



**Project Diabetes Program Planning/Implementation Grant Application  
Application Guidelines**

**State of Tennessee  
Center for Diabetes Prevention and Health Improvement**

One original, 4 complete hard copies, and one electronic copy of your application must be received in the Center for Diabetes Prevention and Health Improvement office designated below by 2:00 PM CT on February 15, 2008. Incomplete or late applications will not be accepted. Applications may be hand-carried or mailed to the address below. **Faxed submissions will not be accepted.**

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**Project Diabetes Program Planning/Implementation Application**  
**Availability of Funds**  
**Application Guidelines**

The Tennessee Center for Diabetes Prevention and Health Improvement (the Center) will make funds available to support implementation of innovative, evidence-based programs focused on the prevention and/or treatment of diabetes pursuant to TCA Title 4, Chapter 40, Part 4. The purpose of the Center is to develop and promote a statewide effort to combat the proliferation of Type 2 diabetes. As part of this effort, the Center intends to provide program *planning* and *implementation* grants to providers of primary and specialty health care services related to the development of programs for prevention and treatment of pre-diabetes and diabetes.

Competitive proposals must include a sound program design, a program budget that supports the program design, strong performance measures, and a plan to support activities of the program when grant funding is no longer available. Rationale, significance, and need for the program; a description of potential impact of the program; availability and population characteristics of program participants; appropriate plans for recruitment, outreach, and follow-up; anticipated program challenges; and comprehensive evaluation plan with a clear sustainability component are required.

Any community or faith-based clinic, federally qualified health center (FQHC), city or county government, hospital, or other health-related service provider that is also a 501(c)(3) corporation, a 501(c)(6) entity whose membership consists entirely of 501(c) corporations, or a public entity is eligible to apply.

In order to be eligible for grant funding, an entity and its partners shall also have been in existence for three (3) years, demonstrate evidence of financial stability, utilize evidence-based practices and show measurable results in its programs. The Center will establish the grant criteria and make award decisions. In distributing grant funds, the Center will make every effort to create a coordinated, statewide set of resources to assist the citizens of Tennessee in their efforts to prevent development of diabetes through risk reduction or to treat patients previously diagnosed with diabetes.

Successful applicants will be required to submit a quarterly progress report to the Center during the term of the grant funds awarded through this application process. The report should reflect progress toward stated program goals and must be submitted according to the attached Quarterly Report Guidelines (Appendix A).

The anticipated grant period for funding awarded through this application process is July 1, 2008 through June 30, 2009.

## I. Project Diabetes: Overview and Purpose

Project Diabetes is a Statewide initiative focusing on innovative education, prevention, and treatment programs for diabetes and obesity. Fundamental goals of Project Diabetes are to:

- Decrease the prevalence of overweight/obesity across the State and, in turn, prevent or delay the onset of Type 2 diabetes and/or the consequences of this devastating disease
- Educate the public about current and emerging health issues linked to diabetes and obesity
- Promote community, public-private partnerships to identify and solve regional health problems related to obesity and diabetes
- Advise and recommend policies and programs that support individual and community health improvement efforts
- Evaluate effectiveness of improvement efforts/programs that address overweight, obesity, pre-diabetes, and diabetes
- Disseminate best practices for diabetes prevention and health improvement

### Why diabetes and obesity?

Despite rigorous scientific evidence that Type 2 diabetes can be postponed or prevented with lifestyle modifications (particularly physical activity and dietary choices) and standard therapies, it has reached epidemic proportions in the United States. According to the Centers for Disease Control, almost 21 million Americans have diabetes, and another 54 million have pre-diabetes. Diabetes is now the leading cause of adult blindness, end stage renal disease, and lower extremity amputation. These alarming statistics are due in large part to the obesity epidemic sweeping our nation - obesity is a major risk factor for diabetes. The relationship between obesity and diabetes creates an especially acute burden for Tennesseans.

The prevalence of diabetes and obesity in Tennessee has increased steadily since 1997, when it was reported to be 4%. By 2001, approximately 8% of adult Tennesseans were diagnosed with diabetes compared to 6.5% nationwide. Diabetes prevalence rates are directly related to education levels: 5% of adult Tennesseans with post-high school education are diagnosed with diabetes compared to 9% of those with high school degrees and 13% of those having less than a high school education.<sup>1</sup> In Tennessee, 9.1% of adults ages 45 to 64 have type 2 diabetes - the highest prevalence in the United States for this age group.<sup>2</sup> In 2003, diabetes was the 6th leading cause of death in Tennessee and the 4th leading cause of death for African-Americans.<sup>3</sup> Overweight and obesity have steadily and significantly increased in Tennessee - 50.1% of adult Tennesseans had a BMI  $\geq 25$  in 1996 compared to 64.1% of adults with a BMI  $\geq 25$  in 2004. If this trend continues, the prevalence of overweight/obese adults in Tennessee will be 72.1% by 2010.<sup>4</sup> Studies have found that a weight gain of 11-18 pounds increases a person's risk of developing Type 2 diabetes by two-fold.<sup>5</sup>

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<sup>1</sup> Tennessee Department of Health: "Tennessee Health Status Report, 2002"; p. 74-75. Accessed January 27, 2006. [http://hit.state.tn.us/Hsr2002\\_cover.aspx](http://hit.state.tn.us/Hsr2002_cover.aspx)

<sup>2</sup> National Diabetes Education Program, <http://www.ndep.nih.gov/> Accessed January 27, 2006.

<sup>3</sup> Tennessee Department of Health, "Diabetes Fact Sheet", [http://www.tennessee.gov/health/itsabouttime/diabetes\\_fact\\_sheet.pdf](http://www.tennessee.gov/health/itsabouttime/diabetes_fact_sheet.pdf).

<sup>4</sup> Tennessee Department of Health, "Tennessee's Behavioral Risk Factor Survey 2004", p. 4.

<sup>5</sup> Ibid.

The diabetes crisis in Tennessee is not limited to adults. According to a recent study conducted by the Trust for America's Health, Tennessee ranked second highest among all states in overweight high school students at 15.2%. In 2001, 61% of Tennessee high school students participated in physical activities on three or more of the past seven days. Such participation was significantly higher among males (71%) than females (51%). The prevalence of risk reducing physical activity declined with increasing grade level such that 66% of 9th graders, 62% and 63% of 10th and 11th graders, respectively, participated in this level of physical activity, and only 54% of 12<sup>th</sup> graders exercised to these levels.<sup>6</sup> The adolescents of today will become the adults of tomorrow, making this population of critical importance in developing policies to improve the health of Tennessee.

Beyond the significant impact of obesity and diabetes on the quantity and quality of life, Type 2 diabetes is associated with a significant economic burden for families, payers of health care and the citizens of Tennessee. Tennessee spent approximately \$315 per person in 2003 on medical costs directly related to obesity, the sixth highest in the United States.<sup>7</sup> For people with diabetes, per capita annual costs of health care rose from \$10,071 in 1997 to \$13,243 in 2002, an increase of more than 30 percent. In contrast, health care costs for people without diabetes amounted to \$2,560 in 2002.<sup>8</sup> The financial costs for diabetes and obesity are increasing and significantly threaten a healthcare system already strained by decreasing cost sharing with employers.

### **Why the need for innovative diabetes prevention and health promotion initiatives?**

Studies indicate the quality of diabetic care in the U.S. is sub-optimal<sup>9</sup>, and few patients (<10%) are treated to recommended therapeutic targets for blood sugar, blood pressure, and lipids – critical clinical indicators for prevention of micro- and macro-vascular complications of diabetes.<sup>10,11</sup> Further, few successful models are available to guide patient behavior modification choices and lifestyle changes known to reduce risk for development of diabetes or for successful management of the disease once it is diagnosed. Center funds are targeted at new, expanded, or innovative approaches to address these gaps. Funds issued through this application process are not intended to support existing programs; however, expansion of existing programs to address service gaps, to meet newly identified needs, or to extend services to new populations at risk are eligible for funding.

### **Why the need for standardized measures?**

Use of standardized measures allows tracking of progress toward goals and comparisons of participants' health behaviors and health status associated with prevention and treatment programs targeting diabetes and pre-diabetes. Thus, in addition to program process and outcome measures you deem appropriate to reflect impact of your program, inclusion of appropriate BRFSS, YRBSS, and/or ADA process and outcome measures is required. Standard measures

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<sup>6</sup> National Diabetes Education Program, <http://www.ndep.nih.gov/> Accessed January 27, 2006, p43.

<sup>7</sup> "Kid's Count: State of the Child in Tennessee, 2004". <http://www.state.tn.us/tccy/KCSOC4-2.pdf>

<sup>8</sup> American Diabetes Association, "Direct and Indirect Costs of Diabetes in the United States- 2002 data", <http://www.diabetes.org/diabetes-statistics/cost-of-diabetes-in-us.jsp>

<sup>9</sup> McGlynn E, Asch SM, Adams J, *et al.* The quality of health care delivered to adults in the United States. *N Engl J Med* 2003;348,2635-45

<sup>10</sup> Saydeh SH, Fradkin J, Cowie CC. Poor control of risk factors for vascular disease among adults with previously diagnosed diabetes. *JAMA.* 2004;291:335-342.4

<sup>11</sup> McFarlene SI, Jacober SJ, Winer N, *et al.* Control of cardiovascular risk factors in patients with diabetes and hypertension at urban academic medical centers. *Diabetes Care.* 2002;25:718-723.

for physical activity, dietary choices and behaviors, BMI, and ADA treatment targets are especially important.

The **Behavioral Risk Factor Surveillance System** (BRFSS), established in 1984 by the Centers for Disease Control and Prevention (CDC), is a state-based system of health surveys that collects standardized information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. Data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. BRFSS data are used to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts. This and more information about the BRFSS is available at <http://www.cdc.gov/brfss/about.htm>

The **Youth Risk Behavior Surveillance System** (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include tobacco use, unhealthy dietary behaviors, inadequate physical activity, etc. YRBSS surveys are conducted by CDC and target students in grades 9-12 in public and private schools as well as other at risk youth sub-groups. Data are used to identify emerging health problems, establish and track health objectives, compare data among sub-populations of youth, and develop and evaluate public health policies and programs. This and more information about the YRBSS is available at <http://www.cdc.gov/HealthyYouth/yrbs/overview.htm>

The **American Diabetes Association** (ADA) has established clinical guidelines for process and outcome measures for patients with diabetes designed to prevent diabetes-related complications. These include process and periodicity testing and examination recommendations and corresponding biologic targets for hemoglobin A1c, blood pressure, lipids, urine microalbumin, dilated eye exams, foot exams, and body mass index. These recommendations are available at *Diabetes Care*, January 2008, Volume 31, Supplement 1, S1-S110. [http://care.diabetesjournals.org/content/vol31/Supplement\\_1/](http://care.diabetesjournals.org/content/vol31/Supplement_1/)

**Healthy People 2010** also incorporates many of the objectives that are measured above in BRFSS, YRBSS, and by the ADA. As well as listing the national baseline for each objective measure, Health People 2010 objectives give a target measure to aim for by the year 2010. Programs are required to incorporate the Healthy People 2010 objectives. More information is available at <http://www.healthypeople.gov/>

## **II. Eligible Applicants**

Primary and specialty providers of health care services related to the prevention and/or treatment of obesity, pre-diabetes and diabetes are eligible to apply. Any community or faith-based clinic, federally qualified health center, city or county government, hospital or other health-related service provider that is also a 501(c) 3 corporation, a 501(c)6 entity whose membership consists entirely of 501(c)3 corporations, or a public entity is eligible to apply. Applicants and their partners must have been in existence for three years, demonstrate evidence of financial stability, utilize evidence-based practices, and show measurable program results.

### **III. Availability of Funding**

The Center will make program planning and implementation funds available to eligible applicants that have identified a sound program concept targeting prevention and/or improved diabetes treatment and patient outcomes. While the sizes and terms of program implementation grants will vary by circumstance and need, they will not typically exceed \$50,000 for planning grants and \$250,000 for implementation grants over a period of twelve months. Because the nature and scope of the proposed programs will vary from application to application, it is anticipated that the size and duration of each award will also vary. The total amount awarded and the number of awards will depend on the numbers, quality, and scope of the applications received. The Center reserves the right to issue subsequent requests for applications for Project Diabetes Program Implementation funds in the future.

### **IV. Funding Priorities**

Priority will be given to proposals that:

- a. Target communities or populations with a documented high prevalence of diabetes or diabetes risk factors
- b. Target groups of low socioeconomic status
- c. Focus on diabetes and obesity prevention among Tennessee youth less than 21 years of age who are at high risk of developing diabetes (e.g. overweight or obese youth and or youth with a strong family history of Type 2 diabetes)
- d. Test cost-effective, sustainable strategies for achieving control of hyperglycemia, hypertension, and dyslipidemia (known precursors of diabetes and its complications)
- e. Test cost-effective, sustainable strategies for producing sustainable lifestyle modifications known to reverse or prevent overweight, obesity, pre-diabetes, or Type 2 diabetes in high risk populations (e.g. improved physical activity and fitness and/or improved nutrition)
- f. Are novel in design but structured with regard to current evidence or models demonstrated to prevent or reverse overweight or obesity and Type 2 diabetes, to improve care of patients with Type 2 diabetes, and/or to prevent or postpone development of known obesity- or diabetes-related complications.
- g. Engage a representative sample of the designated population without regard to insurance status
- h. Demonstrate clear evidence of strong community partnerships and sharing of resources

### **V. Appropriate Use of Funds**

Successful 2008-2009 Project Diabetes Program Planning/Implementation Grant funding recipients are expected to use grant funds to address and meet identified local community needs in the area of prevention and/or treatment of overweight, obesity, pre-diabetes, and/or diabetes. For example, funds may be used to test interventions to: (1) promote lifestyle or behavior changes to reduce risk of diabetes (e.g. increasing physical activity; improving nutrition and wellness); (2) improve health care delivery to patients with diabetes or those at risk for

developing diabetes; and/or (3) improve self-care or patient activation or self-efficacy for self-care, etc.

Indicators of cost-effectiveness and sustainability of proposed interventions and the ability to disseminate findings to other health care systems, schools, workplaces, etc. are critical program elements.

*Project Diabetes funds may not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization; to assist, promote, or deter union organizing; finance, directly or indirectly, any activity designed to influence the outcome of an election to any public office; or to impair existing contracts for services or collective bargaining agreements.*

## **VI. Guidelines for Project Diabetes Planning/Implementation Application Submission**

### **TIMELINE**

Application posted: January 15, 2008

Pre-Proposal Conference: January 29, 2008 at 9:00am CST

Notice of Intent to Propose: January 31, 2008 by 2:00pm CST

Application Deadline: February 15, 2008 by 2:00 pm CST

### **Notice of Intent to Propose**

Each potential proposer should submit a **Notice of Intent to Propose** to the RFP Coordinator by **January 31, 2008 by 2pm CST**. The notice may be emailed or mailed in hard copy and should include:

§ Proposer's name

§ Name and title of a contact person

§ Address, telephone number, email and facsimile number of the contact person

A **Pre-Proposal Conference** will be held on **January 29, 2008, at 9:00am CST**. The purpose of the conference is to discuss the RFP scope of services. While questions will be entertained, the response to any question at the Pre-Proposal Conference shall be considered tentative and non-binding with regard to this RFP.

Pre-Proposal Conference attendance is **not** mandatory, and each potential Proposer may be limited to a maximum number of attendees depending upon overall attendance and space limitations. The conference will be held at:

Cordell Hull Building  
5th Ave North  
Nashville, TN 37247  
5th Floor WIC Conference Room  
**Telephone access (if unable to attend in-person)**  
**(615) 253-6917 (local)**  
**(800) 404-8189 (toll-free)**

Project Diabetes Program Planning/Implementation applications should be assembled and submitted in the order presented below. The application, prepared in accordance with the criteria

and forms contained in these guidelines, must be submitted to the Tennessee Center for Diabetes Prevention and Health Improvement **no later than 2:00 PM CT February 15, 2008.**

All applications may be mailed or hand-delivered. An additional electronic copy must be submitted. **Faxed or emailed applications, without the accompanying mailed /hand delivered application will not be accepted.** Application packets must contain the following:

**FULL APPLICATION:**

- A. **Cover Sheet:** form attached (Appendix B).
- B. **Table of Contents:** Submit a table of contents for the application, including the abstract and all attachments (Table of Contents will not count towards page limit).
- C. **Project Abstract (not to exceed 200 words):** Provide a brief summary of the application. Prepare the abstract so it is clear, accurate, concise, and without reference to other parts of the application. The abstract should include a brief description of the proposed grant project including the needs to be addressed, the population groups to be served, the goals of the project, and a description of the services to be provided.
- D. **Program Narrative (not to exceed 15 typed, double-spaced pages):** This section provides a comprehensive description of all aspects of the proposed program. The narrative should be succinct and well-organized so that reviewers can understand the proposed project. The Program Narrative should include:
  - 1. **Introduction:** This section should briefly describe the purpose of the project, as well as applicant organization and any collaborating agencies.
  - 2. **Background and Need:** The applicant should demonstrate the need for funding to support project activities. Provide information about your community, including statistical and census data as well as information about the burden of diabetes in your county/region/area to demonstrate need by the target population. You should also include information regarding how you have included the input of the target population in determining the need for the project.

<p><b>Assessing Project Need and Target Populations</b> <b>Questions to Address in Grant:</b> → Is the target population(s) clearly defined? → Is the target population(s) a funding priority? → Do diabetes related data for the target population(s) document needs compared to other populations and/or statewide averages? → Do the data document significant health disparities in the target population(s)?</p>
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- 3. **Program Goals and Objectives:** Provide a concise description of the proposed program. **The Center requires that the program address one or more of the Healthy People 2010 goals listed below:**

**Healthy People 2010:**

- (1) Diabetes (Healthy People 2010; Chapter 5) → Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.
- (2) Nutrition and Overweight (Healthy People 2010; Chapter 19) → Promote health and reduce chronic disease associated with diet and weight.
- (3) Physical Activity and Fitness (Healthy People 2010, Chapter 22) → Improve health, fitness, and quality of life through daily physical activity.

**Objectives** for each of the three listed Health People 2010 goals are available at <http://www.healthypeople.gov/>

Programs are required to incorporate one or more of the objectives listed under the appropriate Healthy People 2010 goal. These objectives are measurable and must be the central core of the program evaluation. Standardized ways of measuring the Healthy People 2010 objectives are discussed further in this document within **Section 6, Evaluation**.

Please note that the objectives given by the Healthy People 2010 are an excellent resource but must be tailored to your given program with additional details with regards to the program’s target population and time frame. Appendix C is a short guide to writing strong project objectives.

Remember to clearly state both the Healthy People 2010 goal(s) and the measurable objectives for your project. Goals should be stated as overarching statements of what you choose to accomplish, and objectives should be specific, measurable statements of what your project will achieve (see Appendix C).

<p><b>Program Goals and Objectives</b> <b>Questions to Address in Grant:</b> → Is the program goal(s) clearly defined? → Is the program objective(s) clearly defined? → Does the program objective(s) have a clearly defined outcome measure(s)?</p>
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**4. Work Plan/Methodology:** Use this section to describe proposed methods you will use to meet each of the project objectives you stated in Section 3. The methods of achieving your objectives should be in line with evidence-based, cost-effective methods. A good resource is *The Guide to Community Preventative Services: What Works to Promote Health?* available at <http://www.thecommunityguide.org/> Clearly state the methodology of the program and the evidence to support the method of the intervention(s).

The method section should include a clear time-line that identifies each key activity, identifies responsible staff designated to successfully carry out each activity, and includes

the anticipated completion date for each activity. Examples of key activities include recruitment of participants that are representative of the target population and adequate in number or obtaining IRB approval for your program by a specified date and time. In addition to goals and work steps, include letters of support from key partners with the completed application for program funding submission. Letters of support must outline specific contributions the partners intend to make to this project and must be signed by an individual at the partnering agency who has the power to bind the partner.

#### **Work Plan/Methodology**

##### **Questions to Address in Grant:**

- Are the objectives and strategies in the work plan clearly described, appropriate, and realistic?
- Are the strategies in the work plan evidenced-based, best practices?
- Are strategies described to engage needed partners to implement the proposed activities? Are strategies described to engage and recruit the target population(s)?
- Does the work plan include frequency of activities that are appropriate and realistic?
- Does the work plan include realistic time frames and appropriately trained project staff and other trained volunteers/stakeholders to carry out the strategies?
- Does the proposal clearly describe the broad-based collaborative effort needed to effectively implement the grant?
- Are the partner contributions clearly described, appropriate, and realistic?
- Has the applicant identified current diabetes-related prevention and treatment initiatives in the community with the priority populations? Is it clear how this proposal will enhance existing efforts and how the applicant has or will actively collaborate with them?
- Are letters of support from the necessary collaborative partners included? Does each letter outline specific partners contributions? Does the letter include names, organization or affiliation, and contact information?

**5. Staffing Plan:** In this section, provide a staffing plan with justification for each staff position. Include education and experience qualifications, and rationale for the amount of time being requested for each position. Include both currently employed staff and staff who will be hired as part of the project. The staffing plan must be consistent with the expected workload, goals and objectives for the project. Position descriptions that include the roles, responsibilities and qualifications of proposed project staff, as well as biographical sketches for any key personnel who are currently employed must be included as an attachment to the application.

#### **Staffing Plan**

##### **Questions to Address in Grant:**

- Are the program staff roles and responsibilities clearly defined?

- Are the program staff roles and responsibilities consistent with the expected workload, goals, and objectives for the project?
- Are the necessary position descriptions and biographical sketches included?

**6. Evaluation:** Provide a detailed plan for the evaluation and documentation of your project. The evaluation plan must include the method of measuring and collecting your objective measurements for the population targeted/participating in your program. The evaluation and documentation plan must also include sufficient detail to allow for replication of your project or its components by other agencies. In this section, you should also list potential challenges or barriers to the completion of your project and provide possible approaches you will use to overcome them.

**Note:** In addition to process and outcome measures determined by the applicant, programs targeting behavior change ***must include*** designated **nutrition and/or physical activity indicators** from standardized **Behavioral Risk Factor Surveillance System (BRFSS)** items available at <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2006brfss.pdf> for adults or from **Youth Risk Behavior Surveillance System (YRBSS)** items available for middle school aged children at <http://www.cdc.gov/HealthyYouth/yrbs/pdf/questionnaire/2007MiddleSchool.pdf> or for high school aged children at <http://www.cdc.gov/HealthyYouth/yrbs/pdf/questionnaire/2007HighSchool.pdf>.

*\*\*\*\*Carefully note and include additional diabetes related measures in BRFSS Module 4 as appropriate. \*\*\*\**

Programs targeting diabetes or pre-diabetes treatment changes ***must include*** appropriate therapeutic American Diabetes Association (ADA) clinical guidelines for process and patient outcome measures. These may include some or all of the following: hemoglobin A1c, blood pressure, lipids, urine microalbumin, dilated eye exams, foot exams, and body mass index.

### **Evaluation**

#### **Questions to Address in Grant:**

- Are the appropriate BRFSS, YRBSS, and/or ADA standard measures clearly defined? Are additional performance and outcome measures specific to the proposed project clearly defined?
- Is the methodology for collecting the standardized measures clearly described and in sufficient detail to allow other agencies to replicate the process?
- Are potential challenges or barriers to the completion of the project listed? Are possible approaches to overcome the challenges or barriers described?

**7. Project Impact:** Describe the anticipated impact of your project in your community. Also provide a brief description of how the project will be sustained beyond the 2008-2009 year grant period.

**8. Organizational Information:** Provide a brief history of your organization. Include year founded, annual budget, staffing, services provided and current programs focused on prevention and/or treatment of diabetes. Describe how your agency assesses quality of services delivered and any continuous improvement efforts. Identify key staff responsible for the administration of the proposed program and their background and experience, including the primary contact person/administrator for the program. Clearly describe your agency's capacity to manage Project Diabetes grant-related expenditures and monitor matching funds, including accounting and auditing systems. Identify areas where the proposed program could strengthen your agency's capacity, and include a plan for program staff orientation or refresher training to be pursued during the planning year, as appropriate. Enclose a copy of your agency's most recent audit.

### **Organization Information**

#### **Questions to Address in Grant:**

- Does the applicant have the capacity (administrative, facilities, etc.) to implement the proposed activities? Is there institutional support?
- Does the applicant have experience in diabetes prevention and treatment, public health approaches to health issues, community organizing, public education, and other grant related areas?
- Does the applicant assess quality of services delivered and have continuous quality improvement efforts in place?
- Does the applicant have experience in working with other community or statewide partners on these and/or related issues?
- Is there adequate and appropriate staffing to accomplish project activities, including administering and monitoring grant funds, data collection and analysis, and reporting of data to the Center?

## **E. Budget and Budget Narrative:**

### **1. Budget**

Complete and submit the budget forms (Form A and Form B) from the Excel spreadsheet entitled “Budget Format.” Appendix D (Form A and Form B) are *samples* from the Excel spreadsheet. **Appendix D, Form A** corresponds to the Excel panel “*budget*,” **Appendix D, Form B** corresponds to the Excel panel “*detail*.” The application budget must be submitted using the Excel spreadsheet format.

### **2. Budget Narrative**

Complete and attach a detailed narrative that is organized in the same order as the budget form, clearly identifies rationale for the requested funds and grantee share, and supports the proposed program described in the planning application narrative. Use the format provided in Appendix D, Form A and Form B, as the guide for how to organize the budget narrative. Describe how resources will be obtained to support the program design. Funding for indirect costs should not typically exceed 15% and must be supported by an approved cost allocation plan.

### **3. Match Requirement**

A minimum 33% dollar for dollar, cash or in-kind match is required; however, special consideration will be given to those programs able to secure matching funds in excess of 33%. Match may be other federal funds. Cash or in-kind funds may include facilities, equipment, or services. Shares may come from private, state, or federal sources. In the case of federal or private sources, the funds of another agency may only be used as match if the other agency permits such use. The match amount provided by the Applicant is in addition to the grant contract amount awarded by the Center.

## **F. Assurances:**

Complete the form following the instructions in Appendix E. This form **must** be signed. The original copy must have an original signature.

## **G. General Submission Instructions:**

The application should be on 8 ½” x 11” paper with 1” margins and no less than an 11 pt. Times New Roman Font, double-spaced font. Each section should be clearly identified and include all required components and forms. Proposals should be stapled or binder clipped - - no notebooks or spiral rings. Charts/graphs/tables are acceptable and not required to be double-spaced. Charts/graphs/tables *are included* in the 15 page limit.

The following should be included as attachments to the proposal and does not count as part of the page limit:

- Job descriptions for key personnel (keep each to one page)
- Biographical sketches/Curriculum Vitae for currently employed key personnel (keep each to one page)
- Project organizational chart (include significant collaborators)
- Letters of commitment and support from project partners (must be dated and provide specific information about how the partner will support the activities of the project)

An original, 4 copies, and an electronic copy of the complete application must be received no later than 2:00 PM CDT on the designated submission date at the address listed on page one (1) of this document. All applications may be mailed or hand-delivered. An additional electronic copy must be emailed. Incomplete or late applications will not be accepted nor considered. **Faxed submissions will not be accepted.**

Please submit applications to the Application Coordinator listed on page one (1) of this application.

## **VII. Application Review Process**

All completed application packages received by the Tennessee Center for Diabetes Prevention and Health Improvement on or before the submission due date at 2:00 PM CT will be reviewed by the Center for technical merit based on criteria as cited in these guidelines. Applications may also be reviewed by content matter experts and staff of the Department of Health for technical merit based on criteria as cited in these guidelines. Upon completion of this review, the Center will issue funding award notices to successful applicants.

Funding awards are not considered final until a fully executed state contract listing scope of services to be provided is sent to the grantee by the Tennessee Center for Diabetes Prevention and Health Improvement.

Questions regarding the Project Diabetes Planning Application or technical assistance should be addressed to the Application Coordinator listed on page one (1) of this Application.

# **APPENDICES**

## **Forms and Instructions**

**State of Tennessee  
Center for Diabetes Prevention and Health Improvement  
Project Diabetes Program Planning/Implementation Grant**

## **Progress Report Guidelines**

*Follow the guidelines written below and submit your report to the individual listed on page one (1) of this document by hand delivery or mail. The title page should include:*

- *Name of Your Organization*
- *Title: Project Diabetes Program Implementation Grant*
- *Date of report*
- *Title of your project/program*
- *Grant start and end dates*
- *Dates covered in the report*
- *Name, position, and contact information of person preparing report*

Organize your report as cited below, and address each question in your text. Support your answers to questions with quantitative data where available and appropriate. Provide other supportive evidence as needed to answer the question. Include appendices as necessary.

### **I. Program Objectives Table**

Complete the Program Objectives Table. A sample table and blank template are provided.

Chart text should be succinct and to the point. You will have an opportunity to describe the main program activities in narrative form under Section II below.

*Note: The remaining sections of the progress report require narrative responses. Please do not exceed a total of five double-spaced pages for the following sections:*

### **II. Goals, Objectives and Activities**

- A. If an objective or planned activity was not achieved, please explain what happened and why.
- B. Were the project objectives modified significantly during this reporting period? If yes:
  - i. Clearly state the new objective
  - ii. Explain why and how the changes were made;
  - iii. Explain how the new objective will be measured; and
  - iv. How will changes affect the planned program activities and/or outcomes?

- C. Give a detailed account of the main project activities listed in the Program Objectives Table and any other accomplishments you would like to share.
- D. Are you on track to realize the goals of the project by the end of the funding period? If not, please explain.
- E. Describe any additional accomplishments achieved beyond the original or revised objectives.
- F. List any preliminary findings or general observations in bulleted form.

**III. Challenges**

- A. What challenges to success of the project are you encountering? Are the challenges primarily internal (from within the organization) or external?
- B. How did you, or will you, resolve the challenges?

**IV. Materials**

- A. Have you produced any materials using grant funds? If yes, provide a bibliography and copies of the materials.

**V. Budget**

- A. Did you make any significant changes to the budget during this reporting period? If so, explain.
- B. Did you miscalculate your needs in any particular line item? If so, explain.

**VI. Additional Comments**

- A. Summarize general impressions about your program thus far.

## Quarterly Progress Report – SAMPLE

### Center for Diabetes Prevention and Health Improvement Project Diabetes Program Planning/Implementation Grant Objectives Table

Please list your approved program objectives. For each program objective, describe strategies and activities for achieving these objectives and indicate your progress for each objective.

#### *SAMPLE*

Program Objectives and Source of Data	Strategies and Activities to Achieve Objective	Measurable Progress	Person(s) Responsible <i>(by title)</i>
<p><b><i>Program Objective #1.</i></b> Physical activity and nutrition program participants will show a 5-10% decrease in body weight by 3/30/08</p> <p><b><i>Source</i></b>American Diabetes Association Standards of Medical Care -2007.</p>	<p><b><i>Strategy:</i></b> By 03/30/2008, three twelve week-nutrition and low impact physical activity classes will be conducted in partnership with YMCA with individuals identified as high risk for developing diabetes:</p> <p><b><i>Activities:</i></b></p> <ol style="list-style-type: none"> <li>1. Identify and enroll 25 participants</li> <li>2. Conduct low impact 30-minute aerobics classes three times /week</li> <li>3. Conduct 30-minute nutrition classes three times/week.</li> <li>3. Track weight, BMI, food diary at every meeting</li> </ol>	<p><b>As of March 30, 2008:</b></p> <p>Primary Measure</p> <ol style="list-style-type: none"> <li>1. 50% of participants will show a 5-10% decrease in weight.</li> </ol> <p>Secondary Measures</p> <ol style="list-style-type: none"> <li>1. 50% of participants will show a decrease in BMI</li> <li>2. 95% of participants will keep a food diary and be able to interpret results as related to understanding healthy eating and prevention of diabetes.</li> </ol>	



**Project Diabetes Program Planning/Implementation Application  
Tennessee Center for Diabetes Prevention and Health Improvement**

**APPLICATION COVER PAGE**

Date of Submission: \_\_\_\_\_

Name of Applicant Organization: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Person Authorized to Sign Contract: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_

---

What is the focus of your Program? ( ) Prevention ( ) Treatment

Geographic Location: ( ) Urban ( ) Suburban ( ) Rural

List Counties Served: \_\_\_\_\_

Target Population at Risk: \_\_\_\_\_

Target Population Age: ( ) Children less than age 12 ( ) Adolescents ( ) Adults

Anticipated number of participants: \_\_\_\_\_

State funds requested: \_\_\_\_\_ Total Match Pledged: \_\_\_\_\_ Total Program Budget \_\_\_\_\_

The applicant certifies to the best of his/her knowledge and belief that the data in this application has been duly authorized by the governing body of the applicant and the applicant will comply with the certifications and assurances required of applicants if this assistance is approved.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

## A GUIDE TO WRITING PROJECT OBJECTIVES

### Goals vs. Objectives

Understanding the differences between goals and objectives is important to planning a strong project that can be implemented and evaluated. Goals are broad, brief statements of intent that provide a general focus for planning. They are non-specific, non-measurable, and do not have an associated time frame. An example of a typical program goal is:

*“To improve the health of persons living with diabetes in our region”*

### Objectives

Objectives are meant to be realistic statements that help to target the program or project. They help to provide a basis for the action plan as well as for the project evaluation. Objectives can help you focus your program by answering the following question(s):

*“WHO is going to do WHAT, WHEN, WHY (what does it demonstrate), and TO WHAT EXTENT OR STANDARD?”*

A simple acronym you can use to develop and state your objective is **SMART**. **SMART** objectives have the following attributes:

### Specific

*What are we going to do, with or for whom?*

The outcome should be clearly defined, and stated in numbers, percentages, frequency, reach, scientific outcome, etc. If the objective is not specific, reviewers may not understand exactly what you plan to accomplish.

### Measurable

*How are we going to measure what we do?*

This means that the objective can be measured and the measurement source is identified. If the objective cannot be measured, you will be unable to state the success of your project upon evaluation.

### Achievable

*Can we get it done in the proposed time frame and with this amount of money?*

The objective must be achievable and realistic. When considering this aspect, be sure to think about anything that may influence your ability to accomplish the objective, such as the time frame of the project, resources allocated, political climate, needs of collaborating partners, etc. You should also be realistic when setting the number of objectives to be accomplished within your project.

### Relevant

*Will the accomplishment of this objective lead to the desired results?*

This means that the outcome or results of the objective should directly support the goals of your individual program project and of Tennessee’s Project Diabetes.

## **Time-bound**

*When will we accomplish this objective?*

This means stating clearly when the objective will be achieved. Specific information about when you will achieve objectives will help you develop a more effective action plan for your program.

## **Example**

Here is an example of a poorly written project objective, and how it could be made into a **SMART** objective:

<b>Objective</b>	<b>SMART objective</b>
We will increase diabetes testing for adolescents in our area	By December 2008, the number of persons under age 21 who receive screening for diabetes through our agency will increase by at least 5%

The SMART objective in column 2 is:

**Specific:** A screening test for diabetes will be provided to persons under age 21

**Measurable:** We will count the total number of persons under age 21 who receive diabetes screening and compare it to a baseline for evaluation

**Achievable:** Given our resources and program plan, we can realistically expect a 5% increase within the given time frame

**Relevant:** The objective supports the overarching goals of Project Diabetes

**Time-bound:** The objective will be accomplished by December 2008

Remember that each objective should answer the questions: WHO, WHAT, WHERE, WHEN, WHY, and TO WHAT EXTENT OR STANDARD. For project success, make your objectives SMART!

## **Budget Forms (Form A and Form B)**

Applicants must attach a detailed **Budget Narrative** describing the rationale for the expenditures listed in both Form A and B of Appendix D; Form A and Form B are shown on the next two pages. For line items that require a detail to be attached (connoted by “detail attached”) on the line item of the budget, please provide the detail (Form B) for the grant contract amount your agency is requesting separately from the detail for the grantee match, if any. Please use the format on the following pages as a guide in organizing the budget narrative.

**Grant Budget Line-Item Definitions – are available at**

**<http://www.tennessee.gov/finance/act/policy3.pdf>**

**SAMPLE (Use Excel Spreadsheet Titled "Budget Format/Budget")**

**GRANT BUDGET**

**GRANTEE**

**PROGRAM AREA:** Project Diabetes: Program Planning/Implementation Grant

Refer to Department of Finance and Administration Policy 03, Uniform Reporting Requirements and Cost Allocation Plans for Sub recipients of Federal and State Grant Monies, Appendix A for further definition of each expense object line-item in the model budget format. Policy 03 can be found on the Internet at: <http://www.tennessee.gov/finance/act/policy3.pdf>

**THE FOLLOWING IS APPLICABLE TO EXPENSE INCURRED IN THE PERIOD:**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

POLICY 03 Object Line-item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY (detail schedule(s) attached as applicable)	GRANT CONTRACT	GRANTEE MATCH min. 33% of total project)	TOTAL PROJECT
1	Salaries (detail attached)	\$0.00	\$0.00	\$0.00
2	Benefits & Taxes (____%)	\$0.00	\$0.00	\$0.00
4, 15	Professional Fees / Grant Awards (detail attached)	\$0.00	\$0.00	\$0.00
5	Supplies	\$0.00	\$0.00	\$0.00
6	Telephone	\$0.00	\$0.00	\$0.00
7	Postage & Shipping	\$0.00	\$0.00	\$0.00
8	Occupancy	\$0.00	\$0.00	\$0.00
9	Equipment Rental & Maintenance	\$0.00	\$0.00	\$0.00
10	Printing & Publications	\$0.00	\$0.00	\$0.00
11, 12	Travel / Conferences & Meetings (must include \$500 for statewide meetings) (detail attached)	\$0.00	\$0.00	\$0.00
13	Interest (detail attached)	\$0.00	\$0.00	\$0.00
14	Insurance	\$0.00	\$0.00	\$0.00
16	Specific Assistance to Individuals (detail attached)	\$0.00	\$0.00	\$0.00
17	Depreciation (detail attached)	\$0.00	\$0.00	\$0.00
18	Other Non-Personnel (detail attached)	\$0.00	\$0.00	\$0.00
20	Capital Purchase (detail attached)	\$0.00	\$0.00	\$0.00
22	Indirect Cost [(PERCENT)]	\$0.00	\$0.00	\$0.00
24	In-Kind Expense	\$0.00	\$0.00	\$0.00
<b>25</b>	<b>GRAND TOTAL</b>		<b>\$0.00</b>	<b>\$0.00</b>

**APPENDIX D (Budget Form B)**

**SAMPLE (Use Excel Spreadsheet Titled “Budget Format/Detail”)  
GRANT BUDGET LINE-ITEM DETAIL INFORMATION**

**ATTACHMENT GRANT BUDGET REFERENCE (continued)**

**GRANT BUDGET LINE-ITEM DETAIL**

(BUDGET PAGE **NUMBER**)

<b>SALARIES</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>PROFESSIONAL FEES / GRANT AWARDS</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>TRAVEL / CONFERENCES &amp; MEETINGS</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>INTEREST</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>SPECIFIC ASSISTANCE TO INDIVIDUALS</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>DEPRECIATION</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>OTHER NON-PERSONNEL</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

<b>CAPITAL PURCHASE</b>	<b>AMOUNT</b>
SPECIFIC, DESCRIPTIVE, DETAIL (REPEAT ROW AS NECESSARY)	\$0.00
<b>TOTAL</b>	<b>\$0.00</b>

***Assurance is hereby provided that:***

1. This program will be administered in accordance with all applicable statutes, regulations, program plans and applications:
  - a. The laws of the State of Tennessee;
  - b. Title VI of the federal Civil Rights Act of 1964;
  - c. The Equal Employment Opportunity Act and the regulations issued there under by the federal government;
  - d. The Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government;
  - e. The condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; and,
  - f. The condition that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Agency in connection with any grant resulting from this application.
2. Each agency receiving funds under any grant resulting from this application shall use these funds only to supplement, and not to supplant state and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
3. The grantee will file financial reports and claims for reimbursement in accordance with procedures prescribed by the Tennessee Center for Diabetes Prevention and Health Promotion.
4. Grantees awarded grants resulting from this application process will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve and strengthen its program and to refine its goals and objectives as appropriate.
5. If applicable, the program will take place in a safe and easily accessible facility.

**CERTIFICATION/SIGNATURE**

**I, THE UNDERSIGNED, CERTIFY** that the information contained in the application is complete and accurate to the best of my knowledge; that the necessary assurances of compliance with applicable state/federal statutes, rules and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

**I FURTHER CERTIFY** that the assurances listed above have been satisfied and that all facts, figures and representation in this application are correct to the best of my knowledge.

---

Signature of Applicant Agency Administrator

Date Signed (Month/Day/Year)

**Project Diabetes Program Planning/Implementation Application  
Tennessee Center for Diabetes Prevention and Health Improvement**

**APPLICATION PACKAGE CHECKLIST**

	YES	NO
Cover sheet with valid signature		
Project Abstract		
Narrative, not to exceed 15 pages		
Budget form		
Budget narrative		
Certifications and Assurances, signed		
Copy of most recent audit		

(To be completed by Application Coordinator)

**Project Diabetes Program Planning/Implementation Application  
Tennessee Center for Diabetes Prevention and Health Improvement**

**SUMMARY OF GRANT TIMELINE**

**TIMELINE**

Application posted: January 15, 2008  
Pre-Proposal Conference: January 29, 2008 at 9:00am CST  
Notice of Intent to Propose: January 31, 2008 by 2:00pm CST  
Application Deadline: February 15, 2008 by 2:00 pm CST

**Notice of Intent to Propose**

Each potential proposer should submit a **Notice of Intent to Propose** to the RFP Coordinator by **January 31, 2008 by 2pm CST**. The notice may be emailed or mailed in hard copy and should include:

- § Proposer's name
- § Name and title of a contact person
- § Address, telephone number, email and facsimile number of the contact person

A **Pre-Proposal Conference** will be held on **January 29, 2008, at 9:00am CST**. The purpose of the conference is to discuss the RFP scope of services. While questions will be entertained, the response to any question at the Pre-Proposal Conference shall be considered tentative and non-binding with regard to this RFP.

Pre-Proposal Conference attendance is **not** mandatory, and each potential Proposer may be limited to a maximum number of attendees depending upon overall attendance and space limitations. The conference will be held at:

Cordell Hull Building  
5th Ave North  
Nashville, TN 37247  
5th Floor WIC Conference Room  
**Telephone access (if unable to attend in-person)**  
**(615) 253-6917 (local)**  
**(800) 404-8189 (toll-free)**

The application, prepared in accordance with the criteria and forms contained in these guidelines, must be submitted to the Tennessee Center for Diabetes Prevention and Health Improvement **no later than 2:00 PM CT February 15, 2008.**