Division of Oral Health

Dental Preventive and Clinical Support Program

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

Contents

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 October 10, 2025.

> 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

Indian Health Service (IHS)

Division of Oral Health

Achieving measurable oral health outcomes in American Indian and Alaska Native communities.

Summary

The purpose of the Dental Preventive and Clinical Support Center Program is to combine existing resources and infrastructure with IHS Headquarters, IHS Area resources, and dental support centers to address broad challenges and opportunities in the dental field. Through collaborative efforts with the IHS Division of Oral Health (DOH), the dental support centers will address two priority goals:

- Supporting, guiding, training, and enhancing IHS/Tribal/Urban (I/T/U) dental programs within their Area(s).
- Ensuring that the services of the support centers and the I/T/U/ dental programs result in documented and measurable improvements or outcomes in the oral health of the American Indian and Alaska Native (AI/AN) patients served.

The primary function of a support center is not to provide clinical care but rather to support clinical care by promoting oral health initiatives, training, supporting oral health screenings, and providing materials. Projects will focus on support for dental programs in a specific region or Area, rather than focusing on one locale or on clinical or preventive care alone. Well-designed support centers will improve and document oral health outcomes for communities, by promoting IHS DOH oral health initiatives to oral health programs.

Have questions?
See [Contacts and Support](#).

Key facts

Opportunity name:
Dental Preventive and Clinical Support Program

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

Assistance listing:
93.933

NOFO version:
Original

Key dates

Application submission deadline:
October 10, 2025

Expected award date:
December 1, 2025

Expected earliest start date:
December 1, 2025

See [other submissions](#) for other time frames that may apply to this NOFO.

Funding details

Type: Grant

Competition Type: New

Expected total program funding: $2,700,000

Expected number of awards: 6

Funding range per applicant: $400,000 to $440,000

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

Funding for subsequent budget periods will depend on an IHS Division of Oral Health objective annual evaluation of the:

- Services and support provided to the dental program.
- Methods used to influence oral health.
- Details of your evaluation.
- Progress toward your program's outputs and outcomes.

For example, this could include improved oral health status or details of at least two specific outcomes supported by data, based on your activities.

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

Eligibility

Eligible applicants

Only these types of organizations may apply:

Federally recognized Indian Tribes

An Indian Tribe as defined by [25 U.S.C. 1603(14)](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)](25 U.S.C. 1603(26)), which refers to the definition in section 4 of the Indian Self-Determination and Education Assistance Act ([25 U.S.C. 5304](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. See attachments.

Urban Indian organizations

Urban Indian organization, as defined by [25 U.S.C. 1603(29)](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. See attachments.

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 can't later fund you under a subsequent opportunity for the same program while this award is active.

- Tribes prohibited under the Alaska Moratorium from receiving funds pursuant to the ISDEAA may not apply.

See statutory authority.

Other eligibility criteria

Only one program per IHS geographic Area will be selected; However, multiple Areas may combine to develop a regional program.

Completeness and responsiveness criteria

We will review your application to make sure it meets these requirements.

- Is from an organization that meets all eligibility criteria.

- Does not request funding above the award ceiling shown in the funding range.

- Is not submitted after the deadline.

- Includes a draft or final tribal resolution.

Application limits

- Only one grant will be awarded per applicant.

- Applicants may submit multiple applications, but only the last one will be accepted.

- Only one award will be made to any one IHS Area or region. We encourage organizations in the same area to share resources to produce one collaborative proposal, rather than competing with each other.

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 won't 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

IHS first launched the Dental Clinical and Preventive Support Centers in 2000 to address some of the most serious and longstanding challenges to high quality dental care in American Indian and Alaska Native communities. In recent years, the centers have helped IHS achieve dental health performance goals which demonstrated improvements in the quality of dental care provided.

Dental programs operate most effectively when their personnel have the necessary training and resources to provide excellent care for our patients. This funding represents our continued commitment of resources to meeting these critical needs. Due to their efforts on oral health promotion and disease prevention activities over the past two decades, one in three American Indian and Alaska Native children receive the protective benefit of fluoride varnish each year, and one in six children have received dental sealants that help prevent tooth decay. These collaborative efforts by the Dental Clinical and Preventive Support Centers and over 300 IHS, tribal, and urban dental programs have led to a 5% decrease in Native children who have ever had cavities, a 20% decrease in children with unfilled cavities, and a 10% decrease in Native adults having gum disease.

Purpose

The purpose of the IHS Dental Preventive and Clinical Support grant program is to combine existing resources and infrastructure with IHS Headquarters and IHS Area resources to address the broad challenges and opportunities in dental programs that provide care to AI/AN communities. The dental support centers will address two priority goals:

- Supporting, guiding, training, and enhancing I/T/U dental programs within their Areas.
- Ensuring that the services of the support centers and the I/T/U/ dental programs result in measurable improvements and outcomes in the oral health of the AI/AN patients served.

To address these two goals, recipients must maintain a strong, collaborative working relationship with the IHS Headquarters Division of Oral Health (DOH) and the Area Dental Director or Area Dental Officer. Recipients must also document improvements to oral health. In short, support centers will empower the dental

programs they serve, and improve oral health outcomes through the guidance, training, and support services they provide.

Project activities

Centers are required to provide technical assistance and resources for local and area clinic and community-based oral health promotion and disease prevention initiatives.

Centers are required to produce and document measurable health outcomes. The activities, guidance, and services that the support centers provide to area dental programs must lead to meaningful and measurable improvements in the oral health status of American Indian and Alaska Native (AI/AN) patients. Proposals must describe practical and feasible plans to improve health outcomes and include periodic evaluations of the outcomes by objective reviewers with no conflict of interest. The dental support centers will improve the oral health of AI/AN patients through their services, guidance, and collaboration with the IHS dental program.

Logic model

You may choose your goals and activities from the following logic model, and/or suggest additional activities and goals with methods for measuring and documenting outcomes.

Project Categories	Activities	Outputs	Outcomes
Training/Certification	• Provision of National Continuing Dental (CDE) Education Credits • Dental Health Aide Program • Courses for expanded-function dental assistants • Radiology certifications	• Number of persons trained • Number of certifications awarded • Number or trainings provided • Number of CDE courses provided • Number of CDE hours awarded	• Improved accreditation survey ratings • Increase in provider skills and scope of treatment • Increase in clinical efficiency
Community outreach	• Senior centers • Schools • Community events and gatherings	• Number of schools visited	• Increased oral health IQ of communities

Project Categories	Activities	Outputs	Outcomes
		• Number of senior centers visited • Number of community events and gatherings attended	• Increased awareness of community needs • Increase in opportunities for collaboration with other care disciplines
Oral health promotion and disease prevention	• Health education/ Development of education materials • Sealant application trainings • Area leads for IHS oral health surveillance • Community based promotion • Community based prevention	• Number of patients educated in self-care/nutrition • Number of people reached with prevention information and/or materials • Number of sealants • Number of oral health screenings	• Decrease in Early Childhood Caries (ECC) • Decrease in untreated decay • Increase in adult periodontal health • Increase in dental appointments/ screenings • Increase in clinical effectiveness
Support and guidance	• Site visits to dental clinics • Oral health surveillance training • Promotion of Oral Health Status Measures (OHSM) at each visit • Use of data-driven oral health initiatives • Supplies and materials	• Number of visits to dental clinics • Number of Oral Health Surveillance trainings conducted • Number of calibrated providers conducting oral health surveillance • OHSM regularly recorded at visits • Clinics receive materials/ supplies they are trained to use	• Increased capacity of dental clinics • Data-driven oral health initiatives • Increased clinical efficiency

Other required activities

Centers are required to send one or more representatives to the national support centers' project meetings and National Dental Updates convened by IHS HQ DOH. These meetings will be held approximately once every three years. The DOH will communicate closely with all centers about these meetings. All centers must reserve funding to send one or more representatives to these meetings.

Centers are required to promote the coordination of research, demonstration projects, and studies about the causes, diagnosis, treatment, control, and prevention of oral disease. You may do this by collecting, analyzing, and sharing data, or other methodology approved by the IHS HQ DOH. You may also do this by supporting field programs working on demonstration projects.

Encouraged activities

Centers are encouraged to collaborate with IHS HQ DOH on national initiatives, such as:

- Efforts to reduce early childhood caries.
- Promoting and facilitating the annual Basic Screening Surveys (BSS).
- Promoting the goals of the Government Performance and Results Act (GPRA).
- Achieving annual GPRA targets.
- Participating in other national initiatives.

Centers will share information and work products proactively with other Areas and support centers. You do not need to provide large quantities of work products for free, but you will be expected to share examples of work products widely.

Centers are encouraged to provide technical assistance and resources for local and area clinical programs.

Centers are encouraged to communicate frequently with their Area Dental Officer (ADO) to closely coordinate activities and initiatives. Centers are encouraged to amplify impact and increase effectiveness by coordinating with the ADO.

Centers are encouraged to provide technical assistance and resources for continuing education opportunities, including annual area-wide meetings for area dental personnel.

Centers are encouraged to address oral health status on a local, area-wide, or regional level. Interventions must include an assessment of outcomes in addition to the process. That is, you must assess the actual prevalence of disease over the course of the intervention, in addition to assessing the activities, services, and

products you provide to clients. You do not have to use original data if other appropriate data is available, such as BSS data.

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.

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.
- The purchase of food is not an allowable cost.

For guidance on some types of costs that we restrict or do not allow, see 2 CFR part 200 subpart E, General Provisions for Selected Items of Cost. See also program-specific limitations.

Policies

We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.

- 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 2025, the salary rate limitation is $225,700.

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 is 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 25 U.S.C. § 1601 et seq., the Indian Health Care Improvement Act (IHCIA).

> ### 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

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 select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations](#) 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

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

Narratives

Component	How to upload	Page limit
☐ **Project summary**	Use the Project Abstract Summary form.	1 page
☐ **Project narrative**	Use the Project Narrative Attachment form.	10 pages
☐ **Budget narrative**	Use the Budget Narrative Attachment form.	5 pages

Attachments

Insert each in a single Other Attachments form.

Component	Page limit
☐ Tribal resolution	None
☐ Work plan chart	None
☐ Proof of nonprofit status	None
☐ Indirect cost agreement	None
☐ Biographical sketches	None
☐ Letters of support	None
☐ Audit documentation	None
☐ Multiyear project budget	None

Other required forms

Upload using each required Grants.gov form.

Component	Page limit
☐ Application for Federal Assistance (SF-424)	None
☐ Budget Information for Non-Construction Programs (SF-424A)	None
☐ Project/Performance Site Location	None
☐ Grants.gov Lobbying Form	None
☐ Key Contacts	None
☐ 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 don't provide the required documents, your application is incomplete. See completeness and responsiveness criteria to understand what may disqualify your application from consideration.

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

Filename: 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, or we will remove pages beyond that. We recommend page limits for subsections in the table, but they are guidance only.

Table: Project narrative components

Heading	Recommended page limit	Points
Introduction and need for assistance	2 pages	10 points
Project objectives, work plan, and approach	4 pages	30 points
Program evaluation	2 pages	30 points
Organizational capabilities, key personnel, and qualifications	2 pages	10 points

Project narrative scoring criteria

Introduction and need for assistance

Maximum points: 10

Reviewers will assess how well you:

- Justify the need for a support center. Discuss needs in your Area or Region that would likely not be addressed, and oral health outcomes that would likely not be achieved, without the services and guidance of a support center.
- Describe how you will periodically assess the needs of the dental programs you serve.
  - Describe how you will systematically assess the needs of the dental personnel throughout the Area or Region to make sure you are responding to these needs.

- Describe how you will conduct initial and periodic recurring structured needs assessments or other reviews of the needs of the dental personnel you serve.

- Either document the assessed and perceived needs of the Area dental personnel, or outline how you will assess Area needs.

- If you are proposing a new center, or if your center does not have a comprehensive needs assessment from the past three years, outline a plan for an assessment that you will complete within the first nine months of the grant period of performance.

- If you have a comprehensive assessment of perceived needs less than three years old, summarize the results of that survey and outline a plan to complete a new assessment within the first three years of the five-year funding cycle.

We highly recommend continuing to assess needs frequently through feedback from a steering committee or other means.

Project objectives, work plan, and approach

Maximum points: 30

- Explain how you will provide technical assistance and resources for local and area clinic-based and community-based oral health promotion and disease prevention initiatives.

- Explain how you will produce and document positive health outcomes.

  - Describe how you will structure the activities, guidance, and services you provide to area dental programs so they will lead to meaningful and measurable improvements in the oral health status of AI/AN patients.

  - Describe practical and feasible plans to improve health outcomes.

  - Show how your services, guidance, and collaboration with the IHS dental program will improve the oral health of AI/AN patients.

- We strongly encourage you to include in your application an evaluation of the oral health outcomes of IHS dental program practices and initiatives from recent years. If you include such an evaluation, your application will receive a competitive advantage in the scoring process.

  - This assessment of outcomes could include any of several measures of value for services delivered, including actual patient outcomes.

  - Examples of patient outcomes include measurable improvements to oral health or the need for additional restorative care within an intermediate time frame after the care was first provided.

- Describe how you will help coordinate research, demonstration projects, and studies about the causes, diagnosis, treatment, control, and prevention of oral disease.

- Describe whether and how you will collaborate with DOH on national initiatives.

- Describe how you will share information and work products proactively with other Areas and support centers.

- Describe how you will provide technical assistance and resources for local and Area clinical programs.

- Describe how you will communicate frequently with your ADO to closely coordinate activities and initiatives.

- If applicable, describe how you will provide technical assistance and resources for continuing education opportunities.

- Describe how you will address oral health status on a local, Area-wide , or regional level. Explain how you will assess outcomes in addition to process.

Program evaluation

Maximum points: 30

- Identify measurable goals and objectives, along with plans and methods for reporting these outcomes.

- Describe how you will objectively evaluate your efforts and progress toward goals.

- Describe how you will assess and document changes to selected oral health outcomes over time.

Organizational capabilities, key personnel, and qualifications

Maximum points: 10

- Document your organizational capabilities, and how you will use these capabilities to address program goals and objectives.

- List key personnel and contractors. Describe their qualifications. If a key position is not currently occupied, describe the desired qualifications of the position.

Budget narrative

Page limit: 5

Filename: Budget narrative

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 ask for. 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](#).
- The scoring criteria in this section.

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.

If you like, you can also include a spreadsheet that provides more detail than the SF-424A. If you do, we won't count it 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

Categorical budget and budget justification

Maximum points: 20

- Provide a detailed proposed budget for the first year of operation.
- Provide a line-item budget justification and narrative where you justify all line items or categories of proposed expenditures and connect them to specific goals and objectives.
- Identify all contractors and their roles.
- Include funding to send one or more representatives to national dental support center project meetings and the National Dental Updates convened by IHS HQ DOH.
- Include a brief budget addressing the developmental plans for each additional year of the project.

Attachments

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

Tribal Resolution

If you are a Tribal or Tribal Organization applicant, you must submit an official, signed Tribal Resolution before we can issue an award. You may submit a final or draft resolution with your application. 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 explaining and justifying the substitution.

Work plan chart

Attach a one-page work plan chart or timetable that summarizes the work plan in your project description by outlining your activities and outcomes.

The work plan should include activities for the entire period of performance.

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 the above 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 and contractors, 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

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

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.

Multi-year project requirements

Applications must include a brief project narrative and budget (one additional page per year) addressing the developmental plans for each additional year of the project. This attachment will not count as part of the project narrative or the budget narrative.

Other required forms

You will need to complete some required forms 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.

Step 4: Learn About Review and Award

In this step

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.

We will not review any pages that exceed the page limit.

Scoring process

The primary users of support centers are IHS, Tribal, and urban dental programs and personnel throughout an IHS Area or broad geographic region. The primary function of a support center is not the direct provision of clinical care. Instead, the centers should positively impact and document measurable oral health outcomes for patients, mainly by guiding field programs and addressing the assessed and perceived needs of dental personnel and IHS/Tribal/urban (I/T/U) dental programs.

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	30 points
3. Program evaluation	30 points
4. Organizational capabilities, key personnel, and qualifications	10 points
5. Budget narrative	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 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

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.

Deadline

You must submit your application by October 10, 2025, at 11:59PM 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 way 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

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) [PDF]. 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.

- 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.

If you are successful, you will have to submit financial and performance reports and possibly reports on specific types of activities. Your Notice of Award 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

Program and eligibility

Dr. Cheryl Sixkiller
301-256-8812
Cheryl.Sixkiller@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.)](#)