



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

REQUEST FOR APPLICATIONS (RFA) APPROVAL FORM

RFA # and Title

North Carolina Minority Diabetes Prevention Program - Region 8

Rural Health Transformation Grant – FY 2026

Approvals

This RFA has been reviewed and is approved for publication by DHHS and the authorizing Division of **Office of Minority Health and Health Disparities**

Dr Portia Pope	04/09/2026
Division Director	Date
Kathryn L Caler	04/09/2026
OPCG Approver	Date



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Office of Minority Health and Health Disparities
REQUEST FOR APPLICATION No.
(FY2026– Rural Health Transformation Grant Funding)

Application Deadline	7/07/26 at 5 PM EST		
Funding Title	NC Minority Diabetes Prevention Program (NC MDPP)		
Funding Agency	North Carolina Department of Health and Human Services		
Estimated Funding available	\$195,000 [1 st Year]		
Assistance Listing	93.798		
RFA issuing Agency	North Carolina Department of Health and Human Services		
RFA Posted	7/15/26 at 5 PM EST		
Period of Performance	August 1, 2026 – July 31, 2027		
E-mail Applications and Questions to	DeNita Nash	Email	OMHHD@dhhs.nc.gov

Direct all inquiries to:

NC Department of Health and Human Services
Office of Minority Health and Health Disparities

DeNita Nash
1915 Health Services Way
Raleigh, NC 27607
(OMHHD@dhhs.nc.gov)

The Request for Application (RFA) announces the availability of funding based on the Notice of Funding Opportunity (NOFO), authorizing legislation and/or the budget. The RFA requests all the pertinent information and requirements for an applicant to assess their eligibility, competency, and interest in the funding opportunity.



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Section A – Funding Opportunity

1. Purpose of Funding Opportunity

The purpose of this funding is to solicit proposals for the provision of direct services and training focused on diabetes prevention. Through this Request for Proposals, The Office of Minority Health and Health Disparities [OMHHD] seeks qualified applicants to deliver education, training, and evidence-based interventions that promote lifestyle changes and reduce the risk of diabetes. Funding will be awarded as financial assistance to support programs that enhance community capacity and improve health outcomes related to diabetes prevention.

OMHHD is requesting applications to implement the Diabetes Prevention Program (DPP) within NC Minority Diabetes Prevention Program Region 8, where recent assessments indicate a growing demand for diabetes prevention services. The program will cover the following counties: Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender, Robeson, and Sampson.

This program focuses on African American, Hispanic/Latino, American Indian, and other minoritized and underserved populations. The Diabetes Prevention Program (DPP) is a proven, 12-month initiative that helps individuals with prediabetes take charge of their health. By supporting realistic lifestyle changes, the program can reduce the risk of developing type 2 diabetes by up to 58%. [Citation – CDC, “Preventing Type 2 Diabetes” (Centers for Disease Control and Prevention, 2023) *intext citation* <https://www.cdc.gov/diabetes-prevention/index.html>]

2. Background

The North Carolina Department of Health and Human Services (NCDHHS) is the state's largest agency and is responsible for ensuring the health, safety, and well-being of North Carolinians. The Department's mission is to improve the health and well-being of all residents by advancing access to services, strengthening communities, and supporting individuals and families across the lifespan, including efforts to prevent and manage chronic disease.

The Office of Minority Health and Health Disparities (OMHHD), located within the Office of the Secretary at NCDHHS, leads statewide initiatives to improve health outcomes and access to care for populations that experience differences in health status or access. As part of this work, OMHHD supports chronic disease prevention efforts, including diabetes prevention, by providing leadership, technical assistance, and coordination across state agencies, healthcare providers, and community-based organizations. These efforts focus on increasing access to

evidence-based prevention programs, strengthening community partnerships, and supporting data-informed strategies to reduce the burden of chronic disease across North Carolina.

Prediabetes is a condition in which individuals have higher than normal blood glucose levels (100-125 mg/dl), but their levels are not yet high enough to be diagnosed as diabetes. Nationally, an estimated 98 million American adults have prediabetes. More than 80% of adults with prediabetes don't know they have it, and only 19% have been notified by their healthcare provider (CDC, National Diabetes Statistics Report, 2024). African Americans, American Indians, Alaska Natives, Asians, Hispanics, Native Hawaiians, and other Pacific Islanders are at higher risk than non-Hispanic whites for developing type 2 diabetes (American Diabetes Association Statistics About Diabetes, 2023).

As of 2023, 2,765,000 North Carolinians have prediabetes. In 2023, 15.1% of respondents to a Behavioral Risk Factor Surveillance System survey indicated that they had been told by a doctor or other health professional that they had prediabetes or borderline diabetes. Of those respondents, 34.5% were racial and ethnic minorities (North Carolina State Center for Health Statistics BRFSS, 2023). Annually, 50,200 North Carolina residents develop diabetes, and these diagnosed diabetes cases cost an estimated \$10.6 billion a year (North Carolina Diabetes Action Guide, 2025).

Without making lifestyle changes to improve their health, many people with prediabetes are at a higher risk of developing type 2 diabetes within five years (CDC Prediabetes Fact Sheet, 2025; Saylor et al., 2024). Implementing NC MDPP will enhance the early detection and treatment of prediabetes and help reduce the expected rise in type 2 diabetes prevalence in North Carolina.

This program is 100% funded by a grant totaling \$195,000 from Centers for Medicare & Medicaid Services with \$0 financed from non-federal sources.

NC MDPP General Overview

The aim of NC MDPP is to establish and implement a statewide framework that reduces diabetes prevalence in at-risk communities. The program consists of three key components: (1) Conducting prediabetes screenings in at-risk communities and running focused marketing campaigns that promote prediabetes and diabetes awareness in specific regions, (2) Running a 12-month lifestyle class series in at-risk communities, and (3) Holding community conversations to engage at-risk communities throughout North Carolina.

The NC MDPP regional collaborative partners work to engage, screen, and host CDC approved lifestyle classes to at-risk communities in their respective regions. The Local Health Department and its partners may enroll non-Hispanic white individuals in the program, but they must ensure that at least 60% of the program participants are of the at-risk minority population.

Expanding the NC MDPP to Region 8 counties (Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender, Robeson, Sampson) aligns with the mission of the North Carolina Department of Health and Human Services to improve the health and well-being of all North Carolinians by advancing health equity and addressing disparities in historically underserved communities. By focusing on prevention, early intervention, and community engagement, NC MDPP directly supports NCDHHS' commitment to reducing chronic disease burden and promoting healthier communities across the state.

3. Scope of Work

Goals and Objectives

The selected Applicant (hereafter referred to as the “Grantee”) shall establish and maintain collaborative partnerships with clinical partners, Tribal partners, and other approved collaborators to support implementation of the NC MDPP. These partnerships shall define roles, responsibilities, data-sharing expectations, and program delivery requirements. This shall include partnership and coordination with all Minoritized populations, American Indian tribes, including but not limited to- the Lumbee Tribe of North Carolina, Waccamaw Siouan, and Coharie Tribes to ensure culturally appropriate outreach, engagement, and service delivery within Tribal communities.

The Grantee shall designate and provide one Regional Coordinator to serve the entire collaborative area. The Regional Coordinator shall oversee day-to-day operations, coordinate partner activities, monitor deliverables, and serve as the primary point of contact for the Division and participating agencies.

The Grantee shall apply for and maintain recognition status through the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) by adhering to all applicable standards, submission timelines, and reporting requirements, including participant eligibility verification and outcome tracking.

The Grantee shall develop and submit a comprehensive Project Plan outlining outreach strategies, community and clinical screening approaches, participant referral pathways, follow-up procedures, and coordination strategies with collaborative partners. The Project Plan shall align with Division guidance and include measurable program objectives and performance indicators.

Desired Outcomes:

- Screen 165 people for prediabetes
- Enroll 50 people into NC MDPP
- 60% of people served are ethnic minorities
- ≥ 4 NC MDPP 12-month Lifestyle Class Series

Counties Served: Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender, Robeson, Sampson

4. Eligibility

To be eligible for funding under the North Carolina Minority Diabetes Prevention Program (NC MDPP), applicants must be public or private, for-profit, non-profit organizations with 501(c)(3) status, local health departments, Tribal health programs, or other eligible government entities, community / faith-based entities or academic institutions recognized under State law. Applicants must demonstrate experience in delivering community-based health or chronic disease prevention programs, particularly for populations at higher risk for diabetes, and must have the administrative and operational capacity to implement a 12-month lifestyle change program in

accordance with CDC Diabetes Prevention Recognition Program (DPRP) standards. Applicants must also show meaningful engagement with the communities they intend to serve, including partnerships with community leaders, faith-based organizations, or Tribal representatives, and a governance structure or advisory mechanism that ensures community input into program planning and implementation. Applications from individuals (including sole proprietorships) and foreign organizations are not eligible and will be disqualified from consideration.

5. Federal Award Information

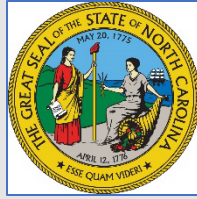
- A. Federal Award Identification Number - **RHTCMS332042-01-00**
- B. Federal Award Date - **12/29/2025**
- C. Federal Award Title - **North Carolina Rural Health Transformation Program**
- D. Federal Awarding Agency - **Centers for Medicare & Medicaid Services**
- E. Federal Award Project Description - **Rural Health Transformation (RHT) Program**
- F. Total Amount of the Federal Award - **\$213,008,356.47 [\$195,000 for NC MDPP 1st Year]**
- G. Expected number of Awards – **CMS will award funding in 5 budget periods**
- H. Assistance Listing (formerly CFDA) Name and Number: **Rural Health Transformation Grant 93.798**
- I. Cost Sharing or Matching - **NA**
- J. Allowable Cost
- K. Indirect Cost (**capped at 10%**)
 - Federally Negotiated Indirect Cost Rate (FNICR)
 - De Minimis Indirect Cost Rate 10% of the Modified Total Direct Cost (MTDC)
 - Other

Stevens Amendment:

- 1) This program is supported with an award from the Center for Medicare/Medicaid Services and is funded 100% with federal funds from the Rural Health Transformation Grant, for the amount of \$195,000 in its first year.

6. UEI and Federal Funding Accountability and Transparency Act (FFATA)

As an applicant of federal funds, each selected applicant will be required to provide certain information required by the Federal Funding Accountability and Transparency Act (FFATA), including the organization's Unique Entity Identifier (UEI) number. Please see www.sam.gov for free registration. Additional information about FFATA is available at <https://www.fsr.gov/>.



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Section B – Application and Submission Specifications

1. How to Apply

The RFA and instructions can be obtained by going to <http://www.ncdhhs.gov>. Applications must be typed and presented with the same topic headings and in the same order as set forth in Section C of this RFA. All applications must include a cover page. The cover page shall include:

- A. The applicant's name and address
- B. Title of the Project
- C. Name and contact information of the authorized agency official
- D. The website of the agency (if any)

Applications must be received no later than 5:00 p.m. on July 7, 2026. Applications received after 5:00 p.m. will be classified as late and will not be considered for funding. Please **EMAIL** your applications to: **OMHHD@dhhs.nc.gov** [Subject Line – **NC MDPP Funding Opportunity**]

3. Written Questions

All inquiries concerning this funding opportunity must be submitted via email to OMHHD@dhhs.nc.gov no later than June 29, 2026. Applicants should include "**NC MDPP RFA Region 8**" in the subject line.

4. Who Can Apply

Public or private, for-profit, non-profit organizations with 501(c)(3) status, local health departments, Tribal health programs, or other eligible government or community / faith-based entities, academic institutions recognized under State law may submit an application for this RFA.

5. Contractual Services

Contractual services for purchases of goods or services may be allowed in order to achieve the goals of the project. Subawards for subrecipients may also be allowed. The budget narrative should include justification for the contractual services or subawards.

6. Application Selection and Scoring

An evaluation/selection committee will review and score all applications received by (5 PM EST) on (7/07/26). This committee will be comprised of -

Dr. Portia Pope, Ph.D., MPA, MS, PMP, NCCM, IMH-E®
Rupa Gopi, Deputy Director, BSc, PGDHRM, NCCM
DeNita Nash, Program Manager, M.Ed., NCCM
Tatiana Moore, MDPP Manager, MPH, RDN, LDN, IBCLC

Scoring chart is provided below:

A. Proposal Summary	10 POINTS
B. Organization Background and Qualifications	10 POINTS
C. Need/s Assessment (Problem Statement)	10 POINTS
D. Applicants Approach to the Problem	20 POINTS
E. Project Narrative	20 POINTS
F. Budget and Narrative	20 POINTS
G. Supporting Documentation	10 POINTS
<u>TOTAL</u>	<u>100 POINTS</u>

Incomplete applications that are missing any of the above components listed A. through G. or required documentation listed below A. through I. will not be reviewed for award.

7. Required Documentation

Upon approval of the application, the following documents will be required:

- A. Proof of Non-Profit Status
- B. Conflict of Interest Policy
- C. Signed State and /or Federal Certifications
- D. Certification of No Overdue Taxes (NOTARIZED)
- E. Board Letter for Person Authorized to Sign Contracts/Invoices
- F. Documentation for the Unique Entity Identifier
- G. Registration as a Service Provider in eProcurement
- H. Indirect Cost Rate Letter from Cognizant Agency (if applicable)
- I. Registration with the NC Secretary of State (non-government entities)

8. The Office of Minority Health and Health Disparities reserves the right to:

- A. Modify the application and budget after consulting with the applicant. Items that may be modified include, but are not limited to goals, costs, performance, and reporting requirements.
- B. Allow or disallow budget amendments during the performance period of the project.
- C. Monitor the program based on the Division's Subrecipient Monitoring Plan.
- D. Implement any change or requirement mandated by State or Federal government during the life of the project.

9. Applicant Financial Capacity

Applicants must have the financial capacity to operate without reimbursement for at least 90 days of the project period. Applicants funded through this grant must submit all requests for payment and expenditure reports by the 10th of each month following the month of service under contract.

10. Risk Management and Monitoring Plan

Applicants must submit a Risk and Monitoring Plan that identifies potential programmatic, financial, and compliance risks and describes strategies to mitigate these risks. The plan should outline procedures for monitoring program implementation, including data collection, reporting, and use of performance metrics to track progress toward program objectives. Applicants should also describe corrective actions that will be taken if targets are not met and specify roles and responsibilities for oversight, including how the OMHHD will be kept informed of challenges, progress, and outcomes.

11. Match Requirement

Applicants are not required to provide matching funds or cost share for this funding opportunity.

12. Period of Performance

August 1, 2026 – July 31, 2027

13. Costs

Allowable and appropriate costs must be reasonable and necessary to provide the services. This grant has a ten percent cap on administrative or indirect costs.

*NOTE: Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Direct cost of minor amounts may be treated as indirect costs under the conditions described in the Uniform Guidance, Title 2 Part 200 § 200.413(d). After direct costs have been determined and assigned directly to awards or other work as appropriate, indirect costs are those remaining to be allocated to benefitting cost objectives. *A cost may not be allocated to a Federal award as an indirect cost if any other cost incurred for the same purpose, in like circumstances, has been assigned to a Federal award as a direct cost.*

If the applicant is claiming federally approved indirect cost rate (FINCR), the FINCR letter needs to be provided. If the applicant does not have an FNICR then the applicant may claim the de minimis indirect cost rate of 10% of modified total direct costs. Applicants must indicate in the budget narrative that they wish to use the de minimis rate, or some part thereof. Applicants who do not wish to claim any indirect cost must enter “No indirect cost requested” in the indirect cost line item of the budget narrative.

14. Cost Reimbursement

Funding awarded under this Request for Applications (RFA) shall be distributed on a cost reimbursement. The Grantee will be reimbursed only for allowable, reasonable, and allocable costs incurred in the delivery of approved program services, in accordance with the approved budget and scope of work. Reimbursement shall be contingent upon the submission of complete and accurate invoices on the standardized invoice template provided by NCDHHS. Supporting documentation that verifies services delivered (e.g., units of service, participant enrollment, or program activities) is required for reimbursement.

The Grantee may only bill for services that have been fully rendered and documented. Advance payments will not be provided. All reimbursement requests are subject to review and approval by the OMHHD and must comply with applicable federal and state regulations.

15. Program Income

Program income is not allowed under this funding opportunity. Awardees may not generate or retain income as a result of activities supported by these funds.



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Section C – Programmatic Requirements

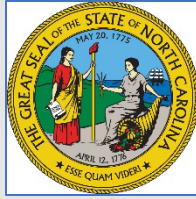
PROGRAMMATIC REQUIREMENTS:

- A. NC MDPP will be delivered within NC MDPP region 8 serving the following counties - Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender, Robeson, Sampson. Other requirements include – a) Screening of at least 165 participants, and b) Enroll 50 participants into the 12-month Lifestyle Change Program
- B. Populations of Focus: African American, Hispanic/Latino, American Indian and other minoritized / underserved populations
- C. Participant eligibility shall include confirmation that each participant is eighteen (18) years of age or older, has a body mass index (BMI) of at least 25 kg/m² (or 23 kg/m² for Asian American participants), is not pregnant at the time of enrollment, and has no prior diagnosis of Type 1 or Type 2 diabetes.
- D. The Grantee shall establish and maintain standardized data management and reporting procedures to ensure accurate and timely documentation of all program activities and participant outcomes. Participant and program data shall be entered on a weekly basis into an NC MDPP–approved database, specifically the Wake Forest School of Medicine database or the American Diabetes Association DPP Express platform, with routine internal reviews conducted to verify completeness and accuracy.

The Grantee shall administer pre-knowledge, post-knowledge, and behavioral health questionnaires to participants at designated intervals and ensure that responses are entered into the approved database in alignment with Division reporting timelines. The Grantee shall encourage participants to obtain Hemoglobin A1C testing at baseline and at established follow-up points and shall document reported or verified results within the data system to support outcome tracking and program evaluation. In addition, the Grantee shall maintain active Division-approved data subscription services and chatbot subscription services for the duration of the contract period to support participant engagement, communication, and reporting functionality.

All required Monthly Financial Reports and Quarterly Performance Reports shall be submitted through the Smartsheet dashboard by established deadlines, with internal review procedures in place to ensure accuracy, completeness, and compliance with Division requirements.

- E. The Grantee shall submit a monthly reimbursement request to the Program Manager for services rendered in the preceding month.



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Section D – Application Contents and Instructions

Proposal Summary: (2 page limit) (10 Points)

The summary encompasses all the key points necessary to communicate the objectives of the project. It is the cornerstone of the proposal, and the initial impression of the plan. In many cases, the summary is the first part of the proposal package seen by agency and can play an important role in the acceptance or the denial of the application.

Organization Background and Qualifications. (Describe the organization and its qualifications for funding) (10 points)

- A. Mission and goal of the Organization
- B. A brief overview of the history of the organization
- C. A brief overview of the organization's experience with providing the service (organization's past achievements and accomplishments and evidence of its impact)
- D. Brief overview of organization's experience of working with DHHS or other funding agencies including:
 - The length of the organization receiving Federal or State funding;
 - The services that the organization provided;
 - Successes and some challenges.
- E. Qualifications/background on organization's Board of Directors and Key Staff:
 - Brief bio of all board members and the key staff;
 - Any criminal convictions of any of the board members and key staff;
 - Any regulatory sanctions levied against any of the board members and key staff;
 - Any regulatory investigations pending against of any of the board members and key staff; *Note: The Department may reject a proposal solely on the basis of this information.*
 - Any of the Grantee's directors, partners, proprietors, officers, or employees or any of the proposed project staff that are related to any DHHS employees; *Note: If such relationships exist, identify the related individuals, describe their relationships, and identify their respective employers and positions.*
 - Assurance that the applicant is not debarred or on the suspension of funding list;
 - Other major funding sources.

Need/s Assessment (Problem Statement) (2 Pages) (10 points)

- A. Problem (explain why the service is necessary)
- B. Describe what your organization is doing to address this problem
- C. Primary State/Counties served
- D. Ethnicity, age, and gender of population served

- E. Populations of focus or who do you plan on serving
- F. Statistical facts and figures (national, state, local)
- G. Program website

Applicant’s approach to the problem: (20 points)

Provides an understanding and description of aligning the goals of the funding and the application. This section should also include the methods of achieving the set goals. Goals, objectives, and outcomes of the project shall be SMART (Specific, Measurable, Achievable, Realistic and Time-bound).

- A. Goals: A goal is something your organization is planning to achieve through this project. A goal should be realistic and measurable.
- B. Objectives: Objectives describe how the goal is going to be achieved. The objectives must be specific, measurable, and achievable in a specified time.
- C. Outcomes: Outcomes reflect what is the expected result at the end of the performance period.

Example of goal, objectives, and an outcome

Purpose of Funding	Goal	Objectives	Outcome
Improve literacy skills for children and students from 1-12 grade in North Carolina.	By June 30, 20##, the after-school program will help 200 economically under privileged children to read at grade level.	By August 31, 20##, test all children’s reading level. By September 30, 20##, identify children who are reading lower than grade level. During October 01, 20## - May 31, 20##, provide individual reading session for 30 minutes every day, provide age appropriate books to the children, and assist in comprehension. By June 30, 20## retest and identify children’s reading levels.	By June 30, 20##, 50% economically challenged children in Dare County will be reading at grade level.

Project Narrative (20 points)

Explains the relevance of the project. It details the tasks and/or services that the applicant will provide. Applicant should include information like the implementation plan, schedule, and the desired outcomes.

Budget and Narrative (20 points)

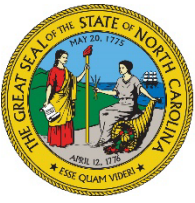
The RFA/ line-item budget shall constitute the total cost to provide the services. The line items should be necessary, allowable, and reasonable. For example, if setting a salary for a position, check the fair market value for the salary of the similar position in the similar area. The budget should indicate a clear relationship with the project.

Every line item should have a narrative. A budget narrative is the justification of how and why a line item is required to meet the goal of the project.

Supporting Documentation (10 points)

The applicant has an opportunity to provide more information to help the Division understand the services they are proposing to provide. Some examples of supporting documentation are:

- An organizational chart identifying the personnel who will be assigned to work on this project.
- A description of how the applicant will staff the project, including the name, resume and qualifications of each of the proposed team members.
- Sustainability (steps taken to ensure future successes or continuing the project beyond the awarded period, e.g., future financial support, staff requirements, continued community contribution).
- Resolution of Challenges: an analysis of the project's risk and limitations, including how these factors will be addressed or minimized (regulatory, environmental, or other constraints).
- Line-Item Budget and Budget Narrative. Every item that appears in the budget should be explained clearly, so the evaluator/ reviewer will understand it. Administrative expenses may not be duplicated as direct and indirect costs, or
- Accomplishments of the agency.



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LINE-ITEM BUDGET AND BUDGET NARRATIVE - YEAR 1

To be funded:

CATEGORY	ITEM	NARRATIVE	AMOUNT
SALARY/WAGE		Regional Coordinator (RC)	\$60,000.00
FRINGE BENEFITS		RC	\$26,156.00
Lifestyle Coaches		7 Lifestyle Coaches	\$38,220.00
PROGRAM OPERATIONS & SUPPORT COSTS			\$
Supplies and Materials	85 binders to hold participant manuals 85* 9.50= \$807.50		\$807.50
Medical	2 A1c machines *1500 = \$3000	2 A1c machines *1500= \$3000	\$3,000.00
	A1c test supplies (cartridges, lancets, controls) = \$1580	5 packs of cartridges (@ \$233 per pack of 15) = \$1338 100 lancets= \$15 Test controls= \$227	\$1,580.00
Travel	953 miles * 0.725/mile for Regional Coordinator to travel to sites/meet with lifestyle coaches	Estimated 953 miles * 0.725/mile for Regional Coordinator to travel to sites/meet with lifestyle coaches, meetings, and community conversations. Locations for meetings are still being decided.	\$691.00
Cell phone	8 cellphones *12 months *\$80/month	8 cellphones * 12 months* \$80/month.	\$7680.00
Staff Development	8*\$750 for lifestyle coach training 8*\$150 HIPAA training	8*\$750 for lifestyle coach training through the Diabetes Training and Technical Assistance Center (DTTAC) which allows enrollees to become certified lifestyle coaches. \$6000 8*\$150 Health Insurance Portability and Accountability Act (HIPAA) training to protect sensitive patient health information from being disclosed without the patient's consent. \$1200	\$7200.00

Advertising	Advertising/Misc. Advertising	<p>Advertising to educate community about the program. Flyers: 1000 per county @ \$290*9 counties= \$2610 2 Billboards for 4 weeks each es = est. \$4000 (\$2,000 per billboard) Radio ads= est. \$2000 for 30 30-second prime time radio spots. Social media: \$5 dollars a day for 1000 impressions for 68 days= \$340 9 Digital ads: est. \$150 for a quarter page ad= \$1350</p> <p>As we are starting this region from the ground up, advertising will be crucial for garnering interest in the program.</p>	\$10,300.00
Promotional Items	Stress balls, pens, grocery bags, etc.	<p>Promo items to promote the program on a community level at screening events and community conversations. 900 Pens= \$345.00 900 Water bottles = \$950 900 Grocery totes= \$1520 900 Hand sanitizers= \$655 900 Stress balls= \$621.70 900 Chap sticks= \$645</p>	\$4736.70
Reprints	9 coaching manuals and 75 participant manuals	<p>Prevent T2 is the CDC approved curriculum for Diabetes Prevention Programs</p> <p>9 Prevent T2 teaching manuals (1 for the regional coordinator and 8 for the lifestyle coaches) Each teaching manual is 400 pages= 3600 pages 3600* \$0.20 per page= \$720 dollars</p> <p>75 Prevent T2 participant manuals (50 are required, but need extra in case there are more participants). 200 pages * 75= 1500 pages * 0.20 per page= \$300</p>	\$1020.00

Dues and Subscriptions	Wholistic Chatbot Subscription	Wholistics Chatbot Subscription that is a virtual support tool that provides evidence-based tips and guidance to promote program engagement and sustained behavior change.	\$2,700.00
Health-enabling tools, devices and supplies	Supplies for implementation of the curriculum	<p>Supplies to implement the program that provide access to safe physical activity opportunities and healthy eating opportunities.</p> <p>Calorie King Books (60) at \$9.99each. Fitness Watches (60) at \$49.99each. Portion Control Plate (60) at \$2.49each. Food Scales (60) at \$24.99each. Indoor Grills (60) at \$69.99each. Air Fryers (60) at \$79.99each. Digital Bathroom Scales (60) at \$29.99each. Exercise Bikes (60) at \$50.00each. Lunch Bags with Food Containers (60) at \$24.99 each. 4lb hand weights (60) at \$14.00each. Meal Planner Magnet (60) at 18.99each. Exercise Platforms (60) at \$20.99each. Stability Balls (60) at 20.99each. Food Sealers (60) at 49.99each. T-Shirts (60) @ \$12each. Water Bottles (60) at \$9.00each. Measuring Cups (60) at \$9.99 each Veggie Slicer (60) at</p>	\$30,908.80

		\$9.99 each Portion Bowls (60) at \$2.50 each Salad Shaker (60) at \$2.50 each	
CONTRACT VALUE			\$195,000.00

SUBTOTAL CONTRACT VALUE YR 1: **\$195,000**