

# Indian Health Service 4-in-1 Grant Program Continuation Application Project Narrative Template

## Instructions

1. The Office of Urban Indian Health Programs provides this optional PDF Project Narrative Template to provide the required information instead of developing your own format. This template is available at the 4-in-1 Grant webpage at <https://www.ihs.gov/urban/4-in-1-grant-program/>. The text boxes have a variety of character limits. Please be concise.
2. **Retrieve** and review the following documents:
  - a. Your program's application, including the completed previous year Project Narrative.
  - b. Your program's Notice of (Grant) Award.
  - c. Your program's GPRA reports.
  - d. Your program's Quarterly Reports from the previous program year.
  - e. Your program's Project Narrative from the previous program year.
3. **Download** a copy of this Project Narrative template to your desktop before entering information.
4. **Ensure** [Adobe Acrobat Reader](#) is used to complete the Project Narrative.
5. **Complete** all pertinent items in the Project Narrative electronically (do **not** handwrite) by selecting a response from a list or typing the requested information.
6. **Review** your completed Project Narrative to ensure that all requirements are filled in.
7. **Submit** your completed Project Narrative into GrantSolutions.gov.

## Additional Information

1. **Text fields** are limited to the space you see on the form. The text boxes have a variety of character limits. Please be concise.
2. **Commonly used abbreviations.** Below is a list of commonly used abbreviations that may be found and/or can be used throughout this Project Narrative. Any other abbreviation you use should be spelled out and explained the first time they are used.
  - a. AI/AN – American Indian/Alaska Native
  - b. COTS – Commercial Off-The-Shelf System
  - c. EHR – Electronic Health Record
  - d. GPRA – Government Performance and Results Act
  - e. HP/DP – Health Promotion/Disease Prevention
  - f. I/T/U – Indian Health Service/Tribal/Urban
  - g. IHS – Indian Health Service
  - h. NoA – Notice of Award
  - i. PDF – Portable Document Format (access using Adobe Acrobat Reader or Pro)
  - j. RPMS – Resource and Patient Management System
  - k. UDS – Uniform Data System
  - l. UIO – Urban Indian Organization
3. **Contact** the Office of Urban Indian Health Programs ([4in1@ihs.gov](mailto:4in1@ihs.gov)) if you have any questions or problems.

## Part A. Program Identifiers

A1. Date Submitted:

Grant Cycle Year:

A2. IHS Area:

A3. Grant Number:

Grantee Name:

A4. Information about person completing this Project Narrative.

a. Name:

b. Title:

c. Email:

d. Phone:

Ext:

## Part B. Previous Year Program Reports

This is an opportunity to reflect on last year's accomplishments. Using a combination of last year's quarterly reports and RPMS, UDS, EHR, and GPRA data, please describe the grantee's accomplishments in each health program area.

**Instructions:** For each program (*HP/DP: B1, Immunization: B4, Alcohol/Substance Abuse: B7, Mental Health: B10*) select two objectives from the previous program year and indicate the cumulative progress of each objective by entering your total number of tasks as the 'Target' number and your total number of completed tasks as the 'Actual' number.

### HP/DP Services

B1. Progress Toward Objectives

I. Health Promotion/Disease Prevention (HP/DP)		
Service	Objective	Percent of Objective completed
		0% <span style="float: right;">100%</span> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Target</div> <div style="border: 1px solid black; padding: 2px 10px;">Actual</div> </div>
		0% <span style="float: right;">100%</span> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Target</div> <div style="border: 1px solid black; padding: 2px 10px;">Actual</div> </div>

## B2. Progress of GPRA Clinical Measures

For each program (*HP/DP: B2, Immunizations: B5, Alcohol/Substance Abuse: B8, Mental Health: B11*), indicate the progress your program has made for each clinical GPRA measure. For each clinical measure, enter your program prior year urban GPRA result under "Previous Year Final". If the previous year Final is greater than the previous year Target, select "Met" under Progress. If the Target is greater than the Final result, select "Unmet". If a GPRA measure does not apply to your program, please select N/A.

GPRA Measure					
Diabetes	N/A	Previous Year Final	Previous Year Target	Progress	
				Met	Unmet
Poor Glycemic Control		%	%		
Blood Pressure Control		%	%		
Statin Therapy		%	%		
Nephropathy Assessment		%	%		
Retinopathy Exam		%	%		
Dental					
Dental: General Access		%	%		
Sealants		%	%		
Topical Fluoride		%	%		
Prevention					
Pap Screening		%	%		
Mammography Screening		%	%		
Colorectal Cancer Screening		%	%		
Childhood Weight Control		%	%		
Controlling High Blood Pressure (MH)		%	%		
CVD Statin Therapy		%	%		
HIV Screen Ever		%	%		
Breastfeeding Rates		%	%		

B3. Provide a summary of your HP/DP program's accomplishments from the previous program year. You may reference section C6 of the 4-in-1 report for Quarter 4 of the previous program year to answer this question.

**Immunization Services**

B4. Progress Toward Objectives

II. Immunization		
Service	Objective	Percent of Objective completed
		0% <span style="float: right;">100%</span> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">Target</div> <div style="border: 1px solid black; padding: 2px;">Actual</div> </div>
		0% <span style="float: right;">100%</span> <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">Target</div> <div style="border: 1px solid black; padding: 2px;">Actual</div> </div>

B5. Progress of GPRA Measures

GPRA Measure					
Immunizations	N/A	Previous Year Final	Previous Year Target	Progress	
				Met	Unmet
Influenza Immunization: Children 6 mos–17 yrs		%	%		
Influenza Immunization: 18+		%	%		
Adult Immunization		%	%		
Childhood Immunizations		%	%		

B6. Provide a summary of your Immunization program's accomplishments from the previous program year. You may reference section C6 of the 4-in-1 report for Quarter 4 of the previous program year to answer this question.

**Alcohol/Substance Abuse Services**

B7. Progress Toward Objectives

III. Alcohol/Substance Abuse		
Service	Objective	Percent of Objective completed
		0% <span style="margin-left: 100px;">Target</span> <span style="margin-left: 20px;">Actual</span> 100%
		0% <span style="margin-left: 100px;">Target</span> <span style="margin-left: 20px;">Actual</span> 100%

B8. Progress of GPRA Measures

GPRA Measures					
Alcohol/Substance Abuse	N/A	Previous Year Final	Previous Year Target	Progress Met Unmet	
Tobacco Cessation		%	%		
Universal Alcohol Screening		%	%		
Screening, Brief Intervention, and Referral to Treatment (SBIRT)		%	%		

B9. Provide a summary of your Alcohol/Substance Abuse program's accomplishments from the previous program year. You may reference section C6 of the 4-in-1 report for Quarter 4 of the previous program year to answer this question.

### Mental Health Services

#### B10. Progress Toward Objectives

IV. Mental Health		
Service	Objective	Percent of Objective completed
		0% <span style="float: right;">100%</span> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Target</div> <div style="border: 1px solid black; padding: 2px 10px;">Actual</div> </div>
		0% <span style="float: right;">100%</span> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 10px;">Target</div> <div style="border: 1px solid black; padding: 2px 10px;">Actual</div> </div>

#### B11. Progress of GPRA Measures

GPRA Measure					
Mental Health	N/A	Previous Year Final	Previous Year Target	Progress Met Unmet	
Intimate Partner/Domestic Violence Screening -- GPRAMA		%	%		
Depression Screening 12-17 Years		%	%		
Depression Screening 18+ Years		%	%		

B12. Provide a summary of your Immunization program's accomplishments from the previous program year. You may reference section C6 of the 4-in-1 report for Quarter 4 of the previous program year to answer this question.

## Part C. Training

**Instructions:** Provide a list of the IHS trainings/meetings your program team attended during the previous program year (including site-visits, conference calls, online, face-to-face, and conferences).

### C1. HP/DP Services:

### C2. Immunization Services:

### C3. Alcohol/Substance Abuse Services:

### C4. Mental Health Services:

## Part D: Leadership and Key Personnel

D1. Identify leaders and key personnel who are actively involved in HP/DP Services.

First and Last Name	Title	Length of time with program

a. Provide a brief resume or biographical sketch for any new key HP/DP personnel since you submitted your last application.

D2. Identify leaders and key personnel who are actively involved in the Immunization Services.

First and Last Name	Title	Length of time with program



**b.** Provide a brief resume or biographical sketch for any new key Immunization personnel since you submitted your last application

**D3.** Identify leaders and key personnel who are actively involved in Alcohol/Substance Abuse Services.

First and Last Name	Title	Length of time with program

**c.** Provide a brief resume or biographical sketch for any new key Alcohol/Substance Abuse personnel since you submitted your last application.

**D4. Identify leaders and key behavioral personnel who are actively involved in Mental Health Services.**

First and Last Name	Title	Length of time with program

**d.** Provide a brief resume or biographical sketch for any new key Mental Health personnel since you submitted your last application.

## Part E: New Partnerships and Collaborations

Use the tables below to provide information on any new partnerships that were not included in your previous year's application or discontinued partnerships. If there are more than five changes in the Partnerships/Collaborations, provide this information in [G6. Other Information \(optional\)](#) of this Project Narrative. If there are no new or discontinued partnerships, proceed to Part F.

Partner Name	Program Health Area	New or discontinued?	If discontinued, briefly describe why. If new, briefly describe services provided/primary focus of partnership.

\* To select more than one program health area, press the "CTRL" key and click the left mouse button

## Part F. Program Planning and Evaluation

A program narrative and a program-specific work plan (logic model) are required for each grantee program: (1) HP/DP services, (2) immunizations, (3) alcohol/substance abuse, and (4) mental health.

### HP/DP Services

F1. **Program Strengths.** Please describe the strengths of your current services. Consider ways the program links culture, identity, and health.

F2. **Needs Improvement** Please describe the ways in which your current services could be improved. Consider ways the program links culture, identity, and health.

F3. **Best Practices** Briefly describe best practices used in HP/DP Services.

Name:

Date:

Grantee:

IHS Area:

Grant Year:

<b>HP/DP Goal 1:</b> <i>Broad statement of outcomes</i>					
<b>Goal 1, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 1, Objective 2:</b> <i>Measurable statement of outcomes</i>					
<b>HP/DP Goal 2:</b> <i>Broad statement of outcomes</i>					
<b>Goal 2, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 2, Objective 2:</b> <i>Measurable statement of outcomes</i>					

**Immunization Services**

**F5. Program Strengths** Please describe the strengths of your current services. Consider ways the program links culture, identity, and health.

**F6. Needs Improvement** Please describe the ways in which your current services could be improved. Consider ways the program links culture, identity, and health.

**F7. Best Practices** Briefly describe best practices used in Immunization Services.

Name:

Date:

Grantee:

IHS Area:

Grant Year:

<b>Immunization Goal 1:</b> <i>Broad statement of outcomes</i>					
<b>Goal 1, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 1, Objective 2:</b> <i>Measurable statement of outcomes</i>					
<b>Immunization Goal 2:</b> <i>Broad statement of outcomes</i>					
<b>Goal 2, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 2, Objective 2:</b> <i>Measurable statement of outcomes</i>					

**Alcohol and Substance Abuse Services**

**F9. Program Strengths** Please describe the strengths of your current services. Consider ways the program links culture, identity, and health.

**F10. Needs Improvement** Please describe the ways in which your current services could be improved. Consider ways the program links culture, identity, and health.

**F11. Best Practices** Briefly describe best practices used in Alcohol and Substance Abuse Services.



Name:

Date:

Grantee:

IHS Area:

Grant Year:

<b>Alcohol/Substance Abuse</b>					
<b>Goal 1:</b> <i>Broad statement of outcomes</i>					
<b>Goal 1, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 1, Objective 2:</b> <i>Measurable statement of outcomes</i>					
<b>Alcohol/Substance Abuse</b>					
<b>Goal 2:</b> <i>Broad statement of outcomes</i>					
<b>Goal 2, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 2, Objective 2:</b> <i>Measurable statement of outcomes</i>					

**Mental Health Services**

F13. **Program Strengths** Please describe the strengths of your current services. Consider ways the program links culture, identity, and health.

F14. **Needs Improvement** Please describe the ways in which your current services could be improved. Consider ways the program links culture, identity, and health.

F15. **Best Practices** Briefly describe best practices used in Mental Health Services.

Name:

Date:

Grantee:

IHS Area:

Grant Year:

<b>Mental Health Goal 1:</b> <i>Broad statement of outcomes</i>					
<b>Goal 1, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 1, Objective 2:</b> <i>Measurable statement of outcomes</i>					
<b>Mental Health Goal 2:</b> <i>Broad statement of outcomes</i>					
<b>Goal 2, Objective 1:</b> <i>Measurable statement of outcomes</i>					
<b>Activities</b> <i>Action needed to meet objective</i>	<b>Anticipated Outcomes</b> <i>Results of program implementation</i>	<b>Indicator/Data Source</b> <i>Key indicators used to measure success</i>	<b>Timeline</b> <b>Start Date</b>	<b>Timeline</b> <b>End Date</b>	<b>GPRA Measures.</b> <i>Select all that apply.</i>
<b>Goal 2, Objective 2:</b> <i>Measurable statement of outcomes</i>					

## Part G. Additional Program Information

### Youth

G1. Does your Grantee provide any activities/services for children and/or youth?

G2. Does your Grantee provide any alcohol substance abuse activities/services for children and/or youth?

G3. Does your Grantee provide any mental health services for children and/or youth?

G4. In the prior grant program year, approximately how many total people received services or participated in any activities funded by your 4-in-1 Grant Program? Include people that participated in all types of activities/services (e.g., community events, education classes, fitness activities, clinical services):

G5. Has the Grantee experienced an increase in other service needs due to COVID-19?  
If so, please briefly explain resulting changes.

G6. Other Information (optional) If there is any other information you would like to share about your Grantee and the 4-in-1 Grant Program, including additional program staff or partnerships, add it here.