected for 2025?

E2.2   **Required Key Measure (RKM)**: Review the Best Practices summary table[5]. Enter the RKM for your selected Best Practice as it appears in the table.

E2.3   **Proposed Activities/Services:** What activity(ies)/service(s) does your program propose to implement in 2026 that would improve the RKM for your program's Best Practice? List each major activity/service planned and provide a brief description. If there are more than ten activities, provide this information in Part G, Other Information of this Project Narrative.

a. **Major Activities** (List each activity/service planned and provide a brief description)	b. **Timeframe** (When will this activity be implemented?)
1.	
2.	

Program Name:

a. **Major Activities** (List each activity/service planned and provide a brief description)	b. **Timeframe** (When will this activity be implemented?)
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Program Name:

Target Group

Grantees will be required to report RKM data for one Target Group for their selected Best Practice. A Target Group is the largest number of patients/participants that your program can realistically include in the activities/services provided above (in item E2.3) and collect and submit RKM data for. The following should be considered in selecting your program's Target Group:

1. The size and characteristics (e.g., ages, health status, settings, locations) of the community or patient population that you are going to draw your program's Target Group from,
2. Intensity of the activities/services your program plans to do,
3. SDPI funding and other resources available to provide activities/services, and
4. Source for RKM data.

To determine your program's Target Group, complete the following steps:

Step one: Review the Target Group Guidance for your program's selected Best Practice in the Summary Table[5].

Step two: Based on the guidance in step one, determine which group of patients/participants your program plans to serve and for whom you will collect and report RKM data. Consider characteristics such as:

- Ages (e.g., youth, elders, women of reproductive age, ages 40 – 75 years)
- Health status (e.g., at risk for diabetes, prediabetes, new onset diabetes, diabetes complications)
- Settings (e.g., school, senior home, clinic)
- Geographic locations (e.g., areas of the reservation, villages, communities)

Step three: Determine approximately how many patients/participants in your community/clinic are in the group you defined in step two.

Step four: Assess the intensity of your Best Practice activities/services. The intensity will affect the number of patients/participants your program can serve (i.e., higher intensity activities/services = smaller Target Group; lower intensity activities/services = larger Target Group).

- **High intensity**: Require most staff time and resources per patient/participant.
  Examples: Diabetes Prevention Program intervention, intensive clinical case management.
- **Medium intensity**: Require moderate staff time and resources per patient/participant.
  Examples: Diabetes education classes, periodic diabetes clinical care.
- **Low intensity**: Require less staff time and resources per patient/participant.
  Examples: Depression screening, foot exams.

Step five: Determine the number of people that your program can realistically serve, which will be the number in your Target Group, based on the following:

- The characteristics of the patients/participants (step two);
- The total number of potential patients/participants (step three);
- The intensity of the planned activities/services as assessed (step four); and
- SDPI and other resources available.

Program Name:

E2.4   Based on the steps provided, what is the number of patients/participants in your 2026 Target Group?

E2.5   Describe your 2026 Target Group (see Steps one and two above).

E2.6   Briefly describe how your program's Target Group number was determined.

Part F. Activities/Services NOT related to selected Best Practice

Complete this section if your program is proposing to implement activities/services not related to your selected Best Practice and/or Target Group in 2026. Otherwise, skip to Part G.

Activities/services reported here should be based on the following criteria:
- Utilize the most grant funding and program time.
- Address significant needs/challenges. This could include items from your review of the Diabetes Audit Reports (Part B).

Program Name:

Activity/Service #1

F1.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F1.2   **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

      a.   What is the number of patients/participants in your Target Group for this activity/service?

      b.   Describe your Target Group for this activity/service.

F1.3   What improvements does your program anticipate from implementing this activity/service?

F1.4   How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #2

F2.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F2.2   **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

    a.   What is the number of patients/participants in your Target Group for this activity/service?

    b.   Describe your Target Group for this activity/service.

F2.3   What improvements does your program anticipate from implementing this activity/service?

F2.4   How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #3

F3.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F3.2   **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

a.   What is the number of patients/participants in your Target Group for this activity/service?

b.   Describe your Target Group for this activity/service.

F3.3   What improvements does your program anticipate from implementing this activity/service?

F3.4   How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #4

F4.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F4.2   **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

    a.   What is the number of patients/participants in your Target Group for this activity/service?

    b.   Describe your Target Group for this activity/service.

F4.3   What improvements does your program anticipate from implementing this activity/service?

F4.4   How will your program evaluate whether these improvements occurred?

Program Name:

Activity/Service #5

F5.1   What activity/service will your program be providing with SDPI funds (not related to your selected Best Practice) to reduce risk factors for diabetes and related conditions?

F5.2   **Target Group for this activity/service**: See the Target Group section (steps two – five) on how to select a Target Group.

     a.   What is the number of patients/participants in your Target Group for this activity/service?

     b.   Describe your Target Group for this activity/service.

F5.3   What improvements does your program anticipate from implementing this activity/service?

F5.4   How will your program evaluate whether these improvements occurred?

Program Name:

Part G. Additional Program Information
Food Insecurity Assessment

G2.1   Are patients/community members screened for food insecurity?

    a. If **yes**, who conducts the screening? Check all that apply.

        i. Registration Representative

        ii. Provider

        iii. Nurse

        iv. Medical Assistant

        v. Community Health Representative (CHR)

        vi. Registered Dietitian

        vii. Social Worker

        viii. Behavioral Health Representative

        ix. Other:

        x. Don't Know

    b. If **yes**, what screening tool(s) is/are used? Check all that appl

        i. 2 Question Hunger Vital Sign[6]

        ii. US Household Food Security Survey[7]

        iii. US Adult Food Security Survey[8]

        iv. Six Item Short Form of the Food Security Survey[9]

        v. Self-Administered Food Security Survey for Youth Ages Twelve and Older[10]

        vi. Other:

        vii. Don't Know

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[6] The Hunger Vital Sign: https://childrenshealthwatch.org/wp-content/uploads/FINAL-Hunger-Vital-Sign-2-pager1.pdf
[7] US Household Food Security Survey:
https://www.ers.usda.gov/sites/default/files/_laserfiche/DataFiles/50764/26621_hh2012.pdf?v=3672.4
[8] US Adult Food Security Survey:
https://ers.usda.gov/sites/default/files/_laserfiche/DataFiles/50764/26623_ad2012.pdf?v=62813
[9] Six Item Short Form of the Food Security Survey:
https://ers.usda.gov/sites/default/files/_laserfiche/DataFiles/50764/short2024.pdf?v=77152
[10] Self-Administered Food Security Survey for Youth:
https://www.ers.usda.gov/sites/default/files/_laserfiche/DataFiles/50764/26627_youth2006.pdf

Program Name:

    c.   What occurs when someone screens positive for food insecurity? Check all that apply.

        i.   Provide emergency food resources at time of screening (e.g., grocery store gift card, food box)

       ii.   Referral for food resources to an off-site/external program (e.g., food pantry, church)

     iii.   Referral to another program or department at the clinic (e.g., public health, diabetes, nutrition, social services)

     iv.   Referral to Federal Food Assistance Program (e.g., SNAP, WIC, Title VI, FDPIR)

      v.   Referral to a Registered Dietitian

     vi.   Other:

    vii.   Don't Know

Food Is Medicine Interventions

G2.1   Is your SDPI program or organization **currently** offering **or has ever** offered a Food Is Medicine (FIM) intervention? (see a. below for examples of FIM interventions)

    a.   If **yes**, what type(s) of FIM interventions are/were offered? Check all that apply.

        i.   Produce Prescription Program

       ii.   Medically Tailored Food Resource (meals or groceries)

     iii.   Farmers Market

     iv.   Community Supported Agriculture or other food box

      v.   Other:

     vi.   Don't know

G2.2   If you are not currently offering a FIM intervention, how interested is your SDPI program or organization in implementing a FIM intervention in the future?

    a.   Not interested (if selected, skip to G3.1)

    b.   Somewhat interested: Gathering more information and learning about FIM interventions

    c.   Interested: Starting to gauge interest by discussing with my community and/or organizational leaders

    d.   Very Interested: In the planning stages to begin a FIM intervention in the next year

Program Name:

G2.3   What type(s) of FIM intervention(s) is your SDPI program or organization interested in offering in the future? Check all that apply.

     a. Produce Prescription Program

     b. Medically Tailored Food Resource (meals or groceries)

     c. Farmers Market

     d. Community Supported Agriculture or other food box

     e. Other:

     f. Don't know

Other Information

G3.1   Is there any other information you would like to share about your SDPI program, including additional program staff or partnerships? If so, describe below.

You have now completed the SDPI 2026 Project Narrative. Save this PDF document to your computer before closing. Submit your completed Project Narrative as instructed.

Visit the SDPI 2026 Application webpage[11] for further information.

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[11] SDPI 2026 Application: https://www.ihs.gov/sdpi/sdpi-community-directed/application-reports/