

# Request for Applications

RFA # *A187*

*Diabetes Today*



**FUNDING AGENCY:** North Carolina Department of Health and Human Services,  
Division of Public Health  
*Chronic Disease and Injury Section*  
*NC Diabetes Prevention & Control Branch*

**ISSUE DATE:** *June 10, 2009*

**IMPORTANT NOTE:** Indicate agency or organization name and RFA number on the front of each application envelope or package, along with the date for receipt of applications specified below.

**Applications will be received until 5:00 EST on July 1, 2009.**

Electronic copies will be posted on the website ([www.ncdiabetes.org](http://www.ncdiabetes.org)) on June 10, 2009 and electronic copies are also available upon request by contacting Cindy Haynes-Morgan at the address shown below.

Send all applications directly to the funding agency address shown below.

Direct all inquiries concerning this RFA to:

**Mailing Address:** *C/O Cindy Haynes-Morgan*  
*NC Diabetes Prevention & Control Branch*  
*1915 Mail Service Center*  
*Raleigh, NC 27699-1915*

**Street/ Hand Delivery Address:** *5505 Six Forks Road*  
*Bldg.1 3<sup>rd</sup> Floor 1-3-B4*  
*Raleigh, NC 27609*

## **I. INTRODUCTION**

The North Carolina Division of Public Health, Diabetes Prevention and Control Program(DPCP) is pleased to announce this funding opportunity to Local Health Departments (LHDs) and Health Districts for supporting the efforts of local diabetes coalitions and community workgroups. These grants will be awarded to local health departments and/or districts through a competitive application process to support goals and objectives of the NC Diabetes Prevention and Control Strategic Plan, which is to reduce the impact of diabetes through leadership, education, surveillance, communication, community involvement and capacity building, advocacy, and policy development. Overarching goals for the DPCP include eliminating health disparities and increasing linkages to promote health for people with diabetes and those at risk.

Funding for the Diabetes Today (DT) project comes from the NC Diabetes Prevention Program Cooperative Agreement from the Centers for Disease Control and Prevention (CDC) and required State match. Awards will be given to approximately three (3) lead local health departments. These selected LHDs/health districts will be the lead for their designated region on a series of activities designated to enhance the efforts of local diabetes coalitions and community workgroups. The NC Diabetes Prevention and Control Program will be responsible for the administration of these grant funds.

These funds are being provided to local health departments in effort to replicate and establish successful diabetes prevention and control interventions across North Carolina and allow communities the opportunity to engage in other evidence-based interventions that aim to reduce the burden of diabetes upon the citizens of our state. All grantees will be required to partner with community agencies and other community Diabetes Today, Healthy Carolinians, and/or other community coalitions. The project will run for a three year period with the first year beginning October 1, 2009- March 28, 2010. Fiscal Year 2 will run from March 29, 2010-March 28, 2011 and fiscal Year 3 will run March 29, 2011-March 28, 2012.

## **II. BACKGROUND**

Diabetes Today (DT) is a program developed by the Centers for Disease Control and Prevention (CDC) that looks at diabetes from a public health perspective rather than exclusively as a medical problem. The Diabetes Today model is a guide to engage and mobilize community members, health professionals, and community institutions in understanding and responding to the burden of diabetes and its prevention. The purpose of DT is to create community-based diabetes initiatives to assist individuals with managing diabetes. The DT Model serves as guide for engaging community members, health professionals, and community institutions in understanding and responding to the burden of diabetes and complications.

The Diabetes Prevention and Control Program has awarded LHD's funding to build community coalitions and public health activities that respond to the burden of diabetes in North Carolina since 1994. Through Diabetes Today, the DPCP is reaching out to some of the state's most

vulnerable populations at risk for diabetes. The LHD's representatives are trained in coalition building, needs assessment, and program development. In the past, the LHD's have used the Diabetes Today funding to conduct awareness and outreach programs and to implement group sessions for diabetes self-management and nutrition educational trainings.

### **III. SCOPE OF SERVICES**

The Lead County will develop and implement interventions that promote the elimination of health disparities through targeting communities with high numbers of ethnic minority, and/or other underserved populations to reduce the burden of diabetes. The emphasis is on priority populations such as African Americans, Latino Americans, and Native Americans. There is emphasis on working with faith and community-based organizations to reach the priority/high at risk populations. Through this effort, the lead county will expand to the surrounding counties to improve the available services to people with diabetes through interventions to encourage environmental and policy changes.

The lead county is responsible for recruiting partners from the surrounding counties and obtaining the Memorandum of Agreement from each partnering local health department and letters of support. The Lead County will also assure monthly communication (site visits, conference calls) with partners in surrounding counties, participate in trainings offered by the DPCP, hold at least one or more regional intervention(s). As well as encourage participation in the ECU Diabetes Fellowship training, and the Project DIRECT Academy. All lead agencies will work through existing Diabetes Today, Healthy Carolinians, or other community coalitions.

The lead county will develop a Logic Model / Workplan (Attachment C) with objectives that correspond with one or more of the NC DPCP's long-term objectives which are:

- Improve rates of HbA1c testing.
- Improve rates of ophthalmologic screening.
- Improve rates of flu and pneumococcal vaccines.
- Improve rates of foot exams.
- Improve access to self-management education.
- Reduce health disparities among patients with diabetes.
- Establish programs for promotion of wellness, physical activity, weight and blood pressure control, and smoking cessation for persons with and at risk for diabetes.
- Enhance community capacity in diabetes prevention and control.

Effective interventions include a combination of strategies that address multiple levels of the Socio-Ecological Model of Change. This would include behavior change approaches for individuals as well as strategies to bring about policy and environmental changes at the organizational or community level.

Interventions through this proposed grant must be community-based, multi-level interventions that change self-management, eating, physical activity, cessation behavior, thereby promoting healthy lifestyles and reducing the burden of diabetes and other related chronic conditions.

Interventions are required to:

- Provide sustainable infrastructure to support opportunities for self-management education, healthy eating, and/or physical activity
- AND the following:
  - Implement best practices (evidence-based interventions) for improving diabetes self-management, nutrition, physical activity, smoking cessation
  - Demonstrate and evaluate new and creative approaches to improving diabetes self-management, nutrition, physical activity, smoking cessation

Interventions must also address at least one policy or environmental change based on the Socio-Ecological model from the Community/Organization Level and at least one change from the Interpersonal or Individual level listed below:

**1. Community/Organizational Level:**

- **Environmental Change:** establish and maintain supportive environments for healthy lifestyle options (i.e. self-management skills, healthy eating, and physical activity) by improving accessibility, affordability and/or safety.
- **Policy Change:** establish and implement policies and standards to support self-management skills, healthy eating, and physical activity in communities.

**2. Interpersonal, Individual:**

- **Interpersonal:** establish programs in communities to increase self-management education, smoking cessation, healthy eating habits, and/or physical activity.
- **Individual Change:** design programs to teach individual skills needed to make behavioral changes related to self-management, smoking cessation, healthy eating, and/or physical activity.

**Note:** for additional information on the scope of services expectations, see the Assurance for Participation Form (Attachment H).

**Eligibility and Funding:**

Eligibility:

All local health departments and health districts are eligible to apply. Only one application per health department or district will be accepted.

Funding:

Approximately three (3) projects will be awarded \$20,000 for the period of three years with fiscal year 1 beginning October 1, 2009 to March 28, 2010. All funds are pending availability of funding from CDC and required match funds.

**The funding can be used for:**

- Diabetes self-management classes and/or support groups resources
- Tobacco cessation classes
- Educational materials relating to diabetes prevention and control and smoking cessation.
- Training expenses (for trainings, classes, workshops, and/or forums held in accordance with a diabetes prevention and control project. Examples include facility rental, training/class materials, speaker fees, etc.
- Resource development
- Materials and supplies needed to implement the proposed interventions.
- Salaries/Agreement Addendums for regional project coordinator
- Travel and staff development (note: travel must be computed at rates up to the current State regulations)
- Administrative cost such as postage and office supplies
- Promotional materials

**The funding CAN NOT be used for:**

- The purchase of food for trainings/classes/workshops/forum. Food and/or refreshments should come from other funding sources.
- Medical supplies for patients. You can buy supplies for class demonstration purposes only.
- The provision of direct medical services.
- Purchase of equipment or computer hardware
- One-on-One consultation
- Replacement of funds from other sources from currently budgeted expenses (i.e. current staff positions)

Please note: Use of funds to purchase incentives for program participants will be restricted to no more than 5% of the total amount of funding requested.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will

be notified by 08/03/2009.

2. Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

3. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

8. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Agreement Addendum.

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions

by any agency and organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Agreement Addendum.

#### 10. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

#### 11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

#### 12. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

#### 13. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

#### 14. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

#### 15. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL."

Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

#### 16. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.

#### 17. Agreement Addendum

The Division will issue a Agreement Addendum to the recipient of the RFA funding. Work may not begin until receipt of a completely executed Agreement Addendum.

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status. Also, the contract may include assurances that the successful applicant would be required to execute when signing the Agreement Addendum.

### **V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW**

The following is a general description of the process by which applicants will be selected for funding for this project.

1. RFAs are being sent to prospective agencies and organizations via direct mail, email, and/or Program website.
2. All prospective applicants are **REQUIRED** to participate on a technical assistance call on Thursday, June 18, 2009 from 2:00 -3:00 noon EST to provide guidance to applicants. **The call in number is 1-866-539-1119 and the meeting room number is \*1738795\* (please note you will need to press the asterisk key before and after the meeting room number).** Applicants are requested to email questions in advance to Cindy Haynes-Morgan at [cindy.haynesmorgan@ncmail.net](mailto:cindy.haynesmorgan@ncmail.net). All questions must be received no later than June 17, 2009 and will be addressed during the technical assistance call. As an addendum to this RFA, a summary of all questions and answers will be posted on the Diabetes Branch website, [www.ncdiabetes.org](http://www.ncdiabetes.org) by 06/25/2009.
2. All applicants are required to submit a letter of intent (LOI) to apply for funding by **June 19, 2009**. The LOI **must** be sent by email to: [cindy.haynesmorgan@ncmail.net](mailto:cindy.haynesmorgan@ncmail.net). The LOI must include the name of the LHD and/or SBHC, along with the name, title and email address of the primary contact person. The LOI is not scored, but it IS a

requirement for application. LHDs and/or SBHC that submits a LOI email will receive a confirmation email of the receipt of their LOI.

3. Applicants shall submit an original and 3 copies of the application. All 4 packets shall include the required attachments. In addition, applicant organizations shall submit an electronic version of the application, line item budget and budget narrative on a **rewriteable CD-RW disc, 3.5 inch disk** either with the “hard” copies, or as an e-mail attachment to cindy.haynesmorgan@ncmail.net. Electronic submission **will not** be accepted in lieu of an original. Faxed applications will not be accepted.
4. All applications must be received by the Department of Health and Human Services by the date and time on the cover sheet of this RFA. Faxed or e-mailed applications **will not** be accepted in lieu of the original and required number of hard copies. Original signatures are required.

Note: If the US Postal Service is used, allow sufficient time for delivery to (Diabetes Prevention Control Branch) by **5:00 PM**, close of business, on **07/01/2009**.

5. At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification: therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.
6. Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.
7. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.
8. Application Process Summary Dates:  
**06/10/2009:** Request for applications mailed to eligible applicants.  
**06/17/2009:** Deadline to submit Questions  
**06/18/2009:** Technical Assistance Call (2:00p-3:00p) (required)  
**06/19/2009:** Letter of Intent (required)  
**06/25/2009:** Questions posted on the website  
**07/01/2009:** Applications due to Diabetes Prevention and Control Program by close of business, 5:00 PM.  
**08/03/2009:** Awards announced.  
**10/01/2009:** Agreement Addendum begins.

## VI. APPLICATION CHECKLIST

Please be sure that all of the following items are included in your application. Assemble the application in the following order. Use a binder clip at the top left corner on each copy of the application. Number each page consecutively. **Applications must be typed in 12-point font, in Times New Roman, double-spaced with 1 inch margins, single sided.**

Cover Letter: The application must include a cover letter, on agency letterhead (if available), signed and dated by an individual authorized to legally bind the Applicant. Include in the cover letter the legal name of the Applicant Agency, the RFA #, the federal tax # and the closing date for applicants.

Application Face Sheet signed by the Local Health Director followed by a completed application.

Completed Application Form ( 12 pages maximum not including attachments)

Attachment A: Letters of Commitment or Statements of Support (Memoranda of Agreement—A-2).

Attachment B: Project Budget – include a budget in the format provided. Indirect costs are not allowed.

Attachment C: Logic Model/Workplan

Attachment D: Guidance for developing Community Action Workplan

Attachment E: References for developing Local Interventions

Attachment F: Selected Intervention Strategies

Attachment G: Partner Information Form

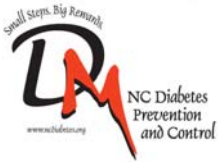
Attachment H: Statement of Assurance

Attachment I: Sweet Success Story Template

**APPLICATION FACE SHEET**

This form provides basic information about the applicant and the proposed project with Diabetes Today, including the signature of the individual authorized to sign “official documents” for the agency. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA # A187 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of an Agreement Addendum. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: ▪ Name: ▪ Title:	▪ Telephone Number: ▪ Fax Number: ▪ E-mail Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	
9. Agency’s Financial Reporting Year:	
10. Current Service Delivery Areas (county(ies) and communities):	
11. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
12. Amount of Funding Requested	
13. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a Agreement Addendum. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
14. Signature of Authorized Representative:	15. Date



## Diabetes Prevention and Control Program Application Format

Assemble the Application in the following order. Use a binder clip at top left corner on each copy of the application. Number each page consecutively beginning with the Application Face Sheet. The Application should consist of:

- Application Face Sheet
- Table of Contents
- Program Description
- Letters of Supports/MOA (Attachment A & A-2)
- Budget & Justification Narrative (Attachment B)
- Logic Model/Workplan (Attachment C)
- Signed Assurance for Participation (Attachment H)

Your program description should be a 10-page narrative double-spaced with 1-inch margins, 12-point font in Times New Roman. Please see **Attachment H** for the recommended content for your program narrative. The 15-page limit does not include your attachments. Submit applications in one original and two copies. All applications will be reviewed by a grant review committee organized by the funding agency. The criteria for evaluating all applications are as follows:

**Project Summary: Application includes a brief summary (50 words or less) of the proposed intervention.**

The application should include a clear, concise description of your proposed project interventions. Include the name, the purpose, the location where it will be implemented, the methodology and strategies to be used and the intended outcome(s) of the intervention. Describe how the funds will be used to support diabetes prevention and control coalition and community outreach activities.

**Statement of Need (15 points):** In 1-3 pages (12 pt. font, double spaced) describe how you know this intervention is needed in your community. Include the following information: identify the specific segment(s) of your county population to be addressed by this intervention; explain how you selected this population and the reason(s) why; describe how members of the target population(s) in the development of the intervention; demonstrate how this project will fill a gap in community programs or services.

**Project Description (25 points):** In 1-5 pages(12 pt. font, double spaced) describe the purpose of the intervention, where the intervention will take place, how partners and the target population will work together and the methodologies and strategies that will be used to implement the diabetes prevention and control project. Evidence that the target population is involved in the planning stages of interventions (community relationship). Applicant has shown evidence of securing partners with surrounding counties through Memorandum of Agreement from partners and letters of support for the Diabetes Today

**Evaluation; (20 Points)** In 1-2 pages (12 pt. font, double spaced) describe your plan for documenting the process and evaluating intervention outcomes. Include a brief description of what will be evaluated, what

level of performance must be reached for the program to be considered successful, what evidence will be used to indicate the level of performance reached and how the lessons learned from the evaluation will be used to improve the project.

Please Note: A good resource you can use to develop your evaluation plan is the CDC Evaluation Framework available at <http://www.cdc.gov/eval>

**Sustainability: (10 points)** In 1-2 pages (12 pt. font, double spaced) show how your project activities will be sustained beyond your grant period, with agreeing to follow up with the NC Diabetes Prevention and Control Program six months after the end of the project period to provide a progress update.

**Budget and Budget Narrative Justification: (10 points) (Attachment B)** Provide a detailed itemized budget and written justification consistent with planned activities of the project. Budget items should be realistic and clearly linked to project activities and expected outcomes.

**Logic Model/Workplan (20 points) (Attachment C):** Significant steps to complete project identified, time-specific and realistic. Staff and partner roles in implementing related activities are clearly stated. A plan for documenting the process and evaluating outcomes is in place.

The **total score** for the application is **100**.

**Note:**

- **Objectives (S.M.A.R.T):** Objectives should be written for each goal because they specify how you will accomplish the goal. The applicant, through objectives, should state the measurable outcomes of the project. The objectives must be ***Specific***. That is, they tell *how much* (e.g., 40 %) *of what* is to be achieved and by *when* (e.g., by March 28, 2010). ***Measurable***. Information concerning the objective can be collected, detected, or obtained from records (at least potentially). ***Achievable***. Not only are the objectives themselves possible, it is likely that the applicant organization will be able to achieve them within the time confines of the Agreement Addendum. ***Relevant to the mission***. The organization has a clear understanding of how these objectives fit in with the overall vision and mission of the organization. ***Timed***. The applicant organization has developed a timeline (a portion of which is made clear in the objectives) by which the objective will be achieved.
- When describing the steps necessary to implement the intervention and achieve the stated outcome(s):
  - List specific activities (steps) that will be undertaken to complete each strategy and who is responsible for the activity.
  - Include timeline with anticipated start and completion date for each step.

***Funded programs will be asked to submit electronically their 2009-2010 Action Plan and for the next two funding periods.***

## RFA # A186 Application Form

**Deadline for Applications: July 1, 2009**

### Cover Sheet

Local Health Department: \_\_\_\_\_

Name and Title of Primary Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

### Budget Contact Person:

Name and title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Total Funds Requested: \$ \_\_\_\_\_

### CERTIFICATION STATEMENT

By signing this as the fiscal agent, the health director agrees that the local health department will facilitate reimbursement for these funds and that these funds will be used only for *Diabetes Today!* Funds sent to LHDs/Health Districts will be documented through the LHD monthly expenditure reports.

### Signatures:

\_\_\_\_\_  
Health Director's signature/date

\_\_\_\_\_  
Project Coordinator's signature/date

# **Attachment A: Letters of Commitment or Statements of Support**

## Attachment A

### Sample Letter of Support

October 1, 2009

Cindy Haynes-Morgan  
Education & Community Program Coordinator  
NC Diabetes Prevention and Control Branch  
1915 Mail Service Center  
Raleigh, NC 27699-1915

Dear Mrs. Haynes-Morgan:

On behalf of the \_\_\_\_\_ (*your organization*), I am writing this letter of support to the **APPLICANT AGENCY** for the Diabetes Today Regional Initiative. We support the **APPLICANT AGENCY's** application and will work with them in this effort to address prevention and control of diabetes and obesity in North Carolina.

Our organization(s) have a history of collaboration and partnering, and we share common goals/missions of ... i.e., addressing diabetes/obesity/poor nutrition/physical inactivity or tobacco use among our state's most vulnerable populations or addressing disparate populations. Over the past \_\_\_\_\_ (*years/months*), we have worked jointly with \_\_\_\_\_ (*i.e., the APPLICANT AGENCY, Diabetes Program, Healthy Schools, Healthy Weight Initiative, etc.*) on \_\_\_\_\_ (*describe previous collaboration if applicable, i.e., the Diabetes Collaborative*). We believe that the **APPLICANT AGENCY** is well positioned to address the Diabetes Today and NC Diabetes Prevention and Control Program priorities and has the infrastructure and capacity in place to sustain these programs over time.

Specifically, our organization will be involved with the Diabetes Today Regional Initiative through \_\_\_\_\_ (*describe your organization's contributions/role such as consulting on the evaluation, providing technical assistance to our communities, offering space for diabetes self-management classes, etc.*). We look forward to working with you and the **APPLICANT AGENCY**. Please contact me if I can be of further assistance.

Sincerely,

**Attachment A-2**

**MEMORANDUM OF AGREEMENT (MOA)**

Between  
**APPLICANT AGENCY**  
*(Enter Agency name.)*  
And  
*(Enter Partner Agency name.)*

This Memorandum of Agreement (MOA) is entered by and between the **APPLICANT AGENCY**, (hereinafter referred to as "NAME OF APPLICANT AGENCY"), and **PARTNERING AGENCY** \_\_\_\_\_ (hereinafter referred to as "PARTNER AGENCY"), for the purpose of implementing Diabetes Today programs with surrounding counties to form a regional initiative. This MOA is subject to the provisions of all applicable Federal and State laws, regulations, policies and standards.

The administrator for the APPLICANT AGENCY will be \_\_\_\_\_ (*enter title, address and telephone number*). The administrator for the PARTNER AGENCY will be \_\_\_\_\_ (*enter title, address and telephone number*).

This MOA may be terminated by either party upon at least 30 days' written notice or immediately upon notice for cause. This MOA may be amended, if mutually agreed upon, to change scope and terms of the MOA. Such changes shall be incorporated as a written amendment to this MOA.

The **APPLICANT AGENCY** agrees to \_\_\_\_\_ (*describe*).

The **PARTNER AGENCY** agrees to \_\_\_\_\_ (*describe*).

This MOA shall begin on \_\_\_\_\_ (*enter month, day, year*) and end on \_\_\_\_\_ (*enter month, day, year*).

**(Fill in PARTNER AGENCY's Name)**

**Witness**

BY: \_\_\_\_\_

\_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**(APPLICANT AGENCY)**

BY: \_\_\_\_\_  
*(enter name and title)*

DATE: \_\_\_\_\_

# **Attachment B: Project Budget**

## Project Budget

(Name of Health Department/District)

### Budget & Budget Justification (Attachment B) (10 points)

Provide a detailed itemized budget and written justification consistent with planned activities of the project. Budget items should be realistic and clearly linked to project activities and expected outcomes. (You may describe the in-kind contribution and provide the estimated value of the contribution in the **written** justification, but do NOT add the value of in-kind contributions to your itemized budget.)

Use the following categories for your itemized budget:

<u><b>Budget Category:</b></u>	<u><b>Amount:</b></u>
A. Salaries and Fringe Benefits	\$ _____
B. Sub-contracts	\$ _____
C. Equipment	\$ _____
D. Staff Development	\$ _____
E. Training	\$ _____
F. Educational Materials	\$ _____
G. Travel Expense Mileage: <u>X</u> miles @ <u>X</u> ¢ per mile	\$ _____
H. Supplies	\$ _____
I. Other	\$ _____

**Total Amount Requested**                      \$ \_\_\_\_\_

## Budget Justification

**A. Salaries and Fringe Benefits** **Amount: \$ \_\_\_\_\_**

Provide a justification, personnel/staff names (if known), position title, description of any positions that will be funded with grant funds and annual salary, prorated salary and FTE. Include specifics such as \$\_ x months = \_\_.

**B. Sub-contracts** **Amount: \$ \_\_\_\_\_**

Provide justification for all sub-contracted services. The justification should include the name of the contractor if known, the scope of work, the period of performance and expected outcomes or products. Explain how cost is deemed reasonable.

**C. Equipment** **Amount: \$ \_\_\_\_\_**

List any equipment to be purchased, its estimated price, and a justification for each item. Computer hardware and office equipment may not be purchased with these funds.

**D. Staff Development** **Amount: \$ \_\_\_\_\_**

Provide justification for training and/or conferences that staff will attend. Funds may be budgeted to support staff development for partnering agency staff or coalition members. Travel expenses for staff development can be entered here.

**E. Training** **Amount: \$ \_\_\_\_\_**

List all expenses anticipated for training that will be provided as part of the intervention. Include rental space for training (if required), training materials, speaker fees, substitute teacher fees and any other applicable expenses related to the training.

**F. Educational Materials** **Amount: \$ \_\_\_\_\_**

List the type and approximate quantity of educational materials purchased to support the intervention and a brief description of how they will be used.

**G. Travel** **Amount: \$ \_\_\_\_\_**

Identify titles of staff whose travel is supported, briefly explain the purpose of the travel and how it relates to the action plan, and provide an estimate of mileage and per diem costs showing how those expenses were calculated. (note: travel must be computed at rates up to the current State regulations)

**H. Supplies** **Amount: \$ \_\_\_\_\_**

You need provide only a reasonable dollar amount for general office supplies like pens, paper, etc. Provide justification for supply items other than general office supplies. Show calculation of cost.

**I. Other** **Amount: \$ \_\_\_\_\_**

Enter any other budgeted items here and explain how they are essential to the implementation of your proposed interventions. **Note: Funds requested for incentives may not exceed 5% of the total amount requested.**

**Total Funds Requested:** **Amount \$ \_\_\_\_\_**

# **Attachment C: Logic Model/Work Plan**

## Attachment C LOGIC MODEL/WORKPLAN (20 points)

<b>PROGRAM/AGREEMENT ADDENDUM NAME:</b>			
<b>MISSION STATEMENT:</b>			
<b>TARGET POPULATION:</b>			
End Outcomes	Outputs	Intermediate Outcomes	Evaluation Methods
<b>Goal/Objective: (Example Objective)</b> By March 28, 2009, conduct a community seminar to increase awareness among ABC County residents about importance of prevention, early diagnosis, self-management, and long term complications of diabetes as a chronic disease.	<b>Products/Services:</b> Make available a series of educational workshops about Diabetes for the community.	<b>Strategy/Action Step 1:</b> Organize and secure planning committee members. <b>Strategy/Action Step 2:</b> Establish timeline for the event. <b>Strategy/Action Step 3:</b> Seek Technical Assistance from Regional Consultant from the Diabetes Branch. <b>Strategy/Action Step 4:</b> Identify budgetary needs for Diabetes Awareness Campaign.	<b>Measure(s):</b> 1. Diabetes Campaign conducted (Y/N) 2. Documentation in Log Book 3. Planning Team organized (Y/N) 4. Activity Report 5. Photographs from the event

# **Attachment D: Guidance for Development of Community Action Plan**

## Attachment D

### Guidance for Development of Community Action Plan The North Carolina Diabetes Prevention and Control Branch

Please format your plan in the following way:

#### **Objective:**

State one or more objectives for your program. These should reference specifically the population to be reached and the time duration.

Your objectives should correspond to at least on the NC DPCP long term-objectives, which are:

1. Improve rates of HbA1c testing.
2. Improve rates of ophthalmologic screening.
3. Improve rates of flu and pneumococcal vaccines.
4. Improve rates of foot exams.
5. Improve access to self-management education.
6. Reduce health disparities among patients with diabetes.
7. Establish programs for promotion of wellness, physical activity, weight and blood pressure control, and smoking cessation for persons with and at risk for diabetes.
8. Enhance community capacity in diabetes prevention and control.

#### **Activities:**

State activities to be carried out that are linked to the objective. Be specific in terms of number, duration, and reach of your proposed programs. State briefly the evidence base for the proposed activities: what models, pilot programs, or guidelines that you have utilized in the development of your program.

#### **Evaluation:**

Each activity must include information about evaluation strategy. Include:

- what measures will be tracked
- what the data source will be, and
- how the information will be used

The NC DPCP integrated reporting tool will be the main mechanism for evaluation—you may reference specific measures within Progress Check or propose new measures to be included that will capture your specific program activities. Please propose relevant measures that will capture the results of your specific program.

# **Attachment E: Reference/Data Documents to Use in Developing Local Interventions**

## Attachment E

### Reference/Data Documents to Use in Developing Local Interventions

#### Reference Documents

1. *North Carolina Blueprint for Changing Policies and Environments in Support of Increased Physical Activity*  
<http://www.eatsmartmovemorenc.com/whatisesmmnc/PhysicalActivityBlueprintpdf.pdf>
2. *North Carolina Blueprint for Changing Policies and Environments in Support of Healthy Eating*  
<http://www.eatsmartmovemorenc.com/whatisesmmnc/HealthyEatingBlueprint.pdf>
3. *North Carolina Diabetes State Plan*  
<http://www.ncdiabetes.org/About/PDF/StatePlan.PDF>
4. *North Carolina Healthy Weight Initiative Plan*  
<http://www.nchealthyweight.com/plan%208-13.pdf>
5. *Tobacco Prevention and Control Strategic Plan*  
<http://www.communityhealth.dhhs.state.nc.us/tobacco/DiversityWorkgroupfolder/StrategicPlan.html>  
  
*Vision 2010: The Best Way to Explore the Future Is to Choose the Path to Better Health*  
<http://www.communityhealth.dhhs.state.nc.us/tobacco/Tobacco%20Prevention.pdf>
6. *North Carolina Plan to Prevent Heart Disease and Stroke, 1999-2003*  
(not available electronically - see [www.startwithyourheart.com](http://www.startwithyourheart.com) to order a hardcopy)

#### CDC Guidelines for School Health Programs

1. *CDC School Health Guidelines- Guidelines to Promote Lifelong Healthy Eating*  
<http://www.cdc.gov/nccdphp/dash/nutrition/guidelines/index.htm>
2. *CDC School Health Guidelines- Guidelines to Promote Lifelong Physical Activity*  
<http://www.cdc.gov/nccdphp/dash/physicalactivity/guidelines/index.htm>
3. *CDC School Health Guidelines- Guidelines to Prevent Tobacco Use and Addiction*  
<http://www.cdc.gov/nccdphp/dash/tobacco/guidelines/index.htm>

#### Data Sources

1. *Racial and Ethnic Health Disparities in North Carolina Report Card 2003*  
[http://www.omhhd.dhhs.state.nc.us/omhhd/OMH\\_Documents/Report%20Card/Final%20Report%20Card%20&%20Cover.pdf](http://www.omhhd.dhhs.state.nc.us/omhhd/OMH_Documents/Report%20Card/Final%20Report%20Card%20&%20Cover.pdf)
2. *State Center for Health Statistics: Behavioral Risk Factor Surveillance System 2002*  
<http://www.schs.state.nc.us/SCHS/healthstats/brfss/2002/index.html>
3. *North Carolina Youth Risk Behavior Survey*  
[http://www.ncpublicschools.org/accountability/evaluation/youth\\_risk\\_behavior/yrbsindex.html](http://www.ncpublicschools.org/accountability/evaluation/youth_risk_behavior/yrbsindex.html)

# **Attachment F: Selected Intervention Strategies**

## **Attachment F**

### **Selected Intervention Strategies**

The following intervention approaches, strategies from the Guide to Community Preventive Services and the Guide to Clinical Preventive Services and other evidence-based strategies, should be considered in designing community action plans.

#### **Diabetes**

- Conduct community-wide campaigns to implement a diabetes risk assessment questionnaire (e.g., American Diabetes Association's Are You at Risk?) at multiple points of contact such as grocery stores, pharmacies, family planning clinics, senior centers, churches, and department stores, etc.
- Conduct media campaigns promoting diabetes risk-assessment with the message to see a health care provider if the individual is at risk.
- Promote diabetes literacy among the public.
- Increase the likelihood that physicians develop treatment plans for diagnosed patients and follow accepted standards of care.
- Provide and train health care professionals on office-based procedures for referrals, follow-up, and patient reminders.
- Provide a process for referrals to community facilities for physical activity, nutrition education, and tobacco cessation.
- Ensure participation of federally funded health centers in comprehensive diabetes plans.
- Form diabetes education program to improve self-management practices in people with diabetes and to support lifestyle changes.
- Provide family and caretaker education for people with diabetes to support change/maintenance of behavior in patients with pre-diabetes and diabetes.
- Support faith-based outreach services to offer their resources (e.g. transportation, meeting space, designated diabetes awareness activities) to the elderly, disabled, and socially isolated members of the community.
- Provide training to school staff to respond to diabetes emergencies, assist in diabetes care/self-management, and provide education to other students regarding diabetes.

- Develop community support groups for persons with diabetes.
- Partner with a local primary care practice and provide technical support.
- Support Eat Smart Move more, NC's Blueprints for Changing Policies and Environments in Support of Increased Physical Activity and Healthy Eating.
- Encourage expanding the number of worksite wellness programs by developing materials or adapting existing ones (such as N.C. Prevention Partners' Employer's Guide) which demonstrate to businesses how prevention and control of diabetes can increase productivity, decrease absenteeism and cut health costs.
- Collaborate with new partners currently focused on environmental and policy changes such as the State Health Plan's wellness program and the partnership between Blue Cross and Blue Shield of NC, Centers for Disease Control and Prevention and the NC Division of Public Health.
- Disseminate the existing nutrition, physical activity and tobacco cessation Starting the Conversation Tools to assist providers in screening, counseling, and referring patients for behavioral health issues related to diabetes prevention, pre-diabetes and diabetes management.
- Develop lower-literacy and multicultural materials for diabetes prevention and control, including the adaptation of the Starting the Conversation Tools to pictorial and lower-literacy levels.
- Involve faith communities and other community-based civic groups in distributing information about diabetes prevention and control and available resources to support the needs of persons with the disease.

### **Obesity**

- Assist health care systems in using Body Mass Index (BMI) as a vital sign beginning at age two years and continuing through adulthood.
- Train providers to use current recommendations in screening, assessing, and managing overweight children and adolescents.
- Assist health care systems and providers in establishing effective, intensive, behavioral counseling for adult patients with known risk factors for diet-related chronic disease.
- Implement lifestyle interventions for high-risk adults from the Diabetes Prevention Program Lifestyle Change Program.

# **Attachment G: Collaboration & Capacity Partner Information Forms**

## Attachment G

### Collaboration & Capacity Partner Information Forms

Briefly describe the roles, strengths and commitments of every agency, group or individual you have listed in your application as a partner. Include the following:

Partner #\_\_\_\_

Organization:

Representative:

Title:

Role/Commitment(s)

Partner #\_\_\_\_

Organization:

Representative:

Title:

Commitment(s)

Partner #\_\_\_\_

Organization:

Representative:

Title:

Commitment(s)

(Use additional pages as needed.)

# **Attachment H: Assurance for Participation Form**

## **Attachment H**

### **ASSURANCE FOR PARTICIPATION**

#### **North Carolina Diabetes Prevention and Control Program Diabetes Today Initiative**

As a Local Health Department participating with the NC Diabetes Prevention and Control Program Diabetes Today Initiative to enhance diabetes prevention and control, we agree to do the following:

1. Use funds for Community-based, multi-level interventions that focus on implementation of the recommendations, goals and objectives of the NC Diabetes Prevention and Control Program.
2. Partner with appropriate community organization(s) to plan and implement the project.
3. Participate on monthly conference calls on the second Friday of every month beginning November 13, 2009 from 10:00-12:00 EST.
4. Submit electronically the Logic Model/Workplan in a format designated by the DPCP.
5. Submit reports on activities conducted with grant funds through Progress Check System (An Access-based evaluation reporting tool) Reports will be due on the 15<sup>th</sup> on a bi-monthly basis beginning November. (If the 15<sup>th</sup> of the month falls on a weekend then all reports are due on the next following business day, (i.e. November 16, 2009) is the first reporting due date, the following reports are due January and March, 2010).
6. Arrange for a site visit by the Diabetes Prevention and Control Program Coordinator.
7. Arrange for a new grant manager if the original grant manager leaves the position. The fulfillment of grant-funded interventions and requirements is the ultimate responsibility of the local health department.
8. Provide a written Summary of activities by March 15<sup>th</sup>, 2010, using the format provided by the Diabetes Sweet Success Stories document. The Sweet Success document is included in the RFA as Attachment I.
9. Share experiences, challenges and successes with other communities through presentations, newsletters, Sweet Success Stories, newspaper ads, and other printed media. A copy of all media used to promote activities of the intervention should be submitted to the DPCP to include in reporting to the CDC.
10. The following staff will attend the East Carolina University Brody School of Medicine Clinical Fellowship, Diabetes Self-Management Curriculum training, Progress Check training, and the Project DIRECT Academy.

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Name)

\_\_\_\_\_

(Title)

\_\_\_\_\_

(Title)

\_\_\_\_\_

(Phone)

\_\_\_\_\_

(Phone)

\_\_\_\_\_  
**Health Director/Supervisor Signature**

Health Director's/ Supervisor's Name: \_\_\_\_\_

Health Department Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

# **Attachment I: Sweet Success Story Template**

Attachment I

# Sweet Success

(a community success story from \_\_\_\_\_ name)

**Background**

(describe situation)

**Change**

(describe intervention)

**Outcome**

(how did it turn out)

Picture(s)