

**Mississippi State Department of Health Diabetes Self-Management Education Support (DSMES)  
Subgrant Funding Opportunity Announcement (FOA)**

**Federal Awarding Agency: Centers for Disease Control and Prevention**

**CFDA/Assistance Listing Number: 93.988**

**Assistance Listing Program Title: A Strategic Approach to Advancing Health Equity for Priority  
Populations with or at Risk for Diabetes Recipients**

**Federal Award Identification Number (FAIN): NU58DP007370**

**Federal Award Date: June 14, 2023**

**Application Release Date: May 16, 2024**

**Deadline for application: June 10, 2024**

**Awards Announced: June 21, 2024**

**Start Date: July 1, 2024**

**Funding Amount: \$18,500**

## **I. Overview**

### **A. Diabetes Self-Management Education Support**

People with diabetes who complete a Diabetes Self-Management Education and Support (DSMES) class are better able to manage their disease and prevent or delay complications. DSMES 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 DSMES services adhere to these evidence-based standards, the Centers for Medicare and Medicaid Services (CMS) authorizes the American Diabetes Association (ADA) and the Association of Diabetes Care and Education Specialists (ADCES) to certify DSMES programs as meeting the [National Standards 2022](#). CMS only reimburses DSMES services provided by organizations that are recognized by the ADA or accredited by the ADCES. The designation of ADA recognition or ADCES accreditation assures participants in these DSMES 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 DSMES.

- **ADA Website:** [ADA](#) Education Information
- **ADCES:** [ADCES](#) Education Information

### **Purpose of Funding**

The purpose of this funding is to reduce health inequity in areas with limited or no access to evidence-based diabetes education services and to increase organizations' ability to provide quality diabetes self-management education. These areas include rural communities without a recognized or accredited DSMES program and populations which experience high rates of type 2 diabetes, its complications, and diabetes-related deaths.

The funding is available for organizations offering services in the following counties: Holmes; Leflore; Wilkinson; Sharkey; Issaquena; Tunica; Coahoma; Claiborne; Noxubee; Humphreys; Adams; Bolivar; Sunflower; Jefferson Davis; Pike; Clay; Quitman; Jefferson; Yazoo; Washington; Montgomery; Tallahatchie; Panola; Winston; Scott

This funding is a subgrant award also available to organizations which are providing diabetes education or wish to provide diabetes education, even if they are not DSMES accredited/recognized.

**Allowable Expenses**

1. Support for administrative staff. Funds cannot cover clinical staff delivering the program.
2. Travel
3. Supplies
4. AADE/ADA Membership
5. Conference/Webinar registration fees
6. Training registration fees (ADA or AADE approved)
7. Curriculum, educational materials
8. Outreach materials
9. Printing
10. Equipment
11. Accreditation/recognition application fees

**B. Expenses that are not Allowed**

1. Licensure fees (CDCES, etc.)
2. Food (except for healthy eating or healthy cooking demonstrations related to the lesson plan)
3. Equipment rental fees
4. Medical supplies (glucometers/A1c analyzers)

**II. 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 Monday, July 14, 2025.

**III. Other Requirements**

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

**IV. 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.

**STEP 3:** 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.

**STEP 5:** 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:

[DPCP@msdh.ms.gov](mailto:DPCP@msdh.ms.gov)

**V. Application Review Process**

All applications will be reviewed by a review committee. As part of the application review process, applicants may be interviewed via Zoom 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.

## VI. Funding Timeline

Funding announcement released on or before:	Friday, May 16, 2024
Technical Assistance call:	Tuesday, May 28, 2024, 1 PM – 2 PM CST (Click Link Below) <a href="#">Informational Session Meeting Link</a>
Application deadline	Monday, June 10, 2024 *
Telephone interviews (if needed)	Monday, June 17, 2024
Funding awards announced:	Anticipated by Friday, June 21, 2024
All funded activities completed by	Sunday, June 29, 2025**
All activities completed by	

**\*All applications must be received by this date. Late applications will not be considered.**

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

## VII. 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 I, B above.

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

**SAMPLE Deliverables and Due Dates**

<b><i>Due Date</i></b>	<b><i>Deliverable</i></b>
Within 2 weeks of award	<p>Conference Call with Grantor to discuss work plan and timeline</p> <ol style="list-style-type: none"> <li>1. Work plan describing what the Grantee will accomplish throughout the funding period, including a timeline and person responsible for each activity.</li> <li>2. Detailed Budget.</li> <li>3. If seeking DSMES accreditation/recognition, specify whether ADA or ADCES process will be used.</li> </ol>
Monthly	<p>Conference Call with Grantor to discuss work plan, challenges, and concerns related to the grant funding and activities.</p>
TBA	<p><u>Progress Report and Invoice:</u></p> <p>Progress report will include update on work plan and milestones and:</p> <ol style="list-style-type: none"> <li>1. Is the organization on track with completing activities in the work plan?</li> <li>2. If not, what are the reasons for any delays?</li> <li>3. What other DSMES-related accomplishments has the organization achieved during this reporting period?</li> <li>4. What challenges has the organization encountered during this reporting period, and how were they overcome?</li> <li>5. Checklist of national standards showing which are in place.</li> <li>6. Provide a written report regarding Grantee’s progress toward achieving marketing and sustainability plan objectives.</li> <li>7. Complete the budget report, detailing expenses to date. (Use budget form provided in Attachment 3). Backup documentation may be requested.</li> <li>8. Specify any requested changes to the budget.</li> </ol>
June 14, 2025	<p><u>Final Report and Invoice describing the following:</u></p> <ol style="list-style-type: none"> <li>1. Work plan milestones as shown above.</li> <li>2. Reason for any milestones not achieved.</li> <li>3. Successes, barriers, lessons learned.</li> <li>4. Summary of mock audit/site visit.</li> <li>5. Submit proof of application for accreditation or recognition or projected date.</li> <li>6. Next steps (post-funding period).</li> <li>7. During this grant funding, how many participants received DSMES services through the Grantee at the site supported through this grant funding?</li> <li>8. Complete the budget report, detailing expenses to date. (Use budget form provided in Attachment 3). Backup documentation may be requested.</li> </ol>

**Attachment 1**

**2024-2025 DSMES SUBGRANT COVER SHEET**

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**

<b>Organization Name:</b>			
<b>Organization Address:</b>			
<b>Contact Name:</b>		<b>Phone Number:</b>	
<b>Contact Title:</b>		<b>Email Address:</b>	
<b>Website Address:</b>			
<b>Funding Requested:</b>			

**Objectives (check all that apply)**

- Objective 1: Build infrastructure that aligns with national standards for DSMES programs.
- Objective 2: Achieve DSMES 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 DSMES program.
- Objective 5: Increase access to a recognized or accredited DSMES 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:** 2024-2025 DSMES Subgrant Application Cover Sheet (this page)
- Attachment 2:** 2024-2025 DSMES Subgrant Application
- Attachment 3:** Budget Request and Budget Justification

By affixing my signature on this cover sheet, I hereby state that I have read the entire DSMES Subgrant 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 the 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: [DPCP@msdh.ms.gov](mailto:DPCP@msdh.ms.gov)

**Attachment 2**

**Application Deadline: April 30, 2024**

**2024-2025 DSMES SUBGRANT 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 DSMES programs.

**Objective 2:** Achieve DSMES accreditation or recognition.

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

**Objective 4:** Increase sustainability of an existing recognized or accredited DSMES program.

**Objective 5:** Increase access to a recognized or accredited DSMES 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 (applicable for Objective 5).**

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 DSMES 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 DSMES program?** Include credentials, employment history, and diabetes-related experience.

**9b. (Applicable for Objective 5) 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.)

**10. 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.)

**11. What is your plan for sustainability of the DSMES 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.

**12. 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****2024-2025 DSME SUBGRANT BUDGET REQUEST AND BUDGET NARRATIVE (REQUIRED)**

**Budget:** Complete the budget request form. Add rows as necessary for listing line items under each direct cost category. Delete any unused line items. Your request will be considered, but it is not guaranteed that you will receive your full funding request. The Budget and Budget Narrative combined must not exceed five pages.

**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.

**DIRECT COSTS**

Direct costs are those costs that can be identified specifically for the project. Sufficient line-item detail in each category must be provided to clearly illustrate the projected funding.

**A. Salary:**

- 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. (Salary for administrative staff only who are engaging in administrative work associated with expanding or starting a new DSMES program)
- Include the following information for each staff member currently involved or proposed to be added to the DSMES 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 DSMES?
  - 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.

**B. Fringe Benefits:**

- The Fringe Benefits budget category consists of the subgrantee's share of applicable fringe benefits, such as social security (F.I.C.A. and Medicare), employee health/life/disability insurance premiums, worker's compensation insurance, unemployment insurance, and pension plan costs. The types and percentages of fringe benefits claimed must be documented in the budget. The fringe benefit percentage must also be documented in the budget. Put N/A if no fringe is requested.

**C. Travel:**

- The Travel budget category includes costs for transportation, lodging, and related costs to employees, officers, and volunteers who are in travel status on official business. Mileage and per diem rates should not be greater than the rates approved by the Mississippi Department of Finance and Administration on the date travel was performed. List amount requested for travel and the purpose of the travel. If 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 Mississippi guidelines.

**D. Commodities:**

- The Commodities budget category includes costs of goods, materials, and supplies consumed by the program. For 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.

For printing costs, 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.

**E. Contractual:**

- The Contractual budget category includes costs of services rendered by persons other than employees of the subgrantee, typically under contractual agreements. List contractual costs in total based on contractor, if known, or contracted service (e.g., “consulting”).

**F. Equipment:**

- The Equipment budget category includes costs for the purchase of equipment, machinery, furniture and fixtures, and any items which are required to be reported on the fixed assets.

**B. Subsidies, Loans, and Grants:**

- The Subsidies, Loans, and Grants budget category includes costs associated with direct assistance to clients and/or lower tier subgrantees. Each lower tier subgrant and amount must be listed individually.

**C. Other**

- Other budget category includes other direct costs that do not fit into the above classifications, such as professional education registration fees.

For 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.

**INDIRECT COSTS**

Indicate in the budget the indirect cost rate used for the project – 10 % de minimis or a federally negotiated rate.

**Final Submission:** Return all required attachments in the formats specified by April 30, 2024, via email to:

[DPCP@msdh.ms.gov](mailto:DPCP@msdh.ms.gov)

**Attachment 4**  
**DSMES Subgrant Evaluation Sheet**  
**(Your application should follow the sequence shown. Please use this as a checklist)**

Applicant Organization: \_\_\_\_\_

**2024-2025 DSMES Subgrant Criteria**

APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<b>ATTACHMENT 1: COVER SHEET (REQUIRED)</b>	<ul style="list-style-type: none"> <li>Is the cover sheet complete and signed?</li> </ul>		
<b>ATTACHMENT 2: Subgrant APPLICATION (REQUIRED)</b>			
<b>1. What objective(s) are you applying for?</b> List all that apply. Applicant response should align with one or more of the following objectives.	<ul style="list-style-type: none"> <li>Does applicant state one or more of the objectives listed below?</li> </ul>		
<b>Objective 1:</b> Build infrastructure that aligns with national standards for DSMES programs <b>Objective 2:</b> Achieve DSMES accreditation or recognition <b>Objective 3:</b> Establish a recognized or accredited satellite site <b>Objective 4:</b> Increase sustainability of an existing recognized or accredited DSMES program <b>Objective 5:</b> Increase access to a recognized or accredited DSMES program by people with physical or intellectual limitations.			
<b>2. Why is your organization requesting these funds? How would your organization use these funds?</b> Explain how the proposal addresses the needs of the population which the applicant serves or will serve. <b>THESE FUNDS MAY NOT BE USED FOR DIABETES PREVENTION PROGRAMS.</b>	<ul style="list-style-type: none"> <li>Response is complete, allowable, and related to funding opportunity objective(s)</li> </ul>		
<b>3. Describe your organization’s knowledge of and experience with providing diabetes education services.</b>	<ul style="list-style-type: none"> <li>Response shows knowledge of and experience with providing diabetes education services.</li> </ul>		

APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<p><b>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</b></p>	<ul style="list-style-type: none"> <li>● Response shows knowledge of and experience with providing diabetes education services.</li> </ul>		
	<ul style="list-style-type: none"> <li>● Response shows high level of support.</li> </ul>		

APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<p><b>5. List the counties in which your organization currently provides diabetes management services and the counties in which you propose to provide services.</b></p>	<ul style="list-style-type: none"> <li>● Has applicant listed counties in which diabetes management services are currently provided and those counties in which they propose to provide services?</li> </ul>		
<p><b>6. List the counties in which you propose to establish or enhance services to people with physical or intellectual disabilities.</b></p>	<ul style="list-style-type: none"> <li>● Has applicant listed the counties in which they propose to establish or enhance services to people with physical or intellectual disabilities?</li> </ul>		
<p><b>7. What type of agency is your organization?</b> For-profit, not-for-profit, government, or other. (If other, explain.)</p>	<ul style="list-style-type: none"> <li>● Is question answered?</li> </ul>		
<p><b>8. Describe your organization’s billing experience:</b> Does your organization currently (or within the last year) bill Medicaid, Medicare, or private insurance for any services?</p>	<ul style="list-style-type: none"> <li>● Does the applicant currently (or within the last year) bill Medicaid, Medicare, or private insurance for any services?</li> </ul>		
<p><b>9. Please describe your organization’s ability to staff a DSMES 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).</b></p>	<p>How well does the applicant answer all applicable portions of this question?</p> <ul style="list-style-type: none"> <li>● Include a sufficient number of staff to ensure the program’s operation?</li> <li>● Justify any staff for which funding is requested?</li> <li>● Include a sustainability plan?</li> <li>● Demonstrate sufficient staff dedicated to DSMES?</li> </ul>		

APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<p><b>9a. Who coordinates (or would coordinate) your DSMES program?</b> Include credentials, employment history, and diabetes-related experience.</p> <p><b>9b. Describe the staff who are currently involved in diabetes education or management.</b> Include:</p> <ul style="list-style-type: none"> <li>• Name and credentials</li> <li>• Position title</li> <li>• Is this a current position</li> <li>• Is position full-time? If not, hours/week</li> <li>• Is position contracted?</li> <li>• Percent of time devoted to DSMES</li> <li>• Funding source</li> </ul> <p>Additional information is required in the Budget and Budget Narrative sections.</p>	<ul style="list-style-type: none"> <li>• Response is thorough and realistic</li> <li>• Response is adequate but not thorough or</li> <li>• is not realistic</li> <li>• Response not adequate or not included</li> </ul>		
<p><b>10. How does your current program incorporate accessibility for participants with physical/intellectual disabilities? How would you use these funds to increase accessibility?</b> 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.)</p>	<ul style="list-style-type: none"> <li>• 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?</li> </ul>		
<p><b>11. Describe the organization’s infrastructure and ability to provide the services for which the funds will be used.</b> 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</p>	<ul style="list-style-type: none"> <li>• Does the applicant describe infrastructure that will lead to accomplishing the stated objectives?</li> <li>• 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?</li> </ul>		

APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<p>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.)</p>			
<p><b>12. What is your plan for sustainability of the DSME program after the funding period ends?</b> If requesting staff expenses to be paid from this funding opportunity, include a plan for sustaining these positions after the funding ends.</p>	<ul style="list-style-type: none"> <li>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?</li> </ul>		
<p><b>13. Provide three community references (outside your organization) who can speak to your organization’s capability and commitment to provide diabetes education services.</b> For each reference, provide the following information:                      Contact Person’s Name &amp; Title                      Organization Name &amp; Address                      Contact Person’s Phone Number &amp; Email Address</p>	<ul style="list-style-type: none"> <li>How many community references (outside the applicant organization) are provided?</li> </ul>		

APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<b>ATTACHMENT 3: BUDGET REQUEST AND BUDGET NARRATIVE (REQUIRED)</b>			
<p><b>BUDGET:</b> 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.</p>	<ul style="list-style-type: none"> <li>Did the applicant include a budget on the form provided?</li> </ul>		
<p><b>Personnel Salary and Benefits</b></p> <ul style="list-style-type: none"> <li>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 DSMES project in Column C, and the total amount charged to the DSMES project in Column D. The amount in Column D should be no more than Column B x Column C.</li> <li>Fringe benefits for all staff may be combined on one line in the table. Put N/A if no fringe is requested.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>		
<p><b>Expenses</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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 need detailed justification in the budget narrative.</li> </ul>	<ul style="list-style-type: none"> <li>Expenses for the project are shown on the budget form as required.</li> </ul>		

APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<p><b>BUDGET NARRATIVE:</b> 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.</p>	<ul style="list-style-type: none"> <li>Did the applicant include a budget narrative?</li> </ul>		
<p><b>Salary/Fringe:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Include the following information for each staff member currently involved or proposed to be added to the DSMES program:                             <ul style="list-style-type: none"> <li>Name and Credentials (If position is vacant, show TBD or new position)</li> <li>Position Title</li> <li>Is this a current position?</li> <li>Is this position full-time? If not, how many hours per week?</li> <li>Is this position contracted?</li> <li>What percent of this staff member’s time is devoted to DSMES?</li> <li>What is the funding source for this staff member?</li> </ul> </li> <li>If requesting staff expenses to be paid from this project, include justification and sustainability for position funding at conclusion of the grant funding period.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Staffing reflects sufficient levels to fulfill the objectives which this applicant intends to address.</li> </ul>		



APPLICATION SECTION/QUESTION	CRITERIA	Yes	No
<p><b>Expenses</b></p> <ul style="list-style-type: none"> <li>Project Supplies: Include a description, quantity, price each, total price for each item. Describe how the requested supplies will benefit the project.</li> <li>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).</li> <li>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</li> <li>Professional Memberships: List organization, cost of membership x number of memberships, total price, name(s) of staff, benefit to the project</li> <li>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.</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>The required information and justification are provided for each expense item</li> </ul>		
	<ul style="list-style-type: none"> <li>Expenses are suitable to fulfill the objectives which this applicant intends to address. Expenses are allowable.</li> </ul>		
<b>TOTAL YES/NO</b>			