



**Rhode Island Department of Health  
Blood Pressure Self-Monitoring Program  
Funding Opportunity**

**Memo**

To: Eligible Applicants  
From: Kelsea Tucker, Diabetes Heart Disease and Stroke Program  
Date: May 4, 2022  
Re: Community Blood Pressure Self-Monitoring Program

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The Rhode Island Department of Health's (RIDOH) Diabetes Heart Disease and Stroke Program (DHDS) invites applications from eligible organizations and agencies to participate in the planning and implementation of a virtual or in-person blood pressure self-monitoring program (BPSM). The Community BPSM funding period will begin July 18, 2022 and end June 5, 2023.

RIDHDS will award up to four (4) organizations up to \$4,500 each. Eligible applicants must have an existing infrastructure with the capacity to support implementation of a health promotion program and affiliated with or a part of a not-for-profit, community-based agency, coalition, and/or grassroots organization that has a Federal Employer Identification Number (FEIN) or the Federal Tax Identification Number.

One application per agency will be reviewed. Activities/deliverables will begin July 18<sup>th</sup>, 2022 and must be completed by Monday, May 30<sup>th</sup>, 2023. Final summary report, program data, and project invoices are due by Monday, June 5<sup>th</sup>, 2023.

To apply, complete and submit the required items by 5 p.m. on Wednesday, June 1<sup>st</sup> via mail or email. Submissions should not exceed five (5) pages. Applicants must score at least sixty (60) of the one hundred (100) points to remain eligible to receive an award. The four applicants with the highest scores will be chosen.

**Completed applications must include:**

1. Cover Form
2. Scope of Work and Budget Narrative Score Form
3. Signed W-9 to ensure timely processing of grant award

**Submit completed application to:**

Kelsea Tucker, Community Health Network Manager  
Rhode Island Department of Health – Diabetes Heart Disease and Stroke Program  
3 Capitol Hill, Room 408, Providence, RI 02908  
[Kelsea.tucker@health.ri.gov](mailto:Kelsea.tucker@health.ri.gov)

**Please note:**

Due to federal budget restrictions, funds may not be used to purchase food, beverages, or blood pressure (BP) monitors/cuffs. A limited number of BP monitors/cuffs can be provided by DHDS if the agency does not already have them. Applicants will be notified of the application acceptance within two (2) weeks of the application deadline.

**Completed applications must be received via email or postmarked by 5 p.m. on Wednesday, June 1<sup>st</sup>**  
An information session for interested applicants will be held on Wednesday, May 18<sup>th</sup> at 9am. [Click here to join the meeting](#). Additionally, questions related to the Community BPSM funding opportunity can be directed to [Kelsea.tucker@health.ri.gov](mailto:Kelsea.tucker@health.ri.gov) with the subject line Community BPSM Question.



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**Cover Form**

Organization Name:		
Street Address:		
City/Town:	State: <b>Rhode Island</b>	Zip:
Organization Executive Director Name:		Phone Number and Extension:
Organization Fiscal Contact Name:		Phone Number and Extension:
Project Contact Name:		Phone Number and Extension:
Project Contact Email:		Federal Identification Number/FEIN:
Select One: <input type="checkbox"/> New Applicant <input type="checkbox"/> Previous Grantee		Amount Requested:

Authorized Signature

Title

Date

*By signing this form, I state that, to the best of my knowledge that all information in this proposal is true and correct.*

Applicants must submit a signed W-9 Form, Cover Form, a Scope of Work, and a Budget/Budget Narrative. The Scope of Work/Budget Form can be submitted on a Word Document and should not exceed three (3) pages. Applications must be submitted no later than 5 p.m. on Monday, May 23<sup>rd</sup>. Eligible applicants must have an existing infrastructure with the capacity to support implementation of a health promotion program and be affiliated with or a part of a not-for-profit, community-based agency, coalition, and/or grassroots organization that has a Federal Employer Identification Number (FEIN) or the Federal Tax Identification Number. All questions related to the Community BPSM funding opportunity can be directed to [Kelsea.tucker@health.ri.gov](mailto:Kelsea.tucker@health.ri.gov) with the subject line Community BPSM Question.

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## Rhode Island Department of Health Blood Pressure Self-Monitoring Program Funding Opportunity

### SCOPE OF WORK OVERVIEW

The Rhode Island Department of Health Diabetes Heart Disease and Stroke Program aims to prevent and reduce death and disability due to diabetes, heart disease and stroke using several strategies, including the implementation of evidence-based health promotion programming in communities across Rhode Island. The Blood Pressure Self-Monitoring Program was originally created and implemented by the YMCA of the USA (Y-USA). Recently, in partnership with the Centers for Disease Control and Prevention, Y-USA released the curriculum and trained state and local health officials across the country in program implementation and leader training.

#### Eligible participants:

1. Are 18+ years old.
2. Have not had a heart attack or other cardiac event within the past 6 months.
3. Have been told that they have high blood pressure and/or are on anti-hypertensive medication.
4. Do not have atrial fibrillation or other arrhythmias.
5. Do not have and are not at risk for lymphedema.
6. Are interested and ready to self-monitor their blood pressure.

#### During the four (4) month program, participants will:

1. Complete a 30 – 45 minute enrollment session to complete paperwork and be trained in BPSM.
2. Meet one-on-one with a program facilitator twice monthly for 10 minutes during the facilitator's "Office Hours" to check in and take BP readings.
3. Attend monthly nutrition seminars led by program facilitator.
4. Monitor and record their own blood pressure at least twice monthly at home.

#### The following materials are required for program implementation and will be provided by DHDS:

1. Enrollment/registration form
2. Readiness for change screening tool
3. Hypertensive crisis protocol
4. Participant blood pressure and attendance tracking form
5. Pre- and Post- surveys for participants
6. BP monitors and cuffs (loaner agreement templates and cleaning protocols, if needed)
7. Standardized nutrition seminar PowerPoints with scripts
8. Facilitator guide
9. Promotional flyers and posters in English and Spanish

DHDS will provide technical assistance and support throughout the award period from July 18<sup>th</sup>, 2022 to June 29<sup>th</sup>, 2023. Additional technical support and potential financial support may be available to train HHA-BPSM facilitators as Certified Community Health Workers, should the organization be interested.

#### **Key Activities & Dates:**

- **July 18<sup>th</sup>, 2022:** Award period begins
- **July 18<sup>th</sup>, 2022:** Complete a five-hour facilitator training (tentative date)
- **August 1<sup>st</sup>, 2022 – October 31<sup>st</sup>, 2022:** Begin HHA-BPSM
- **February 27<sup>th</sup>, 2023:** Last date to enroll new members in to HHA-BPSM
- **May 29<sup>th</sup>, 2023:** BPSM program completed
- **June 5<sup>th</sup>, 2023:** Final summary report, program data, and project invoice received by DHDS.



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**By June 5<sup>th</sup>, 2023, Community Blood Pressure Self-Monitoring Program funding awardees will:**

- Have all grant funded staff attend a 1-hour kickoff meeting with RIDHDS and other grantee(s) in early July 2022.
- Have at least one staff complete a 5-hour facilitator training in delivery of BPSM by DHDS.
- Develop new or identify existing hypertensive crisis protocol and provide it to program facilitator and DHDS. DHDS will provide an example and support, if needed.
- Identify and communicate to DHDS a process for providing BP cuffs for participants during the grant period and after. If a loaner agreement is identified, create agreement and cleaning protocols.
- Collaborate with DHDS to add their BPSM program to the Community Health Network calendar ([www.ripin.org/chn](http://www.ripin.org/chn)).
- Recruit at least 20 participants for BPSM.
- Complete at least 4 months of BPSM with at least 12 participants meeting completion criteria<sup>1</sup>.
- Sign a Business Associate Agreement to allow secure data sharing between the grantee and DHDS.
- Collect the following data for each participant using DHDS provided forms:
  - Enrollment information
  - Pre-survey given during enrollment
  - BPs and office hour meeting notes twice per month
  - Nutrition seminar attendance
  - Post-survey given at final nutrition seminar or office hour meeting.
- Submit final invoice, brief grant summary, and program data using DHDS templates by 5pm on Monday, June 5<sup>th</sup>, 2023.
- Request and receive technical assistance from the DHDS as needed during the award period.
- Work collaboratively with DHDS to promote the programs utilizing social media channels and other existing methods of communication.
- Provide DHDS Project Officer written updates by the 10<sup>th</sup> of each month using DHDS template.
- Provide DHDS Project Offices all necessary backup documentation by the 10<sup>th</sup> of each month, including timesheets and receipts.
- Securely send DHDS Project Officer all enrollment, survey, nutrition seminar, and office hour data collected during the month.
  - This can be sent securely via fax, secure email, or dropped off in a sealed envelope to RIDOH. The method of delivery is to be identified and agreed upon by both the grantee and DHDS Project Officer.
- Provide DHDS Project Officer monthly invoices by the 10<sup>th</sup> of each month using DHDS template.

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<sup>1</sup>Completion of the program is defined under 3 tiers: Platinum – 100% attendance and self-monitoring; Gold – 75% attendance and self-monitoring and Silver – 50% attendance and self-monitoring



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**SCOPE OF WORK and BUDGET NARRATIVE SCORE FORM**

Instructions: Complete sections I-V using this template or a Word Document following this format.

**SECTION I – AGENCY CAPACITY (1 paragraph) - (20 points)**

*For new applicants:* Describe agency mission and fiscal capacity/structure to coordinate and manage grant funding.

*For past grantees:* Please note any changes to mission and/or fiscal capacity/structure to coordinate and manage grant funding.

**SECTION II – PROJECT OVERSIGHT (1 paragraph) - (20 points)**

*For new applicants:* Describe who (i.e. names with titles) will coordinate and implement BPSM and their experience implementing health promotion and/or evidence-based programming. Indicate whether this program will be implemented in person, virtually, or a combination of the two.

*For past grantees:* Please note any changes to grant management and project oversight since your last award. If new staff are being added, include their health promotion and/or evidence-based programming implementation experience. Indicate whether this program will be implemented in person, virtually, or a combination of the two.

**SECTION III – PARTICIPANT RECRUITMENT AND RETENTION (2 paragraphs) - (30 points)**

*For new applicants:* Explain past successes and challenges with participant recruitment and retention for health promotion and/or evidence-based programming, as well as planned activities to recruit and retain participants for BPSM. Project the total number of program completers during the grant period and explain how you came to that number.

*For past grantees:* Please explain your successes and challenges with HHA-BPSM recruitment and retention during past award periods. Identify strategies to address the challenges during this award period. Project the total number of program completers during the grant period and explain how you came to that number

**SECTION IV – OTHER (1 paragraph) - (10 points)**

*For new applicants:* Identify areas in which you expect your organization to need technical assistance/support from DHDS and/or any questions you may have.

*For past grantees:* Your past successes, challenges, and experiences will be considered when reviewing the current application. No written response is required for this portion of the application.



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**SECTION V – BUDGET & BUDGET NARRATIVE - (20 points)**

*Budget Period: July 18, 2022 through June 5, 2023.*

Indicate the dollar amount requested and provide a clear break-down of each cost. The budget may not exceed \$4,500. **Please note:** Due to federal budget restrictions, funds may not be used to purchase food, beverages, or blood pressure (BP) monitors/cuffs. Any incentives/program participant supports (RIPTA passes or gas cards, ect.) may not exceed \$25.00 per item.

**Personnel:** Include first and last name(s), title(s), hourly rate, numbers of hours, total requested  
(EX: Jonah Bryant, BPSM Coordinator: \$24.90/hour x 80 hours = \$1,992.00)

**Transportation (e.g. in-state mileage reimbursement at \$0.56 per mile, etc.):** Include number of miles, description of travel, number of trips, and cost per mile  
(EX: 5.5 miles roundtrip from office to program site x 20 trips x \$.56/mile = \$61.60)

**Printing:** Include items to be printed and quantity  
(EX: 25 posters x \$10.00 each = \$250.00)

**Postage:** Include items to be sent via mail and quantity  
(EX: DASH diet handouts x 20 participants x \$.55 = \$11.00)

**Promotional/Educational Materials (e.g. development of flyers, banners, posters, social media posts; cost of optional teaching aids such as DASH diet or low sodium cooking handouts etc.):** Include description, number, and cost of item  
(EX: design of program flyer x 2 flyers (English and Spanish) x \$150/flyer = \$300.00)

**Incentives/Program Participant Support (e.g. gas gift cards, RIPTA passes, pedometers, healthy cooking aids such as vegetable steamer inserts or food scales etc.) :** Include description, number, and cost of each item.  
(EX: food scale x 20 participants x \$13.95 = \$279.00)



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**Total Amount Requested:** \_\_\_\_\_