The Virginia Diabetes Council is funding organizations through June 30, 2020 to **increase access** to DSMES Services.

**Purpose:** The purpose of this funding opportunity is to solicit proposals from organizations:

1) Starting new DSME ADA recognized/AADE accredited programs

2) Expanding existing recognized/accredited DSME programs by:

a) Developing innovative projects for programs to ***increase the access to DSMES for underserved populations*** (i.e. racial/ethnic/gender minority, rural, low socioeconomic status, medically underserved areas) and/or by

 b) Developing innovative ways to ***increase referrals from area providers***.

Goals of this funding opportunity support an organization's capacity for the following activities:

* Marketing – whether through local or direct advertising, radio ads, and or social media such as Facebook ads
* Increased Recruitment, Participation and Retention
* Partnership Engagement

Selected applications will be funded for a minimum of $500 up to a maximum amount of $3,500. Funding will be awarded based on responses to this application. All applications must include a detailed budget and budget justification in addition to responses to the application questions.

The following list provides some specific examples of how the funding could be used.

* Provide support to organizations delivering DSMES to assist them in obtaining ADA-recognition/AADE-accreditation (e.g. provide access to recognition/accreditation resources or consultants or other accredited DSME sites that can offer guidance or mentoring)
* Funding may be used to support application fee for currently accredited sites to expand to multi-site category
* Integrate DSME services/referrals into coordinated care (e.g. Patient-Centered Medical Homes)
* Engage community health workers to link people with diabetes to DSME services
* Work with health care organizations/providers on building EHR-generated or other systems to facilitate and track referrals to DSMES and enhance clinical decision support
* Increase incentives for people with diabetes to participate in DSMES (such as childcare or transportation vouchers to remove enrollment/participation barriers.)
* Supporting incentives (valued at no more than $20/participant) to encourage attendance, participation and retention in sessions. Incentives should be directly related to the DSMES curriculum and may include items such as pedometers, measuring cups, “Calorie King” fat/calorie counting books, stretch bands, and green food vouchers. Note: Must provide detail about types of incentives, timing of incentives, and attendance.
* Teaching tools for the DSMES program
* EHR changes for workflow/referral

Funds may not be used for:

* ADA or AADE Recognized/Accreditation Renewal Fees
* Food/beverage purchases that exceed the per participant incentive amount of $20/participant

Applications are due on November 15th, 2019. Organizations that have applied for funding will be notified and any additional edits to the budget/workplan should be submitted by November 30th. Final reports must be completed and sent to the DSMES Committee by May 30th, 2020.

Applications and supporting documents must be submitted to the DSMES Committee at dsmesfunding@virginiadiabetes.org with the subject line, “DSMES Funding,” no later than November 15th to be considered.

APPLICATION

1. **Contact Information**

First Name Click or tap here to enter text. Last Name Click or tap here to enter text.

Title Click or tap here to enter text.

Company/Organization Name Click or tap here to enter text..

Street Address Click or tap here to enter text.

Apt/Suite/Office Click or tap here to enter text.

City Click or tap here to enter text.

Zip Click or tap here to enter text.

Email Address Click or tap here to enter text.

Phone Number Click or tap here to enter text. Fax Number Click or tap here to enter text.

1. **What type of organization do you represent? (check all that apply)**

[ ]  Health System

[ ]  YMCA

[ ]  Federally Qualified Health Center (FQHC)

[ ]  Health Department

[ ]  Free Clinic

[ ]  Extension Agency

[ ]  Faith-based Organization

[ ]  Employer-based program

[ ]  Other - Write In

(Click or tap here to enter text.)

1. **DSMES Status:**

[ ] Accredited/Recognized

[ ] In process of accreditation/recognition

[ ] Interested in pursuing accreditation/recognition

1. **Statement of Need:**

Please describe the population your organization serves and why this type of program is needed. (500-character limit)

Click or tap here to enter text.

1. **Workplan and Timeline (complete attached template)**

Outline your organization's workplan and implementation timeline between December 1, 2019 and April 30, 2020. If you have tentative dates scheduled for DSMES sessions and/or partner engagement meetings, please list them here.

Click or tap here to enter text.

1. **Budget/Budget Justification (complete attached template)**

Outline how funds will be used to support DSMES.

Click or tap here to enter text.

1. **Utilization of Staff and Volunteers**

Please outline how your organization will utilize staff, volunteers, and/or community health workers (CHWs) to recruit and enroll patients, particularly patients in underserved areas, and collect data required for accreditation/recognition (if applicable). (500-character limit)

Click or tap here to enter text.

1. **Partnerships and Resources**

List any other existing resources and/or partnerships that you will utilize along with this funding opportunity to create a sustainable DSMES program. (200-character limit)

Click or tap here to enter text.

1. **Challenges and Barriers**

Explain any anticipated challenges or barriers to enrolling individuals into the DSMES program and explain how you would overcome these. (400-character limit)

Click or tap here to enter text.

1. **Sustainability Plan**

Given your current organization capacity, describe your plans to continue the DSMES after this funding period ends? (400-character limit)

Click or tap here to enter text.

**Instructions**: Outline what objectives and action steps will be taken to start or support **DSME** by increasing access to DSMES services in Virginia. There are no required # of objectives to be achieved, rather, identify the priority objective that funding will support.

|  |  |
| --- | --- |
| **Name of Organization/Entity:**  |  |
|  **Work Plan**  | **Budget Category and Amounts \***  |  **Budget Justification** **(how will money be used)** | **Completion Data and Specific Accomplishments (Due on 5/30/2020)**  |
| **Objective 1:**  | (list for each action step) |  | (list for each action step)  |
| (list action steps and timeline to accomplish this objective) | Category:Requested Amount:Final Amount:   |  | Date Completed:Specific Accomplishments: |
| **Objective 2:** | (list for each action step)  |  | (list for each action step)  |
| (list action steps and timeline to accomplish this objective) | Category:Requested Amount:Final Amount:   |  |  Date Completed:Specific Accomplishments: |
| **Objective 3:** | (list for each action step) |  | (list for each action step) |
| (list action steps and timeline to accomplish this objective) | Category:Requested Amount:Final Amount:   |  | Date Completed:Specific Accomplishments: |
|  | Total: |  |  |

* Budget categories that will be approved include costs for **initial start-up**, **participant recruitment** (scholarships for program fees, childcare, or transportation), **participant incentives** (books, exercise or food/meal planning items, **marketing materials** for program referrals and participant recruitment or **activities to increase referrals from providers**.

**Note**: Final work plan and budget template must be submitted by **October 31, 2019,** along with completed application. Final reports must be completed and sent to the VDC-DSME Chair by **May 30, 2020**. Final reports should include the work plan and budget template with revisions to the work plan/action steps, final itemized budget of each action step and budget total, and completed accomplishments with achievement date.