Diabetes Self-Management Education (DSME)
Mini-Grant Funding Opportunity Announcement (FOA)
2020

Deadline for application: November 27, 2019

I. Overview

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 American Association of Diabetes Educators (AADE) 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 AADE. The designation of ADA recognition or AADE 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.

> **AADE Website:**
> https://www.diabeteseducator.org/
>
> **ADA Website:**
> http://www.diabetes.org/
>
> **Crosswalk for AADE'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.

A. Objective 1: Build infrastructure that aligns with national standards for DSME programs

Eligibility: Organization has no current DSME program, with a goal of providing quality DSME. We recognize that not all organizations will be able to achieve recognition or accreditation. This objective provides funding to assist organizations improve their diabetes education services to align as much as possible with the national standards. Organizations which apply for funding under this objective plan to either (1) apply for recognition/accreditation at some point in the future; (2) continuously improve the quality of their diabetes education services; (3) partner with a recognized/accredited program; or (4) establish a consumer site for DSME via telehealth. Grant funds may be used to pay for the following:

● Staff in counties underserved by DSME programs; applicants who request funding for salaries must include those staff (and specify future funding source) in their sustainability plan. Staff contribution to this project must be described clearly.

● Professional membership in the AADE, which qualifies staff for reduced registration fees on professional education and makes other learning opportunities available for free or reduced prices. Staff for whom AADE memberships will be purchased must be directly involved in this project and the benefit of membership described clearly.

● Professional education. Specific training must be identified, including date, location, and registration fee. Staff attending professional education must be directly involved in this project and the benefit of the specific training must be described clearly.

● Travel for professional staff to attend professional education opportunities. Itemize expenses such as airfare, rental car, gas, hotel, meals. Expenses must comply with State of Florida travel guidelines

● Printing or purchase of curriculum, educational materials, and other program-specific items.

- Expenses related to telehealth services. See the website of The Southeastern Telehealth Resource Center at http://www.setrc.us/Southeastern Telehealth Resource Center.

B. Objective 2: Achieve DSME accreditation or recognition

Eligibility: Organization has a current diabetes education/DSME program that is not recognized or accredited and has a goal of becoming recognized or accredited to provide DSME. Grant funds may be used to pay for the following:

- Staff in counties with no current DSME program; applicants who request funding for salaries must include those staff (and specify future funding source) in their sustainability plan. Staff contribution to this project must be described clearly.
- Professional memberships in the AADE, which qualifies staff for reduced registration fees on professional education and makes other learning opportunities available for free or reduced prices. Staff for whom AADE memberships will be purchased must be directly involved in this project and the specific benefit of membership must be described clearly.
- Professional education. Specific training must be identified, including date, location, and registration fee. Staff attending professional education must be directly involved in this project and the benefit of the specific training must be described clearly.
- Travel for professional staff to attend professional education opportunities. Itemize expenses such as airfare, rental car, gas, hotel, meals. Expenses must comply with State of Florida travel guidelines.
- Printing or purchase of curriculum, educational materials, and other program-specific items.
- Application fee for accreditation or recognition.

C. Objective 3: Establish a recognized or accredited satellite site

Eligibility: Organization currently has a DSME program that is recognized or accredited and has a goal to establish one or more satellite/community locations that are recognized or accredited to provide DSME. Grant funds may be used to pay for the following:

- Staff for satellite/community sites located in a county with no current DSME program; applicants who request funding for salaries must include those staff (and specify future funding source) in their sustainability plan. Staff contribution to this project must be described clearly.
- Professional memberships in the AADE, which qualifies staff for reduced registration fees on professional education and makes other learning opportunities available for free or reduced prices. Staff for whom AADE memberships will be purchased must be directly involved in this project and the benefit of membership must be described clearly.
- Professional education. Specific training must be identified, including date, location, and registration fee. Staff attending professional education must be directly involved in this project and the benefit of the specific training must be described clearly.
- Travel for professional staff to attend professional education opportunities. Itemize expenses such as airfare, rental car, gas, hotel, meals. Expenses must comply with State of Florida travel guidelines.
- Printing or purchase of curriculum, educational materials, and other program-specific items.

- Application fee for accreditation or recognition of satellite/community site(s).
- Expenses related to telehealth services. See the website of The Southeastern Telehealth Resource Center at http://www.setrc.us/Southeastern Telehealth Resource Center.

D. Objective 4: Increase sustainability of an existing recognized or accredited DSME program

Eligibility: Organization seeks assistance to sustain a recognized or accredited DSME program.
Grant funds may be used to pay for the following:

- Professional memberships in the AADE, which qualifies staff for reduced registration fees on professional education and makes other learning opportunities available for free or reduced prices. Staff for whom AADE memberships will be purchased must be directly involved in this project and the benefit of membership must be described clearly.
- Professional education. Specific training must be identified, including date, location, and registration fee. Staff attending professional education must be directly involved in this project and the benefit of the specific training must be described clearly.
- Increasing capacity and referrals. Funds may be used for outreach and education to providers and potential clients in the community.
- Travel for professional staff to attend professional education opportunities. Itemize expenses such as airfare, rental car, gas, hotel, meals. Expenses must comply with State of Florida travel guidelines.
- Printing or purchase of curriculum, educational materials, and other program-specific items.
- Expenses related to telehealth services. See the website of The Southeastern Telehealth Resource Center at http://www.setrc.us/Southeastern Telehealth Resource Center.

E. Objective 5: Increase access to a recognized or accredited DSME program by people with physical or intellectual limitations.

Eligibility: Only recognized or accredited DSME programs are eligible. The organization seeks assistance in providing curriculum, assistive technology, or other materials to accommodate the learning needs of DSME participants with disabilities. Grant funds may be used to pay for the following:

- Staff certified to provide instruction to participants with disabilities. Applicants who request funding for salaries must include those staff (and specify future funding source) in their sustainability plan. Staff contribution to this project must be described clearly.
- Professional memberships in the AADE, which qualifies staff for reduced registration fees on professional education and makes other learning opportunities available for free or reduced prices. Staff for whom AADE memberships will be purchased must be directly involved in this project and the benefit of membership must be described clearly.
- Professional education related to providing services to people with disabilities. Specific training must be identified, including date, location, and registration fee. Staff attending professional education must be directly involved in this project and the benefit of the specific training must be described clearly.

- Travel for professional staff to attend professional education opportunities. Itemize expenses such as airfare, rental car, gas, hotel, meals. Expenses must comply with State of Florida travel guidelines.
- Printing or purchase of curriculum and educational materials that increase the ability of people with disabilities to participate in the DSME program.
- Assistive devices and other program-specific items that increase the ability of people with disabilities to participate in the DSME program.
- Expenses related to telehealth services. See the website of The Southeastern Telehealth Resource Center at http://www.setrc.us/Southeastern Telehealth Resource Center.

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 November 29, 2020
- Successful applicants will be awarded up to $20,000 per site. 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.

C. Allowable Expenses
- Salaries, fringe
- Travel
- Supplies
- AADE Membership
- Conference/Webinar registration fees
- Training registration fees (ADA or AADE approved)
- Curriculum, educational materials
- Outreach materials
- 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.

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 progress reports.
- Complete quarterly surveys on progress and satisfaction
- Submit a final progress report (including budget expenditures report) by Friday, June 14, 2018.

V. Other Requirements
- Awardees agree to accept technical assistance if deemed necessary by the review committee.

VI. Application Submission Process

Applicants are required to submit an application using the templates provided (Attachments 1, 2, and 3).

STEP 1: Review the entire FOA, including the reference materials mentioned above, prior to completing the application.

STEP 2: Complete the application cover sheet (Attachment 1). All information must be completed.

STEP3: Complete the application (Attachment 2). All information must be completed.

STEP 4: Complete the budget and budget narrative (Attachment 3). All information must be completed.

STEP5: Submit the complete application package as described in Attachment 1.

Return the completed application, including all required attachments in the formats specified, via email to: Peggy Brown at peggybrown@hpcswf.com AND Lindsey Redding at LRedding@wellflorida.org.

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   Wednesday, October 16, 2019

Q&A conference call   Wednesday, October 30, 2019, 2 PM – 3 PM ET

- https://zoom.us/j/653331331?pwd=elM0YjBURXM0UFNKTVRaVCs5ZU51UT09
- Or Dial by your location (646) 558-8656
- Meeting ID: 653-331-331
- Password: 018365

Summary of conference call posted on Wednesday November 6, 2019 Health Council and DOH websites

Application deadline   Wednesday, November 27th, 2019*

Telephone interviews   Monday, December 9-Wednesday, December 18, 2018

Funding awards announced   Anticipated by December 20, 2019

All funded activities completed by   Friday, November 15, 2020**

All reports received by   Friday, November 29, 2020

*All applications must be received by 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

Due Date	Deliverable
Within 2 weeks of funding award	Conference Call with Grantor to discuss work plan and timeline Completion of Baseline SurveyMonkey Survey, indicating which national standards are in place. Progress Report and Invoice including: 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 AADE 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.

Due Date	Deliverable
TBA	Progress Report and Invoice: Progress report will include update on work plan and milestones and: 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. Provide a written report regarding Grantee's progress toward achieving marketing and sustainability plan objectives. Budget status report: 7. Complete the budget report, detailing expenses to date. (Use budget form provided in Attachment 3). Backup documentation may be requested. 8. Specify any requested changes to the budget.

June 14, 2019	<u>Final Report and Invoice describing the following</u>: 1. Work plan milestones as shown above. 2. Reason for any milestones not achieved. 3. Successes, barriers, lessons learned. • 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. 5. Submit proof of application for accreditation or recognition or projected date for application. 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? <u>Final Budget Report</u>: 8. Complete the budget report, detailing expenses to date. (Use budget form provided in Attachment 3). Backup documentation may be requested.

Attachment 1
2018-2019 DSME MINI-GRANT
COVER SHEET (REQUIRED)

The following cover information must be completed. This page must be included with the application package. Attachments must be in Microsoft Word (doc, docx), PDF, or Excel formats as described below. Font size must not be less than 11 points. Margins are 1". Pages are 8-1/2" x 11", double-spaced except as described below. Handwritten applications will not be accepted.

APPLICANT INFORMATION

Organization Name _____

Organization Address _____

Contact Name: _____ Phone Number _____

Contact Title: _____ Email Address _____

Website Address: _____

How did you find out about this funding opportunity?_____

FUNDING REQUESTED

Amount requested: $_____

Please note, if we are unable to fully fund your request, we may be able to fund your organization at a lower funding level. Potential funding levels will be discussed during the phone interview process as described in Application Review Process.

Objectives (check all that apply)

☐   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.

ATTACHMENTS REQUIRED

Applications will only be accepted if they include all of the following attachments completed in full. Page limits must be adhered to. Any pages over the limit will not be reviewed.

Attachment 1:   **2020 DSME Mini-Grant Application Cover Sheet (this page) (doc, docx, or PDF format)**

Attachment 2:   **2020 DSME Mini-Grant Application (doc, docx, or PDF format; 10 pages, double-spaced)**

Attachment 3:   **Budget Request and Budget Justification (doc, docx, PDF, xls, xlsx format; 5 pages, budget request table single-spaced; justification double-spaced)**

By affixing my signature on this cover sheet, I hereby state that I have read the entire DSME Mini-Grant Funding Opportunity Announcement and all attachments. 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. If applicant is a county health department, my signature confirms that we have budget authority for the requested amount and will accept funding up to this amount.

Signature of Authorized Representative (REQUIRED): _____

Name and Title (Typed): _____ **Date:** _____

Return the completed application, including all required attachments in the formats specified above, **via email** to: Peggy Brown at peggybrown@hpcswf.com AND Lindsey Redding at LRedding@wellflorida.org.

Attachment 2

Application Deadline: September 1, 2018

2018-2019 DSME MINI-GRANT APPLICATION (*REQUIRED)*

Prepare a response to all sections. All questions must be answered. You may use a narrative style, but your responses should follow the order in which the questions are asked. This section of the application must be double-spaced and must not exceed 10 pages. Only Microsoft Word (doc, docx) or PDF formats are acceptable. Font size must be 11 points or greater. Handwritten applications will not be accepted.

1. **What objective(s) are you applying for?** List all that apply. Applicant response should align with one or more 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 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.

2. **Why is your organization requesting these funds? How would your organization use these funds?** Explain how the proposal addresses the needs of the population which the applicant serves or will serve. **THESE FUNDS MAY NOT BE USED FOR DIABETES PREVENTION PROGRAMS**.

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

4. **Describe your organization leadership's support for current diabetes programs and for activities that would be funded by this funding opportunity, including support after the funding period ends.**

5. List the counties in which your organization currently provides diabetes management services (whether or not they are recognized or accredited) and the counties in which you propose to provide services.

6. **List the counties in which you propose to establish or enhance services to people with physical or intellectual disabilities.**

7. **What type of agency is your organization?** For-profit, not-for-profit, government, or other. (If other, explain.)

8. **Describe your organization's billing experience:** Does your organization currently (or within the last year) bill Medicaid, Medicare, or private insurance for any services?

9. **Please describe your organization's ability to staff a DSME program**. Include details such as the number of full- and part-time employees dedicated to the program, leadership buy-in, other funding sources for staff, etc. Staffing must be described in more detail in the budget request and budget narrative (Attachment 3).

   9a. **Who coordinates (or would coordinate) your DSME program?** Include credentials, employment history, and diabetes-related experience.

   9b. **Describe the staff who are currently involved in diabetes education or management.** Include the following information for each staff member:

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

   Position Title

   Is this a current position?

   Is this position full-time? If not, how many hours per week?

   Is this position contracted?

   What percent of this staff member's time is devoted to DSME?

   What is the funding source for this staff member?

10. **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 in which the organization is inclusive of people with disabilities. (Answer this question even if you are not requesting funds under Objective 5.)

11. **Describe the organization's infrastructure and ability to provide the services for which the funds will be used.** Include how current services will be expanded and how proposed objectives will be accomplished. Include current internal and external policies, procedures, and agreements that impact your ability to achieve your goal(s). If you are proposing new collaborative opportunities, include letters of support or copies of memoranda of agreement that demonstrate that prospective partners have agreed to participate and how they will assist the applicant in achieving the stated goals. (Letters of support/memoranda of agreement are not included in page count.)

12. **What is your plan for sustainability of the DSME program after the funding period ends?**
   If requesting staff expenses to be paid from this funding opportunity, include a plan for sustaining these positions after the funding ends.

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

   Contact Person's Name & Title
   Organization Name & Address
   Contact Person's Phone Number & Email Address

Attachment 3
2020 DSME MINI-GRANT BUDGET REQUEST AND BUDGET NARRATIVE *(REQUIRED)*

Budget: Complete this budget request form. You may copy and paste it into an Excel spreadsheet. Your request will be considered, but it is not guaranteed that you will receive your full funding request. Also, the review committee might authorize or require items to be funded that are not included in your budget request. The Budget and Budget Narrative combined must not exceed five pages.

STAFF:
- Put the name (or TBD if currently not hired) and position of each staff member who will provide support for this project on a separate line under Column A. Note the annual salary in Column B, the percent of time the staff person will devote to the DSME project in Column C, and the total amount charged to the DSME project in Column D. The amount in Column D should be no more than Column B x Column C.
- Fringe benefits for all staff may be combined on one line in the table. Put N/A if no fringe is requested.

EXPENSES
- Only expenses for this project should be included in Column B. Add lines if needed.
- Only note the total for each expense category in the budget form. For example, on the professional education registration fees line, only note the total in Column B. Each registration fee will need detailed justification in the budget narrative.

BUDGET REQUEST FORM

A. Budget Category	B. Total	C. Percentage Allocated to DSME Project	D. Total Amount Requested for DSME Project
Personnel Salary and Benefits			
Salary			
Fringe Benefits			
Subtotal Personnel			

A. Budget Category	B. Total Amount Requested for DSME Project
Expenses	
Project Supplies	
Travel	
Professional Education Registration Fees	
Professional Memberships	
Printing	
Other (Describe)	
Other (Describe)	
Subtotal Expenses	
Subtotal Personnel	
TOTAL REQUESTED	

Budget Narrative: Provide a budget narrative with detailed information and justification for each line item on the Budget Request Form. Budget narrative should be single-spaced.

- Salary/Fringe:
  - Show all staff assigned to this project, including percent of time dedicated to the project and funding to be paid from this project. Identify the staff member who serves (or will serve) as program coordinator.
  - Include the following information for each staff member currently involved or proposed to be added to the DSME program:

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

    Position Title

    Is this a current position?

    Is this position full-time? If not, how many hours per week?

    Is this position contracted?

    What percent of this staff member's time is devoted to DSME?

    What is the funding source for this staff member?

  - If requesting staff expenses to be paid from this project, include justification and sustainability for position funding at conclusion of the grant funding period.

Project Supplies:

- Include a description of the items you intend to purchase and the total amount requested. Describe how the requested supplies will benefit the project.

Travel:

- List amount requested for travel and the purpose of the travel. If particular travel details are known, include details such as dates and location. Describe how the requested travel will benefit the project Travel will be reimbursed per State of Florida guidelines (Attachment 4).

Professional Education Registration Fees:

- If specific events are known, include details such as dates, location, and event title. List each event separately. Describe how participation in the requested event will benefit the project

Professional Memberships:

- List organization, cost of membership x number of memberships, total price, name(s) of staff, benefit to the project

Printing:

- Include as much information as possible: a description, quantity, price each, total price for each item requested. Describe how the requested materials will benefit the project.

Other:

- If items are requested that do not fit in any of the above categories, enter them as "Other" and include each item on a separate line.

Attachment 4
State of Florida Travel Guidelines

Meals – **Only allowable for overnight travel more than 50 miles (one-way) from headquarters or residence city. Reimbursement rates are as follows:**
a) **Breakfast** - **$6** (When travel begins before 6 A.M. and extends beyond 8 A.M.)
b) **Lunch** - **$11** (When travel begins before 12 Noon and extends beyond 2 P.M.)
c) **Dinner** - **$19** (When travel begins before 6 P.M. and extends beyond 8 P.M.)
Meals included in a registration fee shall be deducted from the meal allowance or per diem rate

Per Diem or Actual Lodging Expenses – Only allowable for overnight travel more than 50 miles (one-way) from headquarters or residence city.
a) **Lodging** – Hotel reimbursements cannot exceed $150 per night.
b) **Per Diem** - Per-diem shall be calculated using four six-hour quarters beginning at midnight on the last day of travel. Per diem is $20.00 for each quarter on the last day of travel.

Daily Per Diem Clock

Map Mileage Claimed--When a privately owned vehicle is used for business related travel, map mileage at a fixed rate of $0.445 per mile shall be reimbursed. Travelers shall calculate the total mileage claimed out to the third decimal point and round down to the nearest cent when mileage is to be reimbursed. Map mileage claimed shall be from city to city and cannot exceed the total mileage shown on the FDOT Internet Web Page **http://www2.dot.state.fl.us/CityToCityMileage/viewer. html** or the current total mileage shown on the Florida's Official State Transportation Map issued by FDOT. The Internet Web Sites listed can be used to calculate map mileage when cities are not listed on the Department of Transportation Official Highway Mileage web site. **http://www2.dot.state.fl.us/CityToCityMileage/viewer. html http://maps.google.com, http://maps.yahoo.com**

Vicinity Mileage Claimed – When privately owned vehicles are used for business related travel, vicinity mileage allowance at a fixed rate of $0.445 per mile shall be reimbursed. Travelers shall calculate the total mileage claimed out to the third decimal point and round down to the nearest cent when mileage is to be reimbursed.

Rental Car – Travelers are required to use Compact Class B vehicles except when the number of passengers or the volume of materials to be transported makes use of a Compact Class vehicle impractical. Travelers will not be reimbursed for use of a car larger than the Compact Class B on the rental car contract because of the size or stature of the individual unless the requirements of the American with Disabilities Act (ADA) are met.
a) Gas/Fuel Receipts – Itemized fuel receipts with the name and address of vendor, date and time of purchase, price per gallon, and quantity of fuel purchased and total cost required.

Airfare – Traveler must show that airfare is more cost effective than a rental car.

Taxi Fares – Receipts are required for taxi fares in excess of $25 on a per fare basis.

Parking Fees or Tolls – Receipts are required for parking fees or tolls in excess of $25 on a per-transaction basis.

Registration fees – Receipts or cancelled checks are required for registration fees.

Taxi Tip – Tips paid to taxi drivers shall not exceed fifteen percent of the taxi fare.

Valet Parking Tip – Actual amount paid for **mandatory** valet parking at the hotel not to exceed $1 per occasion. Valet parking tips shall not be paid if self-parking is available at the hotel.

Portage – Actual portage paid shall not exceed $1 per bag not to exceed $5 per incident. The number of bags carried plus number of incidents are required.

Attachment 5
DSME MINI-GRANT APPLICATION SCORE SHEET
(Attachment 5 is to be completed by the Review Committee. Applicants should refer to this attachment to ensure all sections of the application are addressed. Your application should follow the sequence shown.)

Applicant Organization: _____   TOTAL FUNDING REQUESTED: $ _____
Reviewer Name: _____   Date Reviewed: _____   SCORE: _____

2018-2019 DSME Mini-Grant Scoring Criteria

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE

ATTACHMENT 1: COVER SHEET *(REQUIRED)*	● Is cover sheet complete and signed?
	  Yes = 5
	  Partial = 3
	  No or not included = 0	

ATTACHMENT 2: MINI-GRANT APPLICATION (*REQUIRED)*		

1. What objective(s) are you applying for? List all that apply. Applicant response should align with one or more of the following objectives.	● Does applicant state one or more of the objectives listed below?
	  Yes = 10
	  No = 0	

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 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.		

2. Why is your organization requesting these funds? How would your organization use these funds? Explain how the proposal addresses the needs of the population which the applicant serves or will serve. **THESE FUNDS MAY NOT BE USED FOR DIABETES PREVENTION PROGRAMS.**	● Response is complete, allowable, and related to funding opportunity objective(s)
	  Yes = 10
	  Partial = 5
	  No or not addressed = 0	

3. Describe your organization's knowledge of and experience with providing diabetes education services.	● Response shows knowledge of and experience with providing diabetes education services.
	  Yes = 10
	  Partial = 5
	  No or not addressed = 0	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
4. **Describe your organization's leadership support for current diabetes programs and for activities that would be funded by this funding opportunity, including support after the funding period ends**	● Response shows knowledge of and experience with providing diabetes education services. 　Yes = 10 　Partial = 5 　No or not addressed = 0	
	● Response shows high level of support. 　Yes = 10 　Partial = 5 　No or not addressed = 0	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
5. **List the counties in which your organization currently provides diabetes management services and the counties in which you propose to provide services.** **Why is this shaded blue?**	● Has applicant listed counties in which diabetes management services are currently provided and those counties in which they propose to provide services? 　Yes = 5 　No = 0	
6. **List the counties in which you propose to establish or enhance services to people with physical or intellectual disabilities.**	● Has applicant listed the counties in which they propose to establish or enhance services to people with physical or intellectual disabilities? 　Yes = 5 　No = 0	
7. **What type of agency is your organization?** For-profit, not-for-profit, government, or other. (If other, explain.)	● Is question answered? 　Yes = 5 　No = 0	
8. **Describe your organization's billing experience:** Does your organization currently (or within the last year) bill Medicaid, Medicare, or private insurance for any services?	● Does the applicant currently (or within the last year) bill Medicaid, Medicare, or private insurance for any services? 　Yes = 10 　No or not addressed = 0	
9. **Please describe your organization's ability to staff a DSME program.** Include details such as the number of full- and part-time employees dedicated to the program, leadership buy-in, other funding sources for staff, etc. Staffing must be described in more detail in the budget request and budget narrative (Attachment 3).	How well does the applicant answer all applicable portions of this question? ● Include a sufficient number of staff to ensure the program's operation? ● Justify any staff for which funding is requested? ● Include a sustainability plan? ● Demonstrate sufficient staff dedicated to DSME?	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
9a. Who coordinates (or would coordinate) your DSME program? Include credentials, employment history, and diabetes-related experience. **9b. Describe the staff who are currently involved in diabetes education or management.** Include: • Name and credentials • Position title • Is this a current position • Is position full-time? If not, hours/week • Is position contracted? • Percent of time devoted to DSME • Funding source Additional information is required in the Budget and Budget Narrative sections.	Response is thorough and realistic = 25 Response is adequate but not thorough or is not realistic = 15 Response not adequate or not included = 0	

10. 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 in which the organization is inclusive of people with disabilities. (Answer this question even if you are not requesting funds under Objective 5.)	● Does the applicant describe current or planned services, facilities, and/or accommodations that go above and beyond the requirements of the Americans with Disabilities Act?
	  Yes = 10
	  Partial = 5
	  No = 0	

11. Describe the organization's infrastructure and ability to provide the services for which the funds will be used. Include how current services will be expanded and how proposed objectives will be accomplished. Include current internal and external policies, procedures, and agreements that impact your ability to achieve your goal(s). If you are proposing new collaborative opportunities, include letters of support or copies of memoranda of agreement	● Does the applicant describe infrastructure that will lead to accomplishing the stated objectives?
	  Yes = 10
	  Partial = 5
	  No = 0	

	● Are strong internal and external partnerships included and documented by letters of support and/or existing policies and agreements that will contribute to the project goals being achieved? Yes = 10	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
that demonstrate prospective partners have agreed to participate and how they will assist the applicant in achieving the stated goals. (Letters of support/ memoranda of agreement are not included in page count.)	Partial = 5 No = 0	

12. **What is your plan for sustainability of the DSME program after the funding period ends?** If requesting staff expenses to be paid from this funding opportunity, include a plan for sustaining these positions after the funding ends.	• Is the sustainability plan reasonable and likely to succeed? If staff funding is included in the request, are these staff included in the sustainability plan?
	    Yes = 20
	    Partial = 10
	    No or not addressed = 0	

13. **Provide three community references (outside your organization) who can speak to your organization's capability and commitment to provide diabetes education services.** For each reference, provide the following information:
        Contact Person's Name & Title
        Organization Name & Address
        Contact Person's Phone Number & Email Address
	• How many community references **(outside the applicant organization)** are provided?
	    3 = 5
	    2 = 4
	    1 = 2
	    0 = 0	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
ATTACHMENT 3: BUDGET REQUEST AND BUDGET NARRATIVE *(REQUIRED)*		
BUDGET: Complete this budget request form. You may copy and paste it into an Excel spreadsheet. Your request will be considered, but it is not guaranteed that you will receive your full funding request. Also, the review committee might authorize or require items to be funded that are not included in your budget request.	● Did the applicant include a budget on the form provided? 　　Yes = 10 　　Partial = 5 　　No = 0	
Personnel Salary and Benefits ● Put the name (or TBD if currently not hired) and position of each staff member who will provide support for this project on a separate line under Column A. Note the annual salary in Column B, the percent of time the staff person will devote to the DSME project in Column C, and the total amount charged to the DSME project in Column D. The amount in Column D should be no more than Column B x Column C. ● Fringe benefits for all staff may be combined on one line in the table. Put N/A if no fringe is requested.	● Staff members' names and titles are included in Column A of the budget form, and Columns B, C, and D are completed for each staff member listed. Fringe benefits are shown if applicable. 　　Yes = 10 　　Partial = 5 　　No = 0	
Expenses ● Only expenses for this project should be included in Column B. Therefore, Column C should be 100% for all expense items. If another funding source is used to pay for some of the materials, the amount in Column D will be lower than the amount in Column B. However, the amount in Column D should not be higher than the amount in Column B. Add lines if needed. ● Only note the total for each expense category. For example, in the budget form, only note the total of professional education registration fees. Each item will	● Expenses for the project are shown on the budget form as required. 　　Yes = 10 　　Partial = 5 　　No = 0	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE
need detailed justification in the budget narrative.		
BUDGET NARRATIVE: Provide a budget narrative with detailed information and justification for each line item on the Budget Request Form. Budget narrative should be single-spaced. For example, in the budget narrative, list each conference, webinar, etc. separately and provide details for each event.	● Did the applicant include a budget narrative? 　Yes = 10 　Partial = 5 　No = 0	
Salary/Fringe: ● Show all staff assigned to this project, including percent of time dedicated to the project and funding to be paid from this project. Identify the staff member who serves (or will serve) as program coordinator. ● Include the following information for each staff member currently involved or proposed to be added to the DSME program: 　• Name and Credentials (If position is vacant, show TBD or new position) 　• Position Title 　• Is this a current position? 　• Is this position full-time? If not, how many hours per week? 　• Is this position contracted? 　• What percent of this staff member's time is devoted to DSME? 　• What is the funding source for this staff member? ● If requesting staff expenses to be paid from this project, include justification and sustainability for position funding at conclusion of the grant funding period.	● The required information is provided for each position involved in the project. Justification is provided for all salary/fringe requested. A sustainability plan is included for any positions for which funding is requested. 　Yes = 10 　Partial = 5 　No = 0 ● Staffing reflects sufficient levels to fulfill the objectives which this applicant intends to address. 　Yes = 10 　Partial = 5 　No = 0	
Expenses	● The required information and justification are provided for each expense item	

APPLICATION SECTION/QUESTION	SCORING CRITERIA	SCORE

• Project Supplies: Include a description, quantity, price each, total price for each item. Describe how the requested supplies will benefit the project.
 	
• Travel: List each travel event separately. Include date(s), staff who are travelling, purpose of travel, benefit to the project, and details of travel (e.g., rental car @\$30 x 2 days; hotel @\$100/night x 2 staff; etc.). Travel will be reimbursed per State of Florida guidelines (Attachment 4).
 	
• Professional Education Registration Fees: List each event separately. Include title of conference, webinar, or training; dates; staff who are attending; registration fee amount, number registrations, total price, benefit to the project
 	
• Professional Memberships: List organization, cost of membership x number of memberships, total price, name(s) of staff, benefit to the project
 	
• Printing: Include as much information as possible: a description, quantity, price each, total price for each item. Describe how the requested materials will benefit the project.
 	
• Other: If items are requested that do not fit in any of the above categories, enter them as "Other" and include each item on a separate line.
	requested. Items will help the applicant achieve the project objectives.
	    Yes = 10
	    Partial = 5
	    No = 0
	
	• Expenses are suitable to fulfill the objectives which this applicant intends to address. Expenses are allowable.
	    Yes = 10
	    Partial = 5
	    No = 0	

TOTAL SCORE (240 Max)		