



**Rhode Island Department of Health
Blood Pressure Self-Monitoring Program
Mini-Grant Application**

Mini-Grant Memo

To: Eligible Mini-Grant Applicants
From: Kelsea Tucker, Diabetes Heart Disease and Stroke Program
Date: August 18, 2021
Re: Community Blood Pressure Self-Monitoring Program

The Rhode Island Department of Health's (RIDOH) Diabetes Heart Disease and Stroke Program (RIDHDS) 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 mini-grant award period will begin in late October and end on June 6th, 2022.

RIDHDS will award up to two (2) mini-grants 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. Mini-grant activities/deliverables will begin in late October and must be completed by Monday, May 30, 2022. Final summary report, program data, and project invoices are due by Monday, June 6, 2022. The RIDHDS will provide awardees project summary, data report, and invoice templates.

To apply, complete and submit the required items by 5 p.m. on Wednesday, September 15th 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 two applicants with the highest scores will be chosen.

Completed mini-grant applications must include:

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

Submit completed mini-grant 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

Please note:

Due to federal budget restrictions, mini-grant funds may not be used to purchase food, beverages, or blood pressure (BP) monitors/cuffs. BP monitors/cuffs can be provided by RIDOH if the agency does not already have them. Applicants will be notified of the mini-grant application acceptance within two (2) weeks of the application deadline. The RIDHDS will provide awardees a project summary and invoice template.

Completed applications must be received via email or postmarked by 5 p.m. on Wednesday, September 15th.

All questions related to the Community BPSM mini-grant can be directed to Kelsea.tucker@health.ri.gov with the subject line Community BPSM Question.



**Rhode Island Department of Health
Blood Pressure Self-Monitoring Program
Mini-Grant Application**

Mini-Grant Cover Form

Organization Name:		
Street Address:		
City/Town:	State: Rhode Island	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:		Amount Requested:

Authorized Signature

Title

Date

By signing this form, I state that, to the best of my knowledge that all information in this Mini-Grant Proposal is true and correct.

Applicants must submit a signed W-9 Form, Mini-Grant Cover Form, a Scope of Work, and a Budget/Budget Narrative. The Mini-Grant Scope of Work/Budget Form can be submitted on a Word Document. Proposals should not exceed five (5) pages including the W9 form. Mini-grant applications must be submitted no later than 5 p.m. on Wednesday, September 15th. 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 mini-grant can be directed to Kelsea.tucker@health.ri.gov with the subject line Community BPSM Question.

Completed mini-grant applications must include:

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

Submit completed mini-grant 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



Rhode Island Department of Health Blood Pressure Self-Monitoring Program Mini-Grant Application

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 RIDOH:

1. Enrollment/registration form
2. Readiness for change screening tool
3. Hypertensive crisis protocol (RIDOH to provide example)
4. BP and attendance tracking form for participant
5. Data collection spreadsheet for program facilitator
6. Pre- and Post- surveys for participants
7. BP Cuffs (loan agreement templates and cleaning protocols, if needed)
8. Standardized nutrition seminar PowerPoints

RIDHDS will provide technical assistance and support throughout the mini grant award period from late October 2021 to June 6, 2022.

Key Activities & Dates:

- **Late October:** Award period begins
- **By December 31, 2021:** Complete a five-hour facilitator training (exact date TBD)
- **January 31, 2022:** Latest possible BPSM program start date
- **May 30, 2022:** BPSM program completed
- **June 6, 2022:** Final summary report, program data, and project invoice received by RIDHDS.

By June 6, 2022, Community Blood Pressure Self-Monitoring Program mini-grant awardees will:

- Have all grant funded staff attend a 1-hour kickoff meeting with RIDHDS and other grantee(s) in October 2021.
- Have at least one staff complete a 5-hour facilitator training in delivery of BPSM by RIDHDS.
- Develop and/or identify existing hypertensive crisis protocol and provide it to program facilitator and RIDHDS. RIDHDS will provide an example and support, if needed.



**Rhode Island Department of Health
Blood Pressure Self-Monitoring Program
Mini-Grant Application**

- Identify process for providing BP cuffs for participants. If a loaner agreement is identified, create agreement and cleaning protocols.
- Recruit at least 20 participants for BPSM.
- Complete at least 4 months of BPSM with at least 12 participants meeting completion criteria¹.
- Submit an invoice, brief grant summary, and identified program data using RIDHDS templates by 5pm on Monday, June 6, 2022.
- Receive technical assistance from the RIDHDS as needed during the mini-grant period.
- Work collaboratively with RIDHDS to promote the programs utilizing social media channels and other existing methods of communication.
- Provide RIDHDS Project Officer with monthly written updates using RIDHDS template.
- Provide RIDHDS Project Officer with monthly invoices using RIDHDS template.

¹Completion 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



**Rhode Island Department of Health
Blood Pressure Self-Monitoring Program
Mini-Grant Application**

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 - (20 points)

Describe agency mission and fiscal capacity/structure to coordinate and manage grant funding. (1 paragraph)

SECTION II – PROJECT OVERSIGHT - (20 points)

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 or virtually. (1 paragraph)

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

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. (2 paragraphs)

SECTION IV – ANTICIPATED TECHNICAL ASSISTANCE- (10 points)

Identify areas in which you expect your organization to need technical assistance/support from RIDHDS. (1 paragraph)



**Rhode Island Department of Health
Blood Pressure Self-Monitoring Program
Mini-Grant Application**

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

Mini-Grant Budget Period: October 1, 2021 through June 6, 2022.

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, mini-grant 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)

Total Amount Requested: _____