

Attachment 1

Applicant Information Form

Applicants must answer all questions completely.

1. Legal Name of applicant as it appears on the corporate charter:
2. Federal Tax ID number:
3. Is your organization a registered vendor with the State of Tennessee: Yes _____ No _____
(If no, please go to <https://www.tn.gov/generalservices/procurement/central-procurement-office-cpo-supplier-information-.html> to register as a vendor.)
4. Organization contact information:
Organization name:
Primary mailing address:
Telephone number:
5. Primary contact/lead person:
Name: Title:
Email: Phone number:
6. Secondary contact person:
Name: Title:
Email: Phone number:
7. If awarded a grant, who will be the authorized signor of the resulting contract?
Name: Title:
Email: Phone number:
8. Do you propose to use subcontractors for any portions of the scope of services? Yes ___ No ___
If yes, please provide the name and address of each subcontractor and what specific services each will perform:

Please check ONE of the following as it applies to this application:

We have reviewed the Sample Contract with legal counsel and can identify no issues with executing this contract in its present form.

We have reviewed the Sample Contract with legal counsel and will request changes to the Sample Contract. (Please attach details.) We understand that exceptions to the boilerplate contract language may not be approved and may result in the rejection of this application.

Authorized signor: _____

Application Form

Applicants must answer all questions completely.

1. Organization name:
2. Project lead (name/s):
3. Name of project:
4. Please attach a project narrative limited to five (5) total pages and labeled 'Project Narrative - *Insert Project Name Narrative*' addressing your organizational capacity and approach to implement the service deliverables:
 - Develop, implement, and evaluate a pathway to increase systematic DR screening of diabetic patients to reduce the risk of vision impairment and blindness. Screening protocol should include screening at the time of type 2 diabetes diagnosis and annually thereafter.
 - Develop, implement, and evaluate strategies/activities to increase the number of diabetic patients who receive CKD screening. Screening protocol should adhere to American Diabetes Association guidelines and include screening at the time of type 2 diabetes diagnosis and annually thereafter using measurement of kidney damage (urine albumin to creatinine ratio) and function (estimated glomerular filtration rate).
 - Provide education and training for patients regarding screening, diabetes self-management, and control of blood sugar, blood pressure, and blood lipids, and adherence to treatment to achieve good health outcomes and quality of life.
 - Develop referral plans for screen-positive DR patients and patients with elevated CKD screening result with local providers to promote multidiscipline, integrated care. Referral plans should address diagnosis, intervention/treatment, and follow-up/surveillance.
 - Examine the capacity to incorporate the collection, documentation, and reporting of SDOH using ICD-10 Z Codes. This can be accomplished through health risk assessments, screening tools, person-provider interaction, and individual self-reporting and used to identify unmet needs of the population served.

5. Describe your target population (check all that apply):

AGE		18-24 YRS		25-39 YRS		40-64 YRS		65 YRS & OLDER	
GENDER		Female		Male					
RACE		White/ Caucasian		Black/ African American		American Indian/ Alaska Native		Native Hawaiian/Other Pacific Islander	Asian
ETHNICITY		Non-Hispanic or Latino			Hispanic or Latino				
OTHER		Low Socioeconomic Status		Current Smokers		Excessive Alcohol Consumption		<High School Education	Unstable Housing
PRIORITY COUNTIES		Bedford		Campbell		Carroll		Claiborne	Cocke
		Crockett		Decatur		Dyer		Gibson	Giles
		Grundy		Hardin		Henry		Humphrey	Lake
		Lauderdale		Lawrence		Lincoln		Marshall	McNairy
		Obion		Perry		Other:			

6. Briefly describe the experience your organization has implementing similar activities/strategies.

7. Describe the current multimodal partnerships with learning collaboratives, public health agencies, healthcare providers, clinical quality improvement organizations, community- and faith-based organizations, local hospitals, medical associations, universities/colleges, and internal and external information technology (IT) teams that will assist with accomplishing your objectives. If these partnerships will be established, explain your plan to develop a partnership infrastructure to support your work plan. Please attach two (2) letters of support that demonstrate the expectations and responsibilities of the planned partnership.

- Develop a SMARTIE objective (Exhibit 1), list supporting activities, identify lead personnel and contributing partners, and initiation and completion dates for each strategy listed.

Strategy 1: Increase DR screening in priority populations with diabetes.

SMARTIE Objective:				
Activities	Lead Personnel Assigned (Titles &/or Names)	Contributing Partners (e.g., key contracts, consultants)	Initiation Date	Completion Date

*Add additional rows as needed.

Strategy 2: Improve early detection of CKD in priority populations with diabetes.

SMARTIE Objective:				
Activities	Lead Personnel Assigned (Titles &/or Names)	Contributing Partners (e.g., key contracts, consultants)	Initiation Date	Completion Date

9. Describe data collection approaches, measures, and evaluation methods your organization plans to implement to monitor the project.

10. Determine baseline values, six-month and 18-month target values, and data sources for each strategy.

Measure Description	Baseline Value (# and %)	6-Month Target Value (# and %)	18-Month Target Value (# and %)	Data Source(s):
# and % of patients with diabetes who have received DR screening tests in the HCO.				
# and % of patients with diabetes who have received CKD screening tests in the HCO.				

11. Please complete the attached budget.

Include a detailed budget narrative addressing grant funding from other sources, supplemental organization funding, and sustainability beyond the grant period.

EXHIBIT 1



Specific

Does the objective state the outcome that you aim to accomplish? Among what population, by when, and by how much?

Attainable

Is the objective challenging but achievable within the capabilities of your program and the community being served? Do you have enough resources?

Time-Based

Is there a deadline to achieve the objective? Are there review points to assess progress?

Equitable

Does the objective address the unique needs and circumstances of different populations, increase quality services where needed, and seek to address cancer screening disparities?

Measurable

How will you track your progress and know when milestones have been reached and the objective achieved?

Relevant

Is the objective aligned with the priorities of your program and Notice of Funding Opportunity (NOFO) requirements? Is it meaningful to the population of focus and community being served?

Inclusive

Have you invited, considered, and incorporated input from the population of focus and your community partners where appropriate?

