



**Rhode Island Department of Health**  
Three Capitol Hill  
Providence, RI 02908-5094  
[www.health.ri](http://www.health.ri)

## Memo

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**To:** Mini Grant Applicants  
**From:** Jasmine Franco, Arthritis Program Manager  
**Date:** August 30, 2017  
**Re:** Expanding Chronic Disease Self-Management Education Programs

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The Rhode Island Department of Health (RIDOH) is offering mini-grants to Rhode Island organizations to expand the Chronic Disease Self-Management Program and the Chronic Pain Self-Management Program. Eligible applicants are community-based organizations that demonstrate capacity to train internal staff to lead the Chronic Disease Self-Management Program and the Chronic Pain Self-Management Program.

Mini-grants will be offered in the amount of \$3,158. The awarded organizations will be required to send 2 staffed employees to a 4-full day Chronic Disease Self-Management Program Training organized by the Own Your Health Collaborative. Funds will also allow for the same 2 employees of the awarded organization to attend a 2-full day Leader Cross Training for the Chronic Pain Self-Management Program. The Chronic Disease Self-Management Program Leader Training will be held on November 6<sup>th</sup>, 7<sup>th</sup>, 13<sup>th</sup>, and 14<sup>th</sup>, attendance is required if granted. The Chronic Pain Self-Management Program Leader Cross Training will be held on December 4<sup>th</sup> and 5<sup>th</sup>, attendance is required if granted to host this program. All awarded applicants are required to utilize the trained leaders to offer a total of 3 workshops by July 31, 2018.

Please submit an application and an agency W-9 by **Friday, October 6, 2017 at 4:00pm.** via email to Jasmine Franco at: [Jasmine.Franco@health.ri.gov](mailto:Jasmine.Franco@health.ri.gov). W-9 forms are required at time of submission to ensure the timely processing of grant awards. Please review and/or complete the following:

- Mini-grant Application
- Mini-grant Technical Review Scoring Sheet
- [W-9](#)

Agencies will be notified of grant acceptance within 1 week of the application deadline. Mini-grant activities must be completed by July 31, 2018. The program invoice must be submitted no later than 30 days after the project end date.

We look forward to hearing from you regarding this opportunity.



**Rhode Island Department of Health Chronic Disease Self-Management Education Program**  
**Expanding Chronic Disease Self-Management Education Programs**  
**Scope of Work**

- The purpose of this mini grant opportunity is to expand access to the Chronic Disease Self-Management Program and the Chronic Pain Self-Management Program in Rhode Island.
- The grantee is required to send 2 staffed employees to a 4-day Chronic Disease Self-Management Program Leader Training and a 2-day Chronic Pain Self-Management Program Leader Cross Training organized by the Own Your Health Collaborative.
- The Chronic Disease Self-Management Program Leader Training will be 4-full days held on November 6<sup>th</sup>, 7<sup>th</sup>, 13<sup>th</sup>, and 14<sup>th</sup>. The Chronic Pain Self-Management Program Leader Cross Training will be 2-full days held on December 4<sup>th</sup> and 5<sup>h</sup>.
- The grantee will utilize the newly trained staff to host 3 Chronic Disease Self-Management Program or Chronic Pain Self-Management Program workshops by July 31, 2018.
  - Workshops must target Rhode Island adults, older adults, and/or adults with disabilities.
- The grantee is required to develop a strategy to expand the Chronic Disease Self-Management Program and/or Chronic Pain Self-Management Program hosted at their site.
  - This may include posting flyers in surrounding communities, hosting coffee hours at grantee site, hosting outreach events at grantee site, developing communications to be posted in community or aired on radio/television, etc.
- All outreach strategies must be approved by the Arthritis Program Manager at the Rhode Island Department of Health before planned and conducted.
  - Outreach to community sites must be preapproved by the Arthritis Program Manager to ensure efforts align with those of the RIDOH.
  - Any materials created/developed must first be approved by the Arthritis Program Manager at the Rhode Island Department of Health. Once approved, the Communications Department at RIDOH will add logos to all materials.
- CDSME workshops are to be planned with the Arthritis Program Manager and Chronic Disease Self-Management Education Coordinator at the RIDOH.



**Division of Community Health & Equity  
Chronic Disease Self-Management Education Program  
2017 Mini-Grant Application Form**

**Instructions: Please read through each of the following section prompts and complete either in the given template or in another document.**

**SECTION I: AGENCY CAPACITY (10 points)**

Briefly describe your organization and your organization's experience in providing services, support, and engagement with the adults, older adults, and adults with disabilities in RI communities. Describe your organization's previous experience with health and wellness programs focused on addressing improved quality of life and achieving health equity.

**SECTION II: SCOPE OF WORK & SUSTAINABILITY (20 points)**

Provide a summary of the proposed project and project goals. Discuss plans on how the project and/or related activities will be sustained after funding ceases. If you have previously received funding from the RI Arthritis Program or Chronic Disease Self-Management Education Program to carry out this or a similar program, please describe your success in achieving the outlined aims and goals. What were other sources of funding (if any)?

**SECTION III: PERSONNEL (10 points)**

Describe who will work on the project and their past experience working in this area.

**SECTION IV: Work Plan (30 points)**

Map out your plan below for increasing awareness and engaging participants in the Chronic Disease Self-Management Program and/or the Chronic Pain Self-Management Program. Identify how you will embed the program or programs into your organizations daily activities. Include how you will promote the programs and recruit participants. Your map should include where workshops will be held, the anticipated date of your first workshop, as well as any other steps that will be taken to ensure participation in the Chronic Disease Self-Management Program and or Chronic Pain Self-Management Program.

**SECTION V: BUDGET NARRATIVE (25 points)**

Please briefly describe your proposed budget expenses for this project. The maximum allowable budget for this project is \$3,158. Note: Due to federal budget restrictions, mini-grant funds may not be used for the purchase of food or beverages.

<b>Mini-Grant Budget Template (20 points)</b>	
<b>Chronic Disease Self-Management Education Program</b>	
BUDGET Period: November 1 <sup>st</sup> 2017 through July 31 <sup>st</sup> 2018	
Organization:	<b>Amount</b>
<b>I. GRANT FUNDS: EXPENSE CATEGORY</b>	
<b>1. Staff Training:</b>	
*Each staff person will be paid \$12 per hour for training time, please budget accordingly	
**If 2 staff members are only completing the Chronic Disease Self-Management Program Training budget for 32 hours each	
***If 2 staff are completing both the Chronic Disease Self-Management Program and Chronic Pain Self-Management Program Training budget for 48 hours each	
<b>Total Staff Training:</b>	
<b>2. Leader Stipend:</b>	
*Each staff person will receive \$315 per completed workshop, please budget accordingly for 3 workshops	
**21 hours are allotted for each workshop (15 hours for the workshop and 6 hours of prep time)	
<b>Total Leader Stipend:</b>	
<b>3. Marketing/Recruitment</b>	
*Funds can be used for marketing/recruitment materials and/or staff time for promoting the workshops and recruiting participants	
<b>Total Marketing/Recruitment:</b>	
<b>TOTAL AMOUNT REQUESTED (may not exceed \$3,158)</b>	

**Return via email, fax, or in person no later than October 6<sup>th</sup>, 2017 at 4 p.m. to:**

Jasmine Franco

RI Department of Health  
Arthritis Program, Rm. 309

Telephone: 401-222-4520

Fax: 401-222-4415

Email: [Jasmine.Franco@health.ri.gov](mailto:Jasmine.Franco@health.ri.gov)