

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	Bradley	Cocke	Gibson	Greene Hamilton
	Hardeman	Hardin	Haywood	Henderson Lauderdale
	Macon	Madison	Montgomery	Rutherford Shelby
	Washington	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.

8. 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.

