Rhode Island Department of Health
Blood Pressure Self-Monitoring Program Fall 2026
Short-Term Project Opportunity Memo and Application

To: Eligible Applicants
From: Benvinda Santos, Sustainability Manager, Diabetes and Cardiovascular Health Program
Date: September 18, 2026
Re: Healthy Heart Ambassador Blood Pressure Self-Monitoring Program

The Rhode Island Department of Health's (RIDOH) Diabetes and Cardiovascular Health (RIDCH) Program invites applications from eligible organizations and agencies to apply for a Short-Term Project to implement a virtual or in-person Healthy Heart Ambassador Blood Pressure Self-Monitoring program (HHA-BPSM). The HHA-BPSM program funding period will begin approximately October 2026.

RIDCH will award up to five (5) organizations up to $4,999 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 a Federal Tax Identification Number, **and have an existing Healthy Heart Ambassador Program Facilitator within the last 2-years, and/or willing to partner with an organization or individual that has /is a Healthy Heart Ambassador Program Facilitator within the last 2-years** (RIPIN, Ocean Community YMCA, Cranston YMCA, Pawtucket YMCA, Kent County YMCA, Refugee Dream Center, Clinica Esperanza, RI Free Clinic)**.**

One application per agency will be reviewed. Activities and deliverables will begin end of October and/or November 2026 and should be completed by the end of March 2027. A final summary report, program data, and all project invoices will be due in March 2027. The RIDCH will provide templates to awardees.

To apply, complete and submit the required items **by October 14, 2026** via mail or email. Submissions should not exceed five (5) pages. Applicants must score at least sixty (60) out of the one hundred (100) points to be eligible to receive an award. The applicants with the highest scores will be chosen.

Completed applications must include:

- Agency Cover Sheet
- Scope of Work & Budget Narrative Form

Submit completed application to:

Benvinda Santos, Sustainability Manager
Rhode Island Department of Health
Diabetes and Cardiovascular Health Program
3 Capitol Hill, Room 409, Providence, RI 02908
EMAIL: Benvinda.Santos@health.ri.gov

Completed applications must be received via email or postmarked by October 14, 2026.

All questions related to this funding opportunity must be submitted in writing to Benvinda.Santos@health.ri.gov with the subject line *HHA BPSM Question*. The deadline to submit questions is October 7, 2026. At the end of the Q & A period, all questions and official answers will be posted on the RIDOH website. RIDOH will not be responding directly to applicants. Please monitor the RIDOH website accordingly. Phone calls are prohibited.

Please note:

Due to federal budget restrictions, funds may not be used to purchase food, beverages, or gift cards. Applicants will be notified of the application acceptance within two (2) weeks of the application deadline. **All applicants must complete the "full" registration in the Rhode Island Division of Purchases' "Ocean State Procures" (OSP) system https://ridop.ri.gov/ocean-state-procures-osp/osp-login including having uploaded a current, valid, and signed W9) to receive a Purchase Order to begin work. It can take up to three weeks to register and have your registration approved. There is no cost to register.**

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Agency 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, all information in this proposal is true and correct.*

Applicants must submit:
Agency Cover Form (attached)
Scope of Work and Budget Form sections 1-V (attached) Submissions can be in Word or PDF
Proposals should not exceed five (5) pages

Submit completed application to: Benvinda Santos
Rhode Island Department of Health Diabetes and Cardiovascular Health Program
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Providence, RI 02908
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Scope of Work

The Rhode Island Department of Health Diabetes and Cardiovascular Health (RIDCH) Program aims to prevent and reduce death and disability due to diabetes and heart disease using several strategies, including the implementation of evidence-based health promotion programming in communities across Rhode Island. The Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA-BPSM) program is an evidence-based lifestyle change program of the YMCA USA (Y-USA). In partnership with the Centers for Disease Control and Prevention (CDC), Y-USA trains state and local health officials across the country in program implementation and leader training.

Eligibility of HHA BPSM participants:

1. 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. Interested and ready to self-monitor their blood pressure

During the four (4) month HHA BPSM program implementation period, participants will:

1. Complete an enrollment session and be trained in blood pressure self-monitoring.
2. Meet one-on-one with a program facilitator twice monthly for ten (10) minutes during the facilitator's "Office Hours" to check in and take blood pressure readings.
3. Attend four (4) monthly nutrition seminars coordinated 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 RIDCH:

1. Enrollment/registration forms
2. Readiness for change screening tool
3. Hypertensive crisis protocol
4. Blood pressure and attendance tracking form for participants
6. Pre- and post-surveys for participants
7. Loan agreement templates
8. Standardized nutrition seminar PowerPoints

Key Activities & Dates:

1. Awardees Notified: October/November 2026
2. Awardee Kickoff Meeting: November 2026
3. HHA BPSM training/overview, as needed: November 2026
4. Cohort Launch: November 2026
5. Projected cohort conclusion: March 2027

Funded HHA-BPSM programs will:

1. Ensure all HHA-BPSM-related staff will attend a one (1) hour kickoff meeting with RIDCH.
2. Recruit at least 20 participants to participate in their HHA-BPSM cohort.
3. Identify an agency hypertension crisis protocol.
4. Establish a workflow to distribute blood pressure cuffs to eligible participants through a device loaner program. The workflow must describe:

a. The staff person responsible for overseeing the inventory and distribution of all blood pressure devices – including the branding of blood pressure devices prior to distribution and properly disinfecting devices. HHA-BPSM staff are encouraged to view and modify existing resources through the American Heart Association/American Medical Association:
    - Loaning Out Devices – Target:BP (targetbp.org)
    - SMBP Loaner Device Inventory Management – Target:BP (targetbp.org)
b. A loaner agreement provided by RIDCH and signed by program participants when given a blood pressure devise to borrow.
c. A detailed process to communicate expectations of loaner agreements to participants.
d. A detailed retention plan to maintain the inventory of blood pressure devices.
    - For example, the agency may specify in the loaner agreement that blood pressure cuffs must be returned at the last office hour check-in.
    - The retention plan should also include a detailed plan on how patients will be contacted if blood pressure cuffs are not returned and a return date of all blood pressure devices (i.e., within two-weeks of program conclusion).

5. Complete 4 months of HHA-BPSM with a minimum of 10 participants meeting completion status.
6. Receive technical assistance from RIDCH during the program period.
7. Work collaboratively with RIDCH to promote the programs utilizing social media channels and other methods of communication.
8. Participate in regularly scheduled RIDCH Project Officer meetings.
9. Utilize the RIDCH program data collection platform to manage participants attendance, pre- and post-surveys and blood pressure readings.
10. Participate in a wrap up session to discuss successes and lessons learned.

All awardees will receive a Cohort Summary Report from the RIDCH program at the conclusion of the project.

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Scope of Work and Budget Narrative Score Form

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

SECTION I – AGENCY CAPACITY - (20 points)
Separately, describe 1) your agency's mission and, 2) fiscal capacity or structure to coordinate and manage grant funding. (2 paragraphs)

SECTION II – PROJECT OVERSIGHT - (20 points)
Describe 1) who (with names with titles) will coordinate and implement HHA BPSM and, 2) their experience, if any, in implementing health promotion and/or evidence-based programs. Additionally, please indicate whether this program will be implemented in person, virtually, or a combination of the two.

SECTION III – PARTICIPANT RECRUITMENT AND RETENTION - (30 points)
Explain1) 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 HHA-BPSM, and 2) project the total number of HHA-BPSM 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 or support from DCH.

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SECTION V – BUDGET & BUDGET NARRATIVE - (20 points)
Indicate the dollar amount requested and provide a clear breakdown of each cost. The budget may not exceed $4,999. Due to federal budget restrictions, funds may not be used to purchase food, beverages, or gift cards.

Personnel: Name(s), title(s), hourly rate, numbers of hours, and total amount requested.
(Ex: Jonah Bryant, BPSM Coordinator: $24.90/hour x 80 hours = $1,992.00)

Transportation (e.g. in-state mileage reimbursement at $0.76 per mile, etc.): Name(s), title(s), number of miles, description of travel, number of trips, cost per mile, and total. (Ex: 10 miles round-trip from *office* to *program delivery location* $.76/mile = $7.60 x 12 round-trips = $91.20)

Printing: Items to be printed and quantity. (Ex: 20 pre-surveys & 20 post-surveys $1.25 each x 40 surveys = $50)

Postage: Items to be sent via mail and quantity. (Ex: 20 nutrition seminar flyers x $.78 stamp = $15.60)

Promotional and Educational Materials (e.g., banners, posters, media posts, teaching aids.): Description, number, individual and total cost of all items. (Ex: Promo =social media HHA-BPSM advertisement boost $100 + Aids = 20 notepads $1 ea. + 20 pens @ $1 ea. = $140 total)

Participant Support and incentives (e.g., blood pressure cuffs, cuff extenders, vegetable steamers):
Description, number, individual and total cost of items. Identify which are incentives and when incentives will be provided to participants. *Incentives cannot exceed more than $25 per participant in total.*
(Ex: *Support* = 20 blood pressure monitor cuffs x $35 = $700 + 5 extenders $15 ea. = $75 = $775.
Incentives = 20 vegetable steamers to be distributed at last nutrition seminar = 20 steamers x $15 = $300.)

TOTAL AMOUNT REQUESTED: