University of California Campus Diabetes Prevention Program (UC DPP) Campus Participation Agreement

This Participation Agreement includes the Scope of Work (SOW) that campuses agree to in participating in and receiving program funds to participate in the UC DPP. The funding will come from UC Health, which operates within the UC Office of the President (UCOP). The following points outline the expectations and responsibilities aligned with accepting funding from UCOP to offer DPP on your campus. This pilot program will run for two years from the start date of your program as you have indicated to the UC DPP. Please review these areas of responsibility carefully, and sign below to indicate your full understanding of this agreement.

Scope of Work

1. Throughout the two-year project period, campus will identify a DPP lead/champion and work collaboratively with all interested stakeholders on their campus to organize a minimum of four DPP cohorts (offering 22 total classes over the year per cohort) for faculty and staff (starting group size ranging from 12-20 people per cohort). UC employees and their dependents are eligible to participate. Other community members may also participate if capacity exist, but campus will need to consult with and gain approval from the UC DPP before allowing those individuals to participate.

2. Campus will submit reports on expenses, budget, and CDC data every six months, starting with six months from “effective date” as indicated by the CDC. A data analysis overview reflecting program progress will be submitted to UC DPP Coordinator monthly. See Appendix A UC DPP Financial Reporting Template for reporting document that campus agrees to accurately complete and submit each six months.

3. Campus will track and submit all data as required by the CDC and UCOP to UC DPP Coordinator every six months, starting with 6 months from the “effective date” as indicated by the CDC. See Appendix B UC DPP Data Reporting Template for reporting document that campus agrees to accurately complete and submit each six months.

4. At least one campus representative will participate in monthly DPP calls with UC DPP Coordinator. The UC DPP Coordinator will schedule, facilitate, and provide any materials needed for monthly calls. The campus will come prepared to discuss topics and report on progress as noted in meeting agenda that will be provided prior to meetings.

5. Campus agrees to document and submit to UC DPP Coordinator its marketing and promotion strategy to recruit and retain participants. There are no specific marketing, communications, or promotional
requirements for the pilot phase and no predetermined format for documenting the campus’ strategy. Documentation is expected by the date of the first class. We are very interested in collecting lessons learned and best practices from the campuses.

6. Campus will not share, distribute, copy, submit or otherwise provide any program data to any person or entity outside the UC DPP staff (i.e. UCLA DPP Team) without the expressed, written consent of UC Health/UCOP. The exception is de-identified data that will be routinely submitted to the CDC as part of the DPRP standards.

7. Campus agrees to consult with campus-level IT and security department as needed to ensure robust storage and protection of participant data in accordance to their campus standards.

8. The UC DPP program is not a research study and as such, there is no Institutional Review Board approval for research. If a campus wants to conduct research as part of their own campus DPP program, they will need to consult with their campus Institutional Review Board.

I have read and understand the above expectations and responsibilities.

Print Name (Campus Representative): ____________________________

Signature (Campus Representative): ____________________________

Title: _________________________________________________________

Department: __________________________________________________

Email: _________________________________________________________

Phone: _________________________________________________________

Campus: _______________________________________________________

Date: ____________________