

**Diabetes Self-Management Education (DSME)
Mini-Grant Funding Opportunity Announcement (FOA)
2021**

Deadline for application: September 30, 2021

I. Overview

This is a mini-grant ranging from \$5,000 to \$20,000 to establish, build, achieve accreditation for, sustain, increase access to, or expand Diabetes Self-Management Education programs serving adults in Florida. The grant period is from approximately November 15, 2021-June 17, 2022.

A. Diabetes Self-Management Education

People with diabetes who complete a diabetes self-management education (DSME) class are better able to manage their disease and prevent or delay complications. DSME is NOT a 24-hour nurse hotline or a brochure. Rather, it is a comprehensive, evidence-based approach to disease management that meets national standards. To ensure DSME services adhere to these evidence-based standards, the Centers for Medicare and Medicaid Services (CMS) authorizes the American Diabetes Association (ADA) and the Association of Diabetes Care and Education Specialists (ADCES) to certify DSME programs as meeting the national standards. CMS only reimburses DSME services provided by organizations that are recognized by the ADA or accredited by the ADCES. The designation of ADA recognition or ADCES accreditation assures participants in these DSME programs that they are receiving quality, evidence-based services.

Prior to responding to this funding opportunity announcement, please review the following websites and resources for information regarding DSME.

ADCES Website:

<https://www.diabeteseducator.org/>

ADA Website:

<http://www.diabetes.org/>

Crosswalk for ADCES's Diabetes Education Accreditation Program:

https://www.diabeteseducator.org/docs/default-source/legacy-docs/resources/pdf/accred/Final_Crosswalk_-_3-2013.pdf

National Standards for Diabetes Self-Management Education and Support:

http://care.diabetesjournals.org/content/37/Supplement_1/S144.full-text.pdf

Guidance Manual from Florida Diabetes Alliance:

http://www.floridahealth.gov/diseases-and-conditions/diabetes/documents/DSMES_Guidance_Manual.PDF

II. Purpose of Funding

The purpose of this funding is to reduce health inequity in areas with limited or no access to quality DSME services and to increase organizations' ability to provide quality diabetes self-management education services. These areas include rural communities without a recognized or accredited DSME program and populations which experience high rates of type 2 diabetes, its complications, and diabetes-related death. This funding is also available to organizations which are providing diabetes education or wish to provide diabetes education, even if they are neither DSME accredited/recognized nor plan to work towards DSME accreditation/recognition. The inclusion of Community Health Workers in this process is encouraged.

NOTE: THIS FUNDING IS FOR DIABETES SELF-MANAGEMENT EDUCATION (DSME) ONLY.
FUNDING WILL NOT BE AWARDED FOR DIABETES PREVENTION PROGRAMS (DPP).

The short-term goal is to increase the number of DSME programs that are on a path toward accreditation or recognition. The long-term goal is to increase the number of accredited or recognized DSME programs in Florida. Funding is available to support activities, purchases, and technical assistance that will help eligible organizations attain one of the following objectives:

- Objective 1: Build infrastructure that aligns with national standards for DSME programs
- Objective 2: Achieve DSME accreditation or recognition
- Objective 3: Establish a recognized or accredited satellite site
- Objective 4: Increase sustainability and/or expansion of an existing recognized or accredited DSME program
- Objective 5: Increase access to a recognized or accredited DSME program by people with physical or intellectual limitations.

III. Funding Available

- Total amount of funding available for mini-grants and technical assistance is contingent upon total funding for this project from the Florida Department of Health. These funds will be allocated to mini-grantees based upon applications received and the level of technical assistance required as determined by the review committee.
- Each mini-grant is expected to be between \$5,000 and \$20,000. This does NOT include the cost for technical assistance services, which may be awarded separately based upon the level of technical assistance required as determined by the review committee.
- Mini-grantees may request the DSME Hub hold back a portion of funding allocation and make purchases directly on behalf of the mini-grantee to simplify and accelerate the purchasing process.

A. Funding Priorities

Priority for funding will be given to:

- Organizations proposing to provide services in counties with no recognized or accredited DSME program, or that demonstrate an unmet need and/or health inequity.
- Organizations which demonstrate a strong network of community partners.

- Programs that go above and beyond the requirements of the Americans with Disabilities Act to incorporate accessibility for DSME participants with physical or intellectual disabilities.
- Other organizations will be considered, but organizations which meet the above criteria will receive priority.

B. Funding Details

- Mini-grant period: Date executed by both parties through June 17, 2022.
- Successful applicants will be awarded up to \$20,000. Grantees may be assigned a mentor pending funding availability, program goals, and the organization's current state of readiness as determined by the review committee.
- The role of an assigned mentor is to provide specialized technical assistance and program development consultation.
- Salaries and fringe are only allowable for planning and marketing/outreach. This funding can not be used to pay for direct services including staff costs.

C. Allowable Expenses

- Salaries, fringe (for planning and marketing/outreach only – cannot be used to pay for direct service staff)
- Travel
- Supplies
- ADCES (Association of Diabetes Care and Education Specialists) and ADA (American Diabetes Association) Membership
- Conference/Webinar registration fees
- Training registration fees (ADA or ADCES approved)
- Curriculum, educational materials
- Outreach materials
- Telehealth/remote service cost (ex. equipment, video conference subscription)
- Client incentives and educational items
- Items to increase access to those with physical or intellectual disabilities
- Printing
- Equipment <\$1000
- Accreditation/recognition application fees

D. Expenses that are Not Allowed

- Licensure fees (CDE, etc.).
- Food (except for healthy cooking demonstrations as part of lesson plan).
- Building or equipment rental fees.
- Expenses related to direct services

IV. Reporting Requirements

Funded applicants will be required to:

- Complete baseline and follow-up survey on implementation of National Standards.
- Submit a work plan and budget

- Submit demographics of DSMES clients served if applicable at beginning and ending of mini-grantee period
- Complete monthly surveys on progress and satisfaction
- Submit quarterly expenditure report and invoice
- Submit at least one client success or program development success on a provided template
- Submit a final progress report (including budget expenditures report) by Friday, June 17, 2022.

V. Other Requirements

- Awardees agree to accept technical assistance if deemed necessary by the review committee.
- Organizations must have either met the DSMES National Standards or work towards meeting the DSMES National Standards.
- Grantees must implement inclusive-access policies for DSMES participants with physical or intellectual limitations.

VI. Application Submission Process

Applicants are required to apply via completion of an application survey on Survey Monkey that is located at:

<https://www.surveymonkey.com/r/DSMEMiniGrantApplication>

STEP 1: Review the entire Funding Opportunity Announcement, including the reference materials mentioned above, prior to completing the application survey.

STEP 2: Complete the information requested in survey monkey. The questions are also listed at the end of this document for reference and planning, but the application must be completed in Survey Monkey. All information must be completed.

VII. Application Review Process

All applications will be reviewed by a review committee. As part of the application review process, applicants may be interviewed via telephone by the review committee to more accurately determine the organization's ability and commitment to complete the funding goal(s).

Based on review of the applications received and the results of the interviews, the review committee will make funding decisions. Decisions of the review committee are final. The review committee will award funding amounts in allotted budget categories for each funded applicant.

VIII. Funding Timeline

Funding announcement released on or before
Q&A conference call

Monday, August 16, 2021

Wednesday, September 1, 10:00 AM-11:00 AM ET

<https://us06web.zoom.us/j/81669481699?pwd=NGNFQkk2cWh5RzNuT3FHMGZDMVVQQT09>

Meeting ID: 816 6948 1699

Passcode: 931239

One tap mobile

+16465588656,,81669481699# US (New York)
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Dial by your location
+1 646 558 8656 US (New York)
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+1 346 248 7799 US (Houston)
Meeting ID: 816 6948 1699

Summary of conference call posted on Friday, September 3, 2021 on Health Council websites

Application deadline	Thursday, September 30, 2021*
Telephone interviews	Monday, October 4-Monday, October 11, 2021
Funding awards announced	Anticipated by October 15, 2021
All funded activities completed by	Friday, June 17, 2022**
All reports received by	Friday, June 17, 2022

*All applications must be received by this midnight ET on this date. Late applications will not be considered.

**All activities, including travel and training, MUST be completed by this date.

IX. Deliverables

Funded organizations will be required to submit deliverables based on the items funded. Deliverables are meant to ensure that the funded grant activities are completed and that progress is made toward goals. Descriptions and amounts associated with each deliverable will be determined on a case-by-case basis. Failure to complete and submit all the required deliverables, including work plan, success story, and reports, will result in forfeiture of funding.

Grantees will be required to create a detailed budget and work plan as part of their first deliverable. Allowable expenses can be reviewed in Section III.C above.

Below is a **sample** set of deliverables; **actual** deliverables for each mini-grantee will be determined upon award of funding.

SAMPLE Deliverables and Due Dates

<i>Due Date</i>	<i>Deliverable</i>
Within 30 days of funding award	<p>Conference Call with Grantor to discuss work plan and timeline</p> <p>Completion of Baseline SurveyMonkey Survey, indicating which national standards are in place.</p> <p>Progress Report and Invoice including:</p> <ol style="list-style-type: none"> 1. Work plan describing what the Grantee will accomplish throughout the funding period, including a timeline and person responsible for each activity. 2. Detailed Budget. 3. If seeking DSME accreditation/recognition, specify whether ADA or ADCES process will be used.
As needed, minimum monthly	Conference Call with Grantor to discuss work plan, challenges, and concerns related to the grant funding and activities.

<i>Due Date</i>	<i>Deliverable</i>
	<p><u>Progress Report and Invoice:</u></p> <p>Progress report will include update on work plan and milestones and:</p> <ol style="list-style-type: none"> 1. Is the organization on track with completing activities in the work plan? 2. If not, what are the reasons for any delays? 3. What other DSME-related accomplishments has the organization achieved during this reporting period? 4. What challenges has the organization encountered during this reporting period, and how were they overcome? 5. Checklist of national standards showing which are in place. 6. Grantee's progress toward achieving objectives. <p><u>Budget status report:</u></p> <ol style="list-style-type: none"> 7. Complete the budget report, detailing expenses to date. Backup documentation may be requested. 8. Specify any requested changes to the budget.
June 18, 2022	<p><u>Final Report and Invoice describing the following:</u></p> <ol style="list-style-type: none"> 1. Work plan milestones as shown above. 2. Reason for any milestones not achieved. 3. Successes, barriers, lessons learned. <ul style="list-style-type: none"> • Each funded program will be required to submit a success story on a template which will be provided. 4. Summary of mock audit/site visit if applicable 5. Submit proof of application for accreditation or recognition or projected date for application if applicable

6. Next steps (post-funding period).
7. During this grant funding, how many participants received DSME services through the Grantee at the site supported through this grant funding? What are their demographics

Final Budget Report:

8. Complete the budget report, detailing expenses to date. Use budget form provided. Backup documentation may be requested.

DSME MINI-GRANT APPLICATION SCORE SHEET

(Score sheet is to be completed by the Review Committee. Applicants should refer to this attachment to ensure all sections of the application are addressed.)

Applicant Organization: _____

Reviewer Name: _____ Date Reviewed: _____ SCORE: _____

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
MINI-GRANT APPLICATION (via Survey Monkey - required) https://www.surveymonkey.com/r/DSMEMiniGrantApplication		
What type of agency is your organization?	Non-profit or government – 3 points For profit – 0 points	
List the counties where your organization currently provides DSME (whether or not they are recognized or accredited), the counties where you plan to provide DSME, and counties where you propose to increase access to people with physical or intellectual disabilities.	Score of 0-5 points based on whether the counties listed would increase access to individuals in areas with no or limited DSME services	
Please describe any gaps in existing services or special populations that your program helps [will help] to serve.	Score of 0-25 points based on the need indicated by the gaps described and the quality of the answer.	
Why is your organization requesting these funds and how will your organization use the items selected above?	0-25 points based on how well the requested items will help to fill identified gaps and needs and how the items requested will help to meet the objectives of the grant.	
How does your current program incorporate accessibility for participants with physical/intellectual disabilities? How would you use these funds to increase accessibility? <i>(Examples include ease of wheelchair access, covered portico, sign language interpreter provided, large-text documents, or other ways.)</i>	0-20 points based on how well the program incorporates accessibility and/or will increase accessibility for those with physical/intellectual disabilities.	
Describe the staff who are currently or proposed to be involved in diabetes education or management.	0-20 points based on the strength of staff described and the projected ability of the staffing to meet the goals of the grant and program.	
Provide three community references (outside of your organization) who can speak to your organization's capability and commitment to provide education services. For each reference, provide the following information	0-3 points based on whether appropriate references are provided.	

2021 DSME Mini-Grant Application Questions

* 1. Applicant Information

Organization Name	<input type="text"/>
Organization Address	<input type="text"/>
Website Address	<input type="text"/>
Contact Name	<input type="text"/>
Contact Title	<input type="text"/>
County Headquarters	<input type="text"/>
Email Address	<input type="text"/>
Contact Phone Number	<input type="text"/>

* 2. What type of agency is your organization?

- For-profit
- Non-profit
- Government (this grant cannot fund county DOHs, please contact state office for funding opportunities)

3. How did you find out about this funding opportunity?

* 4. What population does (or will)your DSME program serve? (*Please note, this funding is for DSME programs serving adults ONLY.*)

- Adults
- Children
- Both adults and children

* 5. List the counties where your organization **currently** provides DSME (whether or not they are recognized or accredited), the counties where you **plan** to provide DSME, and counties where you propose to increase access to people with physical or intellectual disabilities.

Counties currently served:

Counties you plan to serve:

Counties where you propose to increase access to people with physical or intellectual disabilities:

* 6. What is the current status of your DSME program? (check what applies to you)

- Currently do not offer diabetes education services
- Offer diabetes education services, but not DSME
- Offer DSME, but program is not accredited or recognized
- Offer DSME and program is accredited or recognized

* 7. How long have you provided diabetes education services?

* 8. Describe your organization's knowledge and experience with providing diabetes education services.

* 9. How do you [will you] provide your services? (check all that apply)

- In person
- Telehealth
- To individuals
- In Group settings

* 10. Please describe any gaps in existing services or special populations that your program helps [will help] to serve.

* 11. Please check which goal(s) your organization would like to accomplish with this grant.

- Build infrastructure that aligns with national standards for DSME programs
- Achieve DSME accreditation or recognition
- Establish a recognized or accredited satellite site
- Increase sustainability of an existing recognized or accredited DSME programs
- Increase access to a recognized or accredited DSME program by people with physical or intellectual limitations

* 12. Below is a list of items that the grant money can be spent on. Please select the types of items your organization will like to request through this grant.

- | | |
|--|--|
| <input type="checkbox"/> Membership fees (ex. American Diabetes Association, Association of Diabetes Care & Education Specialists) | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Accreditation/recognition application fees | <input type="checkbox"/> Training registration fees (ADA or ADCES approved) |
| <input type="checkbox"/> Curriculum, education materials | <input type="checkbox"/> Telehealth/remote service cost (ex. equipment, video conference subscription) |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Client incentives and educational items |
| <input type="checkbox"/> Marketing and outreach/printing | <input type="checkbox"/> Items to increase access to those with physical or intellectual disabilities |
| <input type="checkbox"/> Salaries, fringe for program development/marketing outreach only | |
| <input type="checkbox"/> Other (please specify) | |

* 13. Why is your organization requesting these funds and how will your organization use the items selected above?

THESE FUNDS MAY NOT BE USED FOR DIABETES PREVENTION PROGRAMS.

* 14. How does your current program incorporate accessibility for participants with physical/intellectual disabilities? How would you use these funds to increase accessibility? (Examples include ease of wheelchair access, covered portico, sign language interpreter provided, large-text documents, or other ways.)

* 15. Does your organization currently (or within the last year) bill any of the following:

- Medicaid
- Medicare
- Private insurance for any services
- Other payer sources

* 16. Do you have any staff that are responsible for the DSME program?

- Yes
- No

Describe the staff who are currently or proposed to be involved in diabetes education or management.

17. Staff Member

Name and Credentials (If position is vacant, show TBD or new position)

Position Title

Is this a current position?

Full-Time/ Part-Time/
Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

18. Staff Member

Name and Credentials

Position Title

Is this a current position?

Full-Time/ Part-Time/
Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

19. Staff Member

Name and Credentials

Position Title

Is this a current position?

Full-Time/ Part-Time/
Contracted

Percent of staff member's time devoted to DSME

Funding source for this staff member

20. Staff Member

Name and Credentials

Position Title

Is this a current position?

Full-Time/ Part-Time/
Contracted

Percent of staff member's
time devoted to DSME

Funding source for this
staff member

21. Staff Member

Name and Credentials

Position Title

Is this a current position?

Full-Time/ Part-Time/
Contracted

Percent of staff member's
time devoted to DSME

Funding source for this
staff member

Provide three community references (outside of your organization) who can speak to your organization's capability and commitment to provide education services. For each reference, provide the following information:

22. Community Reference 1

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number & Email Address

23. Community Reference 2

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number & Email Address

24. Community Reference 3

Contact Person's Name & Title

Organization Name & Address

Contact Person's Phone Number & Email Address

* 25. By typing my name in this box, I hereby state that I have read the entire DSME Mini-Grant Funding Opportunity Announcement. I hereby certify that my company, its employees, and its principals agree to abide by all of the terms, conditions, provisions and specifications during the solicitation and any resulting funding. I hereby certify that I am authorized to apply for this funding on behalf of my company or organization.