Special Diabetes Program for Indians (SDPI)
Community-Directed Grant Program

Instructions for FY 2013 Continuation Application

From the IHS Division of Diabetes Treatment and Prevention (DDTP)

www.diabetes.ihs.gov

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1. Introduction

These instructions are intended to provide details of programmatic requirements for Special Diabetes Program for Indians (SDPI) Community-Directed grantees for FY 2013 from the program office, the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (DDTP). FY 2013 is a year of continued funding for grants that were initially awarded in FY 2010. *All SDPI Community-Directed grantees that received funds in FY 2010 – FY 2012 must submit a continuation application to receive funding for FY 2013.*

In addition to the continuation application requirements, this document includes tips for writing a strong application (Appendix 1) and an application checklist (Appendix 2).

Additional information about preparing and submitting an FY 2013 continuation application is provided in an email message from the Division of Grants Management (DGM).

2. Key Information about FY 2013 Continuation Applications

2.1 Budget Cycles

As in FY 2010 – FY 2012, grants will be awarded in four different budget cycles. Grantees can determine which cycle they are in by looking at the budget period on their FY 2012 Notice of Award.

    a. Cycle 1: Budget period October 1 to September 30.
    b. Cycle 2: Budget period January 1 to December 31.
    c. Cycle 3: Budget period April 1 to March 31.
    d. Cycle 4: Budget period June 1 to May 31.

2.2 Due Date

The due date for applications is different for each of the four budget cycles.

Anticipated due dates for each cycle are:

    a. Cycle 1: June 1, 2012
    b. Cycle 2: September 1, 2012
    c. Cycle 3: December 1, 2012
    d. Cycle 4: February 1, 2013

2.3 Funding Amounts

Funding amounts for each grantee for FY 2013 will be the same as for FY 2012. The proposed budget and Budget Narrative should be based on this amount. If you have any further questions, contact your Grants Management Specialist (GMS)[1].

2.4 Electronic Submission

FY 2013 is a continuation year for SDPI Community Directed grantees. The preferred method for submission of applications is electronic submission via GrantSolutions.gov[2]. See the Grantee Guide to GrantSolutions[3] for additional information about this process. NOTE: New funding opportunities, and Competing Continuation announcements, will continue to be posted to Grants.gov. Applications for these types of announcements are still required to be submitted using Grants.gov.

2.5 Carryover of Funds from FY 2012

The carryover request is not to be submitted as part of the application for the next year's award, but after the next year's award has been made when you have an accurate knowledge of the unobligated balance of federal funds. After you have that knowledge, there is no particular deadline for submitting the carryover request, but an earlier submission is better than a later one, to ensure that IHS has sufficient time to process the request.

You must request Prior Approval (see below) if the amount of unobligated balance of federal funds is 25% or more of the current award amount.

Submit the following carryover request through GrantSolutions:

    a. Federal Financial Report (FFR, SF-425) for the grant from which funds are being carried over (for the most recent grant award budget period). The unobligated balance of federal funds on this SF-425 will be the amount of funding available for carryover. For your carryover request, be sure not to

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[1] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp FAQ#1-1
[2] URL: https://home.grantsolutions.gov/home/
[3] URL: http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_policy_training_tools

include restricted funds from previous years, including any indirect costs that have been incurred but not drawn down for previous years. If you have such restricted costs, note them in the REMARKS section of the SF-425. (If previously submitted on an SF-269, that is OK.)

b. Cover letter, on letterhead and addressed to the GMS, and signed by the "Authorized Official" (from item #21 on your SF-424). This cover letter should provide the following information:

- Grant number of the funding from which funds to be carried over [H1DXXXXXXXXX/YY, with YY = grant year];

- Amount to be carried over [may be less than but cannot exceed the unobligated balance of federal funds less any restricted costs]; and

- Explanation of why this carryover occurred, and what objectives will be achieved using the funds.

c. The following items need to be attached to the cover letter:

- Detailed description of activities/initiatives to be funded with the carryover funds;

- Scope of Work that embraces these activities/initiatives in terms of how the activities/initiatives will lead to outcomes (goals/objectives/measures to be achieved) based on the uncompleted goals/objectives/measures of the past grant years;

- Detailed budget for the carryover funds:
  o In Excel spreadsheet
  o Not in any way combined with the award budget for the current grant year,
  o Including breakouts of costs; and

- Budget narrative justification for the carryover funds (this would include explanations for all costs and special justification for any capital equipment costs, such as a car or modular or special key staff needed for the effort). This would be in MS Word.

Items b. and c. above do not require any special form.

Please submit your request through the GrantSolutions system, with documents attached to it. The signed/dated cover letter should be scanned and the scan file should be uploaded to the system as well.

3. Programmatic Requirements

Current grantees must continue to meet the following programmatic requirements to receive FY 2013 funding. All grant requirements can be found in the Notice of Award Terms and Conditions.

3.1 Program Coordinator

All grantees must have a Program Coordinator who meets the following requirements:

a. Have relevant health care education and/or experience.
b. Have experience with program management and grants program management, including skills in program coordination, budgeting, reporting and supervision of staff.
c. Have a working knowledge of diabetes.

3.2 Implement an IHS Diabetes Best Practice

The IHS Diabetes Best Practices were updated in 2011 to include the latest scientific findings and recommendations. In addition, the Best Practice Addendum[4] provides updated information on the Best Practices including changes to the Required Key Measures and suggested ways to measure the Required Key Measures. Grantees must implement recommended services and activities and report on required key measures from at least one 2011 IHS Diabetes Best Practice. They should implement recommendations based on their individual program needs, strengths, and resources. The Best Practices can be found on the Division of Diabetes Best Practice webpage[5].

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[4] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/BP_2011_Table_RKM_508c.pdf
[5] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBPList

For the FY2013 applications, depending on progress made towards meeting goals and objectives set in their FY 2012 funding applications, grantees may:

    a. Continue work towards meeting the goals and objectives set for <u>some or all</u> of the Best Practice(s) selected in their FY 2012 funding application. This could include continuing previous and/or adding new activities.

    b. Set new goals and objectives for <u>some or all</u> of the Best Practice(s) selected in the FY 2012 application.

    c. Select new Best Practice(s) and set new goals and objectives for these.

    d. Some combination of the above.

In their Project Narrative applicants must provide information for each Best Practice selected, including goals and objectives, program activities and services, and measures. Additional requirements for the Project Narrative can be found in [Part 4](#) of these instructions, and templates can be found on the DDTP website [SDPI Continuation Application webpage](#)[6].

3.3 Implement Program and Evaluation Plans

Grantees must demonstrate progress towards meeting the goals and objectives set in their FY 2012 applications and clearly document their plan for continued work and evaluation in FY 2013 in their Project Narrative. They must follow the plans submitted with their application when implementing each selected Best Practice and evaluating their progress and outcomes. A minimum evaluation requirement is to monitor appropriate measures over time, including the Required Key Measures. The Required Key Measures must directly reflect objectives and activities of the program plan.

3.4 Participate in Required Training Sessions

Grantees must participate in SDPI required training sessions. Training sessions will be primarily online conferencing services/conference calls. Grantees will be expected to:

    a. Participate in interactive discussion during conference calls.

    b. Share activities, tools and results.

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[6] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp

c. Share problems encountered and how barriers are broken down.

d. Share materials presented at conferences and meetings.

Grantees must register for these sessions and keep track of program participation whether live or recorded.

The training sessions will be led by DDTP, DGM, or their agents. Some sessions will cover general topics and others including program planning and evaluation, enhancing accountability through data management, and improvement principles and processes.

4. Required Application Documents for All Applicants

Grantees must submit all of the documents listed below with their continuation application, except those noted as optional. Most of these are included as online forms in the GrantSolutions.gov application kit.

4.1 Application Forms

4.1.1   Application for Federal Assistance (IHS SF-424)

4.1.2   Budget Information for Non-Construction Prog. (IHS SF-424A – v2.1)

4.1.3   Assurances for Non-Construction Programs (IHS SF-424B)

4.1.4   Lobbying Form

4.1.5   IHS Faith-Based Survey [optional]

4.1.6   Disclosure of Lobbying Activities (SF-LLL)

Questions on any of these forms listed above should be directed to DGM at grantspolicy@ihs.gov or 301-443-5204.

4.2 Indirect Cost Rate Documentation [if required]

Generally, indirect costs rates for IHS award recipients are negotiated with the HHS Division of Cost Allocation[7] and the Department of the Interior National Business Center[8] (1849 C St. NW, Washington, D.C. 20240). If the current rate is not on file with the DGM at the time of award, the indirect cost portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the

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[7] URL: http://rates.psc.gov/
[8] URL: http://www.aqd.nbc.gov/Services/ICS.aspx

DGM. If your organization has questions regarding the indirect cost policy, please contact the DGM at grantspolicy@ihs.gov or 301-443-5204.

4.3 Project Narrative

This narrative consists of two parts: 1) the main Project Narrative template, an MS Word document with consecutively numbered pages and 2) Best Practice templates for each Best Practice to be implemented, each one in a separate MS Word document. Be sure to use the templates provided and place all responses and required information in the correct sections.

There are several parts to the main Project Narrative:

- o Part 1 – Program Information
- o Part 2 – Training and Networking
- o Part 3 – Diabetes Audit Review
- o Part 4 – Leadership and Key Personnel
- o Part 5 – Partnerships and Collaborations
- o Part 6 – Program Planning and Evaluation

In addition, each Best Practice will have its own template. Grantees are to report on each Best Practice selected for FY2013. While reporting on each Best Practice:

- There are two or more required key measures for each Best Practice. All grantees must report on the Required Key Measures of the selected Best Practice(s).
- These Required Key Measures must directly reflect objectives and activities of the program plan.
- Per grant requirements, all programs must report on at least one current Best Practice.
- Consult your ADC/reviewer on their preference for reporting on any dropped Best Practices.

All items in the Project Narrative and Best Practices templates must be included; do not change, delete, or skip any items unless otherwise instructed. Contact your ADC for any questions regarding the Project Narrative and Best Practice templates.

4.4 Budget Narrative

This narrative should be a separate MS Word document that is no longer than five pages. The budget narrative provides additional explanation to support the information provided on the IHS SF-424A form (Budget Information for Non-Construction Programs). In addition to a line item budget, provide a brief justification for each budget item, including why it is necessary and relevant to the proposed project and how it supports project objectives. The list of budget categories and items below is provided to give you 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 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 paid for by SDPI funds OR hourly rate and hours worked per year paid for by SDPI funds.

B. **Fringe Benefits**

List the fringe rate for each position included. DO NOT list a lump sum fringe benefit amount for all personnel.

C. **Travel**

Line items may include:

- Staff travel to meetings planned during 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.

D. Equipment

Include capital equipment items that exceed $5,000.00.

E. Supplies

Line items may include:

- General office supplies.
- 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.

F. Contractual/Consultant

May include partners, collaborators, and/or technical assistance consultants you hire to help with project activities. Include direct costs and indirect costs for any subcontracts here.

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

Major A&R exceeding $250,000.00 is not allowable under this project without prior approval.

H. Other

Line items may include:

- Participant incentives – list all types of incentives and specify amount per item. See the IHS Grant Programs Incentive Policy for more information: http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_circ_main&circ=ihm_circ_0506.
- Marketing, advertising, and promotional items.
- Office equipment, including computers under $5,000.00.
- Internet access.
- 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.

I. Indirect Costs

Line item consists of facilities and administrative cost (include IDC agreement computation - see item #4.2 above regarding this requirement)

4.5 IHS Diabetes Care and Outcomes Audit Report for 2012

SDPI grantees are expected to participate in and/or be aware of the results from the annual *IHS Diabetes Care and Outcomes Audit*. Grantees are required to submit a copy of the annual Diabetes Audit report for 2012 as part of their continuation application. For most grantees, the 2012 Diabetes Audit report and information can be obtained via the WebAudit[9] either directly, or by requesting the report from their local facility.

Draft reports from the WebAudit for 2012 are acceptable (DRAFT is in the title of the report). See sample report in Appendix 4.

Some grantees may not be able to submit a report from the WebAudit, either because they did not yet submit data for the 2012 Diabetes Audit or because their facility report includes individuals from a larger community and not just those served by their grant. If possible, these grantees should submit a Cumulative Diabetes Audit report from the Resource and Patient Management System (RPMS) for the time period January 1, 2011 to December 31, 2011, that includes just those individuals served by their grant.

SDPI grantees that conduct non-clinical activities should request and submit a 2012 Diabetes Audit report from their local clinical facility.

Assistance in obtaining Diabetes Audit Reports can be requested of the Area Diabetes Consultant (ADC)[10] for each area.

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[9] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit
[10] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory

4.6 Biographical Sketches for NEW Key Personnel [if necessary]

Biographical sketches should be provided for any new key personnel not included in the FY 2012 application. Biographical sketches should include information about education and experience that are relevant to the individual's position and document that they are qualified for the position.

Acceptable formats include brief resumes or *curriculum vitae* (CV), short written paragraphs, and one-page bio sketches on standard forms.

4.7 Key Contacts Form

Contact information for the Program Coordinator should be provided on this form. It is in PDF format, can be completed electronically, and can be found on the [SDPI Continuation Application webpage](#)[11] or can be found in the Application Kit.

4.8 Documentation of OMB A-133 required Financial Audit for FY 2011

Acceptable forms of documentation include:

  a. E-mail confirmation from Federal Audit Clearinghouse (FAC) that audits were submitted.
  b. Face sheets from audit reports from [the FAC website](#)[12].

5. Additional Required Documents for Programs with Sub-grantees

Programs with one or more sub-grantees must submit the following programmatic documents **for each sub-grantee** in addition to the required documents for the primary grantee:

  a. Application for Federal Assistance (SF-424)
  b. Budget Information for Non-Construction Programs (SF-424A)
  c. Assurances for Non-Construction Programs (SF-424B)
  d. Project Narrative including completed Best Practices templates

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[11] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp
[12] URL: https://harvester.census.gov/fac/dissem/accessoptions.html?submit=Retrieve%2BRecords

e.   Budget Narrative: A separate budget is required for each sub-grantee, **but the primary grantee's application must reflect the total budget for the entire cost of the project.**

f.   2012 *IHS Diabetes Care and Outcomes Audit* Report

g.   Key Contacts form for Program Coordinator

6. Additional Required Documents for Programs with Sub-contractors

Programs with one or more sub-contactors as documented in a Memorandum of Agreement (MOA) submitted with their FY 2012 application must submit the following programmatic documents for each sub-contractor:

a.   Application for Federal Assistance (SF-424)

b.   Budget Information for Non-Construction Programs (SF-424A): A separate budget is required for the sub-contract, but the primary grantee's application must reflect the total budget for the entire cost of the project.

c.   A copy of the MOA submitted with the FY 2012 application, if current OR a new MOA if the original MOA expired or was changed.

7. Review of Applications

All applications will be reviewed for adherence to the instructions from DGM and DDTP, including submission of all required documents. Applicants that do not submit all required documents in the correct format will be contacted to provide the missing documentation before their application is reviewed. This may result in a delayed review.

Similar to the SDPI Community-Directed application process in FY 2012, the FY 2013 continuation applications are not competitive and will not be reviewed by an Objective Review Committee. Instead, DDTP program staff or their designees will review the applications. Continuation funding is dependent on:

1.   Compliance with Terms and Conditions outlined in the FY 2012 Notice of Award

2.   Satisfactory business (fiscal) review

3.   Satisfactory programmatic review, including:

a.   Completeness of information using the correct Project Narrative template, including the Best Practices templates.

b. Documented progress towards meeting the goals and objectives set in the FY 2012 application.

c. Documented plan for continued work and evaluation in FY 2013.

8. Reporting Requirements

Grantees must meet requirements for progress reports and financial reports based on the terms and conditions of this grant as noted below. Additional Terms and Conditions of these grants will be stated in the Notice of Award.

8.1 Mid-year Progress Report

The Mid-year Progress Report is required once during the budget period. This report will likely be submitted using an online reporting system. Further information including due dates for each cycle, will be posted on the SDPI Mid-year Progress Report webpage[13].

8.2 Annual Progress Report

An annual progress report is required at the end of the project period. The annual progress report will be completed and submitted online, similar to the *IHS Diabetes Care and Outcomes Audit.* Information and instructions about this report will be available on the SDPI Reporting webpage[14]. The goal of this report is to document progress toward the objectives and planned activities and latest data from the Required Key Measures of the program's selected Best Practice(s). The Annual Progress Report is due within 90 days after the end of the 12-month budget period.

8.3 Final Progress Report

If this project is determined to be in its final year, each program will be required to submit a final progress report and final Federal Financial Report 90 calendar days after the grant ends. DGM and DDTP will provide further details closer to a program's closing date.

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[13] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedMidReportingReq

[14] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReq

8.4 Federal Financial Reports

An annual Federal Financial Report (FFR) is required to be sent to the Division of Payment Management (DPM). When submitting your final FFR to DPM, IHS requires you to submit a copy of this report to your Grants Management Specialist as well no later than 90 days after the budget period has ended. Federal Financial Report, Standard Form 425 (SF-425), will be used for financial reporting.

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: 1) the imposition of special award provisions; and/or 2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports.

8.5 Single Audit Reports (OMB A-133)

Applicants who have an active SDPI grant are required to be up-to-date in the submission of required audit reports. These are the annual financial audit reports required by OMB A-133, audits of state, local governments, and non-profit organizations that are submitted to the Federal Audit Clearhouse (FAC).

Documentation of (or proof of submission) of current Financial Audit Reports is mandatory. Acceptable forms of documentation include: e-mail confirmation from FAC that audits were submitted; or face sheets from audit reports. Face sheets can be found on the FAC webpage[15].

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[15] URL: https://harvester.census.gov/fac/dissem/accessoptions.html?submit=Retrieve%2BRecords

9. Additional Resources and Support

There are many resources for additional information and support for grantees preparing applications, including:

a. **DDTP Website**

- o [SDPI FY 2013 Community-Directed continuation application webpage](#)[16]: This webpage offers many resources including the Project Narrative and Best Practice templates and Frequently Asked Questions.

- o [Trainings for SDPI Community-Directed Grant Programs webpage](#)[17]: This webpage provides information on training opportunities and links to recorded training sessions.

- o [Quick Guide Cards](#)[18]: These online cards provide a variety of information on diabetes related topics, including Program Planning and Evaluation and Communication Skills.

b. **Question and Answer Sessions**: DDTP will hold regular question and answer sessions about the continuation application process via online conferencing services throughout FY 2012- FY 2013. Sessions will be held regularly in the month before the due date for each application cycle. These sessions will have no pre-planned agenda and will give applicants an opportunity to ask specific questions. Information about these sessions including dates, times, and instructions for participating will be posted on the [SDPI Continuation Application webpage](#)[19].

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[16] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp
[17] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedTraining
[18] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsQuickGuides
[19] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp

c. **Area Diabetes Consultants**[20]: These individuals are familiar with the SDPI application process and grantees in their area. They can be contacted via email or phone to answer questions.

d. **DDTP Program Staff**: For programmatic questions, including questions about the Project Narrative:

   a. SDPI Project Coordinator, Melanie Knight –

      Email: melanie.knight@ihs.gov

      Phone: 505-248-4182

   b. Acting DDTP Director, Lorraine Valdez –

      Email: s.lorraine.valdez@ihs.gov

      Phone: 505-248-4182

e. **DGM Staff:** For questions about budget, grants policy, financial reporting requirements.

   Email: grantspolicy@ihs.gov

   Phone: 301-443-5204

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

   Email: paul.gettys@ihs.gov

   Phone: 301-443-2114

   Email: help@grantsolutions.gov

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

   Hours: 8 AM – 6 PM EST, Monday - Friday

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[20] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory

Appendix 1: Tips for Preparing a Strong Application

1. **Read and follow the instructions and use the templates.** Be sure your application forms and required documents are complete and accurate. Be sure that the information in your Project Narrative including the Best Practice(s) information follows the templates and is clearly written. All items in the Project Narrative including the Best Practice(s) templates <u>must</u> be included; do not change, delete, or skip any items.

2. **Become familiar with and use resources provided for preparing your application.** See [Additional Resources and Support](#) for more information.

3. **Start preparing the application well ahead of the due date.** Allow plenty of time to gather required information from various sources.

4. **Be concise and clear.** Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided throughout is consistent. Don't include extraneous information, just what is required.

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

6. **Proofread your application.** Misspellings and grammatical errors will make it hard for reviewers to understand the application.

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

Appendix 2: FY 2013 SDPI Community-Directed Application Checklist

Part A: Get Ready to Apply

Step	1.0 Getting Ready to Apply – Important Documents Work with your SDPI Team to do the following activities.	Resources and Primary Requestor	Completed?
1.1	Make sure that you or someone in your program has access to GrantSolutions.gov.	GrantSolutions.gov[21] Requested by DGM	☐
1.2	Carefully read all application instructions from DDTP and DGM.	Instruction documents, DDTP webpage[22] Requested by DDTP/DGM	☐
1.3	Review your FY 2012 SDPI Funding Application, with particular attention to the Project Narrative.	Your program files Requested by DDTP	☐
1.4	Review your FY 2011 Annual Progress Report.	Your program files Requested by DDTP	☐
1.5	Obtain a copy of the 2012 Diabetes Audit Report for your facility or community (draft is okay).	DDTP Webpage[23] Requested by DDTP	☐
1.6	Confirm commitment from your organization leader for continued involvement in SDPI work.	Instruction documents Requested by DDTP	☐
1.7	Make sure your organization is current with OMB A-133 required Financial Audit Reports.	Instruction documents FAC Webpage[24] Requested by DGM	☐

Step	2.0 Getting Ready to Apply – Gather and Confirm Registration Information Gather and confirmation the necessary registration information.	Resources and Primary Requestor	Completed?
2.1	Either confirm or obtain a DUNS number for your organization.	DNB Webpage[25] Requested by OMB/DGM	☐
2.2	Either confirm current registration or renew your organization's registration on the Central Contractor Registry (CCR).	CCR Webpage[26] Requested by DGM	☐
2.3	Make sure that your Authorized Organization Representative (AOR) for your organization has access to GrantSolutions.gov	GrantSolutions.gov[27] Requested by DDTP/DGM	☐

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[21] URL: https://home.grantsolutions.gov/home/home/customer-support/getting-started/
[22] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp
[23] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=resourcesAudit
[24] URL: http://harvester.census.gov/fac/
[25] URL: http://fedgov.dnb.com/webform
[26] URL: http://www.ccr.gov

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.gov application kit.	Resources and Primary Requestor	Completed?
3.1	**Form SF-424**: Complete form in GrantSolutions.gov.	Instructions for SF-424[28] Requested by DGM	☐
3.2	**Form SF-424A**: Complete form in GrantSolutions.gov.	Instructions for SF-424A[29] Requested by DGM	☐
3.3	**Form SF-424B**: Complete form in GrantSolutions.gov.	Instructions for 424B[30] Requested by DGM	☐
3.4	**Grants.gov Lobbying Form**: Complete form in GrantSolutions.gov.	GrantSolutions.gov[31] Requested by DGM	☐
3.5	**Faith Based EEO Survey [optional]**: Complete form in GrantSolutions.gov.	GrantSolutions.gov Requested by DGM	☐
3.6	**Disclosure of Lobbying Activities (SF-LLL) [optional]**: Complete form in GrantSolutions.gov.	GrantSolutions.gov Requested by DGM	☐
3.7	**Indirect Cost Rate Documentation [optional]**: Obtain an electronic copy of the documentation for your organization.	GrantSolutions.gov Requested by DGM	☐
3.8	**Project Narrative – Main Template:** Prepare using template.	DDTP Webpage[32] Requested by DDTP	☐
3.9	**Project Narrative - Best Practice(s) Templates:** Prepare using template(s).	Best Practice Addendum[33] Requested by DDTP	☐
3.10	**Budget Narrative:** Prepare according to instructions.	Instruction documents Requested by DDTP/DGM	☐
3.11	**2012 Diabetes Audit Report:** Obtain an electronic copy of the report for your facility or community (draft is okay).	DDTP Webpage Requested by DDTP	☐
3.12	**Biographical Sketches for NEW Key Personnel [if necessary]**: Prepare documentation for each new individual not included in previous applications.	Instruction documents Requested by DDTP	☐

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[27] URL: https://home.grantsolutions.gov/home/home/customer-support/getting-started/
[28] URL: http://www.grants.gov/assets/SF424Instructions.pdf
[29] URL: http://www.grants.gov/assets/InstructionsSF424A.pdf
[30] URL: http://www.grants.gov/assets/InstructionsSF424B.pdf
[31] URL: https://home.grantsolutions.gov/home/
[32]URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp
[33] URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/BP_2011_Table_RKM_508c.pdf

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.gov application kit.	Resources and Primary Requestor	Completed?
3.13	**Key Contacts Form:** Complete with information for your Program Coordinator.	DDTP Webpage[34] Requested by DDTP	☐
3.14	**OMB A-133 required Financial Audit for FY 2010**: Obtain electronic copy of documentation.	FAC Website[35] Requested by DGM	☐

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[34]URL: http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/Key_Contacts_V1.0_DDTP_508.pdf

[35] URL: http://harvester.census.gov/fac/

Part C: Submit Your Application

Step	4.0 Submit Your Application – Electronically via GrantSolutions.gov	Resources and Primary Requestor	Completed?
4.1	Ensure that all forms and documents successfully uploaded and there are green checkmarks for all items in your application kit	GrantSolutions.gov[36] Requested by DDTP/DGM	☐
4.2	Print out and review your entire application kit, including all completed forms and documents.	Instruction documents Requested by DDTP/DGM	☐
4.3	Submit the electronic application kit on GrantSolutions.gov	GrantSolutions.gov Requested by DGM	☐
4.4	Submit revisions as requested by the Division of Grants Management (DGM), the Division of Diabetes Treatment and Prevention (DDTP) or your Area Diabetes Consultant (ADC).	GrantSolutions.gov DDTP webpage[37] Requested by DDTP/DGM/ADC	☐

Step	5.0 Submit Your Application – Paper Application After you have obtained a written waiver approval response from the Chief Grants Management Officer, you may submit a printed paper application directly to the Division of Grants Management (DGM). A waiver must be received prior to submitting a paper application.	Resources	Completed?
5.1	Prepare your application package.	1. Application Forms on DGM Webpage[38] and DDTP Webpage[39] 2. Part B of this checklist	☐
5.2	Print out and review your entire application, including completed forms and documents.	Part B of this checklist	☐
5.3	Submit your paper application to DGM. **Include a copy of your approved waiver in the package with your paper application. It is very important that you adhere to the paper submission instructions and timelines that will be stated in your waiver approval response.**	DGM Instructions provided on waiver approval response	☐

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[36] URL: https://home.grantsolutions.gov/home/
[37] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp
[38] URL: http://www.ihs.gov/NonMedicalPrograms/gogp/index.cfm?module=gogp_forms
[39] URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedApp

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 the programs goals, objectives, and activities.

Line Item Budget – SAMPLE

A. Personnel

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

B. Benefits:

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

C. Supplies:

Educational/Outreach	3,000
Office Supplies	1,200
Food Supplies for Wellness Luncheons	2,400
Medical Supplies (Clinic)	3,000
Total Supplies:	**9,600**

D. Training and Travel:

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

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**

F. Equipment:

Desk Top Computers (2)	3,000
Exercise Equipment	3,300
Lap Top Computer	1,500
LCD Projector	1,200
Total Equipment:	**9,000**

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**

TOTAL EXPENSES $223,130.00

Budget Justification – SAMPLE

A. Personnel: $58,694.00

Program Coordinator: Dr. 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.
($40,000/year)

Administrative Assistant: Susan Brown
A full-time employee responsible for human resources management and providing assistance to the Executive Director.
(416 hours x $15.32/hour = $6,373.00)

CAN/Transporter/Homemaker: To be named
A full-time employee working 12 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 wks x $18.49/hour = $5,769.00)

B. Fringe Benefits: $20,543.00

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: $2,230.55
CAN/Transporter/Homemaker: $2293.20
Mental Health Coordinator: $2019.15

C. Supplies: $9,600.00

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.

Food & Supplies for Monthly Wellness Luncheons
An allocation of $200.00 has been made towards food and supplies. The food provided will be used by the Diabetes Educator during the monthly wellness luncheon, providing examples of food preparation and education. Supplies such as paper places, spoons, forks, napkins, trays, pots and pans, etc. is not included in this budget. ($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: $3,750.00

Local Mileage – Mileage for transportation of clients and outreach services. Estimated at 300 miles/mo 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: $83,050.00

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 meal planning and 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: $9,000.00

Desk Top Computers (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.

Lap Top Computer
This type of compute 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

G. Other Direct Costs: $38,493.00

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
To pay for computer consultant 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 is 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 to promote Diabetes events. Three ads x $670.00 = $2,010.00

TOTAL EXPENSES: $223,130.00

Appendix 4: Sample of Required 2012 Diabetes Audit Report

IHS Diabetes Care and Outcomes Audit Report - WebAudit
DRAFT HEALTH STATUS OF DIABETES PATIENTS
for 2012 FOR Test 01

9 charts were audited from 200 patients on the diabetes registry.

	n	Percent
Gender		
Female	4	44%
Male	5	56%
Age		
< 15 years	0	0%
15-44 years	2	22%
45-64 years	6	67%
65 years and older	1	11%
Diabetes Type		
Type 1	0	0%
Type 2	9	100%
Duration of Diabetes		
Less than 1 year	0	0%
Less than 10 years	6	67%
10 years or more	3	33%
Diagnosis date not recorded	0	0%
Weight Control (BMI)		
Normal (BMI < 25.0)	0	0%
Overweight (BMI 25.0-29.9)	0	0%
Obese (BMI 30.0 or above)	9	100%
Height or weight missing	0	0%
Blood Sugar Control		
HbA1c < 7.0	3	33%
HbA1c 7.0-7.9	1	11%
HbA1c 8.0-8.9	0	0%
HbA1c 9.0-9.9	2	22%
HbA1c 10.0-10.9	0	0%
HbA1c 11.0 or higher	3	33%
Not tested or no valid result	0	0%
Mean Blood Pressure (of last 2, or 3 if available)		
<120/<70	1	11%
120/70 - <130/<80	2	22%
130/80 - <140/<90	1	11%
140/90 - <160/<95	2	22%
160/95 or higher	1	11%
BP category undetermined	2	22%

IHS Diabetes Care and Outcomes Audit Report - WebAudit
DRAFT HEALTH STATUS OF DIABETES PATIENTS
for 2012 FOR Test 01

9 charts were audited from 200 patients on the diabetes registry.

	n	Percent
Tobacco use		
Current tobacco user	3	33%
Counseled? Yes 67%		
No 33%		
Refused 0%		
Not a current tobacco user	6	67%
Tobacco use not documented	0	0%
DIABETES TREATMENT		
Diet and exercise alone	0	0%
Insulin	4	44%
Sulfonylurea	4	44%
Glinides (Prandin, Starlix)	0	0%
Metformin	4	44%
Acarbose/Miglitol	0	0%
Glitazone	1	11%
Incretin mimetics (Byetta)	0	0%
DPP4 inhibitors (Januvia, Onglyza)	0	0%
Amylin analogs (Symlin)	0	0%
GLP-1 analogs (Victoza)	0	0%
Bromocriptine (Cycloset)	0	0%
Colesevelam (Welchol)	0	0%
Any oral med combination	1	11%
Any insulin + other med combination	2	22%
Refused or Undetermined	0	0%
ACE INHIBITOR (OR ARB) USE (See Renal Preservation report for add'l info)		
Use in pts with known hypertension	5	56%
Use in pts with elevated albuminuria	3	75%
ANTIPLATELET THERAPY (Men age over 50, women age over 60)		
Aspirin or other antiplatelet rx	2	67%
None	1	33%
Refused or adverse reaction	0	0%

Page 2 of 5

9 charts were audited from 200 patients on the diabetes registry.

	n	Percent	
LIPID LOWERING AGENT USE			
Single lipid agent	6	67%	
Two or more lipid agents	0	0%	
None or Refused	3	33%	
Of the 6 patients using one or more lipid agents:			
Statin (simvastatin, others)	6	100%	
Fibrate (gemfibrozil/Lopid, others)	0	0%	
Niacin (Niaspan, OTC niacin)	0	0%	
Bile Acid Sequestrant (cholestyramine)	0	0%	
Ezetimibe (Zetia)	0	0%	
Fish oil - Rx or OTC	0	0%	
Lovaza	0	0%	
EXAMS - Yearly			(% Refused)
Foot Exam - Neuro & Vasc	8	89%	(0%)
Eye Exam - Dilated	3	33%	(0%)
Dental Exam	0	0%	(0%)
DIABETES-RELATED EDUCATION during audit period			(% Refused)
Diet instruction by any provider	6	67%	(0%)
Diet instruction by RD	2	22%	(0%)
Exercise instruction	6	67%	(0%)
Other diabetes education	3	33%	(0%)
Any of above self-management topics	6	67%	
IMMUNIZATIONS			(% Refused)
Seasonal flu vaccine during audit period	9	100%	(0%)
Pneumovax - ever	7	78%	(0%)
Tetanus/Diptheria within past 10 years	6	67%	(0%)
Hepatitis B (3-dose) series	5	56%	(0%)
DEPRESSION identified as an active dx			
Yes	4	44%	
No	5	56%	
Unknown	0	0%	
Of the 5 patients without an active dx of depression, proportion screened for depression during audit period:			
Screened	4	80%	
Not screened	1	20%	
Refused	0	0%	
Unknown	0	0%	

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9 charts were audited from 200 patients on the diabetes registry.

	n	Percent
LABORATORY EXAMS		
Serum creatinine obtained in past 12 months	9	100%
Creatinine >= 2.0 mg/dl	2	22%
Creatinine < 2.0 mg/dl	7	78%
Not tested or no valid result	0	0%
Estimated GFR documented during audit period (Age 18 and above)	9	100%
Total cholesterol obtained during audit period	9	100%
Desirable (<200 mg/dl)	7	78%
Borderline (200-239 mg/dl)	0	0%
High (240 mg/dl or more)	2	22%
Not tested or no valid result	0	0%
LDL cholesterol obtained during audit period	7	78%
LDL <100 mg/dl	4	44%
LDL 100-129 mg/dl	3	33%
LDL 130-160 mg/dl	0	0%
LDL >160 mg/dl	0	0%
Not tested or no valid result	2	22%
HDL cholesterol obtained during audit period	9	100%
HDL <35 mg/dl	0	0%
HDL 35-45 mg/dl	6	67%
HDL 46-55 mg/dl	2	22%
HDL >55 mg/dl	1	11%
Not tested or no valid result	0	0%
Triglycerides obtained during audit period	9	100%
TG <150 mg/dl	2	22%
TG 150-199 mg/dl	1	11%
TG 200-400 mg/dl	4	44%
TG >400 mg/dl	2	22%
Not tested or no valid result	0	0%
Urine protein tested during audit period		
Yes	9	100%
No	0	0%
Refused	0	0%
Missing	0	0%
Of the 9 patients tested:		
Urine Albumin:Creatinine Ratio (UACR)	8	89%
Urine Protein:Creatinine Ratio (UPCR)	0	0%
24 hr urine protein	0	0%
Microalb:creat strip (eg, Clinitek)	0	0%
Microalbumin only (eg, Micral)	0	0%
Standard UA dipstick protein	1	11%

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IHS Diabetes Care and Outcomes Audit Report - WebAudit
DRAFT HEALTH STATUS OF DIABETES PATIENTS
for 2012 FOR Test 01

9 charts were audited from 200 patients on the diabetes registry.

	n	Percent
ELECTROCARDIOGRAM (Age 30 and above)		
Performed in past 3 years	6	67%
Performed in past 5 years	7	78%
Ever performed	7	78%
TUBERCULOSIS STATUS		
TB test +, untreated or tx unknown	0	0%
TB test +, INH treatment complete	0	0%
TB test -, placed after DM diagnosis	1	11%
TB test -, placed before DM diagnosis	0	0%
TB test -, date of Dx or TB test date unknown	2	22%
TB test status unknown	5	56%

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