

Notice of Funding Opportunity
Application due July 13, 2026










Division of Epidemiology and Disease Prevention

Epidemiology Program for American Indian and Alaska Native Tribes and Urban Indian Communities

Opportunity number: HHS-2026-IHS-EPI-0001



Contents

| | |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------|
| Before you begin | <u>3</u> |
|  Step 1: Review the Opportunity | <u>4</u> |
| Basic information | <u>5</u> |
| Eligibility | <u>6</u> |
| Program description | <u>9</u> |
|  Step 2: Get Ready to Apply | <u>33</u> |
| Get registered | <u>34</u> |
| Find the application package | <u>35</u> |
|  Step 3: Build Your Application | <u>36</u> |
| Application checklist | <u>37</u> |
| Application contents and format | <u>39</u> |
|  Step 4: Learn About Review and Award | <u>50</u> |
| Application review | <u>51</u> |
|  Step 5: Submit Your Application | <u>54</u> |
| Application submission and deadlines | <u>55</u> |
|  Step 6: Learn What Happens After Award | <u>57</u> |
| Post-award requirements and administration | <u>58</u> |
|  Contacts and Support | <u>60</u> |



Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up-to-date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on July 13, 2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

In this step

| | |
|---------------------|----------|
| Basic information | <u>5</u> |
| Eligibility | <u>6</u> |
| Program description | <u>9</u> |

Basic information

Indian Health Service (IHS)

Division of Epidemiology and Disease Prevention

Providing public health support to Tribes and Urban Indian communities through Tribal Epidemiology Centers.

Summary

The purpose of this NOFO is to strengthen the public health capacity of Tribal Epidemiology Centers (TECs) and the Tribes, Tribal Organizations, Urban Indian organizations, and Intertribal Consortiums they support. The goal is to fulfill the seven functions of TECs as outlined in the Indian Health Care Improvement Act (IHCIA) at 25 U.S.C. 1621m(b).

The IHS plans to fund enough TECs to serve American Indian and Alaska Native (AI/AN) Tribes and Urban Indian communities in all 12 IHS Service areas and the urban population.

Funding details

Type: Cooperative agreement

Competition type: New

Expected total program funding: \$35,000,000

Expected number of awards: 12

Funding range per applicant for the first budget period: \$2,000,000 to \$3,500,000 for required activities. Optional activities range from \$75,000 to \$200,000 each.

We expect to fund projects in five 1-year budget periods for a total period of performance of five years.

Continuation funding depends on the availability of funds and agency budget priorities.



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

Epidemiology Program for American Indian and Alaska Native Tribes and Urban Indian Communities

Opportunity number:

HHS-2026-IHS-EPI-0001

Announcement type:

New

Assistance listing:

93.231

Key dates

Application submission deadline:

July 13, 2026

Expected award date:

September 1, 2026

Expected earliest start date:

September 1, 2026

Eligibility

Eligible applicants

Per Public Law 93-638, only these types of organizations may apply:

Federally recognized Indian Tribes

An Indian Tribe as defined by 25 U.S.C. 1603(14). The term “Indian Tribe” means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group, or regional or village corporation, as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Tribal organizations

A Tribal organization as defined by 25 U.S.C. 1603(26). The term “Tribal organization” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304(l)): “Tribal organization” means the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: Provided, that, in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant.

You must submit [letters of support](#) or [Tribal Resolutions](#) from the Tribes you will serve.

Urban Indian organizations

An Urban Indian organization (UIO) as defined by 25 U.S.C. 1603(29).

The term “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and

private entities for the purpose of performing the activities described in 25 U.S.C. 1653(a).

You must provide [proof of nonprofit status](#).

Intertribal consortiums

An intertribal consortium or Indian organization as defined by 25 U.S.C. 1621m(d)(2) is: (A) incorporated for the primary purpose of improving Indian health; and (B) representative of the Indian Tribes or Urban Indian communities residing in the area in which the Intertribal consortium is located.

Eligibility exceptions

- Individuals, including sole proprietorships, and foreign organizations are not eligible.
- We do not fund concurrent projects under this program. If you get an award under this announcement, we cannot later fund you under a subsequent opportunity for the same program while this award is active.

See [statutory authority](#).

Other eligibility criteria

To be eligible, your organization must represent or serve a population of at least 60,000 AI/AN people or 70% of the Tribal governments in the respective Indian Health Service (IHS) Service Area.

Completeness and responsiveness criteria

We will review your application to make sure it meets the following requirements:

- Is from an organization that meets all eligibility criteria.
- Does not exceed the page limits for the [project narrative](#) and [budget narrative](#).
- Does not exceed the amount of the [funding range](#).
- Is not submitted after the [deadline](#).
- Includes a draft or final [Tribal resolution](#).
- Does not have any missing or delinquent audits in the [audit documentation](#).

If your application does not meet all of these requirements, we will not consider it.

Application limits

Each submitting organization or individual investigator/program director can submit only one distinct application.

Cost sharing

This program has no cost-sharing requirement, meaning you do not need to contribute to the costs of this project.

If you choose to include cost-sharing funds, we will not consider it during our review. If you receive an award, we will include your voluntary commitment in the award, and you must report on the funds.

Program description

Background

The Tribal Epidemiology Center (TEC) program provides public health support to multiple Tribes and Urban Indian communities in each of the IHS Service Areas. TECs are uniquely positioned within Tribes, Tribal organizations, and Urban Indian organizations (UIOs) to surveil, research, prevent, and control disease, injury, and disability. TECs also assess the effectiveness of AI/AN health care and public health programs.

TECs fulfill seven functions, as outlined in the Indian Health Care Improvement Act (IHCIA) at 25 U.S.C. 1621m(b), as amended. See the [required activities section](#) for the list of the seven functions.

TECs provide critical support for activities that promote Tribal self-governance and effective management of Tribal and Urban Indian health programs. Data that is collected and analyzed by TECs enable Tribes and Urban Indian communities to effectively plan and make decisions that best meet the health needs of their communities. As more Tribes choose to operate health programs in their communities, TECs provide additional public health services, such as disease control and prevention programs. They help Tribes and Urban Indian communities establish baseline data for successfully evaluating intervention and prevention activities. The TEC program also provides technical assistance (TA) in public health practice and prevention-oriented research and promotes public health career pathways serving AI/AN populations.

Each TEC selected for funding will act under a cooperative agreement with the IHS. During funded activities, the TECs may receive Protected Health Information (PHI) for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, reporting of disease, injury, vital events, such as birth or death, and the conduct of public health surveillance, public health investigation, and public health interventions with respect to the applicable IHS Service Area. A TEC acting under a cooperative agreement with IHS shall be treated as a public health authority for the purposes of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, for which the disclosure of PHI by covered entities is authorized by the Privacy Rule, 45 CFR 164.512(b).

Purpose

The purpose of this IHS cooperative agreement is to strengthen and resource Tribal Epidemiology Centers in support of tribally driven public health capacity. This funding enables TECs to identify relevant health status indicators and priorities to support public health interventions. The goal of this work is to reduce morbidity and mortality among Tribal populations using epidemiologic principles.

We plan to fund enough TECs to serve Tribes and Urban Indian communities in all 12 IHS Administrative Areas, treating the urban population as one additional Area.

Required, optional, and allowable activities

You must conduct activities that address all seven TEC functions, described below, in relation to the applicable service area.

- 1. Collect data relating to, and monitor progress made towards meeting, each of the health status objectives of the Indian Health Service, the Indian Tribes, Tribal organizations, and UIOs in the service area.**
 - a. Develop periodic community health assessments (CHAs) encompassing all the communities your TEC will serve. These assessments should include information that will help Tribal and Urban Indian Leaders make informed decisions, prioritize health problems, and develop, implement, and evaluate health improvement plans in their communities.
 - b. Develop one or more community health improvement plans (CHIPs) in response to Tribe-specific and regional CHAs. These CHIPs should include a project overview, specific health indicators, and a plan for sharing them.
 - c. Participate in local, regional, and national committees that address public health priorities related to the relevant CHAs and CHIPs.
 - d. Establish or maintain an advisory council to guide and direct the program. The council should include some members with technical expertise in epidemiology and public health. It should also include members of the Tribal health and Urban Indian health programs within the TEC service area. Members must be able to consult and cooperate with providers of related health and social services to avoid duplicating existing services.
 - e. Translate available data and the results of your analyses on disease incidence, prevalence, and risk factors into useful products, messaging, and outreach. The goal is to guide how leaders and public health workers and stakeholders' interventions address public health priorities.

- 2. Evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health.**
 - a. Collaborate with Indian Tribes, Tribal organizations, and UIOs to provide information to the IHS on ways to improve the health status of Indians.
- 3. Assist Indian Tribes, Tribal organizations, and UIOs in identifying the highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data.**
 - a. Consult and share information with Tribal leaders, Urban Indian community leaders, and health staff about community health needs and health services.
- 4. Make recommendations to target services needed by the populations served.**
 - a. Provide the IHS with information on ways to target services needed by the service population.
 - b. Participate in an annual meeting (virtually or in person) to make recommendations and collaborate with peers.
 - c. Work with providers of public health and related services to avoid duplicating existing services. Coordinate with providers to enhance the effectiveness of complementary services.
 - d. Assess the feasibility of targeted recommendations.
- 5. Make recommendations to improve health care delivery systems for Indians and Urban Indians.**
 - a. Assess the feasibility of your recommended improvements.
- 6. Provide requested technical assistance to Indian Tribes, Tribal organizations, and UIOs to develop local health service priorities and incidence and prevalence rates of disease and other illness in the community.**
 - a. Respond to requests for Technical Assistance (TA), including data requests, from Tribal and Urban Indian organizations, communities, or AI/AN individuals.
 - b. Track and report on Government Performance and Results Act (GPRA) measures for the program. These are:
 - i. Number of requests for Technical Assistance (TA), including data requests, from Tribal and Urban organizations, communities, or AI/AN individuals that the TEC responded to.

- ii. Number of TEC-sponsored training and TA events provided to build Tribal public health capacity.
 - c. Design and conduct training and TA events to build Tribal public health capacity.
7. **Provide disease surveillance and assist Indian Tribes, Tribal organizations, and Urban Indian communities to promote public health.**
 - a. Conduct disease surveillance in your service area, working with Tribes, Tribal organizations, and UIOs.
 - b. Support the Tribal and UIO public health workforce development by offering training and internship opportunities, including in core public health competencies.

Optional activities

In addition to the required activities, you can conduct some optional activities. These are funded separately.

If you are proposing optional activities, you must report the activities separately from your required activities.

1. TEC annual meeting

Supplemental budget: \$75,000 per award

Number of awards: 1

You will support the TEC annual meeting by:

- Developing an agenda for the annual meeting of all recipients, in collaboration with TEC colleagues and IHS leadership. The agenda will include sharing ideas, successes, and challenges; exchanging lessons learned; and establishing best practices. IHS will approve the final agenda.
- Finding and manage the meeting space, according to guidelines. This could include Federal space.
- Completing the reports and authorizations needed for the annual meeting.

2. Technical assistance for UIOs

Supplemental budget: Up to \$155,000 per award

Number of awards: 1

You will help IHS-funded UIOs and the IHS Office of Urban Indian Health Programs by:

- Providing training and TA on planning, conducting, and implementing community health needs assessments.
- Developing new and updating existing community health profiles.
- Providing ongoing training and tutorials on how to interpret data, such as the Census and American Community Survey data.

3. Annual cancer survivorship leadership training

Supplemental budget: Up to \$100,000 per award

Number of awards: 1

This activity supports the Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion's annual cancer survivorship leadership training.

You will organize and carry out at least two three-day cancer support leadership trainings for 15 to 25 AI/AN participants, nationally. The training will allow participants to work together in a safe, supportive environment to learn and practice skills to help people affected by cancer in their communities. The training will be based on the model "A Gathering of Cancer Support," using the [Gathering of Native Americans \[PDF\]](#) (GONA) teaching methods.

After the trainings, you will measure and report on participants' change in knowledge of these elements:

- Wellness from a Native American perspective. Using a group discussion method such as Rez Café, identify two AI/AN core values to:
 - Support wellness and healing.
 - Help facilitate a support group.
- Cancer 101:
 - Describe two ways to take personal action to reduce cancer risk.
 - Exploring Emotional Peer Support Skills and How to Start Up Cancer Support in Your Community.
 - Determine the best role for yourself in setting up cancer support.
 - Identify at least two steps for starting up cancer support in your community.

4. Elder health and dementia activities to improve health care delivery systems

Supplemental budget: Up to \$150,000 per award

Number of awards: 3

These activities support the goals of the [IHS Alzheimer's Program](#). It aims to improve clinical care, services, and outcomes for AI/AN people living with dementia; their caregivers; and the communities served by IHS, Tribal, and Urban Indian health organizations (I/T/Us). Activities you develop under this award should focus on improving the IHS's five primary drivers of comprehensive dementia care, which are:

- Awareness and recognition.
- Accurate and timely diagnosis.
- Interdisciplinary assessment.
- Management and referral.
- Caregiver support.

Working closely with the IHS Elder Health and Alzheimer's Program team and geriatric subject matter experts, in the first year, you will:

- Establish data-sharing agreements and memorandums of understanding (MOUs) with local clinics and health systems, Tribal governments or organizations, and, in limited cases, state and Federal agencies.
- Provide a comprehensive needs assessment for your TEC service area, including surveillance data, gaps, opportunities, and recommendations for improving local dementia care and services.
- Prepare and share a report of your findings by the end of the budget year that will be shared publicly. You will update this document in years three and five.

In years two through five, you will:

- Create and share an annual report on elder health and dementia, organized by the [4Ms of care](#) — a set of evidence-based practices to help identify priorities for clinical improvements in elder health and dementia care. You will use data available in the TEC service area, including electronic health record data, to describe prevalence, incidence, care measures, and service data.
- Develop a small-scale data project each year to evaluate and support the five IHS drivers of care delivery, services, and support for people living with dementia and their caregivers:

- You will develop this project with one or more I/T/U clinics or health systems.
- You will select topics based on feedback from the IHS team, geriatric subject matter experts, and local clinical staff.
- This project will be focused on care delivered in a real-world setting and designed to drive meaningful clinical and care delivery improvements.
- Examples of topics include treatment options and impacts, evaluation of clinical use of emerging technologies (such as blood-based biomarkers), testing approaches to measure comprehensive or timely clinical care for new diagnoses, or clinical risk profiles to improve accurate and timely diagnosis.
- You will publicly share your methods and findings by the end of each budget year.

Other activities include:

- Participating in a kickoff call with the IHS Elder Health and Alzheimer's Program staff within 90 days of the award to review and update your work and evaluation plans.
- Meeting quarterly with IHS Elder Health and Alzheimer's Program staff to monitor work and evaluation plans and solve any issues together.
- Providing brief written progress reports at least twice a year using a provided template.
- Presenting your activities and findings publicly at least once a year.
- Developing and sharing at least one co-branded, publicly available data brief each year.

5. Elder health and dementia grant training and TA support

Supplemental budget: Up to \$200,000 per award

Number of awards: 1

These activities support the [IHS Alzheimer's Grant Program](#) that funds Dementia Models of Care Grants. These grants:

- Provide funding to Tribes, Tribal organizations, Urban Indian organizations, and IHS direct service facilities.
- Help develop models of dementia care that effectively address the unique needs of Native populations.

You will [provide TA to IHS grantees](#) working on improving the delivery of five primary drivers of comprehensive dementia care. The Alzheimer's Program team will work alongside you to offer clinical subject matter expertise as you support the

TA process. To be eligible, you must document your experience providing TA to Federal grant recipients.

Working closely with the IHS Elder Health and Alzheimer's Program team and geriatric subject matter experts, you will:

- Communicate regularly with grantees. You will offer personalized TA and connect them to existing [training opportunities](#) so they can meet program goals and comply with evaluation and data reporting activities.
- Develop and maintain a toolkit that includes tools, resources, evaluation, and summary information for awardees in the first year. The [IHS TIPCAP program guide \[PDF\]](#) is an example.
- Review, respond to, and support updates to awardee driver diagrams, work and evaluation planning, documentation, and implementation. See the current [driver diagram, work, and evaluation plan templates](#).
- Help awardees submit required reports and program data.
- Hold monthly one-on-one virtual meetings with each IHS awardee, their local project staff, and IHS subject matter experts, and produce and share written notes.
- Organize quarterly all-awardee collaborative calls and other virtual learning experiences, working with the IHS team and subject matter experts. Create supporting materials, such as PowerPoints and agendas.
- Coordinate logistics and content, including onsite support for in-person annual reverse site visits, and create supporting materials.
- Prepare an annual report summarizing the Elder Health and Alzheimer's grant program activities, accomplishments, and awardee profiles for public distribution.

Other required activities include:

- Participate in a kickoff call with the IHS Elder Health and Alzheimer's Program staff within 90 days of receiving the award to review the relevant annual TEC work and evaluation planning activities.
- Meet at least monthly with IHS staff to track work and evaluation plans and solve any challenges together.
- Ensure that at least one person in your program obtains and maintains the necessary credentials for secure data and file sharing.

6. Behavioral health reports on scope of data handling

Supplemental budget: Up to \$100,000 per award

Number of awards: 10

You will develop annual reports regarding behavioral health data collection, uses, and reporting among and specific to all Tribes, Tribal organizations, and Urban Indian organizations within your regional scope of public health service responsibility.

Reports are considered complete if they include all of the following:

- Comprehensive identification of all the data sources currently used (such as Tribal, local facilities, county, state, or federal).
- Detailed description of the data elements within the data sources (such as methods of collection, storage, accessibility, exchanges, and custodians).
- Status of the technological means of data handling regarding the data sources (such as internet-based collections, user-level applications, points and scope of data security, application programming interfaces, or digital storage and archiving).
- Regarding the data sources, identification of all active and required data use agreements, including partnering entities, and the agreed-upon methods of protecting personal health information.
- Recommendations for improving data use agreements, including partnering entities, and the agreed-upon methods of protecting personal health information.
- Recommendations for improving local and regional data handling, including specific identification of necessary training and TA.

7. Behavioral health Tribal communication and engagement

Supplemental funding: Up to \$100,000 per award

Number of awards: 3

In consultation with IHS, awardees will plan, develop, and create behavioral health–related communication materials and informational engagements specific to their catchment area that help reinforce strategic initiatives among and specific to Tribes, Tribal organizations, and Urban Indian organizations.

Communication and engagement deliverables will be selected and used according to operational requirements set by IHS, for select priorities and special populations (such as youth, the elderly, and maternal and child health) to include the following:

- Perform and provide detailed reports that generate behavioral health–relevant content on focus groups and other methods of ad hoc data collection and ideation among IHS grant awardees and local Tribal communities. Topics include substance use disorder, suicide prevention, domestic violence and behavioral health integration in locally funded Tribal communities (a total of no more than 10 projects).
- Plan, design, and create local, culturally relevant media-based presentations, with complementary infographics and posters to extend the transferability of information between national and local level resources and content (a total of no more than 10 presentations).

8. Diabetes activities

Supplemental funding: Up to \$100,000 per award

Number of awards: 1

- Provide TA on analyzing and interpreting diabetes-related data to awardees of the Urban Indian Health Organization (UIHO) Special Diabetes Program for Indians (SDPI). Your aim is to support their diabetes prevention and treatment services.
- Develop the annual Urban Diabetes Care and Outcomes Summary Report, which provides an overview of the UIHO data submitted into the IHS Diabetes Care and Outcomes Audit. These reports provide data on diabetes care provided and outcomes achieved in the UIHO patient population. It also identifies areas for improvement.

Allowable activities

If you plan to conduct additional activities, they must be explicitly connected with one of the seven TEC functions.

Subawards

Subawards or subcontracts are subject to the same oversight and reporting requirements as the parent award and implemented by the awarding TEC and are subject to verification during site visits, program audits, etc. The proposed TEC remains responsible for monitoring the subrecipient's overall performance to ensure the goals and objectives of the subaward are achieved.

Required evaluation

Evaluation and performance measurement help:

- Demonstrate that you have achieved program outcomes.
- Build a stronger evidence base for program interventions.
- Drive continuous program improvement.
- Determine whether program strategies are scalable and effective at reaching the intended populations.

Throughout the five-year period of performance, we will require you to:

- Report on performance measures.
- Develop, implement, and report the findings of your evaluation project.
- Incorporate evaluation and performance measures into your yearly reporting.

You will be required to collect and submit responses to specific data calls upon request.

Describe how you will:

- Identify potential sources of data.
- Collect data for the proposed project and activities. Collect data required for specific performance measures.
- Use evaluation findings to improve your program.
- Share evaluation findings with communities and other stakeholders.

We recommend that you review the [IHS Evaluation Policy](#). Also note that according to IHS's general evaluation policy, you are required to spend 5 to 10 percent of program funds to support local/national evaluation efforts. You should plan your budget proposals accordingly.

Required performance measures

You will need to report on the following performance measures annually. You will be responsible for gathering and analyzing the data for the performance measures and evaluation projects.

TEC Function 1: Collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the IHS, the Indian Tribes, Tribal Organizations, and UIOs in the service area.

See the [required activities section](#) for the complete descriptions of activities.

| Required activity | Required performance measure |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Develop periodic community health assessments (CHAs). | <ul style="list-style-type: none"> Number of CHAs completed. Number of communities included in CHAs. Number of TA instances supporting this activity. |
| b. Develop one or more community health improvement plans. | <ul style="list-style-type: none"> Number of health improvement plans developed. Number of stakeholders who receive plans. |
| c. Participate in local, regional, and national committees that address relevant public health priorities related to the relevant CHAs and CHIPs. | <ul style="list-style-type: none"> Instances of participation in committees. Number of non-routine meetings that include at least one awardee. Number of partnerships with stakeholder organizations. |
| d. Establish and/or maintain an advisory council to guide and direct the program. | <ul style="list-style-type: none"> Number of advisory council meetings held. Number of advisory council members. Number of public health departments represented. Number of communities represented. Number of TEC peer collaborations supported by council membership. |
| e. Translate available data and the results of your analyses on disease incidence, prevalence, and risk factors into useful products, messaging, and outreach. | <ul style="list-style-type: none"> Number of CHAs shared. Number of risk factors identified. Number of in-person outreach events or activities. Number of public health priorities identified. Number of digital impressions made through outreach. |

Outcome of function 1: Identify a baseline for health status objectives of I/T/Us in the service area.

TEC Function 2: Evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health.

| Required activity | Required performance measure |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Collaborate with Indian Tribes, Tribal organizations, and UIOs to provide information to the IHS on ways to improve the health status of Indians. | <ul style="list-style-type: none"> • Number of evaluation reports published. • Number of TA instances supporting this activity. |

Outcome of function 2: Identification of areas of improvement in delivery systems, data systems, and other systems that impact the Indian Health continuum of care.

TEC Function 3: Assist Indian Tribes, Tribal organizations, and UIOs in identifying the highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data.

| Required activity | Required performance measure |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Consult and share information with Tribal leaders, Urban Indian community leaders, and health staff about community health needs and health services. | <ul style="list-style-type: none"> • Number of consultations with I/T/U leaders. • Number of literature reviews performed. • Number of completed epidemiological studies published. • Number of completed epidemiological analyses reported back to the relevant stakeholders. • Number of interventions assessed for use in partner communities. • Number of TA instances supporting this activity. |

Outcome of function 3: Increased access to services in pursuit of the highest-priority health status objectives.

TEC Function 4: Make recommendations for the targeting of services needed by the populations served.

| Required activity | Required performance measure |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Provide the IHS with information on ways to target services needed by the service population. | <ul style="list-style-type: none"> Number of recommendations made to IHS in writing via the annual report. |
| b. Participate in an annual meeting (virtually or in person, per Project Officer's recommendation) to make recommendations and collaborate with peers. | <ul style="list-style-type: none"> Number of annual meetings attended at the IHS program officer's recommendation. |
| c. Work with providers of public health and related services to avoid duplicating existing services. Coordinate with providers to enhance the effectiveness of complementary services. | <ul style="list-style-type: none"> Number of public health and related services reviewed. Number of MOUs with peer organizations to coordinate services. Number of organizations consulted. |
| d. Assess the feasibility of your targeting recommendations. | <ul style="list-style-type: none"> Number of feasibility assessments of health care targeting improvements addressing individual and community needs. |

Outcome of function 4: Improved understanding of health care delivery system(s) for Indians.

TEC Function 5: Make recommendations to improve health care delivery systems for Indians and Urban Indians.

| Required activity | Required performance measure |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assess the feasibility of your recommended improvements. | <ul style="list-style-type: none"> Number of recommendations to improve the health care delivery system. Number of people estimated to be impacted by recommendations. Number of feasibility assessments of health care delivery system improvements. |

Outcome of Function 5: Improved understanding of health care delivery system for Indians and Urban Indians.

TEC Function 6: Provide requested TA to Indian Tribes, Tribal Organizations, and UIOs in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community.

| Required Activity | Required Performance Measure |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Respond to requests for TA, including data requests, from Tribal and Urban organizations, communities, or AI/AN individuals.</p> <p>Track and report on Government Performance and Results Act (GPRA) measures for the program.</p> | <ul style="list-style-type: none"> • Number of Tribes contacted for TA needs. • Number of TA needs identified. • Number of data assistance TA requests met. • Number of open trainings offered. • Number of closed TA sessions provided. • Number of communities served. • Number of topics TA is offered on. • Number of new or expanded public health programs or services provided directly by the organizations you assist. |
| <p>b. Design and conduct trainings and TA events to build Tribal public health capacity.</p> | <ul style="list-style-type: none"> • Number of Tribes contacted for TA needs. • Number of TA needs identified. • Number of data assistance TA requests met. • Number of open trainings offered. • Number of closed TA sessions provided. • Number of communities served. • Number of topics TA is offered on. • Number of new or expanded public health programs or services provided directly by the organizations you assist. |

Outcome of function 6: Improved knowledge of local health services among I/T/Us in the service area.

TEC Function 7: Provide disease surveillance and help Indian Tribes, Tribal Organizations, and Urban Indian communities to promote public health.

| Required activity | Required performance measure |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Conduct disease surveillance in partnership with Tribes, Tribal Organizations, and Urban Indian Communities in your service area.</p> | <ul style="list-style-type: none"> • Number of responses to outbreaks or recognition of newly emerged public health problems. • Number of communities served. • Number of evaluations conducted on community-driven public health interventions. • Number of TA instances supporting this activity. • Number of disease conditions reported to communities. • Number of new surveillance systems or approaches established. |
| <p>b. Support Tribal and UIO public health workforce development by offering training in core public health competencies and internship/training opportunities.</p> | <ul style="list-style-type: none"> • Number of trainings offered. • Percent of trainees reporting an increase in knowledge. • Number of topics covered. • Number of people trained. • Number of interns graduated. • Number of TA instances supporting this activity. |

Outcome of function 7: Increase knowledge of disease surveillance best practices among I/T/U staff in the service area.

Performance measures for optional activities

1. TEC annual meeting

See the [full description of the TEC annual meeting activities](#) in the program description.

| Optional activity | Performance measures | Outcome |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|
| <ul style="list-style-type: none"> Develop an agenda for the annual meeting of all recipients, in collaboration with TEC colleagues and IHS leadership. Find and manage the meeting space. Complete the necessary reports and authorizations. | Number of meetings held. | Increase in technology and knowledge transfer. |

2. Technical assistance for UIOs

See the [full description of the technical assistance for UIOs activity](#) in the program description.

| Optional activity | Performance measures | Outcome |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Provide training and TA on planning, conducting, and implementing community health needs assessment(s) to awardees and the IHS Office of Urban Indian Health Programs. Develop new community health profiles. Update existing community health profiles. Provide ongoing training and tutorials on how to interpret data, such as the Census and American Community Survey data. | <ul style="list-style-type: none"> Number of TA instances supporting this activity. Number of community health profiles developed. Number of community health profiles updated. The number of stakeholders to whom plans are disseminated. | Increase knowledge of public health best practices among UIO staff in the service area. |

3. Annual cancer survivorship leadership training

See the [full description of the annual cancer survivorship leadership training activity](#) in the program description.

| Optional activity | Performance measures | Outcome |
|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Organize and implement at least two three-day cancer support leadership training sessions for 15 to 25 AI/AN participants nationwide. | Participants' increase in knowledge and understanding of elements described above. | Improved participant understanding of the training's elements. |

4. Elder health and dementia activities to improve health care delivery systems

See the [full description of the elder health and dementia activity](#) in the program description.

| Optional activity | Performance measures | Outcome |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Establish data-sharing agreements and memorandums of understanding (MOUs) with local clinics and health systems, Tribal governments or organizations, and, in limited cases, state and federal agencies. Provide a comprehensive needs assessment for your TEC service area, including surveillance data, gaps, opportunities, and recommendations for improving local dementia care and services. Prepare and share a report of your findings by the end of the budget year. You will update this document in years three and five. | <ul style="list-style-type: none"> Number of I/T/U clinics and health systems involved. Number and types of local clinic and health system changes implemented as a result of project activities and recommendations. Number of patients and caregivers affected by data projects. Dementia prevalence and incidence at clinics and systems engaged in this work. | <p>These activities support several IHS program outcomes from the National Plan to Address Alzheimer's:</p> <ul style="list-style-type: none"> Use data to better understand Alzheimer's disease and related dementias and improve clinical systems of care. Strengthen the knowledge and ability of Indian health clinical teams and systems to meet the needs of this population and their caregivers. Improve detection, diagnosis, and care for Alzheimer's disease and related dementias in Tribal and Urban Indian health systems. |

5. Elder health and dementia grant training and TA support

See the [full description of the elder health and dementia grant training activity](#) in the program description.

| Optional activity | Performance measures | Outcome |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TA support to the IHS Alzheimer's Grant Program . | <ul style="list-style-type: none"> Number of TA instances for this activity. Number of communities served. Number of one-on-one grantee meetings. Number of participants at quarterly and other meetings. Grantee satisfaction, knowledge, and confidence. | <ul style="list-style-type: none"> Strengthen the knowledge, skills, and confidence of IHS Alzheimer's grantees to meet the needs of people with Alzheimer's disease and related dementias and their caregivers. Help grantees improve the detection, diagnosis, and care for Alzheimer's disease and related dementias in Tribal and Urban Indian health systems. |

6. Behavioral health reports on scope of data handling

See the [full description of this activity](#) in the program description.

| Optional activity | Performance measure | Outcome |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Create a regional Tribal data resource and guidebook. | <ul style="list-style-type: none"> Number of regional Tribal data resource and guidebooks published. Number of data systems sources included in the report. Number of surveys distributed, including title, primary audience, and response rate. Number and description of community and Tribal engagement activities. | To determine interest, capacity, and supports needed among Tribes, Tribal Organizations, UIOs, and Federal health care facilities serving the AI/AN population to participate in HHS behavioral health data, technology, interoperability, and information-sharing initiatives. |

7. Behavioral health Tribal communication and engagement

See the [full description of this activity](#) in the program description.

| Optional activity | Performance measure | Outcome |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Meet communication and engagement deliverables selected by IHS (TBA). | <ul style="list-style-type: none"> Number of regional Tribal data resource and guidebooks published. Number of data systems sources included in report. Number of surveys distributed, including title, primary audience, and response rate. Number and description of community and Tribal engagement activities. | To determine interest, capacity, and supports needed among Tribes, Tribal Organizations, UIOs, and Federal health care facilities serving the AI/AN population to participate in HHS behavioral health data, technology, interoperability, and information-sharing initiatives. |

8. Diabetes activities

See the [full description of the diabetes activities](#) in the program description.

| Optional activity | Performance measures | Outcome |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Provide TA on analysis and interpretation of diabetes-related data to the Urban Indian Health Organization (UIHO) Special Diabetes Program for Indians (SDPI) grantees to support their diabetes prevention and treatment services. Develop the annual Urban Diabetes Care and Outcomes Summary Report, which provides an overview of the UIHO data submitted into the IHS Diabetes Care and Outcomes Audit. These reports provide data on the diabetes care provided as well as the outcomes | <ul style="list-style-type: none"> Number of TA instances supporting this activity. Geographic distribution of TA instances supporting this activity. Completion and publication of annual report. | <ul style="list-style-type: none"> Improved use of data to support diabetes prevention and treatment services. Improved program-wide understanding and use of the IHS Diabetes Care and Outcomes Audit. |

| Optional activity | Performance measures | Outcome |
|---------------------------------------------------------------------------------------|----------------------|---------|
| achieved in the UIHO patient population, including identifying areas for improvement. | | |

Pre-conference award requirements

If you receive an award, you must follow the [Department of Health and Human Services \(HHS\) Policy on Promoting Efficient Spending](#): Use of Appropriated Funds for Conferences and Meeting Space, Food, Promotional Items, and Printing and Publications. This policy applies to funded conferences.

You will also provide additional information in your budget narrative. See [budget justification for conferences](#).

Cooperative agreement terms

Cooperative agreements use the same policies as grants. The difference is that IHS will have substantial involvement in the project during the entire period of performance. The next section describes our level of involvement.

Substantial agency involvement description for cooperative agreement

- IHS will consult with the funded TECs and provide TA to plan, implement, and evaluate all activities. We may consult and provide assistance on areas such as:
 - Assisting with overall operational planning.
 - Collecting and disseminating program-wide success stories and evaluation measures.
 - Using and managing data.
 - Planning for program capacity and sustainability.
 - Defining TA for GPRA measures.
 - Offering guidance on how to follow the program logic model accurately.
 - Conducting evaluations of program activities and reporting requirements to monitor your progress.
 - Assessing the feasibility of work plans, based on the budget and the goals of the award.

- Making sure you achieve outcomes within the timeframes. This could include working with you to adjust the work plan based on significant changes in the project environment, and monitoring your performance measures (both programmatic and financial) to ensure that your performance is satisfactory.
- We may conduct site visits to TECs and/or coordinate TEC visits with IHS to assess your work plans, confirm that you are complying with laws and regulations, assess your program activities, track your progress in achieving objectives, and resolve problems.
- We will provide access to IHS-held data, including from the Epidemiology Data Mart (EDM) or other IHS data sources, as authorized under applicable laws and policies.

Funding policies and limitations

Limitations

- Pre-award costs are allowable up to 90 days before the start date of the award, provided the costs are otherwise allowable if awarded. If you incur pre-award costs, you do so at your own risk.
- Recipients must apply the appropriate cost principles in 2 CFR Part 200 subpart E and Federal grants administration requirements based on their entity type. Additionally, entities receiving a subaward must also use the appropriate cost principles for their entity type, which may not be the same as those that apply to the recipient. Each entity must apply the appropriate cost principles consistently across all awards. See the [tribal subawards section of the attachments](#).

For guidance on some types of costs that we restrict or do not allow, see 2 CFR part 200, [General Provisions for Selected Items of Cost](#).

Policies

- Total award funds include both direct and indirect costs.
- Each applicant can receive only one award under this program.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.

- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2026, the salary rate limitation is \$228,000.

Program income

If you earn any money from your award-supported project activities (known as program income), you must use it for the purposes and under the conditions of the award. Find more about program income at [2 CFR 200.307](#).

Indirect costs

Indirect costs are those shared across multiple projects and not easily separated.

To charge indirect costs, you can select one of two methods:

Method 1 — Approved rate. If you currently have an indirect cost rate approved by your cognizant Federal agency, you may use that rate.

Usually, IHS recipients negotiate their rates with the [HHS Division of Cost Allocation](#) or the Department of the Interior, [Interior Business Center](#). For questions about the indirect cost policy, write to DGM@ihs.gov.

Method 2 — *De minimis* rate. If you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate may be up to 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

If you choose this method, you must not charge costs included in the indirect cost pool as direct costs.

Statutory authority

This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and the Indian Health Care Improvement Act (IHCIA), as amended, 25 U.S.C. 1621m.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.



Step 2: Get Ready to Apply

In this step

| | |
|------------------------------|---------------------------|
| Get registered | <u>34</u> |
| Find the application package | <u>35</u> |

Get registered

You must be registered in both SAM.gov and Grants.gov to apply. You can review the requirements and get started on developing your application before your registrations are complete.

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations \[PDF\]](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Need help? See [Contacts and Support](#).

Find the application package

The application package has all the forms you need to apply. You can find it at [this NOFO's Grants.gov opportunity page](#).

We recommend that you select the Subscribe button from the View Grant Opportunity page for this NOFO to get updates.

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for assistance.



Step 3:

Build Your Application

In this step

| | |
|---------------------------------|-----------|
| Application checklist | <u>37</u> |
| Application contents and format | <u>39</u> |

Application checklist

This checklist includes every component you will need to submit a complete application:

Narratives

| Component | Form to use | Page limit |
|------------------------------------------------------------|-----------------------------------|------------|
| <input type="checkbox"/> Project summary | Project Abstract summary form | 1 page |
| <input type="checkbox"/> Project narrative | Project Narrative attachment form | 10 pages |
| <input type="checkbox"/> Budget narrative | Budget Narrative attachment form | 5 pages |

Attachments

Insert each in a single Other Attachments form. These are required components unless noted otherwise.

| Component | Page limit |
|-------------------------------------------------------------------------|------------|
| <input type="checkbox"/> Tribal resolution | None |
| <input type="checkbox"/> Work plan chart | None |
| <input type="checkbox"/> Activities confirmation checklist (optional) | None |
| <input type="checkbox"/> Proof of nonprofit status | None |
| <input type="checkbox"/> Indirect cost agreement | None |
| <input type="checkbox"/> Biographical sketches | None |
| <input type="checkbox"/> Letters of support (optional) | None |
| <input type="checkbox"/> Tribal subawards (optional) | None |
| <input type="checkbox"/> Multi-year requirements (optional) | None |
| <input type="checkbox"/> Logic model | None |
| <input type="checkbox"/> Map (optional) | None |
| <input type="checkbox"/> Position descriptions for key staff (optional) | None |
| <input type="checkbox"/> Audit documentation | None |

Other required forms

Upload using each required Grants.gov form.

| Component | Page limit |
|-------------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> Application for Federal Assistance (SF-424) | None |
| <input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A) | None |
| <input type="checkbox"/> Project/Performance Site Location | None |
| <input type="checkbox"/> Grants.gov Lobbying Form | None |
| <input type="checkbox"/> Key Contacts | None |
| <input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL) | None |

Application contents and format

Applications include narratives, attachments, and other required forms. This section includes guidance on each.

Your organization's authorized official must certify your application.

We will provide instructions on document formats in the following sections.

If you do not provide the required documents, your application is incomplete. See [completeness and responsiveness criteria](#) to understand what may disqualify your application from consideration.

You must provide an evaluation and performance measurement plan with your application. Use the required performance measures listed under "Required Performance Measures." Identify any types of evaluations you will use and how you will collaborate with partners to collect the data and complete the evaluation.

Project summary

Provide a self-contained summary of your proposed project, including the purpose and expected outcomes. Do not include any proprietary or confidential information. We use this information when we receive public information requests about funded projects.

Required format for project and budget narrative

Font size: 12-point font

Footnotes, tables, and text in graphics may be 10-point.

Font color: Black

Spacing: Single-spaced

Margins: 1-inch

Size: 8.5 by 11 inches

Include consecutive page numbers.

Formats: While the forms for project and budget narratives are PDF, you may upload Word, Excel, or PDF files to those forms.

Project narrative

Page limit: 10 pages

File name: Project narrative

To create your project narrative:

- Follow the headings in the project narrative components table in order.
- Use the scoring criteria in this section to determine what you need to include.
- Describe your proposed project and activities for the full period of performance.
- Stay within the overall page limit. If you exceed the page limit, we will not consider your application. We recommend page limits for subsections in the table, but they are guidance only.

Table: Project narrative components

| Component | Recommended page limit | Points |
|----------------------------------------------------------------|------------------------|-----------|
| Introduction and need for assistance | 2 pages | 10 points |
| Project objectives, work plan, and approach | 4 pages | 35 points |
| Program evaluation | 2 pages | 20 points |
| Organizational capabilities, key personnel, and qualifications | 2 pages | 15 points |

Project narrative scoring criteria

Introduction and need for assistance

Maximum points: 10

Recommended page limit: 2 pages

- Provide the physical location of the TEC and area that your program will serve. Show how you will serve the majority of at least one of the IHS Service Areas or the Urban Consolidated Area.
- See the [IHS Service Areas](#), listed on the IHS website.
- The Urban Consolidated Area is the counties served by the Urban Indian Organizations (UIO) with current Title V Indian Health Care Improvement Act contracts with the IHS.
- If any of your proposed activities address more than one function, identify the most relevant function and assign measurable outcomes.

- Briefly describe the needs of the Area's population that your project plans to address. Reviewers will score your application on the strength and specificity of this description.
- Describe the user population you will serve. Show that you will serve AI/AN people, and substantiate this through documentation describing IHS user populations, U.S. Census Bureau data, clinical catchment data, or any method that is scientifically and epidemiologically valid.
- Demonstrate cooperation from Indian tribes or Urban Indian organizations in the area you will serve. You must include Tribal resolutions as evidence of your cooperation with Tribes. See the [Tribal resolution section in the attachments](#).
 - This does not replace the eligibility requirement that you must represent or serve a population of at least 60,000 AI/AN people or 70% of the Tribal governments in the Area.
 - The higher your proportion of documented Tribal support, the higher your score will be on this section.

Project objectives, work plan, and approach

Maximum points: 35

Recommended page limit: 4 pages

Logic model (15 points)

- Using the provided [template](#), submit a tailored, program-specific logic model that expands upon the framework included in this funding announcement, incorporating all required activities and outputs.
- If you are applying for optional activities, include in your logic model the specific activities, outputs, and outcomes you aim to achieve.

Work plan and activities (20 points)

- Using the provided [work plan chart template](#), submit a detailed, descriptive work plan for each of the 7 TEC functions that includes goals, approach, including specific activities, timeline/due date, and person(s) responsible for each goal.
- If you are applying for optional activities, your work plan must also incorporate goals, activities, timeline/due date, and the person responsible for each activity.
- You must document your experience providing TA to Federal grant recipients.

If you are planning to use subawards, you must demonstrate that the proposed sub-awardee activities align to your overall proposed goals and objectives as well as the 7 TEC functions.

Program evaluation

Maximum points: 20

Recommended page limit: 2 pages

- Explain how you will determine whether the needs you identified are being met and if you are achieving the outcomes you identified, including all optional proposed activities.
- Describe how you will specifically address the required performance measures and outcomes in your application.
- Describe how you will share evaluation findings with communities and stakeholders (5 points).
- Describe how you will collect the required performance measures and GPRA measures, including potential sources of data (5 points).
- Identify any types of evaluation that you will use and how you will engage key partners (5 points).
- Describe how you will use evaluation findings for continuous program quality improvement (5 points).
- If you are proposing subawards or subcontracts, describe the oversight and evaluation activities the TEC will conduct.
- Your proposal must describe how you will maintain substantive involvement in your subrecipient's work and describe how the subrecipient's work supports at least one of the seven TEC functions. Support letters and/or letters of commitment from proposed subrecipients must indicate their awareness of and willingness to comply with these requirements should an award be issued.
- Describe how the subawardee will collect the TEC Program GPRA measures. See the description of these measures in the [required activities section](#).

Organizational capabilities, key personnel, and qualifications

Maximum points: 15

Recommended page limit: 2 pages

Expertise (3 points)

- Describe how you have or will promptly build the technical, administrative, and financial expertise necessary to carry out the seven functions and all required activities.

Past performance (2 points)

- Describe your organization's past performance serving this population over the last five years for proposed activities (required and optional), if applicable.

Organizational management (5 points)

- Describe the ability of your organization to manage a program of the proposed scope.

Organizational structure (5 points)

- Explain both the management and administrative structure of your organization, including documentation of current certified financial management systems from the Bureau of Indian Affairs, IHS, or a Certified Public Accountant.

Budget narrative

Page limit: 5 pages

File name: Budget narrative

Maximum Points: 5

The budget narrative supports the information you provide in Standard Form 424-A. See [other required forms](#).

It includes added detail and justifies the costs you request. As you develop your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

If your proposed budget includes subawards, ensure the following:

- The total proposed amount of subawards may not exceed 25% of the budget per year or over the entire project period.
- Only the first \$50,000 of each subaward may be included in the MTDC calculation.
- In the budget narrative, describe for each subaward:
 - How the subaward costs achieve the project's proposed objectives.
 - How you calculated or arrived at the cost.

Be sure to do the following in your budget narrative:

- Show each line item in your SF-424A, organized by budget category.
- Provide the information for the entire period of performance, broken down by year.
- For each line item, describe:
 - How the costs support achieving the project's proposed objectives.
 - How you calculated or arrived at the cost.
- Take care to explain each item in the "other" category and why you need it.
- Do not use the budget narrative to expand your project narrative.
- Do not exceed the funding range.
- Do not exceed the page limit.

A spreadsheet that provides more detail than the SF-424A can be included and will not count toward the page limit.

Budget justification for conferences

You must provide a separate detailed budget justification for each conference you anticipate. In your justification, you must address these cost categories:

- Contract or planner.
- Meeting space or venue.
- Registration website.
- Audiovisual.
- Speakers' fees.
- Non-Federal attendee travel.
- Registration fees.
- Other.

Budget scoring criteria

Maximum points: 15

The scoring for the Categorical Budget only applies to Year 1.

- Justify each line item in the budget, including sufficient cost and other details to help us determine cost allowance and relevance of these costs to the proposed project. The funds you request should be appropriate and necessary for the scope of the project. Be aware of budget limits.
- If you are proposing subawards or subcontracts, provide a summary table showing the proportion of funding you and your subawardees will implement.

Attachments

You will upload attachments in Grants.gov using a single Other Attachments Form.

Tribal resolution

If you are a Tribe or Tribal Organization applicant, you must submit an official, signed Tribal Resolution before we can issue an award. You must submit a final or draft resolution with your application. Failure to submit a final or draft tribal resolution means we will not consider your application for funding.

If your application is selected for award, we will contact you to let you know a final Tribal Resolution must be submitted to the Division of Grants Management and give you a due date. If the resolution is not received by that due date, an award will not be issued.

If you propose serving more than one Tribe, you must submit a resolution from each.

If your organization has a governing structure other than a Tribal council, you may substitute an equivalent document, such as a letter of support or letter of commitment. Please include documentation that explains and justifies the substitution.

Work plan chart

Attach a high-level work plan chart that summarizes your activities and outcomes.

The work plan should include activities for the entire period of performance. Also include a timeline or due date and the person responsible for each function and goal.

Sample work plan template

Objective: This is the first objective from your Logic Model.

| Detailed activities you will implement (Specific) | Progress or process measures (Measurable) | Annual outcomes (Achievable and realistic) | Responsible position or party | Completion date (Time-bound) |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|
| 1. This is step one to fulfill your first objective. Combined, these steps will complete each function's required activities. | How will you know if this step is completed? This may or may not align with your logic model outputs. | What is different when this step is completed? This may or may not align with your short-term logic model outcomes. | Who is accountable for completing this step? | When do you think this step will be completed? |
| 2. This is step two to fulfill your first objective. Combined, these steps will complete each function's required activities. | How will you know if this step is completed? This may or may not align with your logic model outputs. | What is different when this step is completed? This may or may not align with your short-term logic model outcomes. | Who is accountable for completing this step? | When do you think this step will be completed? |
| 3. This is step three to fulfill your first objective. Combined, these steps will complete each function's required activities. | How will you know if this step is completed? This may or may not align with your logic model outputs. | What is different when this step is completed? This may or may not align with your short-term logic model outcomes. | Who is accountable for completing this step? | When do you think this step will be completed? |

Activities materials (Optional)

To apply for an optional activity, list which of the following activities you have selected for your program.

- TEC annual meeting
- TA for UIOs
- Annual cancer survivorship leadership training
- Elder health and dementia activities to improve health care delivery systems
- Elder health and dementia grant training and TA support
- Behavioral Health Reports on Scope of Data Handling

- Behavioral Health Tribal Communication and Engagement
- Diabetes activities

Proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of these for a parent organization. Also include a statement signed by an official of the parent group stating that your organization is a nonprofit affiliate.

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

Biographical sketches

For key personnel, attach biographical sketches for positions that are filled. If a position isn't filled, attach a short description of the position and its qualifications.

Letters of support (optional)

Attach letters of support from your organization's board of directors, if relevant, and for any key partners collaborating and named in your proposal.

Tribal subawards (optional)

If you are subawarding funds, describe the proposed scope of work and include a letter of commitment if you have an established relationship with the subawardee.

Multi-year requirements (optional)

Include a brief project narrative and budget (one additional page per year) addressing your initial plans for each additional year of the project.

Logic model

Submit a logic model showing your plan. The logic model must include all the required performance measures.

Map (optional)

Provide a map showing your organization's physical location and the area you will serve.

Position descriptions for key staff (optional)

Provide position descriptions of key personnel, including consultants, contractors, and subrecipient project directors. Describe each position and its duties clearly, indicating the qualifications and experience necessary for the project. Resumes should indicate that the proposed staff is qualified to carry out the project activities.

Audit documentation

You must provide documentation of required audits. You can submit either of the following:

- Email confirmation from the Federal Audit Clearinghouse (FAC) showing that you submitted the audits.
- Face sheets from audit reports. You can find these on the [FAC website](#).

Missing or delinquent audits will disqualify your application from consideration.

Other required forms

You will need to complete some required forms. Upload the standard forms listed here at Grants.gov. You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

| Forms | Submission Requirement |
|------------------------------------------------------------|--------------------------------------|
| Application for Federal Assistance (SF-424) | With application. |
| Budget Information for Non-Construction Programs (SF-424A) | With application. |
| Project/Performance Site Location | With application |
| Grants.gov Lobbying Form | With application. |
| Key Contacts | With application |
| Disclosure of Lobbying Activities (SF-LLL) | If applicable, with the application. |

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the Federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples \[PDF\]](#).



Step 4:

Learn About Review and Award

In this step

Application review

51

Application review

Initial review

We will review your application to make sure that it meets both the [completeness criteria](#) and the [responsiveness criteria](#). If your application does not meet these criteria, we will not move it to the merit review phase.

Scoring process

The Review Committee reviews all applications that pass the initial review. The members use the criteria in the [project narrative](#) and [budget narrative](#) sections in Step 3.

We will send your authorized official an Executive Summary Statement within 30 days after we complete reviews. This statement will outline the strengths and weaknesses of your application.

Criteria summary

| Criterion | Total number of points = 100 |
|-------------------------------------------------------------------|------------------------------|
| 1. Introduction and need for assistance | 10 points |
| 2. Project objectives, work plan, and approach | 35 points |
| 3. Program evaluation | 20 points |
| 4. Organizational capabilities, key personnel, and qualifications | 15 points |
| 5. Budget narrative and categorical budget | 20 points |

We do not consider voluntary cost sharing during scoring.

Risk review

Before making an award, we review the risk that you will mismanage federal funds or fail to complete the project objectives. We need to make sure you've handled any past federal awards well and demonstrated sound business practices.

We use [SAM.gov](https://sam.gov) Responsibility/Qualification to check this history for all awards likely to be over \$250,000. We also check Exclusions.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

You can see more details about risk review at [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions, but are not the only factor.
- The larger portfolio of agency-funded projects, including the project type and geographic distribution.
- The past performance of the applicant. We may choose not to fund applicants with management or financial problems.
- We may:
 - Fund applications in whole or in part.
 - Fund applications at a lower amount than requested.
 - Decide not to allow a recipient to subaward if they may not be able to monitor and manage subrecipients properly.
 - Choose to fund no applications under this NOFO.

Award notices

After we review and select applications for award, we will let you know the outcome.

Unsuccessful applications

We will email you or write you a letter if your application is disqualified or unsuccessful.

Approved but unfunded applications

It is possible that we could approve your application, but don't have enough funds to make an award. If so, we will hold your application for one year. If funding becomes available during the year, we may reconsider funding your application.

Approved applications

If you are successful, we will create a Notice of Award (NoA). You will need a [GrantSolutions](#) user account to retrieve your NoA.

The NoA is the only official award document. The NoA tells you about the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

By drawing down funds, you accept the terms and conditions of the award. The award incorporates the requirements of the program and funding authorities, the grant regulations, the GPS, and the NOFO.



Step 5: Submit Your Application

In this step

Application submission and deadlines [55](#)

Application submission and deadlines

See [find the application package](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See [get registered](#). You will have to maintain your registration throughout the life of any award.

Deadlines

Application

You must submit your application by July 13, 2026, at 11:59 p.m. ET.

See [exemptions for paper submissions](#).

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Process

You must submit your application through Grants.gov. [See get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#). Make sure that your application passes the Grants.gov validation checks or we may not get it. Do not encrypt, zip, or password-protect any files.

See [Contacts and Support](#) if you need help.

Exemptions

If you cannot submit through Grants.gov, you must request a waiver before the application due date. Send your waiver request to DGM@ihs.gov. Include a clear justification for your need to deviate from the required application submission process. Failure to register in SAM.gov or Grants.gov in a timely manner is not cause for a waiver. We will not accept applications outside of Grants.gov without an approved waiver.

We will email you if we approve your waiver. This notification will include submission instructions. If we approve your waiver, we must receive your application by 5 pm ET on the application deadline.

Intergovernmental review

[Executive Order 12372, Intergovernmental Review of Federal Programs](#) does not apply to this NOFO. You do not need to take any action.



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration [58](#)

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award. We incorporate this NOFO by reference.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in 2 CFR 300.
- The HHS [Grants Policy Statement \(GPS\)](#). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All Federal statutes and regulations relevant to Federal financial assistance, including those highlighted in the [HHS Administrative and National Policy Requirements](#).
- All antidiscrimination laws: By applying for or accepting Federal funds from HHS, recipients certify compliance with all Federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving Federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Reporting

If you receive an award, you will have to submit financial and performance reports and possibly reports on specific types of activities. Your NOA outlines the specific requirements and deadlines. To learn more about reporting, see:

- [Performance Progress Reports](#)
- [Progress Report Requirements](#)
- [Financial Reporting](#)

If your award includes funds for a conference, you must submit a report for all conferences.

If you don't submit your reports on time, we could:

- Suspend or terminate your award.
- Withhold payments.
- Move you to a reimbursement payment method.
- Withhold future awards.
- Take other enforcement actions.
- Impose special award conditions if the situation continues.



Contacts and Support

In this step

| | |
|--------------------|--------------------|
| Agency contacts | 61 |
| Help with systems | 61 |
| GrantSolutions | 61 |
| Reference websites | 62 |

Agency contacts

Program and eligibility

Lisa Neel

240-460-2132

lisa.neel@ihs.gov

Grants management and financial

DGM@ihs.gov

Review process and application status

DGM@ihs.gov

Help with systems

Grants.gov

Grants.gov provides 24/7 support. Hold on to your ticket number.

- Phone: 1-800-518-4726
- Email: support@grants.gov

If problems persist, contact the Office of Grants Management at DGM@ihs.gov at least 10 days before the application due date.

SAM.gov

If you need help, you can:

- Call 866-606-8220.
- Live chat with the [Federal Service Desk](#).

GrantSolutions

For help, contact the GrantSolutions help desk:

- Phone: 866-577-0771
- E-mail: help@grantsolutions.gov.

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Division of Grants Management | Indian Health Service \(IHS\)](#)
- [Grants Training Tools | Division of Grants Management \(ihs.gov\)](#)
- [Grants.gov Accessibility Information](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)