Program Name: [   ]

<div align="center">

Indian Health Service
Special Diabetes Program for Indians
Community-Directed Grant Program

FY 2015 Annual Progress Report Template: Part 1
Last updated: January 2016

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Visit the Division of Diabetes SDPI Annual Progress Report[1] webpage for due dates and timeline.

Instructions for Using this Template

1. **Retrieve and review** the following documents to assist you with completing this Template:

    a. FY 2015 application, including completed Project Narrative (Part 1)[2] and Best Practice Templates (Part 2).
    b. FY 2015 Mid-Year Progress Report[3].
    c. Other sources as necessary.

2. **Save** this PDF on your computer for your records.

3. **Ensure** that all contributors download and use the latest version of Adobe Reader[4] to complete these forms.

4. **Complete** ALL pertinent items in the Template by selecting a response from a list or entering the requested information. Also complete a Best Practice Template for each Best Practice selected for FY 2015. Failure to provide this information will result in an incomplete report.

5. **Review** the completed Template to ensure all required items are completed. Required items will have fields that are outlined in red.

6. **Submit** your completed progress report Templates in GrantSolutions under Grant Notes[5].

7. **Notify** your Area Diabetes Consultant[6] that the report has been submitted in GrantSolutions.

The Annual Federal Financial Report (SF-425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program (This may not apply to all sub-grantees).

Program Information

1. Date: [   ]

2. IHS Area: [   ]

3. Program Name (include Tribal or Clinic name): [   ]

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[1] FY 2015 Resources URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedRes
[2] FY15 Project Narrative Template:
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPICD_FY15_ProjNarr.pdf
[3] FY15 Mid-Year Progress Report Template:
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPICD15MidYrRept.pdf
[4] Adobe Reader download URL: http://get.adobe.com/reader/otherversions/
[5] Submission steps:
https://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedRes#SDPIREPREQSUBMISSION
[6] ADC Directory URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory

Program Name: _____

4. Grant Number: _____

5. Name/title of person completing Template: _____

   a. Email address: _____

   b. Phone number: _____

6. Budget cycle: _____

7. Are you an SDPI FY 2016 grantee? _____

Program Resources - if you are a sub-grantee, provide funding information specific to your program instead of information from the Notice of Award (NoA).

8. Funding Amount ($) (item 12d on downloadable NoA from GrantSolutions):

   $ _____

9. Amount of FY 2015 funds obligated to date (starting from the beginning of the budget cycle. This information can be obtained from your local fiscal office.).

   $ _____ as of _____ (date)

10. Percent (%) of FY 2015 funds obligated to date. _____ %

    a. If below 75%, briefly explain why.

    _____
    | |
    | |
    | |
    | |
    |_____|

Information for the required question below can be obtained from your local finance office, or whoever has access to your program's latest SF-425 in the Payment Management System.

11. Provide the **total** carryover amount from **all** previous years below.

    $ _____ Carryover Total

    a. If you cannot provide this total, consult with your Area Diabetes Consultant (ADC). Enter the date that you consulted with your ADC.

    _____

    b. If the total carryover amount is still not obtained by the time this report is due, describe your plan for obtaining this information.

    _____
    | |
    | |
    | |
    | |
    |_____|

12. If your program is not an SDPI FY 2016 grantee and you have unobligated funds from previous years, will you be requesting a No-Cost Extension? _____

Program Name: [   ]

Training and Networking

13. Refer to your records or SDPI Training Tracking Tool to indicate if one or more staff from your program attended the following FY 2015 SDPI trainings (live and/or recorded).

A. Title	B. Presenter(s)	C. Date(s)	D. Completed By (Names)	E. Other Comments (optional)
1. Required Training SDPI Orientation by Budget Cycle Offered: ◯ Cycle 1: November 5, 2014 ◯ Cycle 2: January 7, 2015 ◯ Cycle 3: April 8, 2015 ◯ Cycle 4: June 3, 2015	M. Knight K. Begay			
2. Required Training (Grantee Choice):				
3. Required Training (Grantee Choice):				

14. List other trainings your program has attended (include name and sponsor of training).

Diabetes Audit Review

Review your FY 2015 Project Narrative (Part 1) and FY 2015 Mid-Year Progress Report to answer the following questions.

15. List the three to five items/elements from your 2014 *Annual IHS Diabetes Care and Outcomes Audit* identified as needing improvement (Section 4, items 5 and 6 from your FY 2015 Project Narrative).

a. Audit Item/Element	b. Audit 2014 Result	c. Audit 2015 Result
1.		
2.		
3.		
4.		
5.		

Program Name: [   ]

16. Describe how your program has addressed these three to five items/elements that need to be improved and/or describe how your program worked with your local Indian health clinic to address these issues.

[   ]

Leadership and Key Personnel

17. Have there been any changes in leadership/staff or new positions filled since you completed your FY 2015 Project Narrative (Reference Part 1, Section 5) up until your program's budget period end date for FY 2015 (see SDPI Annual Progress Report[7] webpage)? [   ]

    a. If yes, briefly describe.

[   ]

Program Planning and Evaluation/Best Practices

18. How did you track data for your Required Key Measures[8] of your selected Best Practice(s)[9]? Select all that apply.

☐ A. IHS Diabetes Care and Outcomes Audit

☐ B. RPMS standard reports (e.g., GPRA, PART)

☐ C. RPMS specialized reports (e.g., Q-Man, V-Gen or iCare)

☐ D. Other electronic health record system (e.g., NextGen, Centricity)

☐ E. Microsoft Access Database

☐ F. Microsoft Excel or other electronic spreadsheet

☐ G. Manual Chart Audits

☐ H. Pen and Paper

☐ I. Other – please specify: [   ]

☐ J. None of the above

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[7] FY 2015 Resources URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedRes
[8] Best Practice Addendum:
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Tools/BestPractices/BP_2011_Table_RKM_508c.pdf
[9] 2011 Best Practices: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsBestPracticesTabbed

Program Name:

19. What type of medical records system is used at your local facility? Select all that apply.

[ ] A. RPMS (includes IHS EHR and PCC)

[ ] B. Other electronic medical record system(s) – specify:

[ ] C. Paper charts

20. What type of access does your SDPI program currently have to your local facility's medical record system? Select only one option.

( ) A. Direct access – your program can **directly** enter and retrieve information from the system

( ) B. Indirect access – your program can **request** entry and retrieval of information from the system

( ) C. None

   i. If none, how can your program obtain direct or indirect access to your local facility's medical record system?

21. Indicate which Best Practice(s) your program selected in FY 2015.

Best Practice	FY 2015	Best Practice	FY 2015
1. Adult Weight Management	[ ]	2. Diabetes Systems of Care	[ ]
3. Breastfeeding	[ ]	4. Diabetes Self-Management Education (DSME)	[ ]
5. Cardiovascular Disease	[ ]	6. Eye Care	[ ]
7. Case Management	[ ]	8. Foot Care	[ ]
9. Chronic Kidney Disease	[ ]	10. Nutrition	[ ]
11. Community Advocacy	[ ]	12. Oral Health	[ ]
13. Community Screening	[ ]	14. Pharmaceutical Care	[ ]
15. Depression	[ ]	16. Physical Activity	[ ]
17. Diabetes and Pregnancy	[ ]	18. School Health and Diabetes	[ ]
19. Diabetes Prevention	[ ]	20. Youth and Type 2 Diabetes	[ ]

Program Name: [   ]

22. Did your program propose other activities (using the Other Activities Template[10]) in the FY 2015 Continuation Application? [   ]

> **If "Yes" make sure to complete the Other Activities Template[11] for this report.**

Other Information (optional)

23. If there is any other information you would like to share about your program, add it here.

[   ]

You have completed Part 1 of your FY 2015 Annual Progress Report. Next Steps:

1. For Part 2, provide information for each Best Practice you selected for FY 2015. View and download the Best Practice Templates from the FY 2015 Annual Progress Report webpage[12].

2. If there are activities outside of Best Practices, document those using the Other Activities Template.

3. **Review** your report for completeness and accuracy.

4. **Save** this document on your computer for your records.

5. **Submit your completed report (Parts 1 and 2)** – attached as PDF documents on GrantSolutions under Grant Notes. **Your Annual Progress Report will be considered incomplete if Parts 1 and/or 2 are not included or complete.**

6. **Notify** Your Area Diabetes Consultant[13] that the report has been submitted on GrantSolutions.

The Annual Federal Financial Report (SF-425) is also due at this time. Check with your local fiscal office and/or Division of Grants Management Specialist to ensure that this report is submitted for your program.

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[10] FY15 Application Other Activities Template:
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPICD15OtherAct.pdf
[11] FY15 Annual Report Other Activities Template:
https://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Programs/SDPI/SDPIFY15_APR_Other.pdf
[12] SDPI C-D Annual Report URL:
http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReq
[13] ADC Directory URL: http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory