



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

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**Memo**

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**To:** Mini Grant Application  
**From:** Jasmine Franco, Arthritis Program Manager  
**Date:** January 29, 2018  
**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 (CDSMP) and the Chronic Pain Self-Management Program (CPSMP). Eligible applicants are community-based organizations that demonstrate capacity to train internal staff to lead the CDSMP and the CPSMP.

The grantee is required to send two internally staffed employees to either a 4-day CDSMP Leader Training, a 4-day CPSMP Leader training organized by the Own Your Health Collaborative or both (budget accordingly). In the case that your organization already has two CDSMP and/or CPSMP trained as certified leaders, the mini-grant funding may be used for leader stipends for CDSMP/CPSMP workshops completed by July 31, 2019. Mini grants will be offered in amounts between \$1,890 and \$4,999.

The Chronic Disease Self-Management Program (CDSMP) Leader training will be 4 full days held on 5/2, 5/3, 5/9, and 5/10. The Chronic Pain Self-Management Program (CPSMP) Leader training will be 4 full days held on 6/4, 6/5, 6/11, and 6/12. Participation in the 4 full days of training is required. Failure to attend the full training will result in failing certification, not meeting grant requirements, and inability to provide workshops. Please make appropriate arrangements in order to attend the training or

trainings. The grantee will utilize the newly trained (or previously trained) staff to host a minimum of three CDSMP or CPSMP workshops by July 31, 2019.

Please submit an application and an agency W-9 by **March 9, 2018 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. W-9 forms must be signed and dated within the past six months.

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, 2019. The program invoices 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 (CDSMP) and the Chronic Pain Self-Management Program (CPSMP) in Rhode Island.

**Leader Trainings**

- The grantee is required to send two staffed employees to either a 4-day Chronic Disease Self-Management Program Leader Training or a 4-day Chronic Pain Self-Management Program Leader training organized by the Own Your Health Collaborative. The grantee may attend both trainings, please budget accordingly.
- Participation in the 4 full days of training is required. Failure to attend the full training will result in failing certification, not meeting grant requirements, and inability to provide workshops.
- In the case that your organization has already trained and certified two leaders in CDSMP and/or CPSMP, the funding may be used for leader stipends for workshops completed by July 31, 2019. In this case, a minimum of 3 workshops must be completed by July 31, 2019.
- The Chronic Disease Self-Management Program Leader training will be 4 full days held on 5/2, 5/3, 5/9, and 5/10, 9 a.m. – 4 p.m. The Chronic Pain Self-Management Program Leader training will be 4 full days held on 6/4, 6/5, 6/11, and 6/12, 9 a.m. – 4 p.m. Both training programs will be held at a designated location in Providence.

**Hosting Workshops**

- The grantee will utilize the newly trained staff to host a minimum of 3 Chronic Disease Self-Management Program or Chronic Pain Self-Management Program workshops by July 31, 2019 (See program descriptions).
  - Workshops must target Rhode Island adults, older adults, and/or adults with disabilities.

**Marketing/Outreach/Recruitment**

- 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 (RIDOH) before planned and conducted.
  - Outreach to community sites must be preapproved by the Arthritis Program Manager to ensure efforts align with those of RIDOH.
  - Any materials created/developed must first be approved by the Arthritis Program Manager at RIDOH. Once approved, the RIDOH Center for Public Health Communications will add logos to all materials.
- CDSMP workshops are to be planned with the Arthritis Program Manager and Chronic Disease Self-Management Education Program Coordinator at RIDOH.

\*It is not, required to develop marketing materials. Posters and flyers can be provided by RIDOH.

\*Funds cannot be used for the purchase of food, beverages, or incentives.

## CDSMP/CPSMP Descriptions

Grantees will participate in either CPSMP, CDSMP or both leader trainings and then host the appropriate workshops. The descriptions of the leader trainings and workshops are below:

### **Chronic Disease Self-Management Program (CDSMP) Leader training:**

- 4 full days (9 a.m. – 4 p.m.)
- Full attendance of all 4 days is required to be granted and certified
- Training is led by two CDSMP Master Trainers
- Training will provide all the necessary resources and education necessary for leaders to host workshops following the 4 training days
- After training leaders will host workshops

### **Chronic Disease Self-Management Program Workshop (CDSMP):**

- One workshop is comprised of 6 sessions and each session is 2 ½ hours in duration.
- Led by two certified CDSMP Leaders
- Workshop topics include nutrition, physical activity, medication management, communication, sleep and problem solving
- Educates participants on a broad range of chronic diseases, such as arthritis, diabetes, heart disease, etc.
- Participants learn to manage their symptoms and prevent further illness by setting realistic goals and engaging in group discussions
- Participant materials are provided by the Rhode Island Parent Information Network

### **Chronic Pain Self-Management Program (CPSMP) Leader training:**

- 4 full days (9 a.m. – 4 p.m.)
- Full attendance of all 4 days is required to be granted and certified
- Training is led by two CPSMP Master Trainers
- Training will provide all the necessary resources and education necessary for leaders to host workshops following the 4 training days
- After training leaders will host workshops

### **Chronic Pain Self-Management Program Workshop (CPSMP):**

- One workshop is comprised of 6 sessions and each session is 2 ½ hours in duration.
- Led by two certified CPSMP Leaders
- Workshop covers topics including nutrition, physical activity, medication management, communication, sleep, problem solving, pain alleviation, activity pacing, and appropriate resting
- Educates participants on chronic pain management and pain prevention
- Participants learn to implement pacing activities and scheduled resting times, along with reviewing appropriate medication use and several other pain alleviation methods
- Participants will work on communication and problem solving by engaging in group discussions and creating goals/action plans each week
- Participant materials are provided by the Rhode Island Parent Information Network



**Division of Community Health & Equity  
Chronic Disease Self-Management Education Program  
2018 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 \$4,999. 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 March 9, 2018 through July 31, 2019	
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 64 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 the number of workshops to be completed	
**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/Data Collection</b>	
*Funds can be used for marketing/recruitment materials and/or staff time for promoting the workshops, recruiting participants, and data collection	
**Funds cannot be used for the purchase of food, beverages, or incentives	
<b>Total Marketing/Recruitment:</b>	
<b>TOTAL AMOUNT REQUESTED (may not exceed \$4,999)</b>	



**Return via email, fax, or in person no later than March 9, 2018 to:**

Jasmine Franco, Arthritis Program Manager  
Rhode Island Department of Health, Room 309

Telephone: 401-222-4520

Fax: 401-222-4415

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



**Rhode Island Department of Health**  
**Chronic Disease Self-Management Education Program 2018 Mini-Grant**  
**Technical Review Scoring Sheet**

Agency Name: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Criterion 1: Agency Capacity</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant demonstrates that it is qualified and experienced in working with adults, older adults, and adults with disabilities.	5	
The applicant demonstrates previous experience conducting health and wellness programs.	5	

Criterion 1 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 2: Scope of Work &amp; Sustainability</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant identifies clear goals to carry out scope of work.	5	
The applicant demonstrates capacity to embed Chronic Disease Self-Management Education programs into daily activities.	10	
The applicant provides a realistic plan for sustaining activities beyond this funding period.	5	

Criterion 2 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 3: Personnel</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant has internal staff to be trained and carry out Chronic Disease Self-Management Education programs.	10	

Criterion 3 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 4: Work Plan</b>	<b>Maximum Points</b>	<b>Score</b>
Work Plan is realistic and appropriate for scope of project.	20	
The applicant provides a realistic timeline of project activities.	10	

Criterion 4 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Criterion 5: Budget</b>	<b>Maximum Points</b>	<b>Score</b>
The applicant presented a cost-effective budget that reflects appropriate expenses to accomplish project goals.	10	
The applicant budgeted for staff trainings appropriately according to provided instructions.	5	
The applicant budgeted for leader stipends appropriately according to provided instructions.	5	
The applicant budgeted for marketing and recruitment appropriately according to provided instructions.	5	

Criterion 5 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Reviewers Recommendation Summary**

**Total Score:** \_\_\_\_\_ (not to exceed 95 points)

Has the required minimum score of 80 been met? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

\*Additionally, mini-grant application must meet minimum requirements in the Scope of Work section.

Reviewer's Recommendation: \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended

**Criteria Scoring**

<b>Criterion</b>	<b>Maximum Score</b>	<b>Reviewer's Score</b>
1. Agency Capacity	10	
2: Scope of Work & Sustainability	20	
3. Personnel	10	
4. Work Plan	30	
5. Budget	25	
<b>Total</b>	<b>95</b>	