REACH US:
SouthEastern African American
Center of Excellence in the Elimination of Disparities

AGENCY: REACH US: SEA-CEED
COLLEGE OF NURSING
MEDICAL UNIVERSITY OF SOUTH CAROLINA

TITLE: LEGACY PROJECTS SMALL GRANT PROGRAM

TYPE: INITIAL ANNOUNCEMENT

DATES: Announcement Date: June 15, 2008
Closing Date: August 1, 2008
Funding Date: October 1, 2008
Project Completion Date: September 29, 2009

What is the purpose and overview of the Legacy Projects Program?

Legacy Projects (LPs) are non-renewable seed grants provided by the Southeastern African American Diabetes, Hypertension and Stroke REACH US Center of Excellence for Eliminating Disparities (SEA-CEED). The purpose of this small grant program is to support and empower communities working on local solutions to eliminate health disparities, specifically related to Diabetes Prevention and Control and associated hypertension, stroke and amputation risk factors in African Americans/Blacks. The long-term goals for the LPs are to help build the capacity of the affected community and create self-sustaining, community-based partnerships that will continue to improve local conditions in the future.

Project proposals should include the following forms that are further explained in this announcement:
- Eligibility form
- Key contacts
- Community Action Plan (including objectives, detailed activities, performance measures /milestones)
- Detailed budget and budget justification
- Resumes of key project personnel
- Proof of non-profit status

The major part of the application is the Community Action Plan (CAP) that includes strategies for identifying local issues, educating and empowering the community about the issues, building consensus, and setting community priorities. The CAP must also demonstrate how the applicant will collaborate with other stakeholders (e.g.,

The Legacy Small-Grant Program is supported by the Centers for Disease Control through its Racial and Ethnic Approaches to Community Health Across the US (REACH US) Program, REACH 1U58DP001015-01
community-based organizations, health systems, businesses, industry, state and local
governments, and academic institutions) to realize the project goals and objectives,
along with performance measures and timelines for completion.

**WHAT GEOGRAPHICAL AREAS ARE ELIGIBLE FOR FUNDING FROM REACH US: SEA-CEED?**

Counties in Georgia, North Carolina, and South Carolina (except Charleston and
Georgetown counties) where 30% or more of the population are African Americans
(based on the 2000 US Census data). To determine eligibility based on population, go
to [http://quickfacts.census.gov/qfd/index.html](http://quickfacts.census.gov/qfd/index.html) and select (click on) the state and on next
screen, select the county. The percent of African Americans (Blacks) is shown in the
data.

**WHAT TYPES OF PROJECTS ARE ELIGIBLE FOR FUNDING?**

LP funding must address the goal to decrease health disparities for African
American/Black communities at risk or with diabetes. To receive funding, the application
must be consistent with the overall goals of REACH US: SEA-CEED. The purpose of
this small grant program is to support and empower communities working on local
solutions to eliminate health disparities, specifically related to diabetes prevention and
control and associated hypertension, stroke and amputation risk factors in African
Americans/Blacks.

Legacy funds will support evidence-based activities that may consist of, but are not
limited to the following:
- conducting a community needs assessment
- community asset mapping
- health impact assessment
- training or enhancement of skills
- initiation of relevant community-based or systems level activities
- local activities to build capacity of a community coalition
- synthesis and dissemination of evidence or practice-based approaches in a
  specific area (e.g. ways to improve physical activity and nutrition)
- development or use of culturally appropriate assessment instruments, program or
  educational methods.

The long-term goals for the LPs are to help build the capacity within the affected
community and create self-sustaining, community-based partnerships that will continue
to decrease health disparities and improve quality of life for African Americans at risk or
with diabetes. Because of the high prevalence of complications of diabetes related to
hypertension, stroke and amputations, outcomes should be focused on efforts to reduce
at least one of these complications.

**WHO IS ELIGIBLE UNDER THE LP PROGRAMS?**

Applications may be submitted by a public or private nonprofit organization (community
based, faith based, health care organization, etc.) under Internal Revenue Service Code
Section 501c (3) or by a government and its agencies (such as a city, township, county
government, health department, K-12 school, college, or university, etc.) as a lead organization and an entity in a functioning coalition. The functioning coalition must consist of a minimum of two (2) or more organizations, one (1) of which must be a community based organization. A lead organization and coalition may submit only one (1) application for consideration of funding. The lead organization or agency applying for funding must be one of the following entities:

- 501(c)(3) non-profit organization as designated by the Internal Revenue Service;
- non-profit organization, recognized by the county, state, territory, commonwealth in which it is located;
- city, township, county government and their entities; OR
- a college or university

The proposed project must be located in Georgia, North Carolina or South Carolina in a county or counties with 30% or more African American/Black population. Entities located in Charleston County or Georgetown County in South Carolina are INELIGIBLE for LP funding, but are invited to join the REACH US: SEA-CEED Charleston and Georgetown Diabetes Coalition.

**WHAT IS THE AMOUNT OF FUNDING AVAILABLE?**

Funding will be awarded as a sub-award through MUSC SEA-CEED. It is anticipated that three (3) proposals will be funded depending on the number of submissions and quality of applications. Budgets should be between $25,000-$30,000 (inclusive of F & A cost) the average to be $28,000 for a period of 12 months.

The estimated amount of total LP funding available under this solicitation from MUSC SEA-CEED for FY 2008 is approximately $85,000. The SEA-CEED reserves the right to increase or decrease (including to zero) the total number of grants awarded. Such changes may be necessary in response to the quality of applications received by SEA-CEED, the amount of funds awarded to selected applicants, or budget availability.

Since the funding for these LPs is through the Centers for Disease Control and Prevention (CDC), funding is contingent on budgetary constraints and when funded, all expenditures must conform to federal and state requirements.

Budgets may include salaries and wages, fringe benefits, materials, supplies, services, and travel costs. Budgets may not include equipment, capital expenditures, and charges for patient care/medical care, tuition, and rental costs of off-site facilities, scholarships or fellowships. Also, no funding may be allocated for food, medications, medical screening (such as blood glucose) or incentives/"give-aways" such as tee-shirts, key chains, etc. However, educational materials for participants are not considered “give-aways.” Federally-approved indirect cost rates may be included.
**WHAT IS THE PERIOD OF PERFORMANCE?**

Awards will begin on or about October 1, 2008 and will conclude by September 29, 2009.

**WHAT ASSISTANCE IS AVAILABLE TO HELP WITH PREPARATION OF APPLICATION?**

Applicants are invited to participate in a Pre-Application teleconference with SEA-CEED to address questions about the LP Program. To participate in pre-application teleconference, one representative is required to register no later than June 26, 2008 by sending an e-mail containing the following information to reachseaceed@musc.edu:

1. Point of Contact name;
2. Name of your organization;
3. Address of your organization;
4. Contact phone number; and
5. List of specific questions related to this call for proposals.

(Note: The subject line of the e-mail should say: “LP Pre-Application Registration”). Once this information is received a confirmation email with further instructions will be provided.

The teleconference is scheduled for:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (Eastern)</th>
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<tr>
<td>July 1, 2008</td>
<td>1:30 – 2:30 p.m.</td>
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</tbody>
</table>

The teleconference will be recorded and posted on the REACH: SEA-CEED website (approximately 72 hours after the completion of the conference call).

Note: SEA-CEED will respond to questions from individual applicants regarding minimum eligibility criteria, administrative issues related to the submission of the proposal, and requests for clarification about the announcement. Please forward these questions to: reachseaceed@musc.edu and the subject line of the e-mail should say “LP Question.” Answers to all questions will be available within 48 hours to any interested person. The questions and answers will be found on our website (http://reach.musc.edu/legacy).

SEA-CEED staff members are unable to meet with individual applicants to review/discuss draft proposals, provide informal comments on draft proposals, or provide advice to applicants on how to respond to ranking criteria. Applicants are responsible for the contents of their application.

Other Available Resources: To assist with development of measurable objectives, logic models and evaluation, the following resources are useful. Although some of the resources were developed for heart disease and stroke by the Department of Health and Human Services, Centers for Disease Control and Prevention, Division for Heart
The Legacy Small-Grant Program is supported by the Centers for Disease Control through its Racial and Ethnic Approaches to Community Health Across the US (REACH US) Program, REACH 1U58DP001015-01 Disease and Stroke Prevention, the information can be helpful to LP development and users are encouraged to adapt these resources. The following toolkits are available for download by clicking the following links or titles:


2) **Writing SMART Objectives** – Effective objectives are specific, measurable, achievable, relevant and time-bound. Available at [http://www.cdc.gov/dhdsp/state_program/evaluation_guides/smart_objectives.htm](http://www.cdc.gov/dhdsp/state_program/evaluation_guides/smart_objectives.htm)

3) **Developing and using a Logic Model** - A logic model is a pictorial diagram that shows the relationship of inputs, activities, impact and outcomes. It is clearly related to the workplan’s SMART objectives and the activities planned. Available at [http://www.cdc.gov/dhdsp/state_program/evaluation_guides/logic_model.htm](http://www.cdc.gov/dhdsp/state_program/evaluation_guides/logic_model.htm)

4) **Developing an Evaluation Plan** – An evaluation plan is integrally related to the specific SMART objectives and logic model of your proposal. An evaluation plan reflects priority objectives and how they will be monitored and evaluated. It describes how data will be collected and managed. Available at [http://www.cdc.gov/dhdsp/state_program/evaluation_guides/evaluation_plan.htm](http://www.cdc.gov/dhdsp/state_program/evaluation_guides/evaluation_plan.htm)

Also available is the CDC’s Framework for Program Evaluation in Public Health MMWR 1999; 48(No. RR-11). Available at [http://www.cdc.gov/eval/framework.htm](http://www.cdc.gov/eval/framework.htm)

**HOW IS A LEGACY PROJECT APPLICATION SUBMITTED?**

Applications must be submitted by email to reachseaceed@musc.edu by the August 1, 2008 deadline. Required forms (templates) are available for download at [http://reach.musc.edu/legacy](http://reach.musc.edu/legacy).

A **complete** application MUST include the following required forms and documents:

1) Legacy Project Eligibility Form (Appendix A).
2) Key Contacts Form (Appendix B)
3) Community Action Plan Template (Appendix C)
4) Project Performance Measures/Milestones Template (Appendix D)
5) Detailed Budget and Budget Justification Template (Appendix E)
   Include a copy of the federally approved indirect cost rate if applicable.
6) Resumes of the Principal Investigator/Project Manager and other key personnel
7) Proof of Non-Profit Status

The Community Action Plan (CAP) and Project Performance Measures are the most important part of your application because they describe your project. See Table 1 for
key CAP components and details to address. CAPs should be focused and succinct, and not address too many issues or activities. The CAP is limited to no more than ten (10), single-spaced typewritten pages. Anything over ten (10) pages will not be read by the Review Panel. The pages of the CAP should be letter-size (8 1/2 X 11 inches), single-spaced, with normal type size (10 or 12 characters per inch), and at least 1 inch margins on all sides. **Do not include any types of media, such as audio, videos or DVDs**

### HOW WILL APPLICATIONS BE EVALUATED AND SCORED?

All applications will be reviewed and scored under a two-step process.

1) **Eligibility Criteria Screening Process** – All applications will be screened for eligibility by SEA-CEED staff, based on the information provided on the Legacy Project Eligibility Form found in Appendix A. Please note an application will **not** be reviewed and scored if the application does not meet the Minimum Eligibility Criteria and include all required forms (as listed in the above 2 paragraphs). Applications received after the due date will be returned.

2) **Panel Review Process** – All applications successfully meeting the minimum eligibility will be reviewed and scored by a community-academic review panel. Each of the criteria listed in Table 1 below will be scored. The score for each area will be based on how well criterion is addressed. Reviewers will consider if each item is “not addressed”, “poorly addressed”, “satisfactorily addressed”, or “very clearly addressed.” The maximum total points that can be obtained are 100. Certain areas are given greater weight than others.

*Table 1:*

<table>
<thead>
<tr>
<th>PROPOSAL CONTENT AND SCORING CRITERIA</th>
<th>Maximum Points</th>
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<tbody>
<tr>
<td><strong>Affected Community and Local Health Priority Issue.</strong></td>
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<tr>
<td>(1) The local health issue (and documentation) that project will address.</td>
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<tr>
<td>(2) The affected community (geographic location, community history and demographics (e.g. number of African Americans, ages, average income, etc.).)</td>
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<tr>
<td>(3) How the affected community is disproportionately impacted by diabetes and related risks compared to other communities.</td>
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<tr>
<td><strong>Organization’s Historical Connection to Affected Community and Past Program Reporting and Dissemination Experience.</strong></td>
<td>15</td>
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<tr>
<td>(1) Duration, history, and strength of involvement in the community.</td>
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<tr>
<td>(2) On-going partnership and communications between the coalition, organizations, and the affected community residents to address health or social indicators.</td>
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</table>
(3) How coalition efforts have increased capacity in local community-based organizations to address local public health issues.

(4) Past and ongoing successful programs within the last 5 years managed with similar in size, scope, and relevance to the proposed.

(5) Describe past performance in reporting and disseminating results.

(6) List any publications or other methods used for dissemination of results.

**Project Description.**

(1) Goals of your project—what your project hopes to achieve with SMART objectives, logic diagram encouraged. **(5 points)**

**Examples of Objectives:**
- By 9/29/09, increase knowledge, skills, and confidence of at least 200 community elders to manage their diabetes via 12 sponsored educational activities.
- Increase community collaborations with 4 community organizations and churches by 1/31/09 to achieve increased access to education programs among elder African Americans with diabetes.

(2) Planned methods, activities, and strategies; also with SMART statements. **(15 points)**

**Examples:**
- Train 5 community peer volunteers by 12/30/08, to provide educational programs according to the “Chose to Live” curriculum and protocol.
- Conduct monthly meetings in months 1-6 with at least 6 new organizations, to collaboratively develop community activities in months 7-12.
- Develop a “tools” committee to select and review culturally appropriate educational materials by 3/15/09.
- Contact 2 community newspapers by 4/25/09 to assist with publicity for coalition activities.

(3) Role of partner(s) in addressing the local issue(s) and plans for maintaining, further developing, and sustaining partnerships. **(5 points)**

(4) Resources the coalition brings to the partnership, vested interest for working on this partnership issue, and commitments beyond the project. **(5 points)**

(5) Plan to effectively managing and completing this proposed project.
<table>
<thead>
<tr>
<th>Evaluation Plan related to SMART Project Objectives, Measurable Outcomes, and Performance Measures and Milestones</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Relation of CAP to concrete, well-developed performance measures and indicators.</td>
<td></td>
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<tr>
<td>(2) Your approach for how and whether progress is made in achieving the expected project outcomes (i.e. how you will monitor progress).</td>
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<tr>
<td>(3) Data sources for each indicator. Process for data collection and management.</td>
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<tr>
<td><strong>Examples:</strong></td>
<td></td>
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<tr>
<td>We will use detailed structured coalition minutes to codify decisions, person(s) responsible and timelines.</td>
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<tr>
<td>• We will work with the SEA-CEED Coalition to develop standardized feedback surveys for people who attend our planned education sessions.</td>
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<tr>
<td><strong>Timeline for related activities, methods, strategies and other key tasks.</strong></td>
<td>5</td>
</tr>
<tr>
<td><strong>Qualifications of PI/PM:</strong></td>
<td>10</td>
</tr>
<tr>
<td>(1) PI/PM overall qualifications and knowledge of priority health issue. (2 points)</td>
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<tr>
<td>(2) PI/PM relationship and ties to the affected community and/or organization. (6 points)</td>
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<tr>
<td>(3) PI/PM relevant current and past experience working with the affected community. (2 points)</td>
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<tr>
<td>(4) Assurances to meet required training, tri-state coalition calls, and reporting requirements</td>
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<tr>
<td><strong>Detailed Budget and Justification: reasonableness of cost and how line items relate to activities of project.</strong> The application will be evaluated on the reasonableness of the costs and how the budget relates to the activities under the project description i.e. CAP.</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL Maximum Points Available</strong></td>
<td>100</td>
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</tbody>
</table>
What are the reporting requirements for awarded Legacy Projects?

1) **Quarterly Progress Reports** – The Project Manager/Principal Investigator will submit quarterly progress reports (with signatures of authorized agency representatives) to update the SEA-CEED on the local project’s progress. Report format will be based on the CDC Management Information System (MIS) reporting format. SEA-CEED will provide a report template with the official written notification of award.

2) **Final Report Requirement** – The Project Manager/Principal Investigator (with signatures of authorized agency representatives) must submit a Final Report and Final Invoice for SEA-CEED approval within thirty (30) days from the end of the project period (October 29, 2009).

**What additional coalition activities are required of awardees?**

Coalitions are a means by which individuals and/or organizations come together and work toward a common goal, and applicants must demonstrate existing collaborations. The local coalition will be described in the proposal. Additionally, a **tri-state SEA-CEED coalition** consisting of the MUSC SEA-CEED and the tri-state LP awardees will be formed. LP awardees must:

1) Maintain an established active local coalition that develops and sustains linkages and collaborations, as necessary, with such entities as local or state health departments, community health centers, faith-based organizations, local and regions organizations that target the affected community or health disparities, or university/academic institutions.

2) Have representation from organizations and individuals that reflect the racial/ethnic make-up of the affected community.

3) Maintain a functioning coalition with a minimum of two or more organizations, one of which must be a community-based organization.

4) Join and attend meetings/monthly telephone conference calls of the SEA-CEED tri-state coalition working to eliminate disparities for African Americans/Blacks with and at risk for diabetes and associated hypertension, stroke and amputation risk factors. One will be an in-service session in Charleston in September (see #5).

5) Budget for representative(s) from each funded LP to attend: 1) a 1 day (8 am – 5 pm) Implementation and Evaluation and Technical Assistance (TA) workshop in Charleston, SC on November 12, 2008; 2) a training/conference to be held during late winter/early spring, 2009 (usually in Myrtle Beach, SC). Additionally, the Diabetes Initiative of South Carolina’s annual symposium (usually in September in Charleston) may present an opportunity to disseminate project progress (poster or oral presentation).

6) Work with the SEA-CEED and agree to participate in trainings and to collect standardized data to evaluate activities and sharing through SEA-CEED website, e-mails, and other available communication channels.
WHAT ONGOING SUPPORT CAN LEGACY PROJECTS EXPECT FROM SEA-CEED?

The SEA-CEED will provide technical assistance (TA) via orientation, trainings, Literature reviews, and other sources, including scheduled conference calls to encourage and share evidence-based programs and materials. SEA-CEED will provide technical assistance with program monitoring and evaluation strategies. SEA-CEED will provide feedback on quarterly report(s), and guidance with dissemination of program outcomes. All data are owned and used collaboratively with communities. If SEA-CEED budget permits, one site visit will be made to each LP community.

AWARD MECHANISM

Funds will be dispersed via a cost-reimbursable sub-award agreement between the Medical University of South Carolina and the LP sub-recipient. A final invoice marked “FINAL” will be required within thirty (30) days from the end of the project period (October 29, 2009).

WHAT ARE THE REQUIREMENTS FOR BUDGET EXPENDITURES AND RECORD-KEEPING?

Since SEA-CEED LP funding is from Centers for Disease Control and Prevention to the Medical University of South Carolina, all guidelines for management of federal funds and record-keeping will apply. The basic guidelines for management of federal funding can be found at [http://www.whitehouse.gov/omb/circulars/a021/a021.html](http://www.whitehouse.gov/omb/circulars/a021/a021.html). Federally approved indirect cost rates may be included as part of the total budget request; if included, a copy of the established rate must be submitted with the application (or the rate will not be reimbursed as part of the subaward).

After the awarding of the funding for the LP:
1) A budget telephone conference will be conducted to review guidelines and budget.
2) A sub-award will be issued from the Medical University of South Carolina Office of Research and Sponsored Programs.
3) No funds may be expended until the sub-award is fully executed by both parties (MUSC and LP) and on file with the Office of Research and Sponsored Programs.
4) If funds are needed to start the activities (after sub-award is executed), start-up funds for budgeted expenditures may be requested (and invoices to support expenditures must be submitted prior to October 29, 2009). Otherwise, funding will be provided on a cost reimbursable basis when approved invoice is submitted (monthly or quarterly) and approved by MUSC Grants and Accounting.
5) All invoices (documentation of all expenditures) and progress report of activities must be received by October 29, 2009.
## WHAT ARE THE IMPORTANT TIMELINES/DATES?

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>June 26, 2008</td>
<td>Legacy Small Grant Application TA teleconference</td>
</tr>
<tr>
<td>July 1, 2008</td>
<td>Legacy Small Grant TA teleconference</td>
</tr>
<tr>
<td>July 10, 2008</td>
<td>Letter of Intent</td>
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<tr>
<td>August 1, 2008</td>
<td>Deadline for Receipt of Applications</td>
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<tr>
<td>September 15, 2008</td>
<td>Award Notification</td>
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<tr>
<td>October 1, 2008</td>
<td>Anticipated Project Start Date</td>
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<tr>
<td>November 12, 2008</td>
<td>Implementation and Evaluation Workshop</td>
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<tr>
<td>January 10, 2009</td>
<td>Quarterly Progress Report and Invoice Due</td>
</tr>
<tr>
<td>May 10, 2009</td>
<td>Quarterly Progress Report and Invoice Due</td>
</tr>
<tr>
<td>September 10, 2009</td>
<td>Quarterly Progress Report and Invoice Due</td>
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<tr>
<td>October 29, 2009</td>
<td>Final Progress Report and Final Invoice Due</td>
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APPENDIX A
LEGACY PROJECT Eligibility Form

This form will be used to determine if you meet all the eligibility requirements. You must address the following areas.

1) Applicant Eligibility. Please complete or check the appropriate box if you meet the following criteria:

   Please specify where the project is located:
   State: ____________  County: ______________
   Lead organization : _______________________________________
   Coalition name: _______________________________________

   □ My organization is an eligible entity. Please specify the type of applicant organization(s):____________________________________________

   □ My organization has worked directly with, or provided services to the affected community as demonstrated in the work plan.

2) Required Documents. Use this checklist to ensure that you have submitted all required documents. You must submit all the items below. Please check each box upon completing each form.

   □ LP Eligibility Form (This Form Appendix A)
   □ Key Contacts Form (Form in Appendix B)
   □ Community Action Plan (Template in Appendix C)
   □ Performance Measures/Milestones (Template and example in Appendix D)
   □ Detailed Budget and Budget Justification (Template and example in Appendix E)
   □ Resumes of Principal Investigator/Project Manager and Other Key Personnel
   □ Proof of Non-profit Status
Appendix B
Key Contacts Form

**Authorized Representative:** *Original awards, amendments, and sub-awards will be sent to the individual authorized to accept awards on behalf of the sub-recipient organization for review and acceptance, unless otherwise indicated. Thus, the person is the agency/organization representative authorized to sign contracts, etc.*

Name: ________________________________________________________________
Title: _________________________________________________________________
Complete Address: _____________________________________________________________________
Phone Number: ____________________________

**Financial Contact:** *Individual authorized to accept payments and sign checks for agency/organization.*

Name: ________________________________________________________________
Title: _________________________________________________________________
Mail Address: __________________________________________________________
Phone Number: ____________________________

**Administrative Contact:** *Individual from sponsored programs office to contact concerning administrative matters (i.e., indirect cost rate computation, re-budgeting request etc.)*

Name: ________________________________________________________________
Title: _________________________________________________________________
Mail Address: __________________________________________________________
Phone Number: ____________________________
Fax Number: ____________________________
E-Mail Address: ____________________________

**Principal Investigator/Project Manager:** *Individual responsible for the technical completion of the proposed work.*

Name: ________________________________________________________________
Title: _________________________________________________________________
Mail Address: __________________________________________________________
Phone Number: ____________________________
Fax Number: ____________________________
E-Mail Address: ____________________________
Web URL: ____________________________________________________________
APPENDIX C
Community Action Plan (CAP) Template

CAP is limited to no more 10 pages, single spaced, 12 point font, with at least 1 inch margins.

A. Project Title and Project Purpose Statement (approximately 1/2 page)
   [ADD NARRATIVE HERE]

B. Affected Community and Local Health Priority Issue (approximately 1.5 pages)
   [ADD NARRATIVE HERE]

C. Organization’s Historical Connection to Affected Community and Past Program Reporting and Dissemination (approximately 1.5 page)
   [ADD NARRATIVE HERE]

D. Project Description with goal(s) and SMART objectives, methods, strategies, activities, and expected outcomes AND Evaluation Plan related to (SMART) objectives, performance measures and milestones (approximately 5.5 pages)
   [ADD NARRATIVE HERE]

E. Timeline related to methods, strategies, activities, and other priorities (approximately 1/2 page)
   [ADD NARRATIVE OR TIMELINE CHART HERE]

F. Qualification of Principal Investigator or Project Manager (PI/PM) (approximately 1/2 page)
   [ADD NARRATIVE HERE]
APPENDIX D
Project Performance Measures/Milestones Template

PROJECT TITLE: _______________________________________________________

<table>
<thead>
<tr>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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**Semi-Annual** (six months after beginning of project)

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<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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**Annual** (at the end of the project)

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<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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</table>
### Sample of Performance Measures/Milestones

#### Creating Partnerships to Develop Diabetes Prevention and Complications

<table>
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<tr>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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<tr>
<td><strong>Semi-Annual</strong> (six months after beginning of project)</td>
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<tr>
<td>• Staff time</td>
<td>• Identify potential partners in city, county, state government, public health office, community groups, and universities to draft and implement diabetes prevention and complications awareness plan</td>
<td>Developing a comprehensive understanding</td>
<td>Creating partnerships</td>
</tr>
<tr>
<td>• In-kind contribution</td>
<td>• Arrange partner meetings to discuss how to formulate a cross-agency diabetes coalition</td>
<td>4 meetings on a quarterly basis to build a strong diabetes coalition</td>
<td>Increase # of various stakeholders participating to address issues concerning diabetes</td>
</tr>
<tr>
<td>• Additional grants</td>
<td></td>
<td>Draft a local strategy on preventing diabetes and its complications</td>
<td>Educating the community</td>
</tr>
<tr>
<td>• Volunteers</td>
<td></td>
<td></td>
<td>Increase in # of residents who participate in coalition meetings</td>
</tr>
<tr>
<td>• Partnering Organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual</strong> (at the end of the project)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff time</td>
<td>• Solicit referrals of patients to community education programs from primary care physicians and local clinics</td>
<td>Educating the community</td>
<td>Educating the community</td>
</tr>
<tr>
<td>• In-kind contribution</td>
<td>• Generate or adopt pamphlets and brochures on diabetes education and prevention</td>
<td>Create one community report card on the status of local diabetes education offerings to assist community in locating classes. Adapt/produce 4 pamphlets on healthy eating (meal planning, making healthy choices, counting carbohydrates, label reading, dinning out)</td>
<td>Increase the # of residents aware of healthy eating in community as measured by…</td>
</tr>
<tr>
<td>• Additional grants</td>
<td></td>
<td>Reach 250 residents in community through community health fairs, churches and networks with public health offices, clinics and hospitals. Disseminate pamphlets to 250 residents.</td>
<td>Increase the # of residents actively participating in the project as measured by project attendance logs</td>
</tr>
<tr>
<td>• Volunteers</td>
<td></td>
<td></td>
<td>Improve diabetes education and awareness as measured by…</td>
</tr>
<tr>
<td>• Partnering Organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX E

**Detailed Budget and Budget Justification Template**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Contractual</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Indirect Costs (Attach federally approved indirect cost rate approval.)</td>
<td></td>
</tr>
</tbody>
</table>

$28,000 (or less)
Justification: a narrative should be provided for each item requested in the budget.

Personnel – List position title, name of person, and describe the role and responsibilities of each position.
[ADD NARRATIVE HERE]

Fringe Benefits - List all components of the fringe benefit and explain the rate (if applicable).
[ADD NARRATIVE HERE]

Travel – Explain need for all travel and itemize expenditures including:
- Miles, rate, and reason for local travel.
- Travel outside of local area should include reason, allowable per diem, hotel, registration, mileage or ticket estimates etc. and reasons for travel.
[ADD NARRATIVE HERE]

Supplies – project-specific supplies, printing costs related to the project, educational supplies with itemized list and how each expenditure relates to accomplishment of grant objectives.
[ADD NARRATIVE HERE]

Contractual Costs – Explain the need for each contractual arrangement and how these components relate to the overall project and accomplishment of grant objectives.
[ADD NARRATIVE HERE]

Consultant Fees – Cannot exceed $400.00 per day. If consultants are included in this category, provide their name, explain the need, and the specific measurable outcomes to be accomplished by the consultant, and include a biosketch or CV.
[ADD NARRATIVE HERE]
### Detailed Budget Example

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
</tr>
<tr>
<td>• Project Manager @ $30,000 annual salary x 10% of time on project = $3,000 per year</td>
<td>$9,750</td>
</tr>
<tr>
<td>• Outreach worker $25,000 annual salary x 15% of time on project = $3,750</td>
<td></td>
</tr>
<tr>
<td>• Community support leader @ $20,000 annual salary x 15% = $3,000</td>
<td></td>
</tr>
<tr>
<td><strong>Fringe Benefits</strong></td>
<td>$1,450</td>
</tr>
<tr>
<td>• Project Manager 15% of salary (includes medical, dental, life insurance) = $450 per year</td>
<td></td>
</tr>
<tr>
<td>• Outreach worker 10% of salary (includes medical, dental, life insurance) = $500</td>
<td></td>
</tr>
<tr>
<td>• Community Support leader 10% of salary (includes medical, dental, life insurance) = $500</td>
<td></td>
</tr>
<tr>
<td><strong>Travel</strong> (use federal or agency guidelines for travel—note those included in this example are used for illustration only and are not official guidelines)</td>
<td>$1,880</td>
</tr>
<tr>
<td>• Local mileage for Project Manager for partner meetings: 25 miles @ $0.30/mi x 16 meetings = $120.00</td>
<td></td>
</tr>
<tr>
<td>• Local mileage for Outreach worker for community outreach efforts: 10 miles @ $0.30/mi x 30 times x 12 months = $1,080.00</td>
<td></td>
</tr>
<tr>
<td>• Travel to regional seminars: Per diem - $30 per day x 2 days = $60; Airfare = $300; hotel = $380</td>
<td></td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>$1,080</td>
</tr>
<tr>
<td>• 20 reams of copy paper $4.00 for outreach material = $80</td>
<td></td>
</tr>
<tr>
<td>• Printing of 50 copies of &quot;My Diabetes Handbook&quot; $500</td>
<td></td>
</tr>
<tr>
<td>Misc supplies of pads, markers, pencils at $50 per month = $600</td>
<td></td>
</tr>
<tr>
<td><strong>Contractual</strong></td>
<td>$1,560</td>
</tr>
<tr>
<td>• Bookkeeper/Accountant $10/hr @ 3 hrs/week @ 52 weeks = $1,560</td>
<td></td>
</tr>
<tr>
<td><strong>Indirect Costs (Attach federally approved indirect cost rate for your agency.)</strong></td>
<td>$1,620</td>
</tr>
<tr>
<td>• Approved rate is 10%</td>
<td></td>
</tr>
<tr>
<td>• Total budget is 16,200</td>
<td></td>
</tr>
<tr>
<td>• $16,200 x .10 = $1620</td>
<td></td>
</tr>
</tbody>
</table>

$17,820

Attach copy of federally approved indirect cost rate (if applicable).
Attach budget justification.

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The Legacy Small-Grant Program is supported by the Centers for Disease Control through its Racial and Ethnic Approaches to Community Health Across the US (REACH US) Program, REACH 1U58DP001015-01