

* 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.