

Notice of Funding Opportunity

Application due Wednesday July 22, 2026 (30 days after posting)



Administration for Community Living

Administration on Aging








Office of Nutrition and Health Promotion Programs

ACL National Chronic Disease Self-Management Education Resource Center

Opportunity number: HHS-2026-ACL-AOA-CSSG-0028



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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 Wednesday July 22, 2026 (30 days after posting).



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

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Basic information

Administration for Community Living (ACL)

Administration on Aging

Office of Nutrition and Health Promotion Programs

The National Chronic Disease Self-Management Education (CDSME) Resource Center will support the aging and disability network to scale evidence-based CDSME programs nationwide in alignment with ACL's Whole Person Health strategic priority and the Make America Healthy Again agenda.

Summary

ACL prioritizes whole-person health and seeks to advance approaches that integrate health care and community-based health and social care interventions to support independence, improve health, and reduce costs. The National Chronic Disease Self-Management Education (CDSME) Resource Center (Center) contributes to this priority by strengthening the aging and disability network's ability to scale evidence-based CDSME programs nationwide and ensure a clear return on ACL's investment. This funding opportunity advances HHS' Make America Healthy Again (MAHA) agenda by empowering older adults to manage their own health, reducing clinical dependence, and building community infrastructure that sustains healthy behaviors.

The Center provides tiered technical assistance (TA), expert-led trainings, and expert-developed tools to support grantees and partners in implementing and sustaining high-quality programs. It also collects and analyzes participant outcomes and performance data to drive accountability and continuous improvement.

The Center promotes peer-to-peer learning, ensures fidelity to evidence-based interventions, and supports compliance with cooperative agreement requirements.

Through national events, targeted outreach, and leadership of initiatives such as Older Adult Mental Health Awareness Day, the Center raises public awareness and advances the visibility of CDSME programs. Ongoing quality improvement (QI) cycles are embedded in all activities to refine TA, strengthen resources, and respond to emerging needs across the network.

By improving efficiency, performance, and compliance, the Center safeguards federal resources and strengthens grantee capacity to manage complex awards effectively. It



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

ACL National Chronic Disease Self-Management Education Resource Center

Opportunity number:

HHS-2026-ACL-AOA-CSSG-0028

Federal assistance listing:

93.734

Cost sharing: None

NOFO version: Original

Key dates

Application submission deadline:

July 22, 2026.
(30 days after posting)

Optional notice of intent deadline:

Due 7 days after posting of the NOFO

Expected award date:

September 30, 2026

Expected project start date:

September 30, 2026

See [intergovernmental review](#) for other submission processes that may apply to this NOFO.

accelerates program implementation, reduces duplication and waste, and translates best practices into measurable outcomes, including improved health status and reductions in avoidable healthcare utilization. Serving as a strategic bridge between ACL and the field, the Center ensures consistent communication, accountability, and data-driven decision-making—maximizing impact and demonstrating a strong, quantifiable return on investment across the aging network.

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: \$2,977,686

Expected total program funding per budget period: \$992,562

Total expected awards: 1

Funding range per applicant per budget period: \$750,000 to \$992,562

We plan to fund awards in three 12-month budget periods for a three-year period of performance from September 30, 2026 to September 29, 2029.

Eligibility

Eligible applicants

Only these types of organizations may apply:

- Domestic public or private non-profit entities including state and local governments
- Indian tribal governments, and organizations (American Indian/Alaskan Native/ Native American).
- Faith-based organizations.
- Community-based organizations.
- Hospitals.
- Institutions of higher education.

Other eligibility criteria

None.

Disqualifying factors

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

We won't consider an application that:

- Is submitted after the [deadline](#).
- Is from an individual, including a sole proprietorship, or a foreign entity.
- Is received in paper format that didn't have a previously approved exemption from ACL.
- Does not follow the required format for project and budget narratives as outlined in the Application Contents and Format section of this NOFO, also listed below:
 - Font: Times New Roman or Arial.
 - Format: PDF.
 - Size: 11-point font.
 - Footnotes and text in graphics may be 10-point.
 - Spacing for project narrative main content: Double-spaced.
 - Spacing for budget narrative: As needed.
 - Spacing for project summary, tables, footnotes: Single-spaced.
 - Margins: 1-inch.
 - Include page numbers.

- Has a Project Narrative that exceeds 20 pages. Applications with a Project Narrative that exceeds 20 pages will be screened out and will not be further reviewed or considered. Do not include a table of contents or cover page in your Project Narrative.
- Does not include an individual Budget Narrative/Justification for each of years 1, 2, and 3 AND a combined Budget Narrative/Justification for the proposed 36-month budget period. Forms SF424 and SF424A of your application do NOT satisfy this requirement. The proposed combined Budget Narrative/Justification must not exceed the award ceiling of \$992,562 per year.
- Does not include an individual Project Work Plan for each of years 1, 2, and 3. Each year must be separate and clearly labeled.

Application limits

If you submit the same application more than once under this notice of funding opportunity (NOFO), we will only acknowledge the last on-time submission.

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 review. If you receive an award, we will include your voluntary commitment in the award.

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.

Statutory authority

[42 USC 3032](#); Older Americans Act and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund).

Program description

The Center advances ACL's priority on Whole-Person Health by scaling evidence-based CDSME programs and supporting interventions that maximize independence and avoid unnecessary clinical care. The Center is the operational engine that makes this scaling possible - equipping grantees with tiered technical assistance, expert-led training, and peer-to-peer learning infrastructure. Its outcomes-driven accountability framework positions the aging network as an essential part of the broader health ecosystem and supports ACL's vision of empowering older adults to do as much as they can for themselves.

HHS' Make America Healthy Again (MAHA) agenda calls for a shift from reactive treatment to prevention and community-based health promotion. CSDME programs and the Center deliver exactly that—empowering older adults to manage their own health, reducing clinical dependence, and building community infrastructure that sustains healthy behaviors. By addressing chronic disease where older adults live, the Center targets root causes, lowers avoidable healthcare utilization, and advances a healthier, more self-sufficient America.

Background

Administration for Community Living

The Administration for Community Living (ACL) is an operational division with the US Department of Health and Human Services (HHS). ACL's mission is to maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers. ACL is the principal agency of HHS designated to carry out the provisions of the Older Americans Act (OAA). This funding opportunity makes OAA funding available to support a National Chronic Disease Self-Management Resource Center.

The Older Americans Act (OAA) is implemented through the national aging network that includes State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and local service providers. This network delivers a comprehensive and coordinated set of services to support older adults and their family caregivers.

Chronic Disease Self-Management Education Program

Approximately 93% of older adults have at least one chronic condition, such as hypertension, diabetes, heart disease, chronic pain, arthritis, and depression, and 78% have two or more^[1]. Chronic conditions are significant contributors to death and disability, decreased quality of life, increased health care utilization, loss in functioning,

and direct health care costs for the treatment of chronic conditions in the US has been estimated at \$1.1 trillion^{[2] [3] [4] [5]}.

Evidence-based Chronic Disease Self-Management Education (CDSME) programs provide older adults and adults with disabilities with education and tools to improve their health and well-being, reduce disease and injury, and strengthen their ability to manage their conditions^{[6] [7]}. CDSME participants also experience improved health literacy, better psychological well-being, better health-related quality of life, increased physical activity, and reduced loneliness, social role limitations, and health distress. CDSME programs are also associated with long-term improvements in depression^[8].

Since 2003, ACL has supported the dissemination of CDSME programs through competitive grants in the form of cooperative agreements, reaching more than 500,000 older adults between 2010 and 2024. Grantee organizations include SUAs, AAAs, nonprofits, universities, and tribes. Funds are used to develop capacity for, bring to scale, and sustain evidence-based CDSME programs.

Many aging and disability organizations are now a part of community integrated health networks or community care hubs which connect people to services that help them stay healthy and live independently, and evidence-based CDSME programs are an important part of these networks. However, many organizations operate outside of these networks and instead rely on building strong, local, non—traditional partnerships and a variety of approaches to maintain program quality and sustainability. All organizations still need help with training, implementation, data systems, partnerships, and additional funding to keep programs strong and available to everyone who needs them.

Purpose

Through this opportunity, ACL will fund a National Chronic Disease Self-Management Resource Center (Center) to support grantees in scaling evidence-based approaches for chronic disease prevention and risk screening, assessment, and intervention that align with age-friendly frameworks.

The Center will work with the aging and disability network to promote coordination among health systems, public health agencies, stakeholders, and community-based organizations to improve access to chronic disease prevention and risk screening, intervention, and whole person health. It will also build on existing CDSME efforts nationwide.

The Center will accelerate grantee effectiveness by sharing best practices, supporting scalability, replicating successful models, and providing one-on-one assistance. It will bridge the gap between program development and widespread, sustainable implementation.

The Center will provide technical assistance and data infrastructure to help community-based organizations expand their reach, strengthen sustainability, and adapt programs to meet evolving community needs.

Target population

Older adults are the primary end users and intended beneficiaries of the Center's work. Services will be delivered through grantees and the aging network partners that have established relationships with older adult populations. The Center will impact these primary end users/beneficiaries by strengthening the capacity of the two targeted populations.

For this project, there are two target populations:

- OAA-funded Chronic Disease Self-Management Program discretionary grantees.
- Aging network partners: State Units on Aging, Area Agencies on Aging, and local service providers. Throughout the rest of the announcement, the term "aging network" will be used to reference the above defined population.

Objectives

For this project, there are ten objectives:

- Deliver tiered, risk-based technical assistance to improve grantee performance and identify, promote, and share best practices and lessons learned from across grants, states, tribes, and territories that support replication, scalability, and improved program outcomes, leveraging strategic partnerships that clearly enhance grantee experience and impact.
- Support grantees to scale evidence-based CDSME strategies nationwide and foster partnerships that advance age-friendly networks and cross-community coordination to help enhance grantee impact.
- Conduct expert-led training to ensure education and training sessions are appropriate to each grantee's capacity, needs, and readiness.
- Facilitate peer-to-peer learning opportunities, leveraging networks and platforms to enhance grantee collaboration and share effective practices.
- Develop high-quality, Section 508 compliant resources and tools.
- Build and maintain a secure cloud-based database capturing participant-level data, risk assessment, and TA activities.
- Conduct unbiased, conflict of interest-free network surveys and evaluation to measure impact.
- Lead the Older Adult Mental Health Awareness Day event and additional events as applicable in coordination with ACL.

- Use QI cycles to conduct self-assessment focused on improving TA, identifying internal gaps, inefficiencies and opportunities for enhancement of resources, and processes.
- Respond promptly to ACL priorities and data insight inquiries.

Goals and measurable outcomes

Each applicant must propose at least three goals with measurable outcomes that they will achieve if funded. These goals must articulate a direct impact (e.g., change in health outcomes, independence, related wellbeing) on older adults in need of effective chronic disease self-management interventions. Applicants will determine goals based on their approach.

Additional requirements

To be considered for funding and to meet the goals of this funding opportunity, your application must include the following components:

- A detailed explanation of the centralized cloud-based database and its ability to capture ACL funded grantee (discretionary and III-D where applicable) participant-level data: demographics, program participation, outcomes, and identifiers linking participants to ACL funded grantee. This database must:
 - Meet applicable federal security and privacy standards and Section 508 compliance. Proposals must indicate how the database will comply with federal security standards, encryption, role-based access, automatic backups, and audit logging.
 - Complement existing and future federal data collection efforts without duplicating or conflicting with systems operating under contracts.
 - Use ACL-approved templates and standardized fields to ensure consistency with Title III-D and other CDSME program metrics.
 - Provide ACL with full access and ownership rights to all data collected under this award.
 - Be designed to adapt to additional data points, import data, or changes in federal reporting requirements over the life of the cooperative agreement.
 - Include secure export capabilities for integration with other ACL or Federal evaluation systems.
 - Allow real-time reporting and dashboard creation for monthly and annual summaries.
- Detail of how you will produce monthly and overall yearly dashboard reports that show ACL funded grantees' reach, program participation, participant demographics, and trends.

- Thoroughly describe a national approach to reach the aging network as defined above and be inclusive of those serving Indian/Alaska Native/Native Hawaiian elders, and how you will engage in advocacy and education to Congress and other federal audiences about programs, best practices, and grantee needs, while strictly adhering to federal anti-lobbying restrictions.
- Clearly address your ability to ensure that resources and forms will be Section 508 compliant and accessible to all users.

Section 508 compliance

This is a core requirement. All materials and products created as part of this project shall comply with government accessibility standards, known as Section 508.

For example:

- Webinars must include live captioning, and American Sign Language interpreters must be available, if requested.
- If a webinar is jargon-heavy or highly technical, captioning should be done by professional captioners. If automatic captioning tools are used, captions must be edited in the final recording to correct errors.
- Videos must include accurate captions.
- All files, such as PDFs, Word documents, and PowerPoint slide decks, must be navigable by screen readers and have sufficient contrast.
- All information and products should meet linguistic needs of your intended audience. ACL will review and approve products before you share them with the public. At agreed-upon time frames, you will provide resources created under this grant to ACL.

This is a specialized requirement. Product development can be time intensive and costly. You should factor this work into each year of your work plan and budget. Details of how you will meet this requirement should be clear in the dissemination section, work plan, and budget justification of your application.

Cooperative agreement terms

Cooperative agreements require substantial ACL project involvement after an award is made. There are specific roles for both you and ACL.

Your responsibilities

- Fulfill all requirements of the grant as outlined in this program announcement, and carry out project activities as reviewed, approved, and awarded.
- The Principal Investigator/ Project Director (PI/PD) must attend all regularly scheduled calls and communicate with the ACL Project Officer monthly, or other agreed-upon times, to improve the effectiveness of the activities carried out under this Agreement.
- Participate in relevant ACL TA education (e.g., webinars, workgroups) if ACL provides reasonable notice of the subject, date, and time of the event.
- Comply with all other reporting requirements, as outlined in Section VI (Award Administration Information) of this Funding Opportunity and the Notice of Award.
- If sub-awarding, the grantee is expected to use a transparent and open process for soliciting, reviewing, selecting, and making required sub-awards to organizations. Applicants should describe how the process will be designed and administered.
- Include the following disclaimers on all products produced using this grant funding:
 - HHS Grant or Cooperative Agreement that is NOT funded with other non-governmental sources:
 - *“This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS or the U.S. Government.”*
 - HHS Grant or Cooperative Agreement that IS partially funded with other nongovernmental sources:
 - *“This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS, or the U.S. Government.”*
- When provided, use ACL template and forms, including for database entry.

- Provide tiered TA delivery, defined as Tier 1 (universal)- webinars, newsletters, FAQs, Tipsheets; Tier 2 (targeted)- small group workshops, TA plans, peer collaboratives; and tier 3 (intensive)- one-on-one coaching, site-specific action plans/visits, etc.
- Build and maintain database which includes configuring fields for ACL grantee participant data such as demographics, program participation, and outcomes; train staff and ACL grantees on accurate data entry and database use; conduct quarterly data quality review for completeness and accuracy; and produce real time dashboards for ACL showing reach, program use, and trends.
- Provide accurate and timely documentation and analysis that captures all TA events, call summaries, risk assessments, and progress reports within 10 days. Ensure cross-checking grantee reports against database records and TA liaisons knowledge for accuracy.
- Each year, create a strong set of new resources based on grantee needs and ACL priorities, as described in the proposed work plan. Submit these resources to ACL for approval and posting on ACL.gov.
- Monitor peer-to-peer list serves for compliance and fidelity to programming and consult with ACL on regulation and legal guidance.
- Lead Older Adult Mental Health Awareness Day and additional events as applicable in coordination with ACL. Record participation, participant feedback, and highlights for ACL.
- Provide administrative coordination and communication to include scheduling and facilitating regular TA calls with ACL grantees, preparing and distributing agendas and summaries; performing site visits, ensuring timely follow-up on actions; maintaining accurate, analyzed notes to give ACL a picture of performance, use templated forms provided by ACL for consistency; and coordinate ACL monitoring calls.
- Implement QI cycles based on evaluation and database insights.
- Respond to ACL promptly for additional insights and data requests.
- Funds may not be used to market and self-promote the Center's success. Any communication products must be evidence-based, directly tied to TA or grantee support outcomes and approved by ACL where required.
- Partnerships pursued under this cooperative agreement must enhance the grantee experience and outcomes. Partnership should not be primarily for the Center's promotion or financial benefit.

Our responsibilities

- Perform day-to-day Federal responsibilities of managing a Cooperative Agreement and work with the grantee to ensure that minimum grant requirements are met.
- Provide templates and forms for uniform implementation.
- Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project (e.g., QA, evaluation, risk assessment metrics) and negotiate with grantee to achieve a mutually agreed upon solution and plan to address any programmatic, budgetary, or technical assistance needs identified by the grantee or ACL.
- Assist the grantee project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL, and the U.S. Department of Health and Human Services; and about other Federally sponsored projects and activities relevant to activities funded under this announcement.
- Attend and participate in major project events, as appropriate.
- Host, facilitate, and upload resources on assigned websites.
- Conduct biannual monitoring and communicate with the PI/PD monthly, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.
- Provide consultation in identifying TA and resource needs such as understanding the OAA.
- Connecting with the network of aging and human services agencies.
- Offer ACL-led training for Resource Center staff.
- Review and provide feedback on dashboard, progress reports, and QI summaries.

Once a Cooperative Agreement is in place, requests to modify or amend the agreement or the work plan may be made by ACL or the awardee at any time if the request stays within the scope of work. ACL reserves the right to require modifications to the approved scope of work. The recipient may also request changes to the scope of work. However, any such changes require written approval by ACL in accordance with [45 CFR 75.308\(c\)\(1\)\(i\)](#). Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award notice. Unless ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments, when an award is issued the Cooperative Agreement terms and conditions from the program announcement are incorporated by reference.

Managing disagreements

Where questions involving differing interpretations arise, the recipient must follow all applicable requirements and guidance outlined in the Notice of Funding Opportunity (NOFO), approved project documentation (including the work plan and budget), and federal direction provided under this cooperative agreement. ACL will work collaboratively with the recipient to resolve disagreements related to programmatic, administrative, or budgetary matters. Final determinations made by ACL regarding the interpretation of federal requirements, award terms and conditions, and cooperative agreement expectations will govern the administration of the award.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS adopted [2 CFR 200](#), with some exceptions included in [2 CFR 300](#). These regulations replace those in 45 CFR 75.

Policies

- All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.
- 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.
- Support beyond the first budget period 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.

- You may not use funds from this NOFO for any diversity, equity, inclusion, and accessibility (DEI and DEIA) activities. This includes:
 - DEI- or DEIA-related research.
 - Activities that discriminate based on race, color, religion, sex, national origin, or other protected traits.
- Under this NOFO, you can't continue existing projects without expansion or new and innovative approaches.
- Meals are allowed only in limited circumstances linked to program activities, like during travel or when approved in advance by ACL. See Allowable Costs and Activities, Exhibit 4: Selected Items of Cost, Meals in the [HHS Grants Policy Statement](#).
- There are restrictions on certain telecommunications and video surveillance equipment. See [2 CFR 200.216](#) to make sure this does not apply to any proposed equipment in your application.

Unallowable costs

- Construction or major rehabilitation of buildings.
- Basic research, such as scientific or medical experiments.
- For guidance on other types of costs that we restrict or do not allow, see General Provisions for Selected Items of Costs of the Uniform Guidance, [2 CFR 200.420](#).

Program-specific limitations and policies

- Grantees must abide by intent of the Older Americans Act.
- Fidelity monitoring is required for use of evidence-based programs.

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.

Method 2 — *De minimis* rate. If you do not have 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.

You may not charge costs included in your indirect cost pool as direct costs.

Subawards

As the prime recipient, you must maintain a substantive role in the project. This means that you conduct funded activities and provide services necessary and integral to completing the project.

Monitoring your subrecipient's activities alone as described in [2 CFR 200.332](#) is not a substantive role.

We do not fund awards where your role is primarily a conduit for passing funds to other organizations unless that arrangement is authorized by statute.

All subrecipients must have a Unique Entity Identifier (UEI) through the System for Award Management (SAM.gov).

Subrecipients must meet the [eligibility requirements](#) of this NOFO.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. You may not use awarded funds to pay a salary at a higher rate than the rate for Executive Level II.

For the Executive Level II salary, please see [the Office of Personnel Management information on executive and senior level employee pay](#).

The salary limitation reflects a person's base salary (including any portion of the salary that is paid with indirect costs). It does not include fringe benefits or any income the person is allowed to earn outside of the duties of the applicant organization.

This salary limitation also applies to subawards, contracts, and subcontracts under an ACL grant or cooperative agreement.

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](#).



Step 2: Get Ready to Apply

In this step

Find the application package [21](#)

Get registered [21](#)

Find the application package

The application package has all the forms you need to apply. You can search for it at [Grants.gov](https://www.grants.gov) using opportunity number {HHS-2026-ACL-AOA-CSSG-00028}. Then select the Package tab.

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

You can also find materials at [Applying for Grants on ACL's website](#).

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.

Get registered

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 \[PDF\]](#) 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](https://www.grants.gov). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

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



Step 3:

Build Your Application

In this step

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Application checklist

Make sure that you have everything you need to apply. You will find the forms in Grants.gov.

Narratives

Item	Grants.gov form	Page limit
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form	20 pages
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form	None

Attachments

Insert each in a single Other Attachments Form.

Item	Page limit
<input type="checkbox"/> Indirect cost agreement	None
<input type="checkbox"/> Letters of commitment	None
<input type="checkbox"/> Proof of nonprofit status	None
<input type="checkbox"/> Resumes and job descriptions	None
<input type="checkbox"/> Organizational chart	None
<input type="checkbox"/> Work plan	None

Other required forms

Use each required form in Grants.gov.

Item	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"/> Assurances for Non-Construction Programs (SF-424B)	None
<input type="checkbox"/> Key Contacts form	None
<input type="checkbox"/> Grants.gov Lobbying form (Certification Regarding Lobbying)	None
<input type="checkbox"/> Project/Performance Site Location form	None

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: No limit to pages.

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project and budget narratives.

Font: Times New Roman or Arial

Format: PDF

Size: 11-point font

Footnotes and text in graphics may be 10-point.

Spacing for project narrative main content: Double-spaced

Spacing for budget narrative: As needed

Spacing for project summary, tables, footnotes: Single-spaced

Margins: 1-inch

Include page numbers.

Project narrative

Page limit: 20 pages

The project narrative is the most important part of the application. We use it as the primary basis to decide whether your project meets the statutory requirements and to review its merit. The project narrative should give a clear and concise description of your project.

Be sure to cite all your sources. Merit reviewers may lower your score if you do not.

Also study the merit review criteria under each section to make sure you answer all questions and cover all topics reviewers will look at.

Project summary

Provide a brief project summary of no more than 265 words. Write it for the general public. You will need to include:

- **Goals:** Broad overall purpose, like a mission statement that says what you want to do and where you want to be.
- **Objectives:** Narrow, specific, and clear steps toward the goals. These are the “hows” to achieve the goals.
- **Overall approach:** General overview of what you will do.
- **Outcomes:** These are the measurable results of a project. Include expected changes among those served, such as clients, systems, organizations, and communities. These should tie directly to your goals and those of this funding.
- **Products:** The materials and other deliverables you expect to generate through the project.
- **Duration:** The anticipated start and end dates of the period of performance.

Project relevance and current need

Problem statement

Describe the current and unique challenges that the aging network and Chronic Disease Self-Management grantees face when implementing evidence-based programs.

Demonstrate your understanding of gaps in TA, resource availability, and limitations in current data collection and reporting processes. Explain why the lack of a centralized database, robust TA, and relevant resources create barriers for the network, and why these components are critical to improve program quality, reach, and sustainability

Goals and objectives

Applicants shall provide SMART goals and specific objectives aligned with the award's purpose as outlined above. Include measurable targets such as:

- At least 80% of ACL competitive grantees meet program goals annually.
- At least 95% database completeness and timely data entry and reporting.
- Develop and publish at least twelve tangible resources with 100% of resources reviewed annually for readability and accuracy.
- Increase resource downloads by 25%, measured through website analytics and distribution tracking.

In addition, applicants must also propose and articulate at least three (3) goals with direct impact (e.g., change in health outcomes, independence, related wellbeing) on

older adults in need of effective chronic disease self-management interventions. Applicants will determine goals based on their approach.

Table: Problem statement and goals and objectives scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>A Problem statement that addresses all three of the following:</p> <ul style="list-style-type: none"> • Describes current and unique challenges that the aging network and CDSME grantees face when implementing evidence-based programs. • Demonstrates the applicant’s understanding of gaps in TA, resource availability, and limitations in current data collection and reporting processes. • Explains why the lack of a centralized database, robust TA, and relevant resources create barriers for the network, and why these components are critical to improve program quality, reach, and sustainability. 	1 point
<p>A Goals and objectives section that provides SMART goals and specific objectives aligned with the award’s purpose as outlined.</p>	1 point
<p>A Goals and objectives section that includes measurable targets such as:</p> <ul style="list-style-type: none"> • At least 80% of ACL competitive grantees meet program goals annually. • At least 95% database completeness and timely data entry and reporting. • Develop and publish at least twelve tangible resources with 100% reviewed annually for readability and accuracy. • Increase resource downloads by 25%, measured through website analytics and distribution tracking. 	2 points
<p>A Goals and objectives section that proposes and articulates at least three (3) goals that directly impact older adults in need of effective CDSME interventions.</p>	2 points

Approach

Proposed intervention

This section should adequately describe:

- Your methods and strategies to deliver tiered TA (universal, targeted, and intensive) with structured trainings, webinars, site visits and educational resources/ opportunities as part of your tiered TA approach, ensuring accessibility and alignment with grantee needs (i.e. wide audience with various needs). As part of this approach, the Center will assist grantees in strengthening community clinical linkages to increase access to nationally recognized, validated chronic disease prevention and risk screening, referral pathways, and coordinated intervention delivery.

- How the Center will assess grantee activities to identify successful and less effective practices, promote alignment with age-friendly frameworks, and how it will share these insights broadly across states and territories to enhance adoption, efficiency, and impact of programs.
- How any partnerships or collaborations will directly advance grantee performance, amplify best practices in alignment with age-friendly frameworks, or improve outcomes, and how you will ensure partnerships are mission-aligned and benefit grantees and/or the network.
- How you will support grantees across varying funding levels, approaches, and program models designed to address evolving needs across cohorts. You should describe how you will strengthen the adaptability, scalability, sustainability, and measurable impact of evidence-based programs, while advancing collaboration (e.g. peer learnings), and dissemination of best practices (e.g. webinars).
- How you will organize and manage TA call schedules, monitor follow-ups, and support ACL-led monitoring. You should describe tools/processes (e.g., calendars, dashboards, note taking systems) to ensure accuracy, timeliness, and efficiency.
- The centralized database you will build and maintain to capture participant level data, produce dashboards, and conduct data validation. Address how your database will align with and complement federal data collection efforts, including Title III-D metrics, while ensuring ACL can integrate or compare data across systems. Include how you will conduct periodic reconciliation with ACL to update or modify data elements if federal requirements change, and your plan to produce a monthly dashboard and annual summary that incorporates complementary metrics for ROI analysis.
- How you will ensure national coverage, including effective engagement with tribal communities serving those in greatest social need and/or greatest economic need across various geographic locations in the U.S. and its territories. Include how you will provide educational briefings or materials to federal audiences, state, tribal partners, or other stakeholders while ensuring these activities are informative and not lobbying.
- How your external evaluation partners will develop and deploy unbiased and conflict of interest-free surveys to include formal evaluation surveys and brief, ad-hoc polls of the network to inform risk assessment, adjust TA strategies, or verify emerging trends.
- How you will develop Section 508- compliant tangible resources, lead special events, and monitor peer-to-peer networks.
- How you will implement risk assessments, QI cycles, and integrate evaluation findings. Structured QI processes should focus on evaluating and improving your own performance, TA delivery, and resource accuracy. Findings from QI must be

translated into specific documented improvements to TA practices, resource quality, and administrative processes that are reported to ACL in dashboard and annual summaries.

Project management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes.

It should specify:

- Who would have day-to-day responsibility for key tasks such as leadership of project.
- Monitoring the project's on-going progress, preparation of reports.
- Communications with other partners and ACL.

It should also describe the plan that will be used to monitor and track progress on the project's tasks and objectives.

Work plan

You must provide a work plan for your project. The work plan connects your period of performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

To create your work plan:

- Use the [Project Work Plan Sample Template](#) on our website.
- Include the project's overall goal, expected outcomes, key objectives, and the major action steps needed to achieve them.
- For each major action step, include start and end dates and the lead responsible person.

You must submit a project work plan for each year as a separate attachment (no page limit). It is not counted in the 20-page project narrative. Use the sample template format provided.

Your work plan should:

- Include each of three project years (Years 1, 2, and 3) and demonstrate capacity to being activities within 60 days of award.
- Match your project narrative and clearly connect.
- Period of performance (start and end date for each activity). For Year 1, include demonstrated capacity to begin activities within 60 days of award.
- Overall goal and expected outcomes.

- Key objectives.
- Strategies, activities, and milestones.
- How you will measure progress and results.

For each project year, include:

- Tiered TA activities and delivery methods for target population(s).
- Resources developed (must be Section 508-compliant), dissemination, and events.
- Database management, participant tracking, and dashboard Q&A.
- Evaluation of QI cycles and monitoring processes.
- Reporting (responsiveness to ACL requirements) and risk mitigation strategies.

For each major task or action step list:

- Timeframe (start and end dates).
- Lead person responsible.
- Measures of success (process and outcome measures).

Table: Approach scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
In the Approach section, adequate description of methods and strategies to deliver tiered TA (universal, targeted, and intensive) with structured trainings, webinars, site visits and educational resources/ opportunities as part of your tiered TA approach, ensuring accessibility and alignment with grantee needs (i.e. wide audience with various needs). The Center's approach to assist grantees in strengthening community clinical linkages to increase access to nationally recognized, validated chronic disease prevention and risk screening, referral pathways, and coordinated intervention delivery.	3 points
In the Approach section, adequate description of how the Center will assess grantee activities to identify successful and less effective practices, promote alignment with age-friendly frameworks, and how it will share these insights broadly across states and territories to enhance adoption, efficiency, and impact of programs.	3 points
In the Approach section, adequate description of how partnerships or collaborations will directly advance grantee performance, amplify best practices in alignment with age-friendly frameworks, or improve outcomes, and how applicant will ensure partnerships are mission-aligned and benefit grantees and/or the network.	2 points
In the Approach section, adequate description of how the applicant will support grantees across varying funding levels, approaches, and program models designed to address evolving needs across cohorts. How the applicant will strengthen the adaptability, scalability, sustainability, and measurable impact of evidence-based programs, while advancing collaboration (e.g., peer learnings), and dissemination of best practices (e.g., webinars).	3 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
In the Approach section, adequate description of how TA call schedules will be organized and managed, follow-ups monitored, and ACL-led monitoring supported. The tools/processes (e.g., calendars, dashboards, note taking systems) to ensure accuracy, timeliness, and efficiency should be described.	1 point
In the Approach section, adequate description of the centralized database to be built and maintained to capture participant level data, produce dashboards, and conduct data validation.	1 point
Under Approach , in the description of the centralized database, does this address how the database will align with and complement federal data collection efforts, including Title III-D metrics, while ensuring ACL can integrate or compare data across systems.	1 point
Under Approach , in the description of the centralized database, does this include how periodic reconciliation will be conducted with ACL to update or modify data elements if federal requirements change, and a plan to produce a monthly dashboard and annual summary that incorporates complementary metrics for ROI analysis.	1 point
In the Approach section, adequate description of how national coverage, including effective engagement with tribal communities serving those in greatest social need and/or greatest economic need across various geographic locations in the U.S. and its territories, will be ensured. This should address how educational briefings or materials to federal audiences, state, tribal partners, or other stakeholders will be informative and not lobbying.	1 point
In the Approach section, adequate description of how external evaluation partners will develop and deploy unbiased and conflict of interest-free surveys to include formal evaluation surveys and brief, ad-hoc polls of the network to inform risk assessment, adjust TA strategies, or verify emerging trends.	1 point
In the Approach section, adequate description of how Section 508- compliant tangible resources will be developed, special events will be led, and peer-to-peer networks will be monitored.	1 point
<p>In the Approach section, how risk assessments and QI cycles will be implemented, and evaluation findings will be integrated. This description should address the following:</p> <ul style="list-style-type: none"> • Structured QI processes focused on evaluating and improving performance, TA delivery, and resource accuracy. • Translation of QI findings into specific documented improvements to TA practices, resource quality, and administrative processes that are reported to ACL in dashboard and annual summaries. 	2 points

Table: Project management scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
In this Project management section, does it adequately describe a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes.	1 point

Table: Work plan scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
A work plan that matches the project narrative and clearly connects period of performance (start and end date for each activity), and for Year 1, demonstrates capacity to begin activities within 60 days of award.	1 point
A work plan that matches the project narrative and clearly connects overall goal and expected outcomes.	1 point
A work plan that matches the project narrative and clearly connects key objectives	1 point
A work plan that matches the project narrative and clearly connects strategies, activities, and milestones.	1 point
A work plan that matches the project narrative and clearly connects how progress and results will be measured.	1 point
A work plan that for <i>each</i> project year includes tiered TA activities and delivery methods for target population(s).	1 points
A work plan that for <i>each</i> project year includes resources developed (must be Section 508-compliant), dissemination, and events.	1 point
A work plan that for <i>each</i> project year includes database management, participant tracking, and dashboard Q&A.	1 point
A work plan that for <i>each</i> project year includes Evaluation of QI cycles and monitoring processes.	1 point
A work plan that for <i>each</i> project year includes Reporting (responsiveness to ACL requirements) and risk mitigation strategies.	1 point
For each major task or action step in the work plan lists the timeframe (start and end dates) and lead person responsible.	1 point
For each major task or action step in the work plan lists measures of success (process and outcome measures).	1 point

Project impact

Target populations and organizations

This section should adequately describe:

- Challenges in reaching and working with the two defined target populations, and your plan to address those challenges.
- How you will identify and prioritize resources, trainings, and technical assistance for the target populations.
- The number of providers you plan to reach from each of the two target populations, and in total.
- How your project will achieve a significant increase in the number of providers served per year in each target population from baseline to the end of the project period.

Outcomes

In this section, list and describe expected outcomes of the project. These should match measurable outcomes in the Work Plan, and expected outcomes must address the goals and objectives of this NOFO. Outcomes are the observable end results you expect from your project.

Defined specific, measurable outcomes should include at a minimum:

- Demonstrated impact of TA on grantee performance with number of best practices and lessons learned identified and disseminated to grantees across the network, and evidence that these have informed replication or improved outcomes in other states.
- Demonstrated impact of TA on grantee performance with improved reach and participation as shown in the database.
- Utilization rates and measurable impact of resources and training.
- Evidence of continuous QI activities.
- Number of educational briefings/sessions, trainings, webinars; or written communications provided to federal, state, or tribal audiences which includes participation rates and evidence of knowledge transfer or skill development among target population.
- Demonstrated impact of CDSME interventions on older adults. As a designated resource center, describe how you will synthesize and share outcomes and lessons learned to inform network wide improvement.

A measurable outcome reflects a change or result. Counting activities or services delivered shows outputs not outcomes. ACL will not fund any project that does not

include measurable outcomes. Reviewers will score applications on the clarity and nature of your proposed outcomes, not on the number of outcomes cited.

Evaluation

- The techniques and tools you will use to meet the project’s goals and objectives to evaluate the effectiveness of implemented best practices through measurable outcomes.
- How you will use the database to measure reach, participation, and grantee outcomes, and drive decisions related to TA and resources created. Specifically detail how the data captured through the Center’s database will complement federal-level evaluations and support national return on investment (ROI) assessments for SME.
- How you will document lessons learned – both positive and negative - and how that will influence TA provided.
- Methods to validate competitive CDSME grantee progress reports against database to inform ACL of any discrepancies.
- Plan to develop and oversee unbiased, conflict of interest-free network surveys, how many, type (e.g., annual, satisfaction, ad-hoc polls) the feedback loop, and QI integration focused on self-improvement.

Dissemination

This section should adequately describe how you will:

- Share ongoing findings, products, and dashboards with ACL and the aging network throughout the project period.
- Ensure the materials created are easy to understand, culturally appropriate, and widely disseminated to target populations in compliance with Section 508.
- Measure how your dissemination reaches and influences the target population.
- Reach intended users, including the partnerships and outreach channels you will use.
- Publicize your role and resources available to raise awareness of the Resource Center nationwide.

All tangible materials and products that you create are to help inform practice, programs, policy, and project replication. These materials shall comply with the government’s accessibility standards, known as Section 508. Due to the specialized nature of this requirement, content of this section should be consistent with the work plan and budget justification.

Table: Target population scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>In the Target population section, an adequate description of <i>all</i> of the following:</p> <ul style="list-style-type: none"> Challenges in reaching and working with the two defined target populations, and the plan to address those challenges. How resources, trainings, and technical assistance for the target populations will be identified and prioritized. The number of providers reached from each of the two target populations, and in total and how the project will achieve a significant increase in the number of providers served per year in each target population from baseline to the end of the project period. 	1 point

Table: Outcomes scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
In the Outcomes section, expected outcomes of the project that are listed and described.	1 point
Outcomes that match measurable outcomes in the work plan.	1 point
Outcomes that address the goals and objectives of this NOFO.	1 point
Outcomes that include measurable impact of TA on grantee performance with number of best practices and lessons learned identified and disseminated to grantees across the network, and evidence that these will inform replication or improved outcomes in other states.	2 points
Outcomes that include measurable impact of TA on grantee performance with improved reach and participation as shown in the database.	2 points
Outcomes that include utilization rates and measurable impact of resources and training.	2 points
Outcomes that include evidence of continuous QI activities.	2 points
Outcomes that include number of educational briefings/sessions, trainings, webinars; or written communications provided to federal, state, or tribal audiences which includes participation rates and evidence of knowledge transfer or skill development among target population.	2 points
Outcomes that include the measurable impact of CDSME programs on older adults. Description of how outcomes and lessons learned will be synthesized and shared to inform network wide improvement.	2 points

Table: Evaluation scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
In the Evaluation section, an adequate description of the techniques and tools that will be used to meet the project's goals and objectives to evaluate the effectiveness of implemented best practices through measurable outcomes.	2 points
In the Evaluation section, an adequate description of how the database will be used to measure reach, participation, and grantee outcomes, and drive decisions related to TA and resources created. Should detail how the data captured through the Center's database will complement federal-level evaluations and support national return on investment (ROI) assessments for CDSME.	4 points
In the Evaluation section, an adequate description of how lessons learned – both positive and negative - will be documented, and how that will influence TA provided.	3 points
In the Evaluation section, an adequate description of the methods to validate competitive CDSME grantee progress reports against the database to inform ACL of any discrepancies.	1 point
In the Evaluation section, an adequate description of the plan to develop and oversee unbiased, conflict of interest-free network surveys, how many, type (e.g., annual, satisfaction, ad-hoc polls) the feedback loop, and QI integration focused on self-improvement.	2 points

Table: Dissemination scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
In the Dissemination section, how ongoing findings, products, and dashboards will be shared with ACL and the aging network throughout the project period.	1 point
In the Dissemination section, how materials created will be easy to understand, culturally appropriate, and widely disseminated to target populations in compliance with Section 508.	1 point
In the Dissemination section, a measurement of how dissemination will reach and influence the target population.	2 points
In the Dissemination section, how intended users will be reached, including how partnerships and outreach channels will be used.	1 point
In the Dissemination section, how the organization's role and available resources will be publicized to raise awareness of the Resource Center nationwide.	2 points
In the Dissemination section, a description of Section 508 compliance content that is consistent with the work plan and budget justification.	3 points

Capability and expertise

Organizational capability

This section should explain your organization's structure, staffing, and expertise to manage this award. Identify key personnel (including database administrator, TA support, Section 508 compliance experts, communications team, etc.). Include an organizational chart as an attachment to the application. This section should:

- Adequately describe the roles, responsibilities, and qualifications of your current project staff, consultants, contractors, external evaluators, and key partner organizations, explaining how each will contribute to achieving the project's objectives and outcomes. Highlight how your team can adapt to evolving grantee needs and ACL priorities.
- Demonstrate your ability to handle high-volume administrative tasks, including call coordination, documentation, and follow-through, and capacity to rapidly respond to ACL priorities and requests.
- Adequately describe how your agency is organized, the nature and scope of your work, your capability to implement this project nationwide, provide oversight to sub-awardees, and track the progress of goals and objectives.
- Explain your plan to train new and existing staff to effectively deliver TA, maintain required protocol documents and job aids, and ensure all personnel remain current on evolving processes and priorities.
- Describe your use of outside consultants and contractors and how that will help achieve your project's goals. Highlight how specialized knowledge will enhance your team's capacity.

Experience of the project team

- Specify and demonstrate the qualifications of key personnel who will have day-to-day responsibility for key tasks such as data governance and security plans, previous experience of managing nationally scoped aging network TA projects, providing targeted TA with knowledge of the Title III-D programs/ requirements, and in-depth knowledge and experience with CDSME program fidelity.
- Include the following:
 - A description of the qualifications and experience of key personnel for this proposed project, including for the Project Director.
 - For key personnel, attach resumes or CVs for positions that are filled. If a position isn't filled, attach the job description with qualifications. Resumes, CVs, and job descriptions should be included as an attachment to the application.

Table: Organizational capability scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
In the Organizational capability section, an explanation of the organization's structure, staffing, and expertise to manage this award and include an organizational chart as an attachment to the application.	1 point
In Organizational capability , identification of key personnel (including database administrator, TA support, Section 508 compliance experts, communications team, etc.).	2 points
In Organizational capability , an adequate description of the roles, responsibilities, and qualifications of current project staff, consultants, contractors, external evaluators, and key partner organizations and explanation of how each contributes to achieving the project's objectives and outcomes. This description should highlight how applicant's team can adapt to evolving grantee needs and ACL priorities.	3 points
In Organizational capability , a demonstrated ability to handle high-volume administrative tasks, including call coordination, documentation, and follow-through, and capacity to rapidly respond to ACL priorities and requests.	1 point
In Organizational capability , an adequate description of how the agency is organized, the nature and scope of its work, the capacity to implement this project nationwide, provide oversight to sub-awardees, and track the progress of goals and objectives.	3 points
In Organizational capability , an explanation of the plan to train new and existing staff to effectively deliver TA, maintain required protocol documents and job aids, and ensure all personnel remain current on evolving processes and priorities	1 point
In Organizational capability , how outside consultants and contractors will be used, how that will help achieve project goals, and highlight how specialized knowledge will enhance team capacity.	2 points

Table: Experience of project team scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
In the Experience of project team section, specific and demonstrated qualifications of key personnel who will have day-to-day responsibility for key tasks such as data governance and security plans, previous experience of managing nationally scoped aging network TA projects, providing targeted TA with knowledge of the Title III-D programs/ requirements, in-depth knowledge and experience with CDSME program fidelity.	2 points
Under Experience of project team , a description of the qualifications and experience of key personnel for this proposed project, including the Project Director.	2 points
For Commitment letters , signed letters from all organizations that will have a significant role in carrying out the project. Letters should confirm specific role(s) in the project and commitments made by key collaborating organizations, agencies, and partners. For full point, applications should satisfy <i>both</i> of these.	1 point

Budget narrative

Page limit: None

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

It includes added detail and justifies the costs you ask for. As you think about 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](#).

When you develop your budget narrative:

- We encourage you to use the [ACL Budget Narrative Sample Format \[PDF\]](#). This format shows the level of detail we are looking for in your application.
- Justify all the costs and show how you calculated them.
- You will need to create a budget narrative that shows all years combined along with separate, detailed budget narratives for each year.
- You must submit the following:
 - Budget Narrative/Justification for Year 1.
 - Budget Narrative/Justification for Year 2.
 - Budget Narrative/Justification for Year 3.
 - A total combined three-year Budget Narrative/Justification.

This requirement is in ADDITION to forms SF424 and SF424A of your application.

Reviewers will assess your budget (SF-424A) and your budget narrative to score this section.

Table: Scoring criteria for budget and budget narrative

Reviewers will evaluate the extent to which the applicant provides:	Point value
A Budget narrative that aligns consistently with the proposed project's purpose, activities, and outcomes in the Project Narrative, Dissemination Plan, and Work Plan.	1 point
A Budget narrative that appears appropriate and reasonable for the scale required for a national initiative and include enough detail and justification for how requested costs were calculated.	1 point
A Budget narrative that includes how Section 508 compliance requirement costs will be met for all materials created.	2 points
A Budget narrative that includes database development, maintenance and analytics that are fully supported, and include QI activities, special events, and staff training.	1 point

Attachments

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

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.

Commitment letters

Include letters from any organization that will have a significant role in carrying out your project. The letter should explain their role and their commitment to the project.

Letters should explain their role and commitment to the project. The quality of the letter content (i.e., specificity with respect to the role of that partner) is more important than the quantity of letters submitted with your application.

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 documents for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. For positions that aren't filled, attach the job descriptions with qualifications.

Other required forms

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

Form	Submission requirement
<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"/> Assurances for Non-Construction Programs (SF-424B)	None
<input type="checkbox"/> Key Contacts Form	None
<input type="checkbox"/> Grants.gov Lobbying Form (Certification Regarding Lobbying)	None
<input type="checkbox"/> Project/Performance Site Location Form	None

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 \[PDF\]](#).

Pre-award requirements

None.



Step 4:

Learn About Review and Award

In this step

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Application review

Initial review

We will review your application to make sure that it meets the responsiveness requirements listed in the [disqualifying factors section](#). If your application does not meet these criteria, we will disqualify it and we will not move it to the merit review (scoring) phase. **We will not review any pages over the page limit.**

Scoring process

A panel reviews all applications that pass the initial review. The members use the merit review scoring criteria in the project narrative and budget narrative sections of this NOFO. You can find the specific criteria in each section of the project narrative and in the budget narrative section.

Criteria summary

Heading	Points
Purpose and need <ul style="list-style-type: none"> • Problem statement (1 point) • Goals and objectives (5 points) 	6 points
Response <ul style="list-style-type: none"> • Approach (20 points) • Work plan (13 points) 	33 points
Impact <ul style="list-style-type: none"> • Target population (1 point) • Outcomes (15 points) • Evaluation (12 points) • Dissemination (10 points) 	38 points
Resources and capabilities <ul style="list-style-type: none"> • Organizational capability (13 points) • Experience of project team (4 points) • Letters of commitment (1 point) • Budget (5 points) 	23 points
Total	100 points

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](https://www.ecfr.gov/current/title-2/chapter-I/subchapter-B/part-200/subpart-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 project type and geographic distribution.
- The past performance of the applicant. We may choose not to fund applicants with management or financial problems.
- Reasonableness of proposed costs to the expected results and the likelihood you will achieve those results.
- Available funding.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this funding opportunity.

The ACL administrator makes all final award decisions.

Funding preferences for alignment with agency priorities

Before we make final funding decisions, ACL leadership will review all potential awards.

They will check for:

- Adherence to applicable laws.
- Alignment to agency priorities (see [Administration for Community Living's \(ACL\) Mission, Vision & Strategic Priorities](#)).

To the extent allowed by law and court orders, we will give a funding preference to applications that align with agency priorities.

Your application may receive this preference if it can adequately describe the capacity to implement the project nationwide, the capacity to develop the centralized database, and how you will implement Older Adult Mental Health Awareness Day.

Merit review criteria also include factors related to ACL's priorities.

Award notices

If your application is successful, we will email a Notice of Award (NoA) to your authorized official. We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you 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.

[See an example NoA on our website \[PDF\]](#).



Step 5: Submit Your Application

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Application submission and deadlines

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Application submission and deadlines

See [find the application package](#) and the [application checklist](#) 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.

Optional notice of intent

Due 7 days after posting of the NOFO

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of expert reviewers we will need to evaluate applications. You do not have to submit a notice of intent to apply.

Please email the notice to AoA.OAA@acl.hhs.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.

Application

Deadline

Due on Wednesday, July 22, 2026 at 11:59 p.m. ET. (30 days after posting.)

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.

Submission method

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 your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files.

If you can't submit your application because of problems with Grants.gov, you will need verification for us to consider accepting your application. Call the [Federal Service Desk](#) before the application due time and record your tracking number. Save your tracking number and any error messages you receive.

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

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 51

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. You can find information at [Managing a Grant on our website](#). We incorporate this NOFO by reference.
- The rules listed in [\[2\]\(https://www.ecfr.gov/current/title-45/part-75\) CFR 200](https://www.ecfr.gov/current/title-45/part-75), 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 [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- All anti-discrimination 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.

Compliance and oversight

Recipients must demonstrate ongoing compliance with the [Administration for Community Living's \(ACL\) Mission, Vision & Strategic Priorities](#) through program design, implementation, performance reporting, fiscal management, and evaluation.

Failure to meaningfully align funded activities with applicable statutory authorities and agency priorities may result in corrective action, additional reporting requirements, enforcement actions, or other remedies consistent with 2 CFR Part 200 and the terms and conditions of the award.

Through alignment with these priorities, funded projects will help ensure that older adults and people with disabilities can live with dignity, independence, and full participation in the communities they call home.

Managing award changes

After award, either you or ACL may request changes. We manage these using the rules at 2 CFR 200 and 300, including [2 CFR 200.308](#) and [2 CFR 300.308](#).

Reporting

If your application is successful, you will have to submit financial and performance reports. To learn more about reporting, see [Managing a Grant, Funding Requirements on our website](#).

Financial and performance reports

The terms and conditions in the Notice of Award will have information on performance and financial reports including:

- How often you will report.
- Any required form or formatting.
- How to submit them.

FFATA and FSRS reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires:

- Data entry at the FFATA Subaward Reporting System for all subawards and subcontracts you issue for \$30,000 or more.
- Reporting executive compensation for both recipient and subaward organizations.



Contacts and Support

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Agency contacts

Program and eligibility

Kari Benson

Email: AoA.OAA@acl.hhs.gov

No phone calls.

Financial and budget

Rasheed Williams

Email: AoA.OAA@acl.hhs.gov

No phone calls.

Review process and application status

Kari Benson

Email: AoA.OAA@acl.hhs.gov

No phone calls.

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

SAM.gov

If you need help, you can:

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

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Home Page | ACL Administration for Community Living](#)
- [Applying for Grants | ACL Administration for Community Living](#)
- [Application Tips | ACL Administration for Community Living](#)
- [How to Apply for a Competitive Grant | ACL Administration for Community Living](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)

Appendix A

Glossary of terms

Aging network: The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging. The network includes 56 State Agencies on Aging, 622 Area Agencies on Aging, more than 260 Title VI Native American aging programs, and thousands of local service providers.

Cohort: For this NOFO, a group of CDSME Program grantees awarded in the same year under the same funding opportunity and often tracked together for reporting and program purposes.

Continuous quality improvement (CQI): an ongoing quality assurance process that includes: 1) planning (setting performance objectives based on grant goals and work plan objectives); 2) performance monitoring (e.g. obtaining ongoing data to inform decision-making); 3) evaluating (e.g. team analysis of what is or is not working and problem-solving); and 4) making corrective changes as needed with the aim of improving overall performance.

Culturally appropriate: providing services that are responsive to a person's cultural identity and heritage.

Disabilities/adults with disabilities: consistent with the definition of disability in the Older Americans Act (42 U.S.C. §3002(8)), one who has a developmental, physical, and/or mental impairment that results in substantial functional limitation in one or more major life activities including self-care, communication, learning, mobility, capacity for independent living, self-direction, economic self-sufficiency, cognitive functioning or emotional adjustment.

Embed: the process of facilitating an organization's adoption of evidence-based programs as part of the organization's routine operations and budget with resulting sustained delivery

Fidelity monitoring: Ensures program delivery as designed, including following core activities, providing correct amount (e.g., number of classes), maintaining high quality delivery, and supporting strong participant engagement. For the evidence-based programs, this also includes activities to ensure that an evidence-based program is being delivered consistently by all personnel across sites, according to the program developer's intent and design.

Greatest economic need: the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses.

Greatest social need: the need caused by noneconomic factors as further outlined in the Older Americans Act.

Nationwide approach: A coordinated strategy and a set of actions that are planned and implemented across the entire country.

Older adult: For the purpose of this NOFO and consistent with the Older Americans Act, “an individual who is 60 years of age or older.” For tribes and tribal organizations, the age of a Native American older adult is defined by the tribe and may vary.

Participant: For the purpose of this NOFO, an individual who attends at least one session of an evidence-based program and whose outcomes will be reported by the grantee to the required database.

Person-centered: Integrated services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences and gives the individual control over the services they receive. A holistic approach that prioritizes the unique needs, preferences, and goals of older adults and recognizes diversity, considering factors such as cultural background, personal preferences, health conditions, and social circumstances. Instead of adopting a one-size-fits-all model, tailored support aims to meet the specific requirements of each individual — to the extent possible in a community (within reason and budget).

Quality assurance (QA) program: an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective, quality services and grant goals and work plan objectives are met. The ideal QA program addresses both: 1) continuous quality improvement and 2) program fidelity. For additional information about developing a QA program, go to: [Quality Assurance](#), and [Healthcare Contracting: Tips for Quality Assurance and Evaluation](#).

Rural: Under the Older Americans Act (OAA), states have the flexibility to define “rural”. For the purpose of this funding opportunity, and in alignment with the OAA, an applicant’s State Unit on Aging (SUA) should have a process and control for determining the definition of “rural areas” within their State. Their state’s definition of “rural” should be used in the application.

Section 508: [Section 508 of the Rehabilitation Act](#), as amended, requires agencies to provide individuals with disabilities equal access to electronic information and data. The Section 508 standards are the technical requirements and criteria that are used to measure compliance with Section 508. Examples of content includes websites, documents, PowerPoint slides, etc. More information on Section 508 may be found [on the ACL website](#).

SMART Goals: Well-formed goals are Specific, Measurable, Achievable, Relevant, and Time-bound.

State: refers to the definition provided under 45 CFR 74.2, any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State exclusive of local governments.

Tangible resources: are concrete, stand-alone products that a grantee will produce. These resources are evergreen meaning they remain useful over time and not dependent on or linked to another organization's website or webpage. Materials can be hosted independently. Examples include templates, fact sheets, guides, videos.

Technical assistance (TA):

- **Intensive technical assistance:** Involves deep, sustained, and highly individualized support. This level of TA typically includes one-on-one engagement with grantee over time and may involve hands-on guidance and customized resources. Technical assistance plans, regular check ins, and active problem solving tailored to the grantee's specific needs.
- **Targeted technical assistance:** Focuses on addressing specific needs, challenges, or goals unique to an individual grantee or small group of grantees. This support is customized usually more limited in scope and duration than intensive TA. It is designed to respond to clearly identified issues or priority areas.
- **Universal technical assistance:** Consists of general support and resources provided to all grantees. This may include onboarding activities, general trainings, webinars, toolkits, and resources on common or foundational topics relevant to the full grantee population.

Technical assistance liaison (TAL): is a designated staff member from the Resource Center who serves as the primary point of contact for the grantees. The liaison has the skill set necessary for the expertise or support they provide to grantees. They work with individual grantees to provide general guidance, targeted assistance, connects them to resources, and supports their overall questions as it relates to implementing grantee strategies.

Title III-D: Title III-D of the OAA was established in 1987 to provide formula grants to State Units on Aging to support healthy lifestyles and promote healthy behaviors amongst older adults (age 60 and older). Priority is given to serving older adults living in medically underserved areas of the state and those who are of greatest economic need. States that receive OAA funds under Title III are required to spend those funds on evidence-based programs that have been proven to improve health and well-being and reduce disease and injury. Since 2003, the aging services network has been steadily moving towards wider implementation of disease prevention and health promotion

programs that are based on scientific evidence and demonstrated to improve the health of older adults. More information may be found here: [Health Promotion | ACL Administration for Community Living](#)

Title VI: A section of the OAA that provides grants to Tribal organizations to support home- and community-based services to Native American, Alaskan Native, and Native Hawaiian (NA/AN/NH) elders. For the context of this NOFO, the resource center would be expected to support knowledge and best practices to serve NA/AN/NH elders living off-reservation and may coordinate with Title VI grantees or other resource centers serving all NA/AN/NH elders.

Endnotes

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2. Makovski TT, Schmitz S, Zeegers MP, Stranges S, van den Akker M. Multimorbidity and quality of life: systematic literature review and meta-analysis. *Ageing Res Rev* . 2019;53:100903. [PubMed doi:10.1016/j.arr.2019.04.005](#) ↑
3. Allegante JP, Wells MT, Peterson JC. Interventions to support behavioral self-management of chronic diseases. *Annu Rev Public Health* . 2019;40(1):127–146. [PubMed doi:10.1146/annurev-publhealth-040218-044008](#) ↑
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5. Waters H, Graf M. The costs of chronic disease in the U.S. Milken Institute. August 28, 2018. <https://milkeninstitute.org/content-hub/research-and-reports/reports/costs-chronic-disease-us> ↑
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