



**HEART DISEASE & STROKE PROGRAM
CARDIOVASCULAR HEALTH FUNDING
OPPORTUNITY**

**APPLICATION DEADLINE: OPEN UNTIL
FEBRUARY 25, 2026**

Point of contact: Lacy Eaton Email: Lacy.Eaton@state.sd.us Phone: (605)910-7566	Application Release: January 26, 2026 Application Submission Deadline: February 25, 2026
Awarding one organization implementing Priority 1: up to \$7,500 Awarding one organization implementing Priority 2: up to \$30,000 *The organization can apply for funding to support both priorities.	Tentative Award Notification: March 25, 2026
	Project Period: June 1, 2026- May 31, 2027

Apply via electronic submission to Lacy.Eaton@state.sd.us no later than 5:00 p.m. CT on February 25, 2026. Late or incomplete applications will not be considered for funding. For questions, please contact Lacy.Eaton@state.sd.us

Background

Heart Disease is the leading cause of death and stroke is the 6th leading cause of death in South Dakota (SD). From 2020-2025, 5,263 South Dakotans died from heart disease, while 1,467 died from stroke¹.33-35% or approximately 1 in 3 South Dakotans have been told by a health care provider that they have high blood pressure. High blood pressure and high cholesterol are the major risk factors for cardiovascular disease (CVD) and stroke, however, only about half (57%) of those individuals regularly checked their blood pressure. In addition, over one-third (37%) of SD adults have been told they have high blood cholesterol with only 28% of them taking medication to control it³.

In response to this issue, The South Dakota Department of Health (SD DOH) Heart Disease and Stroke Prevention Program (HDSPP) is offering funding to meet one or both of the following priorities:

- **Priority 1: Self-Measured Blood pressure (SMBP) program**- supports the implementation and expansion of Self-Measured Blood Pressure Monitoring programs through partnerships with local healthcare facilities and clinics. These programs are designed to help individuals with hypertension manage their condition effectively by monitoring their blood pressure at home in conjunction with clinical support.
- **Priority 2: Care Coordination program**- supports a patient-centered healthcare delivery model that provides comprehensive, proactive, and coordinated management for

individuals with multiple chronic conditions, while explicitly identifying and addressing the non-medical social and environmental factors that impact their well-being

Purpose

The facilities awarded funding through this opportunity will receive funds and technical assistance to create and expand sustainable programs to help link resources that support self-management and lifestyle changes to address those at increased risk for CVD with a focus on hypertension management.

Eligibility

- Interventions funded through this opportunity *must* target patients whose primary residence is South Dakota or a South Dakota tribal community.
- Programs will target individuals between 18-85 years old.
 - Ineligible target populations include:
 - Patients receiving hospice services.
 - Individuals with documentation of end-stage renal disease, dialysis, or renal transplant
 - Patients 65 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS codes 32, 33, 34, 54, or 56.
 - Pregnant women and individuals over 85 years old may not be the primary target population for intervention but may be eligible as part of a larger target population.
- Organizations receiving federal funding, such as Indian Health Service and Federally Qualified Health Centers, are not excluded from eligibility.

Please direct any eligibility questions to Lacy Eaton at 605.910.7566 or Lacy.Eaton@state.sd.us

Available Funding

- **Applicant may request up to \$7,500 if implementing Priority 1 (Self-Measured Blood Pressure Program) OR up to \$30,000 if implementing Priority 2 (Care Coordination program).**
- Applicant can apply for funding to support both priorities.
- Applicant must follow the attached funding application and budget template.
- HDSPP staff will be available to answer questions, review applications and provide recommendations throughout the duration of the funding opportunity. For questions or to express interest in this award, please contact Lacy Eaton at (605)910-7566 or Lacy.Eaton@state.sd.us

Funding Parameters

- The project period lasts from **June 1, 2026 – May 31, 2027**.
- Ongoing funding may be available upon satisfactory completion of the original project period with the funding amount determined by past performance and funding availability.
- Funding will be remitted on a reimbursement basis, monthly.

Funding Restrictions

- Evidence-based interventions funded through this opportunity *must* target South Dakota residents and/or tribal communities meeting eligibility requirements.
- Funds may not be used to replace dollars currently earmarked for heart disease prevention and management programs/projects.
- **Indirect/Administrative Costs:** Funding can be requested to support indirect costs at a rate not to exceed 6.3% of the total award.
 - Indirect rates may vary based on the fiscal year in which the award is received.
- Funds *may not* be used for any lobbying efforts at the local, state, or federal level, purchasing food, or client/patient/provider incentives, or research activities.
- Funds *may not* cover screening tests, diagnostics, treatment, or direct service items.
- Funds *may* cover staff time for developing, implementing, and enhancing the program, promoting, training, or enrolling staff or client participants in the program, and/or promotional materials such as fliers, newspaper articles, etc.

Application Requirements

- The application should demonstrate a systems-level approach that drives lasting cultural change in heart disease prevention at the organizational level.
- The application should show strong potential for sustained efforts and long-term impact that improve heart disease prevention and management outcomes.

Examples of eligible activities (not all-inclusive)

- Facilities could utilize [the American Medical Association and Johns Hopkins Blood Pressure Control Program, Check. Change. Control, Million Hearts SMBP, Target: BP or similar program](#)/guidance to implement SMBP within their practice, add additional patients to the current program, or expand to additional providers or sites.⁺
- Adaptation of a chronic care coordinator or care transitions to oversee and assist in the management of patients dealing with multiple comorbidities.
- Adaptation of a social worker (SW) or community health worker (CHW) to screen and identify needs of patients at highest risk of CVD with a focus on hypertension and high cholesterol using standardized processes or tools, such as Social Determinants of Health, and then assist with referral to appropriate resources.
- Utilize strategies to increase the use of non-physician team members, such as pharmacists, nurses, medical assistants, and community health workers, to help patients lower their high blood pressure and high cholesterol.

Scoring Criteria

- Complete application meeting funding guidelines will be evaluated by the review committee. Final award decisions will be determined by the SD DOH.

- The entirety of the application will be considered, with special emphasis placed on the intervention proposal, sustainability plan, and budget justification.
- Scoring will be based on the following content areas:
 - Complete and appropriate application information
 - Patient demographics and target population(s)
 - Current policy/procedure for patients with hypertension
 - Project team membership and expertise
 - Intervention proposal including short- and long-term goals in SMART format.
 - Sustainability
 - Realistic, appropriate, and detailed budget
- Application consideration will be prioritized by the date received, focusing on health equity and health disparities.
- Application will not be prioritized based on whether the facility has an existing SMBP program.

Award Requirements

- Awardee will:
 - Implement evidence-based interventions based on the objectives proposed in the application.
 - Participate in periodic evaluation and technical assistance sessions via email, conference call, web-based platform, or in-person to discuss project progress, successes, and challenges and/or receive technical assistance.
 - Work with the SD DOH team to address workflow, electronic medical record (EMR) concerns, and performance measures related to proposed activities.
 - Complete quarterly reports reviewing progress, successes, barriers, budget adherence, and program participation.
 - Submit at least one success story per project period.
 - Assist with advancing the statewide cardiovascular strategic plan by participating in the Cardiovascular Collaborative.
 - Utilize all funds within the specified project period; carryover will not be allowed.

Reporting Requirements:

- Progress updates (phone calls, emails, etc.) with the SD DOH team are required. Update sessions will vary from every other week to quarterly, depending on the status of the SMBP program and partner needs.
- Written monthly data submission to include the number of participants enrolled in the program.
- Written quarterly reports are required of each funded applicant. Quarterly reports shall describe 1) qualitative and quantitative progress toward target outputs and outcomes, 2) progress made toward implementation of the intervention, 3) successes and/or barriers, 4) overall program participation, and 5) budget adherence.
- Technical assistance will be provided to funded sites to complete required reporting. Reporting templates will be provided.

- Awardee must submit at least one success story using the SD DOH-provided success story template by the end of the project period; the awardees permit to share this story.
- Awardee must submit data for blood pressure, cholesterol, and diabetes performance measures (as applicable).

Technical Assistance

- Technical assistance will be provided to all interested applicants throughout the application period. Contact Lacy Eaton at (605)910-7566 or Lacy.Eaton@state.sd.us
- Technical assistance will be provided to awardees throughout the project period by the SD DOH staff and additional partners as needed.
- Evaluation support will be provided throughout the project period as needed by the SD DOH external evaluator.
- Brochures, posters, other educational materials, and training will be provided during the project period, free of charge, by SD DOH.

Objective Specific Requirements

- The awardee's proposed activity must align with at least one of the following priorities:
 - **Priority 1: Self-Measured Blood pressure cuff program-** supports the implementation and expansion of Self-Measured Blood Pressure (SMBP) Monitoring programs through partnerships with local healthcare facilities and clinics. These programs are designed to help individuals with hypertension manage their condition effectively by monitoring their blood pressure at home in conjunction with clinical support.
 - **Priority 2: Care Coordination program-** supports a patient-centered healthcare delivery model that provides comprehensive, proactive, and coordinated management for individuals with multiple chronic conditions, while explicitly identifying and addressing the non-medical social and environmental factors that impact their well-being

Budget Instructions

Allowable categories have been identified in the provided budget template. If funding is requested for a category, a brief explanation/justification must be included. Be sure to identify the source of funds, any in-kind or cash contributions, etc.

Supplies

Estimate the unit cost for each item and the total number of items needed. (Example: 250 client reminder postcards x \$0.64 = \$160.)

Staff Support

SD DOH partners with multiple entities to enhance efforts to prevent and manage heart disease throughout the state. In certain cases, a project may require an extraordinary amount of staff time – over and above what is normally requested of partners. If this is the case, applying collaborations may request funds for key personnel. Funds should not be requested to supplant existing job responsibilities. The position title must be included, along with the rate per hour multiplied by the total number of hours estimated for the project period. Benefits can be calculated at a per-hour rate or itemized separately. In the itemized description section, please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator \$25 per hour x 60 hrs. = \$1,500.)

Travel

Travel essential to the proposed project may be funded under this proposal. Travel reimbursement is allowed at the following rates: \$0.67/mile, \$6.00/breakfast, \$14.00/lunch, and \$20.00/dinner; the lodging maximum is \$75 per night.

Other

Include additional requests not addressed in the budget categories provided. Be sure to provide a thorough itemized description.

Indirect (Administrative) Costs

Funding can be requested to support indirect costs at a rate not to exceed 6.3% of the total award. Indirect costs are expenses of doing business that are not readily identifiable within the budget submission but are necessary for the general operation of the organization.

Restrictions and Guidelines:

Certain restrictions apply to the use of implementation funds, including:

- Awarded funding may *not* be used for:
 - Lobbying efforts at the local, state, or federal level.
 - Purchasing food.
 - Screening procedures or any direct service.
- Activities must target residents and/or tribal communities within South Dakota, with participants meeting eligibility requirements.
- Funding will be awarded to an organization only, not to an individual(s).
- Materials produced with implementation funds must be pre-approved before printing. The inclusion of program logos may be required.

APPLY VIA ELECTRONIC SUBMISSION TO Lacy.Eaton@State.SD.US no later than 5:00 p.m. on February 25, 2026. Late or incomplete applications will not be considered for funding.



Lacy Eaton, RN

Heart Disease and Stroke Prevention Coordinator

Office of Disease Prevention and Health Promotion

SOUTH DAKOTA DEPARTMENT OF HEALTH

605.910.7566 | 1800 18th St SW, Huron, SD 57350 | doh.sd.gov

Cardiovascular Health Funding Opportunity Application

1. Applicant Information

Facility Name:

Mailing Address:

Contact Person:

Title:

Email Address:

Phone Number:

2. Patient Demographics *Please answer to the best of your capability, considering adult (18 years of age and older) patients seen within your facility during the past year. Only include South Dakota residents within this information.*

The total number of adult patients served:

The total number of adult patients diagnosed with hypertension:

The total number of adult patients with hypertension considered controlled (controlled refers to blood pressure levels of less than 140/90 mmHg (NQF 18)):

Please describe your overall patient population, including the typical makeup of general vs. disparate (ethnic minorities, low socioeconomic status, etc.) population (for example, approximately 10% are American Indian, approximately 20% are Medicaid recipients, etc.):

3. Intervention Proposal: Please select one or both priorities listed below that you intend your program to meet.

- Priority 1:** Self-Measured Blood Pressure (SMBP) cuff program- supports the implementation and expansion of Self-Measured Blood Pressure Monitoring programs through partnerships with local healthcare facilities and clinics. These programs are designed to help individuals with hypertension manage their condition effectively by monitoring their blood pressure at home in conjunction with clinical support.
- Priority 2:** Care Coordination program- supports a patient-centered healthcare delivery model that provides comprehensive, proactive, and coordinated management for individuals with multiple chronic conditions, while explicitly identifying and addressing the non-medical social and environmental factors that impact their well-being.

3. Intervention Proposal: Please provide a description of your program, making sure you include how you intend to meet one or more of the approved priorities

4. Does your facility currently have a self-measured blood pressure (SMBP) monitoring program?

Yes No (skip to question 10)

5. Which SMBP model is being followed within your facility?

Target: BP Check. Change. Control. Million Hearts AMA/Johns Hopkins Other

If other, explain:

6. How many people have been enrolled in your facility's SMBP program?

7. How many people have completed their participation in your facility's SMBP program?

Completion will be based on the guidelines set forth by your facility.

8. Please explain any successes and/or challenges your facility has encountered while implementing/expanding their current SMBP program?

9. What policy/procedure does your facility currently have in place, outside of SMBP, that is utilized for patients with hypertension? Example: referral to Better Choices, Better Health, referral to health coach, follow up with provider one week post elevated blood pressure reading, etc.

10. Implementation/Expansion Team: Please list the role, name, title, and email of the members who will be serving on your SMBP Implementation Team for this intervention.

Role	Name	Job Title	Email
Implementation Lead Name:			

11. Intervention Proposal: Please provide a thorough and thoughtful description of the proposed SMBP program implementation/expansion including timelines, goals, challenges/barriers, etc.

12. Sustainability Plan: Please describe the plan to sustain the project and related outcomes beyond the funding cycle.

13. Budget Justification: Applicant may request up to \$7,500 if implementing Priority 1 (Self-Measured Blood Pressure Program) OR up to \$30,000 if implementing Priority 2 (Care Coordination program).

Category	Implementation Funding Requested	In-kind Contribution
Supplies needed for this intervention		
Justification:	\$	\$
Itemized description:		
Staff Support for this intervention		
Justification:	\$	\$
Itemized description: (Please include the duties that will be completed by the identified staff position(s). (Example: Jane Doe, RN, Clinical Coordinator \$25 per hour x 60 hrs. = \$1,500.)		
Travel for this intervention		
Justification:	\$	\$
Itemized description:		
Other expenses		
Justification:	\$	\$
Itemized description:		

Indirect Costs <i>Indirect costs cannot exceed 6.3% of the total requested budget.</i>	\$	\$
Total request:	Total: \$	Total: \$