

Program Name:

**Indian Health Service  
 Special Diabetes Program for Indians  
 Community-Directed Grant Program  
 FY2014 Annual Progress Report Template:  
 Other Activities  
 Last update: October 2014**

**Instructions for Using this Template**

Provide the information below for any other activities provided in FY 2014 that are not already reflected on your Best Practices. Further template instruction and information are provided on the FY 2014 Annual Progress Report Template: Part 1. **Ensure that you are using the current version of [Adobe Reader](#)<sup>1</sup> to complete these templates.**

**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.**

**Section 1: Program Identifiers**

1. Program Name:

2. Grant NO./Award NO. (use number found on current NOA):

3. Name of person completing template:

A. Email address:

B. Phone number:

**Section 2: Target Population and Goal**

4. Target Population

5. Goal

<sup>1</sup> Adobe Reader download URL: <http://get.adobe.com/reader/otherversions/>

Program Name:

### Section 3: SMART Objectives

List all objectives for these other activities. If there are more than 5 objectives, number (starting with 6) and list them in [Section 6](#) of this template.

A. Objective #	B. Objective (in <a href="#">SMART</a> <sup>2</sup> format)	C. Objective Status	D. Progress Made	E. Briefly Explanation Progress Made
1.				
2.				
3.				
4.				
5.				

<sup>2</sup> SMART Objectives “How To” URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=toolsPPSmartObj>

Program Name:

**Section 4: Measures**

Report up to 5 measures based on the following criteria:

- Utilized the most grant funding
- Devoted the most program time
- Resulted in the most significant improvement from previous reporting

A. Measures	B. Objective #	C. Baseline or beginning value and date	D. Most recent value and date	E. Data Source (where did these values come from)
1.	<input type="text"/> <input type="text"/>	<input type="text"/> as of <input type="text"/>	<input type="text"/> as of <input type="text"/>	
2.	<input type="text"/> <input type="text"/>	<input type="text"/> as of <input type="text"/>	<input type="text"/> as of <input type="text"/>	
3.	<input type="text"/> <input type="text"/>	<input type="text"/> as of <input type="text"/>	<input type="text"/> as of <input type="text"/>	
4.	<input type="text"/> <input type="text"/>	<input type="text"/> as of <input type="text"/>	<input type="text"/> as of <input type="text"/>	
5.	<input type="text"/> <input type="text"/>	<input type="text"/> as of <input type="text"/>	<input type="text"/> as of <input type="text"/>	

Program Name:

**Section 5: Major Activities**

List major activities completed and planned, the status, the objective that the major activity corresponds to (reference the objective # from [Section 3](#) of this template), and the timeline or date the activity was completed, or target date if planned.

**Timeline:** Capture activities since your program completed the FY 2014 Continuation Application to end of your FY 2014 budget cycle period date

A. Major Activities	B. Activity Status	C. Objective #	D. Timeline/Date Activity was Completed or Target Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Program Name:

**Section 6: Other Information**

1. Describe any major challenges you encountered in implementing these other activities.

- A. How have you or how do you plan to overcome these challenges?

2. If you have any further information to add regarding these other activities for FY 2014, such as additional objectives, measures or activities, add it here. **If you do not have any further information to provide, you may leave this item blank.**

Program Name:

**You have completed the Other Activities Template. Next Steps:**

1. **Save** this document on your computer for your records.
2. **Ensure** that you have completed Part 1 and 2 of the [FY 2014 Annual Progress Report](#)<sup>3</sup>.
3. **Review** your report for completeness and accuracy.
4. **Submit your completed report**– attach as PDF documents on GrantSolutions under Grant Notes.
5. **Notify** Your [Area Diabetes Consultant](#)<sup>4</sup> that the report has been submitted on GrantSolutions.

**Note: Your Annual Progress Report will be considered incomplete if Parts 1 and/or 2 are not included or complete.**

**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.**

---

<sup>3</sup> FY 2014 Annual Progress Report URL:

<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPIcommunityDirectedReportingReq>

<sup>4</sup> ADC Directory URL: <http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=peopleADCDirectory>