IHS Urban 4-in-1 Grant

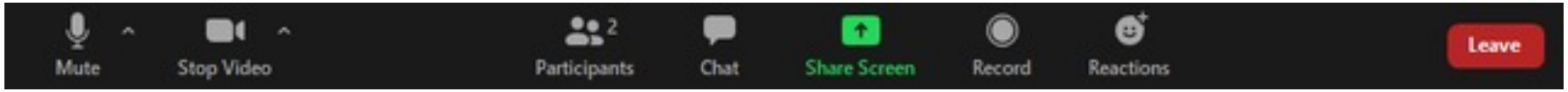
Training to use the Continuing Application Project Narrative Template

PRESENTED BY KAUFFMAN & ASSOCIATES, INC. (KAI)

OCTOBER 14, 2022

Instructions for participating

- The participant controls appear at the bottom of your screen



- **Join Audio** or **Unmute / Mute:** Mute and unmute your microphone.
  Audio Controls (click the **^** arrow next to **Mute** / **Unmute**): Allows you to change the microphone and speaker that Zoom is currently using on your computer, leave computer audio, and access the full audio settings.
- **Start Video / Stop Video**: Turns your camera on or off.
  Video Controls (click the ^ arrow next to **Start Video** / **Stop Video**):
- **Participants**: See who's currently in the meeting. You can also access these options by hovering over your display name and clicking **More**:
  - **Rename**: Change your screen name displayed to other participants.
- **Chat**: Access the chat window to **chat with other participants**.

Instructions for participating

- Join Audio—all lines will be muted upon entry
- Dial in by phone

  +1 669 254 5252 US (San Jose)
  +1 669 216 1590 US (San Jose)
  +1 646 828 7666 US (New York)
  +1 551 285 1373 US
- Press *6 to mute/unmute
- Press *9 to raise hand

Today's Meeting
ID: 160 366 8961

Disclaimer

All information is intended for your general knowledge only. The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), the U.S. Department of Health and Human Services, or the U.S. government.

Presenter Introductions

Katie Visnius
Moderator, KAI

Crystal Tetrick, MPH
Otoe Missouria Tribe
Facilitator, KAI

Purpose

- Formally train the 4-in-1 grantees on how to use the new continuing application project narrative template
- Launch implementation of the continuing application project narrative template for IHS Grant Program Year 2 (April 1, 2023 – March 31, 2024)

Objectives

Describe the continuing application project narrative template

Demonstrate use and entry of information into the template

Provide clear answers to questions about the template

Share next steps

Background

4-in-1 Grant

Title V of the IHCIA (PL 94-437) authorized funding for the development of health programs in urban areas to make health services more accessible to urban Indians.

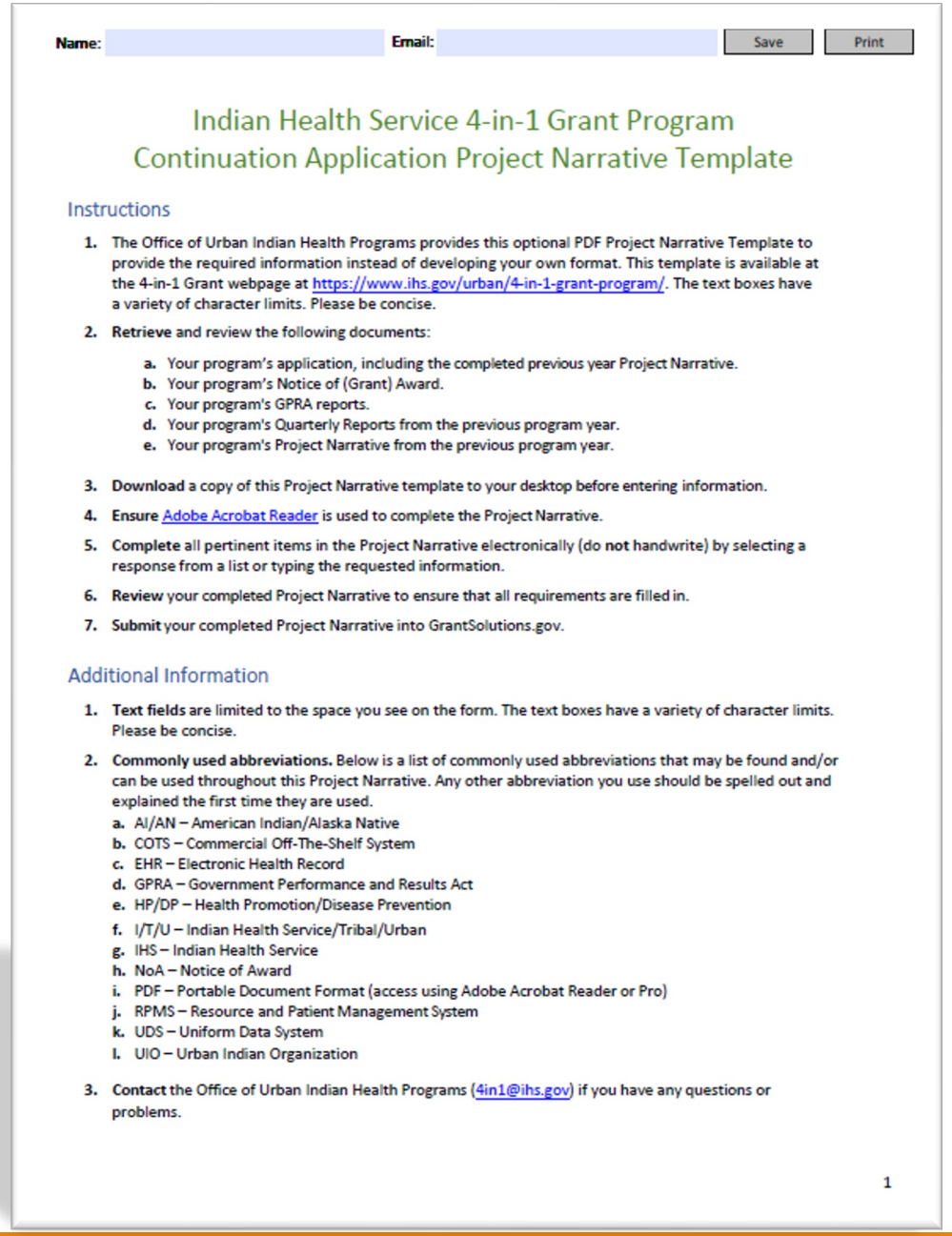
NEW Continuing Application Project Narrative Template Form

The Office of Urban Indian Health Programs developed an optional New PDF Project Narrative Template to provide the required information instead of developing your own format.

Outline of the Continuing Application Project Narrative Template

The new template makes it possible to:

- Report previous year's accomplishments in one electronic fillable form
- List current and new key personnel involved in your services
- List new and discontinued partnerships or collaborations
- Describe your program-specific work plan across the four health program areas



Name: Email: Save Print

Indian Health Service 4-in-1 Grant Program
Continuation Application Project Narrative Template

Instructions

1. The Office of Urban Indian Health Programs provides this optional PDF Project Narrative Template to provide the required information instead of developing your own format. This template is available at the 4-in-1 Grant webpage at https://www.ihs.gov/urban/4-in-1-grant-program/. The text boxes have a variety of character limits. Please be concise.
2. **Retrieve** and review the following documents:
   a. Your program's application, including the completed previous year Project Narrative.
   b. Your program's Notice of (Grant) Award.
   c. Your program's GPRA reports.
   d. Your program's Quarterly Reports from the previous program year.
   e. Your program's Project Narrative from the previous program year.
3. **Download** a copy of this Project Narrative template to your desktop before entering information.
4. **Ensure** Adobe Acrobat Reader is used to complete the Project Narrative.
5. **Complete** all pertinent items in the Project Narrative electronically (do **not** handwrite) by selecting a response from a list or typing the requested information.
6. **Review** your completed Project Narrative to ensure that all requirements are filled in.
7. **Submit** your completed Project Narrative into GrantSolutions.gov.

Additional Information

1. **Text fields** are limited to the space you see on the form. The text boxes have a variety of character limits. Please be concise.
2. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used throughout this Project Narrative. Any other abbreviation you use should be spelled out and explained the first time they are used.
   a. AI/AN – American Indian/Alaska Native
   b. COTS – Commercial Off-The-Shelf System
   c. EHR – Electronic Health Record
   d. GPRA – Government Performance and Results Act
   e. HP/DP – Health Promotion/Disease Prevention
   f. I/T/U – Indian Health Service/Tribal/Urban
   g. IHS – Indian Health Service
   h. NoA – Notice of Award
   i. PDF – Portable Document Format (access using Adobe Acrobat Reader or Pro)
   j. RPMS – Resource and Patient Management System
   k. UDS – Uniform Data System
   l. UIO – Urban Indian Organization
3. **Contact** the Office of Urban Indian Health Programs (4in1@ihs.gov) if you have any questions or problems.

1

Using The Continuing Application Project Narrative Template

- Accessible through Grant Solutions Application Kit
- Is a fillable PDF form
- Save a copy to the computer (recommendation: do not fill out on webpage)
- Allows user to save information and update
- Test Adobe compatibility at the following webpage: https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html

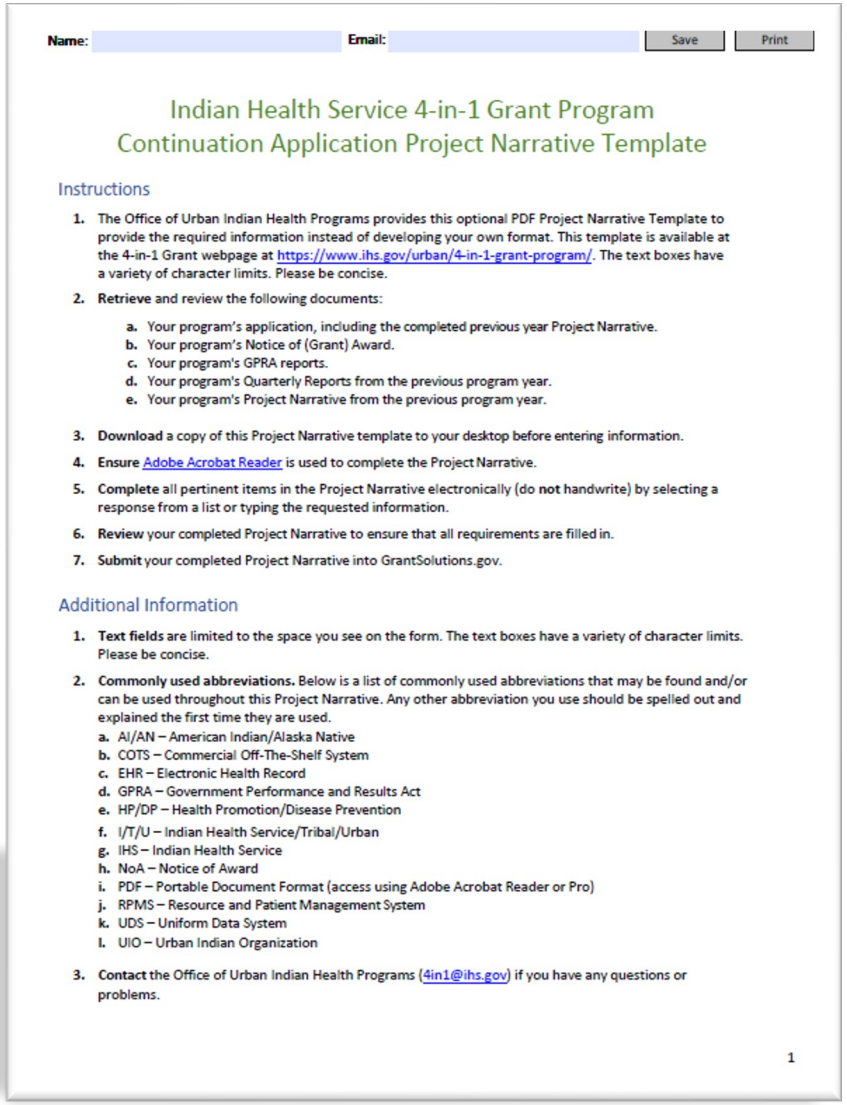
Resources to Support Completing the Project Narrative Template

- Your program's application
- Notice of (grant) award
- Previous year GPRA report
- Quarterly reports from the previous program year
- Previous year Project Narrative proposal

Key Section in the Project Narrative Template

The template has seven main sections and include:

- Part A. Program Identifiers
- Part B. Previous Year Program Reports
- Part C. Training
- Part D. Leadership and Key Personnel
- Part E. Partnerships and Collaborations
- Part F. Program Planning and Evaluation
- Part G. Additional Program Information



Name: Email: Save Print

Indian Health Service 4-in-1 Grant Program
Continuation Application Project Narrative Template

Instructions

1. The Office of Urban Indian Health Programs provides this optional PDF Project Narrative Template to provide the required information instead of developing your own format. This template is available at the 4-in-1 Grant webpage at https://www.ihs.gov/urban/4-in-1-grant-program/. The text boxes have a variety of character limits. Please be concise.
2. **Retrieve** and review the following documents:
   a. Your program's application, including the completed previous year Project Narrative.
   b. Your program's Notice of (Grant) Award.
   c. Your program's GPRA reports.
   d. Your program's Quarterly Reports from the previous program year.
   e. Your program's Project Narrative from the previous program year.
3. **Download** a copy of this Project Narrative template to your desktop before entering information.
4. **Ensure** Adobe Acrobat Reader is used to complete the Project Narrative.
5. **Complete** all pertinent items in the Project Narrative electronically (do **not** handwrite) by selecting a response from a list or typing the requested information.
6. **Review** your completed Project Narrative to ensure that all requirements are filled in.
7. **Submit** your completed Project Narrative into GrantSolutions.gov.

Additional Information

1. **Text fields** are limited to the space you see on the form. The text boxes have a variety of character limits. Please be concise.
2. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used throughout this Project Narrative. Any other abbreviation you use should be spelled out and explained the first time they are used.
   a. AI/AN – American Indian/Alaska Native
   b. COTS – Commercial Off-The-Shelf System
   c. EHR – Electronic Health Record
   d. GPRA – Government Performance and Results Act
   e. HP/DP – Health Promotion/Disease Prevention
   f. I/T/U – Indian Health Service/Tribal/Urban
   g. IHS – Indian Health Service
   h. NoA – Notice of Award
   i. PDF – Portable Document Format (access using Adobe Acrobat Reader or Pro)
   j. RPMS – Resource and Patient Management System
   k. UDS – Uniform Data System
   l. UIO – Urban Indian Organization
3. **Contact** the Office of Urban Indian Health Programs (4in1@ihs.gov) if you have any questions or problems.

1

Demonstration of the Continuing Application Project Narrative Template

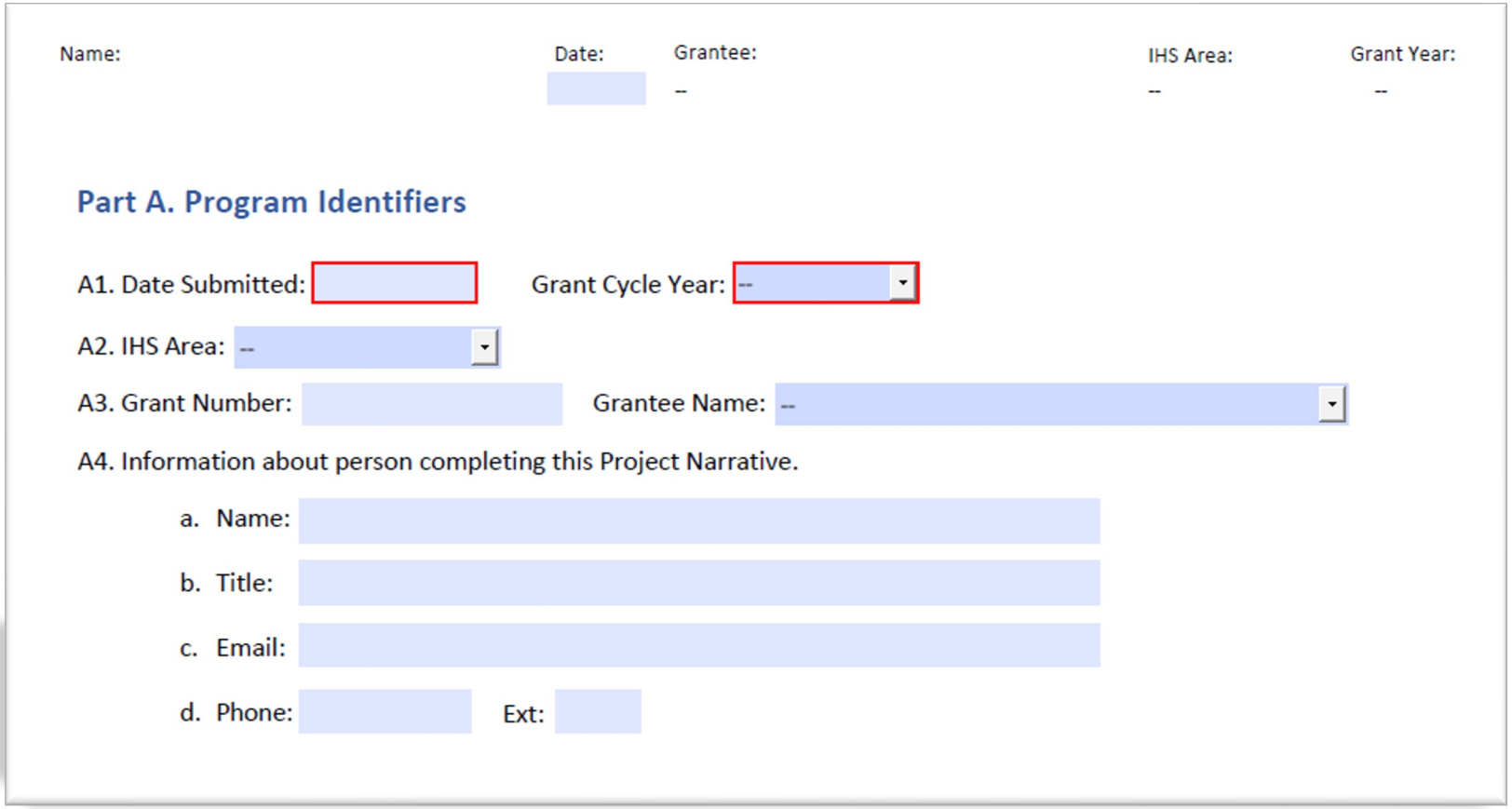
Instructions (Page 1)

1. **Retrieve and review** key resources to support completing the template.
2. **Download** a copy of the project narrative template to your computer.
3. **Use** Adobe Acrobat Reader to complete.
4. **Complete** all sections electronically.
5. **Review** your completed project narrative template to make sure all required fields are filled in.
6. **Submit** your completed project narrative into: GrantSolutions.gov

Helpful Tips (Page 1)

1. **Text fields** are limited to the space you see on the form. The text boxes have a variety of character limits. Please be concise.
2. **Commonly used abbreviations** can be found on template page one.
3. **Test** your Adobe compatibility at the following webpage: https://www.grants.gov/web/grants/applicants/adobe-software-compatibility.html
4. **Review** the overview of SMART objectives on the IHS website at: https://www.youtube.com/watch?v=KR8NYEutt8w
5. **Contact** the Office of Urban Indian Health Programs if you have any questions or problems: https://www.ihs.gov/urban/contactus/

Part A. Program Identifiers
(Page 2)



Name: Date: Grantee: -- IHS Area: -- Grant Year: --

Part A. Program Identifiers

A1. Date Submitted: Grant Cycle Year: --

A2. IHS Area: --

A3. Grant Number: Grantee Name: --

A4. Information about person completing this Project Narrative.

a. Name:

b. Title:

c. Email:

d. Phone: Ext:

Part B. Previous Year Program Reports
(Pages 2-7)

Part B. Previous Year Program Reports

This is an opportunity to reflect on last year's accomplishments. Using a combination of last year's quarterly reports and RPMS, UDS, EHR, and GPRA data, please describe the grantee's accomplishments in each health program area.

Instructions: For each program (*HP/DP: B1, Immunization: B4, Alcohol/Substance Abuse: B7, Mental Health: B10*) select two objectives from the previous program year and indicate the cumulative progress of each objective by entering your total number of tasks as the 'Target' number and your total number of completed tasks as the 'Actual' number.

HP/DP Services

B1. Progress Toward Objectives

I. Health Promotion/Disease Prevention (HP/DP)		
Service	**Objective**	**Percent of Objective completed**
		0% 100% 0% Target Actual
		0% 100% 0% Target Actual

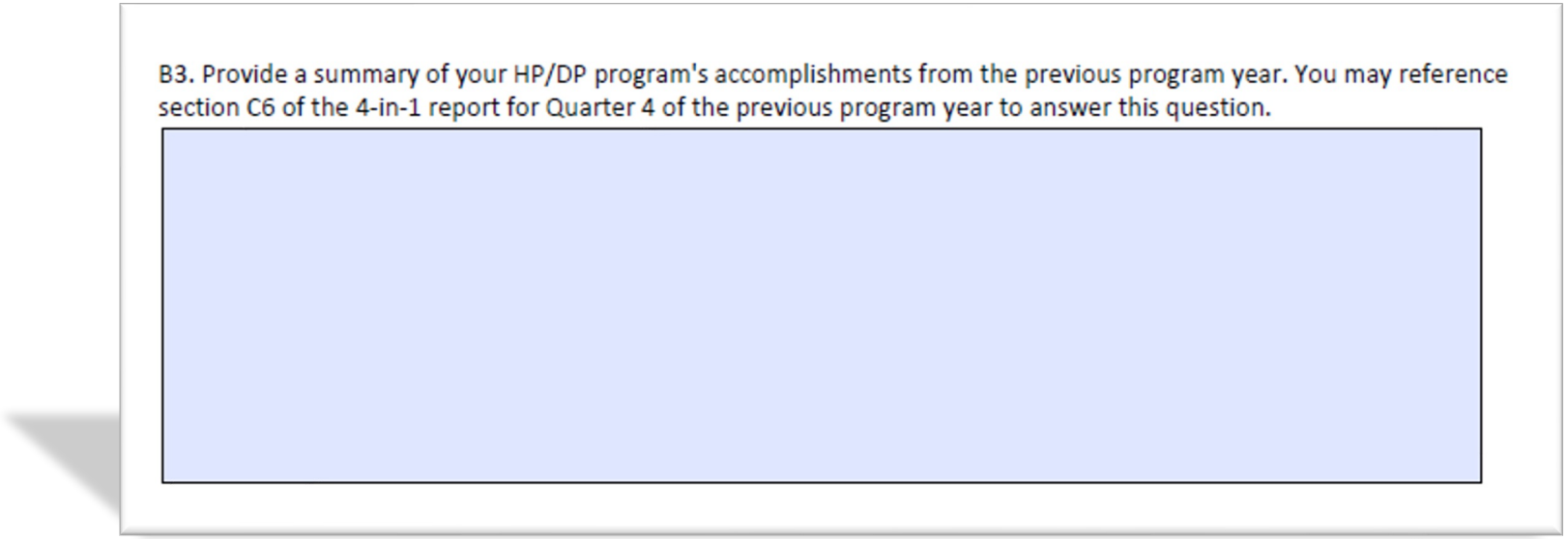
Part B. Previous Year Program Reports
(Pages 2-7)

B2. Progress of GPRA Clinical Measures

For each program (*HP/DP: B2, Immunizations: B5, Alcohol/Substance Abuse: B8, Mental Health: B11*), indicate the progress your program has made for each clinical GPRA measure. For each clinical measure, enter your program prior year urban GPRA result under "Previous Year Final". If the previous year Final is greater than the previous year Target, select "Met" under Progress. If the Target is greater than the Final result, select "Unmet". If a GPRA measure does not apply to your program, please select N/A.

GPRA Measure					
Diabetes	**N/A**	**Previous Year Final (2021)**	**Previous Year Target (2021)**	**Progress**	
				Met	**Unmet**
Poor Glycemic Control	☐	%	16.8 %	☐	☐
Blood Pressure Control	☐	%	59.1 %	☐	☐
Statin Therapy	☐	%	49.0 %	☐	☐
Nephropathy Assessment	☐	%	45.5 %	☐	☐
Retinopathy Exam	☐	%	51.4 %	☐	☐
Dental					
Dental: General Access	☐	%	26.6 %	☐	☐
Sealants	☐	%	13.8 %	☐	☐
Topical Fluoride	☐	%	27.6 %	☐	☐
Prevention					
Pap Screening	☐	%	38.4 %	☐	☐
Mammography Screening	☐	%	43.4 %	☐	☐
Colorectal Cancer Screening	☐	%	32.6 %	☐	☐
Childhood Weight Control	☐	%	22.6 %	☐	☐
Controlling High Blood Pressure (MH)	☐	%	42.9 %	☐	☐
CVD Statin Therapy	☐	%	33.3 %	☐	☐
HIV Screen Ever	☐	%	32.0 %	☐	☐
Breastfeeding Rates	☐	%	40.0 %	☐	☐

Part B. Previous Year Program Reports
(Pages 2-7)



Part C. Training
(Page 7)

Part C. Training

Instructions: Provide a list of the IHS trainings/meetings your program team attended during the previous program year (including site-visits, conference calls, online, face-to-face, and conferences).

C1. HP/DP Services:

C2. Immunization Services:

C3. Alcohol/Substance Abuse Services:

C4. Mental Health Services:

Part D: Leadership and Key Personnel
(Page 8 -10)

Part D: Leadership and Key Personnel

D1. Identify leaders and key personnel who are actively involved in HP/DP Services.

First and Last Name	Title	Length of time with program

a. Provide a brief resume or biographical sketch for any new key HP/DP personnel since you submitted your last application.

Part E. New Partnerships and Collaborations
(Page 11)

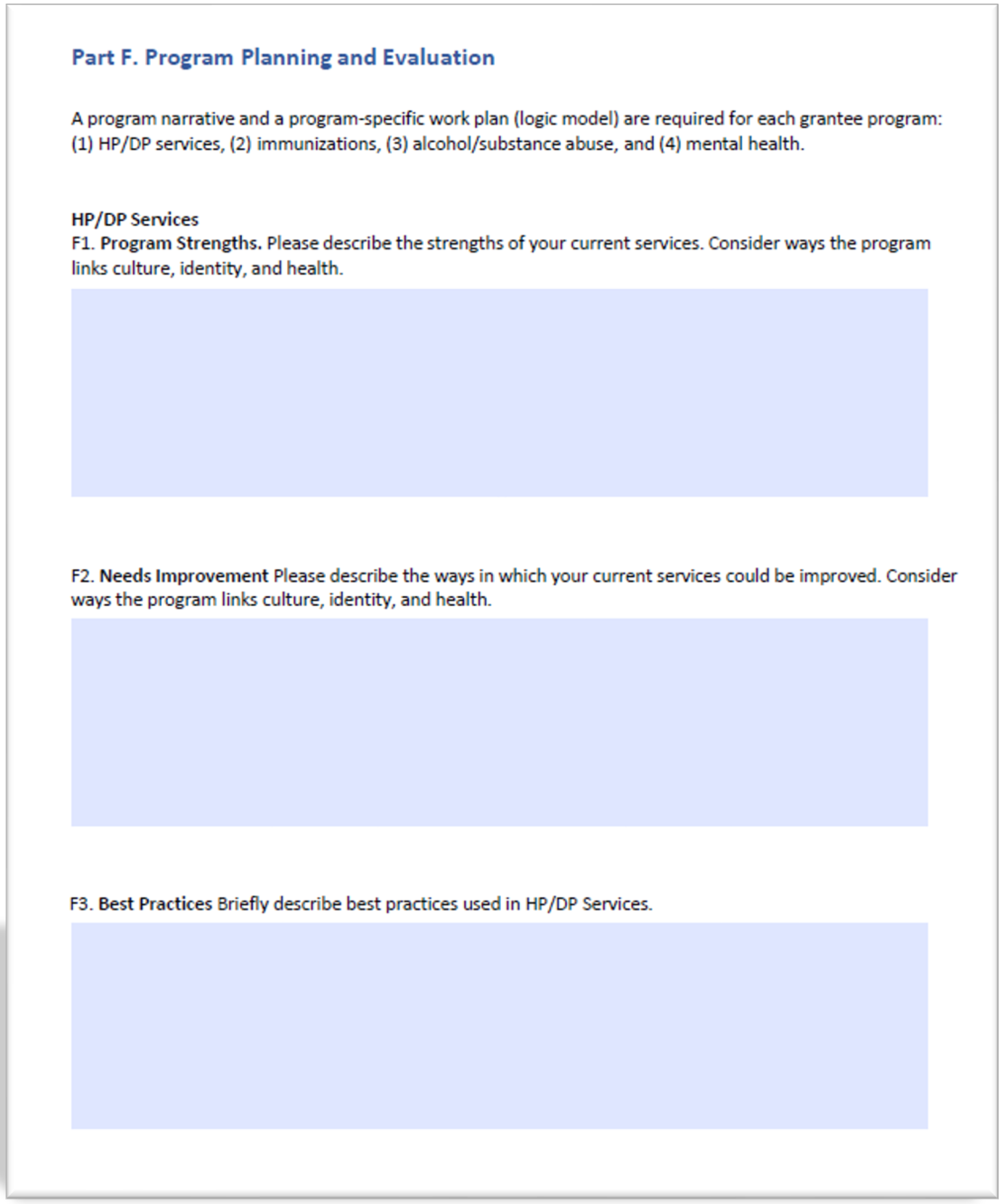
Part E: New Partnerships and Collaborations

Use the tables below to provide information on any new partnerships that were not included in your previous year's application or discontinued partnerships. If there are more than five changes in the Partnerships/Collaborations, provide this information in G6. Other Information (optional) of this Project Narrative. If there are no new or discontinued partnerships, proceed to Part F.

Partner Name	Program Health Area	New or discontinued?	If discontinued, briefly describe why. If new, briefly describe services provided/primary focus of partnership.
	HP/DP Immunization Alcohol & Substance Abuse Mental Health	New Partnership	
	HP/DP Immunization Alcohol & Substance Abuse Mental Health	New Partnership	
	HP/DP Immunization Alcohol & Substance Abuse Mental Health	New Partnership	
	HP/DP Immunization Alcohol & Substance Abuse Mental Health	New Partnership	
	HP/DP Immunization Alcohol & Substance Abuse Mental Health	New Partnership	

* To select more than one program health area, press the "CTRL" key and click the left mouse button

Part F. Program Planning and Evaluation (a)
(Page 12-19)



Part F. Program Planning and Evaluation

A program narrative and a program-specific work plan (logic model) are required for each grantee program: (1) HP/DP services, (2) immunizations, (3) alcohol/substance abuse, and (4) mental health.

HP/DP Services

F1. **Program Strengths.** Please describe the strengths of your current services. Consider ways the program links culture, identity, and health.

F2. **Needs Improvement** Please describe the ways in which your current services could be improved. Consider ways the program links culture, identity, and health.

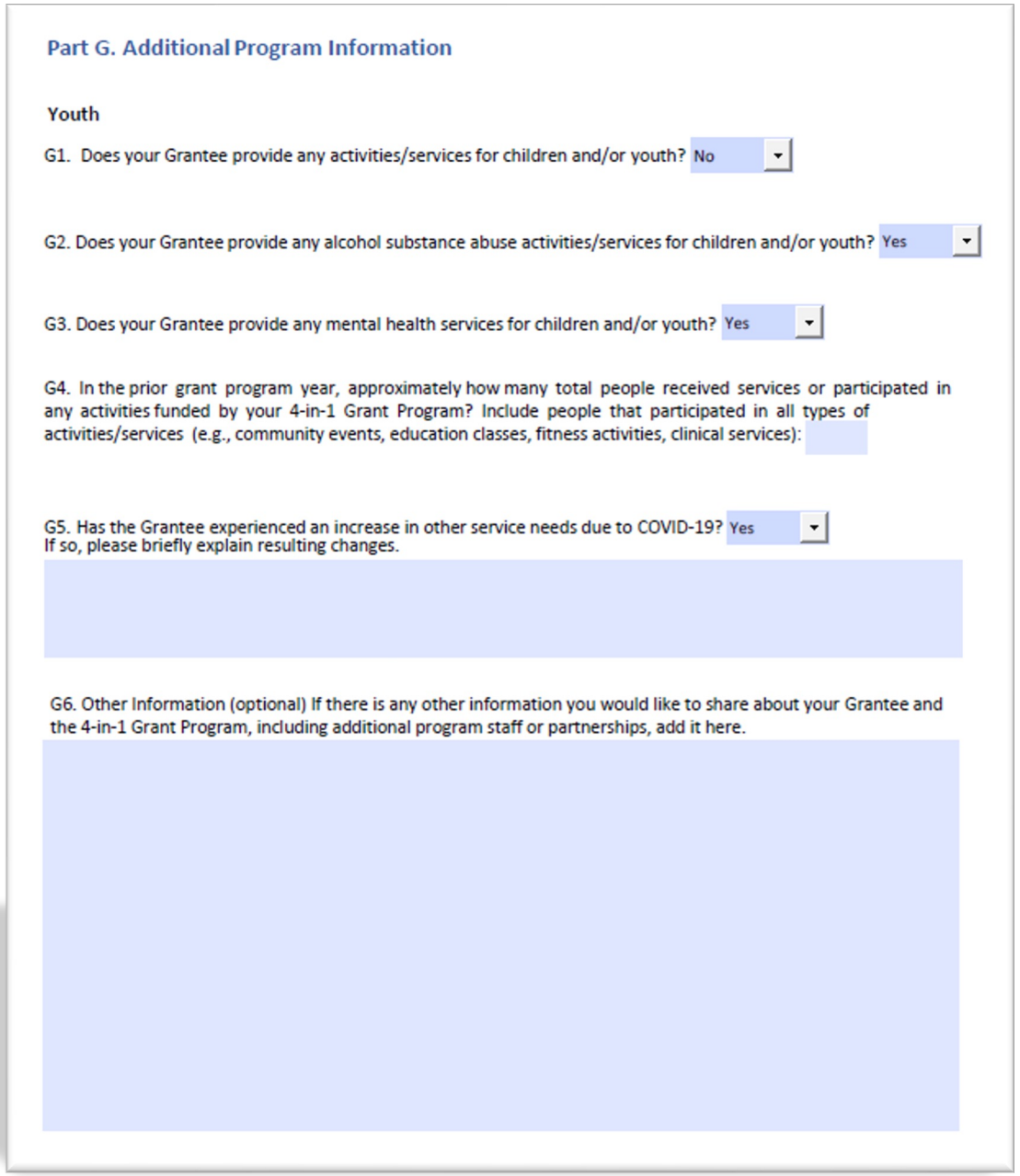
F3. **Best Practices** Briefly describe best practices used in HP/DP Services.

Part F. Program Planning and Evaluation (b)
(Page 12-19)

Name: Date: Grantee: -- IHS Area: -- Grant Year: --

HP/DP Goal 1: *Broad statement of outcomes*					
Goal 1, Objective 1: ***Measurable statement of outcomes***					
Activities *Action needed to meet objective*	**Anticipated Outcomes** *Results of program implementation*	**Indicator/Data Source** *Key indicators used to measure success*	**Timeline Start Date**	**Timeline End Date**	**GPRA Measures.** *Select all that apply.*
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride
Goal 1, Objective 2: *Measurable statement of outcomes*					
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride
HP/DP Goal 2: *Broad statement of outcomes*					
Goal 2, Objective 1: ***Measurable statement of outcomes***					
Activities ***Action needed to meet objective***	**Anticipated Outcomes** *Results of program implementation*	**Indicator/Data Source** *Key indicators used to measure success*	**Timeline Start Date**	**Timeline End Date**	**GPRA Measures.** ***Select all that apply.***
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride
Goal 2, Objective 2: *Measurable statement of outcomes*					
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride
			7/8/22	7/8/22	Mammography Screening Pap Screening Topical Fluoride

Part G. Additional Program Information (Page 20)



Part G. Additional Program Information

Youth

G1. Does your Grantee provide any activities/services for children and/or youth? No

G2. Does your Grantee provide any alcohol substance abuse activities/services for children and/or youth? Yes

G3. Does your Grantee provide any mental health services for children and/or youth? Yes

G4. In the prior grant program year, approximately how many total people received services or participated in any activities funded by your 4-in-1 Grant Program? Include people that participated in all types of activities/services (e.g., community events, education classes, fitness activities, clinical services):

G5. Has the Grantee experienced an increase in other service needs due to COVID-19? Yes
If so, please briefly explain resulting changes.

G6. Other Information (optional) If there is any other information you would like to share about your Grantee and the 4-in-1 Grant Program, including additional program staff or partnerships, add it here.

Demonstration

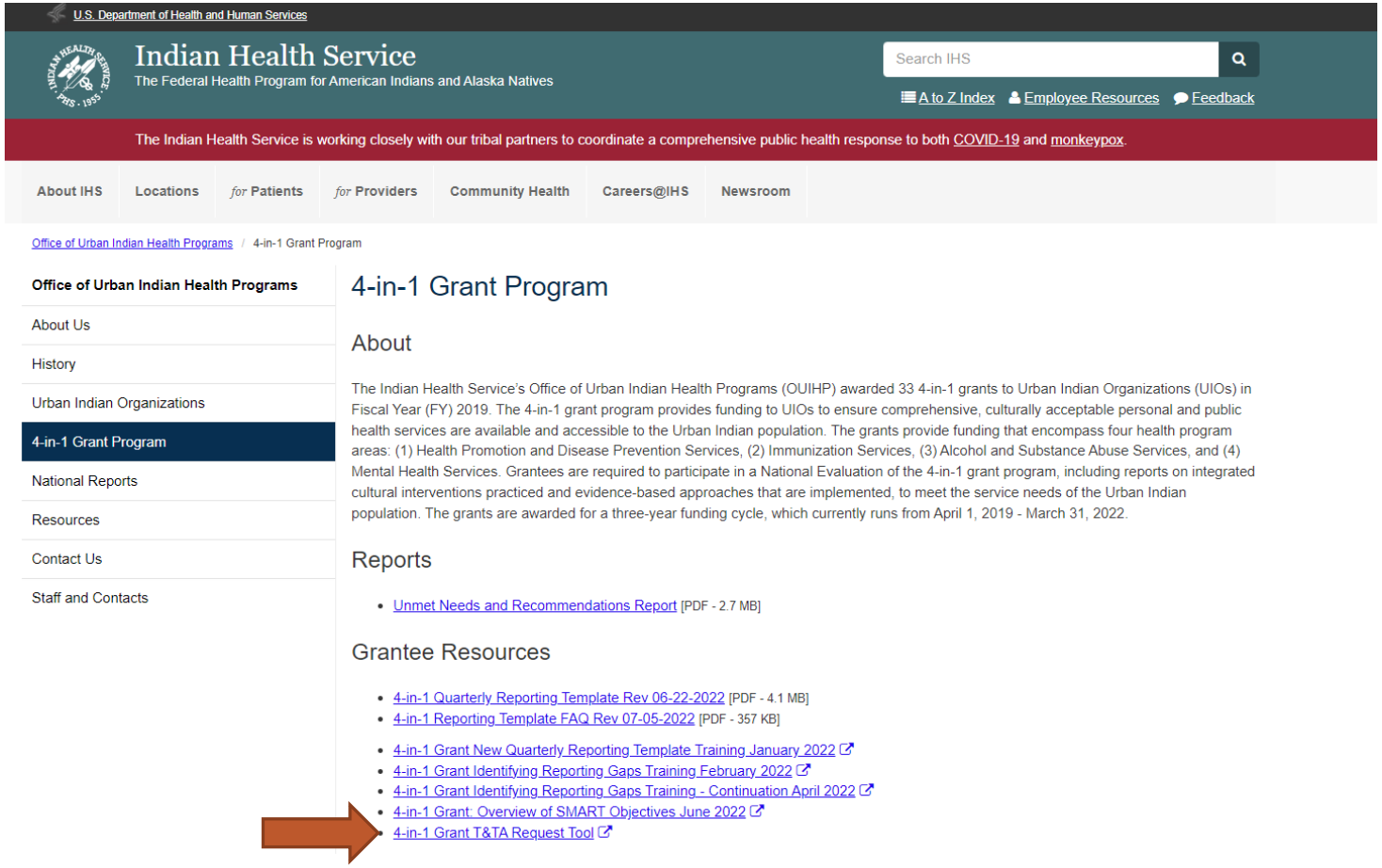
Submit Continuing Application Project Narrative

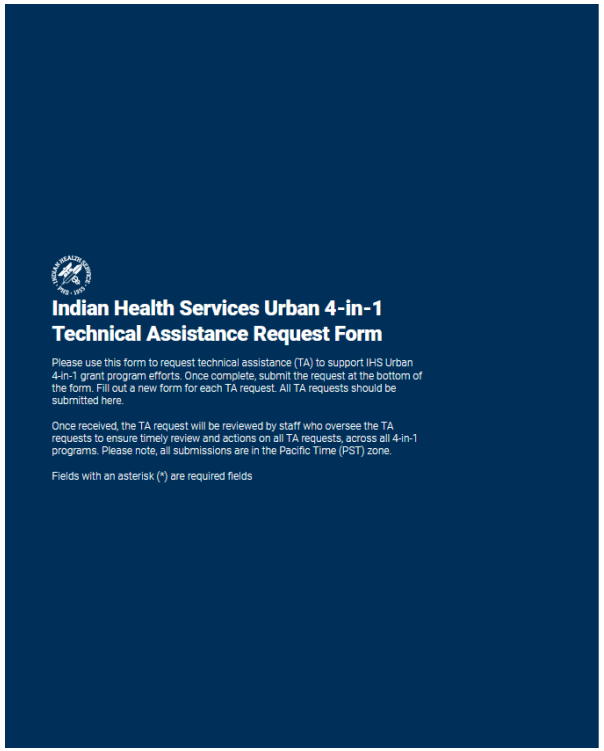
- File Name
  - CenterName_ProjectNarrative_2023
  - Example: AbcHealthCenter_ ProjectNarrative _2023
  - Note: This continuation application is for Year 2, which is 2023
- File Format
  - PDF

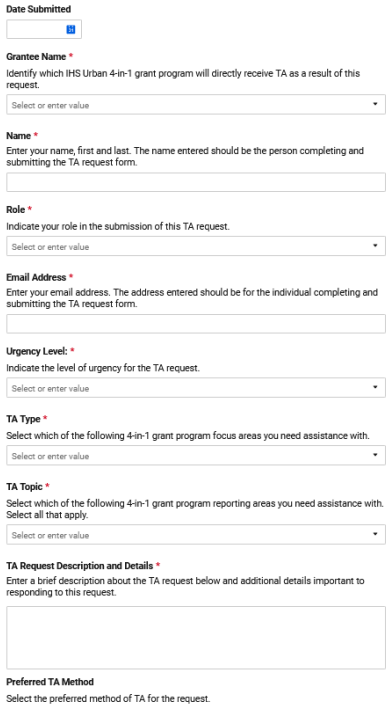
Grantee TA Requests

The TA Request Form is accessible online:

OUIHP 4-in-1 webpage: https://app.smartsheet.com/b/form/ec33b756e26840db93b1db609cd44178

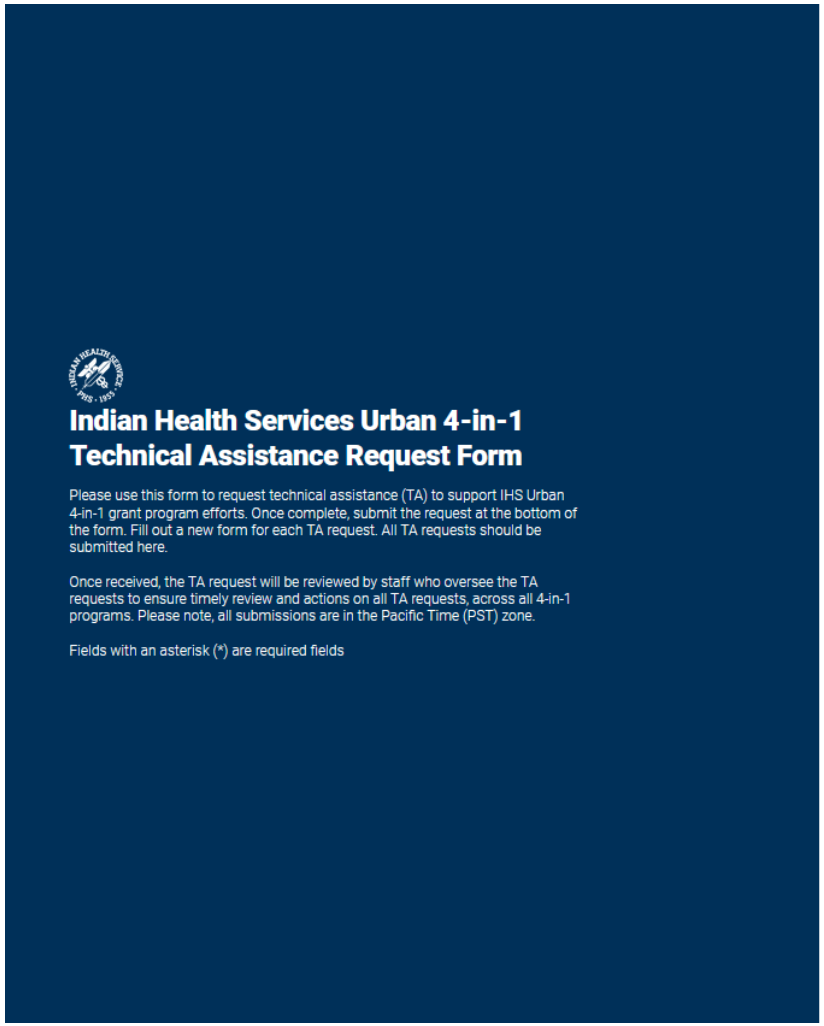






TA Request Form

Demonstration: Grantee TA Requests



Indian Health Services Urban 4-in-1 Technical Assistance Request Form

Please use this form to request technical assistance (TA) to support IHS Urban 4-in-1 grant program efforts. Once complete, submit the request at the bottom of the form. Fill out a new form for each TA request. All TA requests should be submitted here.

Once received, the TA request will be reviewed by staff who oversee the TA requests to ensure timely review and actions on all TA requests, across all 4-in-1 programs. Please note, all submissions are in the Pacific Time (PST) zone.

Fields with an asterisk (*) are required fields

Date Submitted

Grantee Name *

Identify which IHS Urban 4-in-1 grant program will directly receive TA as a result of this request.

Select or enter value

Name *

Enter your name, first and last. The name entered should be the person completing and submitting the TA request form.

Role *

Indicate your role in the submission of this TA request.

Select or enter value

Email Address *

Enter your email address. The address entered should be for the individual completing and submitting the TA request form.

Urgency Level: *

Indicate the level of urgency for the TA request.

Select or enter value

TA Type *

Select which of the following 4-in-1 grant program focus areas you need assistance with.

Select or enter value

TA Topic *

Select which of the following 4-in-1 grant program reporting areas you need assistance with. Select all that apply.

Select or enter value

TA Request Description and Details *

Enter a brief description about the TA request below and additional details important to responding to this request.

Preferred TA Method

Select the preferred method of TA for the request.

Steps in Completing the New Template

Access	Enter	Request	Submit
Accessible through Grant Solutions Application Kit	4-in-1 grantees enter information into the template for the upcoming program year	4-in-1 grantees may request technical assistance from KAI via TTA request form	4-in-1 grantees must submit the completed template into GrantSolutions

Q&A

INDIAN HEALTH SERVICE
PHS · 1955 ·