



Administration for Community Living

Administration on Aging

Office of Supportive and Caregiver Services

Alzheimer's Disease Programs Initiative (ADPI) - State and Community Grants

Opportunity number: HHS-2026-ACL-AOA-ADPI-0002



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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.



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 Supportive and Caregiver Services

Expanding dementia-capable home and community-based service systems for people living with dementia and their caregivers.

Summary

The Administration for Community Living's (ACL) Alzheimer's Disease Programs Initiative (ADPI) advances the Department of Health and Human Services' Make America Healthy Again (MAHA) agenda by focusing on prevention, risk reduction, and non-drug approaches to dementia care. ADPI supports people living with dementia (PLWD) and their caregivers through evidence-based services that help them stay healthy, independent, and at home in their communities.

Cooperative agreements under the ADPI Notice of Funding Opportunity (NOFO) support the scaling of dementia-capable home and community-based service (HCBS) in States and communities. This NOFO includes two application options: **Grants to States (Option A)** and **Grants to Communities (Option B)**. You may apply for only one option and may hold only one ADPI grant at a time. At least 50% of total grant funds must be used for the delivery of direct services.

Option A: Grants to States

Applicants for **Option A** are the governmental entities within states and territories designated as the state agency lead for dementia capability.

Option A has two required objectives:

- **Objective 1:** Create, expand, and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people living with dementia and their caregivers.
- **Objective 2:** Ensure access to a comprehensive, sustainable set of high-quality, dementia-capable HCBS, including innovative services for people living with dementia and their caregivers.



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

Alzheimer's Disease Programs Initiative (ADPI) - State and Community Grants

Opportunity number:

HHS-2026-ACL-AOA-ADPI-0002

Federal assistance listing:

93.470

Cost sharing: 25%

NOFO version: Original

Key dates

Application submission deadline:

Wednesday, July 22, 2026

Informational webinar:

June 25, 2026

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.

Option B: Grants to communities

Applicants for **Option B** are public and/or private community-based organizations that operate within an existing dementia-capable HCBS system. Eligible applicants must be able to articulate opportunities for new partnerships and opportunities to expand and implement proposed programs (services and supports) in their existing system.

Option B applicants must address all three of the following gap areas:

- Provision of effective supportive services to people living alone with ADRD in the community.
- Improvement of the quality and effectiveness of programs and services for people aging with intellectual and developmental disabilities (IDD) with ADRD or those at high risk of developing ADRD.
- Delivery of behavioral symptom management training and expert consultations for family caregivers.

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: \$15,000,000

Expected total program funding per budget period: \$15,000,000

Total expected awards: 17

Funding range per applicant per budget period: \$850,000 to \$1,000,000

Both Option A and B are fully funded at the time of award for a single 36-month Performance/Budget period (September 30, 2026 to September 29, 2029).

Eligibility

Eligible applicants

Only these types of organizations may apply:

Option A

State governmental agencies designated to serve as the State agency on dementia capability that do not have active ADPI grants.

Option B

Domestic private or public nonprofit, community-based organizations (CBOs) that:

- Operate within an existing dementia-capable HCBS system and can demonstrate dementia-capability.
- Can describe how they will enhance and strengthen that existing system.
- Are engaged with their state agencies responsible for creating and sustaining dementia capable HCBS systems.

For both Option A and Option B:

Only the following categories of entities are eligible:

- State governments.
- County governments.
- City or township governments.
- Special district governments.
- Independent school districts.
- Public and state-controlled institutions of higher education.
- Native American tribal governments (federally recognized).
- Public housing authorities/Indian housing authorities.
- Native American tribal organizations (other than federally recognized tribal governments).
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.

Other eligibility criteria

No entity is eligible to apply for both **Option A** and **Option B**. No entity is eligible to hold more than one ADPI grant at a time.

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.
- All applications will go through an initial programmatic screening to verify that the applicant meets the notice of funding opportunity criteria.
- Those applicants that do not meet the minimum responsiveness criteria outlined above will be "screened out" and will not be forwarded for panel review.

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

Under this ACL program, ACL will fund no more than 75% of the project's total cost, which means the applicant must cover at least 25% of the project's total cost with non-federal resources. In other words, for every three (3) dollars received in federal funding, the applicant must contribute at least one (1) dollar in non-federal resources toward the project's total cost.

This "three-to-one" ratio is reflected in the following formula which you can use to calculate the minimum required match.

A common error applicants make is to match 25% of the Federal share, rather than 25% of the project's total cost.

Types of cost sharing

You can meet your cost sharing (match) requirement through any combination of:

- Cash contributed by your organization, partners, or other third parties.
- In-kind (non-cash) contributions from partners or other third parties.
- All cost share (match) contributions must be directly tied to the funded grant activities.
- Program income cannot be applied as cost sharing (match).

Cost-sharing commitments

If awarded, you must provide the amount of cost-sharing funds you promised, even if you promised more than the required minimum. We put these commitments in the Notice of Award.

If you don't provide your promised amount, we may decrease the amount of funding we give you or use other enforcement actions.

You'll have to include your cost-sharing funds when you fill out your [federal financial reports](#).

We discourage applicants proposing cost sharing (match) amounts that exceed the minimum requirement.

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

Title IV of the Older Americans Act of 1965, as amended.

Program description

Background

Dementia is a major cause of impairment among older adults. Dementia-related changes can range from mild symptoms to severe impairment where the person becomes completely dependent on others to perform basic activities of daily living. People living with dementia rely on home and community-based services (HCBS) to remain safe at home. As Alzheimer's disease or related dementias (ADRD) progress, care becomes more complex with increased dependence on surrogate decision-making, the inability to live alone, and growing family and caregiver burden.

Behavioral symptoms such as repetitive speech, wandering, and sleep disturbances are also common and can further complicate daily care. When these symptoms are not recognized and addressed, they may accelerate functional decline and lead to earlier nursing home placement. [\[1\]](#) [\[2\]](#) However, when medical or environmental causes of behavior changes are identified and addressed with non-pharmacological approaches, as appropriate, quality of life and caregiver burden may improve. [\[3\]](#) [\[4\]](#) HCBS provide this kind of support for people with ADRD, helping to preserve independence, reduce avoidable harm, and support caregivers. Given the impact of dementia on individuals, families, and communities, state and community service systems that seek to be dementia-capable should consider adopting key aspects of a dementia-capable HCBS model.

A dementia-capable HCBS system should:

- Identify individuals who may have dementia and encourage them to see a physician for a timely and accurate diagnosis, including evaluation for reversible causes or conditions that may mimic dementia.
- Ensure that program eligibility decisions and resource allocation consider the impact of cognitive disabilities.
- Ensure that staff communicate effectively with people with dementia and their caregivers, providing services that are person and family-centered, culturally appropriate, and supportive of self-direction.
- Train direct support professionals to recognize possible signs and symptoms of dementia and connect individuals to appropriate services.
- Educate the public about brain health, including dementia risk factors, early signs of cognitive changes, symptom management, available support programs, and opportunities to participate in research.
- Implement quality assurance systems that measure how effectively providers serve people with dementia and their caregivers.

- Promote the development of dementia-friendly communities that incorporate key elements of dementia-capable systems.

Dementia-capable services within a HCBS system are those that build upon and integrate existing programs from both private and public sectors. Information on how states and communities can become dementia-capable to better support people with dementia and their caregivers can be found in ACL's paper [Dementia-Capable States and Communities: Lessons Learned from Administration on Aging Grantees](#).

Program goals

Informed by the priorities of the [National Alzheimer's Project Act \(NAPA\) Advisory Council on Research, Care and Services](#) and the [RAISE Family Caregiving Advisory Council](#), the ADPI supports state, tribal, and community scaling of dementia capable services. The overarching goal of the ADPI State and Community Grant Program is to improve quality of life for people living with dementia and their caregivers by strengthening dementia-capable systems, closing service gaps, and sustaining effective supports across states, tribes, and communities.

About Option A: Grants to state governments

Option A gives grants to state and territorial government entities designated as the state agency for dementia-capability and includes two required objectives.

Applicants to **Option A** must describe their anticipated methods for achieving both objectives and their core components. This will include details of how the proposed project will enhance what presently exists in the system within which they are operating.

Objective 1: Create, expand, and sustain a dementia-capable, state HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people living with dementia and their family caregivers.

Core components of this objective include:

- **Information, referral and access:**
 - Applicants must establish a highly visible, trusted resource where people living with ADRD and their family caregivers can access objective information maximizes their ability to remain independent in the community.
 - You must describe how you will provide access to and support engagement in a comprehensive range of services, which may include, but are not limited to:
 - Dementia-capable, strengths-based HCBS.

- Care transition services.
- Family caregiver support programs.
- **Options counseling and assistance:**
 - Options counseling enables people with dementia and their family caregivers to understand and use the services available in their communities. You must describe how you will provide options counseling that assists with:
 - Identification of the strengths, values, needs, and preferences of people living with dementia.
 - Development of person-centered, strengths-based service plans.
 - Enrolling the person with dementia in self-directed programs or supporting seamless transfer into this process, as appropriate.
 - Service initiation.
 - Provision of on-going assistance and follow-up.
- **Strengths-based care transitions across multiple setting:**
 - Care transitions models are person-centered, strengths-based, interdisciplinary approaches to integrating healthcare and social support services for people living with dementia and their caregivers as they move across settings such as hospitals, nursing homes, and their homes in the community. You must describe how you will provide care transition services that do the following:
 - Identify individual needs and preferences.
 - Develop and implement comprehensive service plans.
 - Empower people to take an active role in their health care.
 - Connect people to available resources and support warm “handoffs” to facilitate service uptake, as appropriate.

Objective 2: Ensure access to a comprehensive, sustainable set of quality dementia-capable state home and community-based services, including innovative supports for people living with dementia and their caregivers.

Core components of this objective include:

- **Comprehensive set of services:**
 - You must fully describe how people living with ADRD and their family caregivers will have access to a broad range of dementia-capable, strengths-based HCBS that support independence in the community.
 - You must also explain how you will implement at least one dementia-specific, evidence-based or evidence-informed service or intervention (ACL definitions

included in Appendix A of this NOFO), along with dementia-capable HCBS and supportive services for family caregivers. Examples of interventions implemented through ACL's ADPI state and community grant programs are described in the publication [Grantee-Implemented Evidence-Based and Evidence-Informed Dementia Interventions](#).

- Selection of the right intervention for your community is central to sustainability after grant funding ends. ACL created [Choosing an Evidence-Based or Evidence-Informed Intervention: Considerations to Inform Decision-Making](#) to support such decision making.
- [Best Programs for Caregiving](#) is a free online database which highlights select evidence-based dementia programs to support family caregivers which can serve as a resource for organizations researching dementia-specific interventions for inclusion in their proposals.
- **Quality assurance system:**
 - You must fully describe your plan to use a quality assurance and improvement process that will help ensure delivery of quality, dementia-capable services. You must propose measurable performance goals and indicators related to your quality assurance system's visibility, ease of access, responsiveness to persons living with dementia and their family caregivers, efficiency, and effectiveness.
 - ACL's NADRC compendium of [Evaluation Measures Resources](#) can help you identify measurable outcomes of program activities.
- **Sustainable service system:**
 - You must describe how you plan to ensure sustainability of your dementia-capable HCBS system, including how you will maintain the following:
 - Infrastructure and capacity to deliver programs throughout the state, including partnerships that have effectively embedded dementia-capability within HCBS systems.
 - An adequate number of delivery sites and workforce to deliver the programs.

As program outcomes are a key to sustainability, you must identify program outcomes as well as measures to demonstrate program impact and evaluation strategies. Identified outcomes will document progress toward implementing and sustaining a comprehensive, dementia-capable system. ACL's NADRC compendium of [Evaluation Measures Resources](#) can help you identify measurable outcomes of program activities.

Note on earlier funded work

If your organization benefited from an ACL Alzheimer's program between 2014 and 2023, you must provide details of the previous dementia systems project and how what you are proposing builds upon or enhances previously funded work.

About Option B: Grants to communities

Applicants for **Option B** must be public or private community-based organizations that operate within an existing dementia-capable HCBS system. These grants are intended to expand dementia-capable HCBS for targeted special populations, including education and training activities, by addressing all three ACL-identified required service gaps within the existing system.

Applicants for **Option B** must demonstrate that already operate within a dementia-capable HCBS system. The grant will help you expand and improve those services to populations with specialized needs through service enhancements, education, and training, while addressing all three required ACL service gaps.

Applicants to this option must demonstrate that they meet all of the following criteria:

- Operation within an existing dementia-capable HCBS system dedicated to the population that they serve.
- Expanding and strengthening the system within which they operate, through partnerships and targeted improvements through the identification and fostering of new partnerships, educational opportunities and expanded and addition of new services and supports within the existing system in which they are operating.
- Expanding established working relationships with state agencies charged with creating and sustaining dementia-capable HCBS systems.

Option B grants are specifically intended to address service gaps identified through the recommendations of the [National Alzheimer's Project Act \(NAPA\) Advisory Council on Research, Care and Services](#) and the [RAISE Family Caregiving Advisory Council](#).

Applicants should be leaders within existing dementia-capable HCBS systems and must describe how they will support people living with ADRD and their caregivers by addressing all three of the following required service gap areas:

- **Develop and deliver supportive services to people with ADRD who are living alone in their communities.** People living alone are at increased risk of, among other things, unmet needs, malnutrition, injury and various forms of neglect and exploitation. Applicants must describe how they will identify and support people living alone with ADRD in their community.
- **Improve the quality and effectiveness of programs and services for people aging with intellectual and developmental disabilities (IDD) with ADRD or at high risk of developing ADRD.** Advances in medicine and technology are extending the lives of

people living with IDD, and those at high risk of developing dementia. Applicants must describe how program activities will target the unique needs and circumstances of these growing populations.

- **Deliver behavioral symptom management training and expert consultation for family caregivers.** Behavioral symptoms associated with ADRD can impact disease progression, functional decline, quality of life, and caregiver well-being. Such outcomes may result in significant caregiver distress, impacting the ability to provide care. Applicants must explain how they will deliver training and expert consultation to support family caregivers in managing these challenges.

For each of the three required service gap areas, applicants should describe opportunities to expand or enhance services that strengthen the existing dementia-capable HCBS system in which they operate.

In developing proposed programs, applicants are encouraged to consider including in their proposed programs activities that address:

- The need for innovations in respite care.
- The needs of individuals with early-onset dementia and their caregivers.
- Building workforce capacity to deliver dementia-capable long-term services and supports through training.

Additional information on model dementia-capable systems is available in ACL's issue brief, [Dementia-Capable States and Communities: Lessons Learned from Administration on Aging Grantees](#).

General program requirements

General program requirements are applicable to both **Option A** and **Option B** applicants. You should address these requirements in your application narrative, work plan, and evaluation plan.

Phased implementation

You must propose a phased approach for implementation of your project. Explain how you will execute both a planning phase and an implementation phase, as detailed in the following subsections.

Planning phase

The Planning Phase is the first stage of the project during which applicants will refine and strengthen the work and evaluation plans proposed in the original application. These finalized plans will become the ACL/AoA approved roadmap for carrying out the project's goals, objective and core components of the funded program.

During this phase and prior to entering the implementation phase, grantees and their partners will complete ACL's [Dementia Capability Assessment](#) to establish a baseline for measuring future progress and improvements in dementia capability.

Applicants must propose a planning phase of not less than six months from the date of the grant award. During this time, grantees may access no more than 15% of total grant funding to support planning, coordination, and refinement of the work and evaluation plans submitted with the application. ACL/AoA will work closely with grantees throughout the planning phase to ensure all program objectives outlined in the NOFO are addressed.

To conclude the planning phase grantees must receive ACL/AoA approval of their finalized work and evaluation plans, submit an updated budget aligned with those plans, ensure all partners complete the Dementia Capability Assessment, and participate in a Planning Phase Exit Conference.

Once these steps are completed, grantees may begin the Implementation Phase and access the full award funding.

Implementation phase

The Implementation Phase is the stage of the project during which grantees carry out the goals, objectives and core components activities and services described in the finalized work and evaluation plans. Throughout implementation, all grantees and project partners will complete annual Dementia Capability Assessments each Fall.

Use of evidence-based or evidence-informed interventions

Applicants must name and describe the dementia-specific evidence-based or evidence-informed intervention proposed for implementation. The application must clearly explain how the selected intervention will be integrated into the overall project design and identify the intended target population, such as people living with dementia, family caregivers, or both.

Definitions of “evidence-based” and “evidence-informed” interventions are provided in Appendix A of this NOFO. Applicants must demonstrate how the proposed intervention aligns with one of these definitions.

Direct services

Recipients are required to allocate no less than **50% of the total program budget** (including both federal funds and required matching funds to the delivery of direct services for people living with dementia and their caregivers. Applicants should refer to the Appendix A of this NOFO for the definition of “direct service.”

Evaluation

Applicants must include a robust third-party evaluation (summative/outcome) plan designed to assess the impact and effectiveness of the direct services, supports, education, and training activities funded through the program.

A third-party evaluator is not engaged in the program activities other than the design, implementation and reporting of the project evaluation findings. Individuals or organizations participating in program development, service delivery, training, administration or any other project activities beyond evaluation responsibilities are not eligible to serve as third-party evaluators. For example, if one university department is involved in program implementation, another department from the same university may not serve as the evaluator.

Evaluation activities conducted under the cooperative agreement must result in a comprehensive program evaluation report demonstrating the impact and effectiveness of program-supported direct services. The evaluation plan must describe how the effectiveness and impact of all funded direct service activities will be measured. Every direct service component included in the proposed program is subject to evaluation requirements. Applicants must identify measurable outcomes related to the impact of services and supports on persons living with dementia, family caregivers, and individuals participating in education and training activities supported by the project.

Applications that do not include measurable outcomes will not be funded.

All proposed projects must include at least one component designed to demonstrate the program's impact on the quality of life of people living with dementia.

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 the requirements of the grant initiative as outlined in this NOFO and carry out project activities as reviewed, approved, and awarded.
- Communicate with the AoA project officer or the assigned technical assistance liaison regularly to improve the effectiveness of the activities carried out under this agreement.
- Conduct a baseline assessment of project dementia capability (grantee and all relevant Partners) and annually through the duration of the project.
- Conduct required evaluation activities as outlined in this NOFO.
- At the end of the project, produce and submit to the AoA project officer a program report/manual and an independent evaluation report covering the duration of the project describing how the project was conducted, what program outcomes were achieved, ways in which barriers to goals were addressed, and how program components have been sustained beyond the funding period.
- Submit all deliverables funded through this grant. No materials developed with program funding will be proprietary and all program deliverables (tools, resources, manuals, etc.) will remain in the public domain. Promising practices, resource materials, and tools will be posted on the website of ACL's [National Alzheimer's and Dementia Resource Center \(NADRC\)](#), for the benefit and utilization of the broader dementia community.
- Cooperate with any federal evaluation efforts and comply with the timeline, content, and format of all required data collection and reporting requirements. Submit to the ACL or AoA project officer a final, clean copy of all data developed or supported with these grant funds in the format in which it was developed or produced, as provided for in the HHS Grants Policy Statement and referenced in the Notice of Award.
- Participate in collaborative activities as organized by the ACL or AoA project officer and the technical assistance team. Collaborative program activity participants will mentor each other in their efforts to fulfill the ADPI program's aims.

- Include the following disclaimer language (see callout box) when issuing statements, press releases, requests for proposals, bid solicitations, and other ACL supported publications and forums describing projects or programs funded in whole or in part with ACL funding.
 - *“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.”*

Our responsibilities

- Perform the day-to-day federal responsibilities of managing a grant initiative and work with you to ensure that the minimum requirements for the grant are met.
- Work cooperatively with you to clarify the programmatic and budgetary issues to be addressed by your project, and, as necessary, negotiate with you to achieve a mutually agreed upon solution to any identified needs.
- Assist your project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of ACL/AoA, and the U.S. Department of Health and Human Services.
- Help you learn about other federally sponsored projects and activities relevant to your project.
- Provide you with technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
- Attend and participate in major project events as appropriate.
- Communicate with your project director regularly to improve the effectiveness of the activities carried out under this agreement.

Managing disagreements

The grantee and the Federal Program Officers/Project officer will maintain a collaborative working relationship throughout the period of performance. The parties will make good-faith efforts to resolve disagreements related to programmatic direction, implementation activities, timelines, deliverables, performance expectations, or interpretation of cooperative agreement responsibilities at the lowest appropriate organizational level.

If a disagreement cannot be resolved through routine programmatic communication, the matter may be elevated through established organizational channels for review by recipient leadership and the authorized federal official(s). Escalation should occur in a

timely manner and include documentation of the issue, relevant background, efforts undertaken to resolve the matter, and any proposed resolution options.

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](#).

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 current negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate is 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

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.

- Pass through projects are prohibited, no project partner may receive more than 20% of the Federal funding received by the primary grantee.
- 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 and are subject to all of the terms and conditions outlined in the Notice of Award.

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). The current annual salary limitation which may not be exceeded is \$225,700 (\$108.51). It does not include fringe benefits or any income the person is allowed to earn outside of the duties of the applicant organization. No position funded through the grant will be approved to exceed this annual or hourly rate.

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

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Get registered	<u>24</u>
Join the webinar	<u>25</u>

Find the application package

The application package has all the forms you need to apply. You can search for it at [Grants.gov](#) using opportunity number HHS-2026-ACL-AOA-ADPI-0036. 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](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

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

Join the webinar

We will have an informational conference call:

- **Date:** Thursday, June 25, 2026
- **Time:** 3 to 4 p.m. ET
- **Toll-free dial in number:** 888-847-9713
- **Passcode:** 7789917

If you are unable to attend, a recording of the call will be available by dialing the toll-free number: 800-568-3942 after the session.

Joining and participating is voluntary. Opting not to participate in the session will not affect eligibility, application scoring, or the award selection process.

If there is a discrepancy between the presentation or materials and the NOFO, the NOFO takes precedence.



Step 3:

Build Your Application

In this step

Application checklist	<u>27</u>
Application contents and format	<u>29</u>

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
☐ Project narrative	Use the Project Narrative Attachment form.	20 pages
☐ Budget narrative	Use the Budget Narrative Attachment form.	None

Attachments

Insert each in a single Other Attachments Form.

Item	Page limit
☐ Indirect cost agreement	None
☐ Commitment letters from partners	None
☐ Commitment letter from third-party evaluator	None
☐ Proof of nonprofit status	None
☐ Resumes and job descriptions	None
☐ Evidence-based/ Evidence-informed intervention overview	None
☐ Work plan	None
☐ Evaluation plan	None

Other required forms

Use each required form in Grants.gov.

Item	Page limit
☐ Application for Federal Assistance (SF-424)	None
☐ Budget Information for Non-Construction Programs (SF-424A)	None
☐ Assurances for Non-Construction Programs (SF-424B)	None
☐ Key Contacts form	None
☐ Grants.gov Lobbying Form (Certification Regarding Lobbying)	None
☐ 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: 20 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

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.

Project summary

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

1. **Goals:** Broad overall purpose, like a mission statement that says what you want to do and where you want to be.
2. **Objectives:** Narrow, specific, and clear steps toward the goals. These are the “hows” to achieve the goals.
3. **Overall approach:** General overview of what you will do.
4. **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.
5. **Products:** The materials and other deliverables you expect to generate through the project.
6. **Duration:** The anticipated start and end dates of the period of performance.

Project relevance and current need (20 total points)

Problem statement (7 points)

Both **Option A** and **B** problem statements must:

- Describe the impact of ADRD on the community and population that you serve.
- Describe the training and services presently available to address behavioral symptom management.
- Describe the management, systems, financial or other challenges requiring attention to implement and sustain programs funded under this opportunity.
- *If the state or community applicant has benefited from ACL ADRD program funding since 2014, a description of the previous funding activities and outcomes, and the ways the proposed program builds on previous funding, must be included.*

In this section, **Option B** community applicants must:

- Describe the existing dementia-capability of the HCBS system within which the applicant organization operates and how it pertains to the target populations.
- Describe the current state of supports and services in relation to ALL three of the funding opportunity identified gaps that will be addressed through the proposed program.

Your problem statement should align with the requirements for **Option A** or **Option B** as detailed in the program description.

Goals and objectives (13 points)

This section should consist of a description of the project's goals and major objectives. In this section, **Option A and B** applicants should:

- Identify your proposed project goals and major objectives (i.e., state project objectives or three community project targeted gap areas), including the projected total number of individuals who will benefit from proposed project services. The project goals and objectives will be reflected in the work plan included in the application.
- Describe how you plan to address the major challenges identified in the problem statement.
- Describe partnerships, collaborations, and innovative activities that will be implemented to support goal/objective achievement, including the dementia-specific evidence-based/evidence-informed interventions.
- Explain how program activities will be marketed and participants identified.
- Explain anticipated outcomes and the measures to demonstrate program outcomes.
- Describe the sustainability plan for program elements that are deemed successful.
- *If the applicant has benefited from ACL ADRD program funding since 2014, describe the previous funding activities and outcomes, and the ways in which the proposed program builds on previous funding.*

Your goals and objectives should align with the requirements for **Option A** or **Option B** as detailed in the program description.

Table: Problem statement scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Problem Statement Option A (State) • Does the applicant demonstrate capacity to deliver and enhance person-centered, strengths-based services for people of all ages with dementia? • Does the applicant provide a clear description of the need for dementia-capability in the state system for the population it serves? • Does the applicant provide a clear understanding of the dementia capability of the system within which they are operating? • Does the proposed project clearly and adequately identify the relevance of the priority areas, as described in this NOFO, in relation to current state/community needs? • Does the applicant adequately and appropriately describe and document the key problem(s)/condition(s) relevant to the applicant's purpose/need?	7 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
• If previous program recipient, does the applicant document the work previously undertaken, as well as the ongoing problems/conditions relevant to the applicant's purpose/need? • Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge? Option B (Community) • Does the applicant demonstrate the capacity to address the three required gap areas through enhancement and delivery of person-centered, strengths-based services to people of all ages living with or at high risk of developing dementia, including those with intellectual and developmental disabilities? • Does the applicant demonstrate the capacity to enhance and deliver person-centered, strengths-based services to caregivers of people of all ages living with or at high risk of developing dementia, including those with intellectual and developmental disabilities? • Does the applicant clearly describe the need for the proposed specialized supportive services in the target community? • Does the proposed project clearly and adequately specify the direct services to be provided in response to each of the three required service gap areas? • Does the applicant clearly articulate opportunities and additional services, including each of the three identified gap areas, to enhance and strengthen the existing dementia-capable system? • Does the applicant describe: ◦ The population of individuals living with Alzheimer's or a related dementia and their caregivers in the community being served? ◦ The extent and nature of the needs of that population? ◦ Existing services, including numbers of persons with dementia and their caregivers presently served by their home and community-based organization? • Does the applicant adequately and appropriately describe and document the key problem(s)/condition(s) relevant to the applicant's purpose/need? • Is the proposed project justified in terms of the most recent, relevant, and available information and knowledge?	

Table: Goals and objectives scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Goals and Objectives • Are clear and meaningful goals and objectives of the dementia-capability systems project clearly defined? • Does the applicant clearly articulate how they plan to address the major challenges identified in the problem statement? • Does the applicant clearly identify proposed project goals and major objectives (dementia-capable HCBS systems that meet the two objectives and core components), including the projected total number of individuals who will benefit from services provided by this proposed project? • Does the applicant describe partnerships, collaborations, and innovative activities that will be implemented in support of goal/objective achievement, including the dementia-specific evidence-based/evidence-informed interventions to be implemented in the project? • Does the applicant explain how program activities will be marketed and participants identified, including the populations explicitly targeted in the NOFO? • Does the applicant include measurable performance outcome goals and indicators related to program impact, including the quality assurance system's visibility, ease of access, responsiveness to persons with dementia and their family caregivers, efficiency and effectiveness? • Does the project consider barriers and opportunities in the larger environment that may impact project success?	13 points

Approach (25 total points)

Proposed intervention (13 points)

This section should provide a clear and concise description of the intervention you are proposing to address the problem described in the “Problem statement.”

Project management (6 points)

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 the expertise of those designated for leadership roles, as well as who will have day-to-day responsibility for key tasks including monitoring the project’s ongoing progress, preparing of reports, and communicating with other partners and ACL. It should also describe the approach that will be used to monitor and track the progress of the project’s tasks and objectives.

Work plan (6 points)

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.

Table: Proposed intervention scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Proposed Intervention • Does the applicant specify services chosen, summarize the rationale for those services and the methods they propose to use in service development, pilot testing, program implementation and evaluation? • Does the applicant fully describe how people living with ADRD and their family will have access to a wide range of strengths-based HCBS that promote independence in the community? • Does the applicant include a plan to create and sustain a dementia-capable HCBS system that includes Single Entry Point/No Wrong Door (SEP/NWD) access for people living with ADRD and their caregivers? • Does the applicant identify and fully describe how they plan to provide at least one dementia-specific evidence-based or evidence-informed intervention in the provision of service? • Does the applicant include the required attachment describing the proposed evidence-based/evidence-informed intervention and demonstrating that the proposed intervention falls within the ACL definition?	13 points

Table: Work/management plan scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Work/Management Plan - Does the application include a work plan? (Failure to include a work plan with the application will result in a score of zero for this section.) - Does the work plan include education and training to develop or expand the dementia-capable workforce, to work with and on behalf of people living with dementia and caregivers? - Does the applicant's project work plan detail all intended program activities? - Does the applicant's narrative include a management plan that demonstrates the intent to undertake the activities laid out in the work plan? - Do the work and management plans clearly delineate the roles and responsibilities of project staff, consultants, and partners and link them to specific objectives and tasks? - Does the applicant fully describe, through their work plan and management narrative, their methods for achieving the two objectives (and core components) detailed in the NOFO? - Do the work and management plans provide measurable targets for maximum population coverage of dementia-capable information, referral, and access, options counseling, and person-centered, strengths-based care across settings? - Does the work plan include training for delivery and implementation of at least one dementia-specific evidence-based/evidence-informed intervention that meets ACL definitions? - Does the applicant include letters of commitment from all individuals/organizations with roles in the work and management plans? - Do the work and management plans include sensible time frames for the accomplishment of the tasks necessary to implement a successful project? - Does the work plan include specific objectives and tasks linked to measurable outcomes? - Does the work plan include a commitment to conduct an initial Dementia Capability Assessment at the project's beginning and reassess each fall over the federal funding project period? - Does the applicant fully describe their implementation and use of a quality assurance and improvement process that will help ensure delivery of quality, dementia-capable services? - Does the project work plan include production and submission of a final report describing how the project was conducted and goals were achieved, as well as ways in which barriers to goal achievement were addressed? - Does the work plan include the development and submission of an evaluation report, developed by a third-party evaluator, which demonstrates the project outcomes, including the impact on people living with dementia and paid and unpaid caregivers?	12 points

Project impact (25 total points)

Outcomes (9 points)

This section of the project narrative must clearly identify the measurable outcomes that demonstrate the project's impact.

ACL will not fund any project that does not include measurable outcomes.

All funded projects must include at least one outcome measure to demonstrate their projects impact on the quality of life of a person living with dementia.

Evaluation (12 points)

This section should describe the methods, techniques, and tools that will be used by the third-party evaluator to 1) determine whether the proposed intervention achieved its anticipated outcomes, and 2) document the "lessons learned" - both positive and negative - from the project that will be useful to people interested in replicating the intervention, if proven successful.

The development and implementation of a quality assurance (QA) program which ensures continuous quality improvement should be included in this section. The QA program description will include techniques and tools to demonstrate project outcomes, methods for monitoring and tracking progress toward program goals and objectives, and documentation of both positive and negative lessons learned. This section will include the role in program evaluation of the initial and annual (each fall) completion of the Dementia Capability Quality Assessment of the grantee and its partners.

Dissemination/Sustainability (4 points)

This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the project.

Table: Outcomes scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Outcomes • Are the expected project benefits/results clear, realistic, and consistent with the project's objectives and purpose? • Are the proposed outcomes quantifiable and measurable, and consistent with the project outcome's definition in the program announcement? • Does the evaluation plan include the required measure designed to assess program outcomes related to the quality of life of people living with dementia? • Has the applicant agreed to work with AoA/ACL and comply with any OMB-approved reporting requirements and to submit reports according to the required schedule? • Does the applicant provide measurable targets for achieving maximum population coverage of dementia-capable information, referral, and access for each year of the cooperative agreement period?	9 points

Table: Evaluation scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Evaluation - Does the applicant include a robust, third-party evaluation plan that demonstrates the intent to meet program direct service and outcome measure requirements? <i>(Failure to include an evaluation plan with the application will result in a score of zero for this section.)</i> - Does the applicant name and include a letter of commitment from the proposed third-party evaluator (the proposed individual or organization's role in the project has zero connection to program implementation)? If the applicant is a state bound by statute that disallows securing a commitment from a third-party evaluator, did they include an attachment explaining the situation and citing the statute to which they are bound? - Does the evaluation plan demonstrate intent to evaluate the impact of program education and training initiatives designed to expand the dementia-capability of their workforce, in support of their work with and on behalf of persons living with dementia and caregivers? - Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether the project has achieved its proposed outcomes? - Does the evaluation plan include well-articulated, intended program targets, outcomes, and outcome measures? - Does the evaluation plan include the qualitative or quantitative methods necessary to reliably measure outcomes? - Is the evaluation designed to capture "lessons learned" from the overall effort? - Does the applicant include the development and submission of an evaluation report developed by a third-party evaluator?	12 points

Table: Dissemination/Sustainability scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Dissemination/Sustainability - Does the applicant describe the method and related financial resources that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats? - Is there a dissemination plan to get relevant and easy-to-use information about the program and the services being provided? - Does the project plan include efforts to disseminate information on project efforts (e.g., program deliverables, conference presentations, web-based methods, media outreach, etc.)? - Does the applicant include a sufficient plan to ensure sustainability of the grantee's expanded dementia-capable HCBS system? - Does the applicant describe the sustainability plan for program elements that are deemed successful? - Is sustainability sufficiently addressed in the work plan? - Is there a clear and realistic plan to identify resources and avenues through which program activities can continue after Federal financial assistance has ended? - Is sustainability of the program beyond the project period likely?	4 points

Capability and expertise (15 total points)

Organizational capability (8 points)

You should include an organizational capability statement. The statement should describe how the applicant agency (or the division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses, including dementia-capability.

The description should detail the applicant organization's capability and capacity to undertake all proposed activities (all of which must be new to the organization) and sustain those deemed successful after federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as current or previous relevant dementia-specific experience or the project team's record preparing cogent and useful reports, publications, and other products. If appropriate, include, as an attachment, an organizational chart showing the relationship of the project to the current organization.

Experience of the project team (7 points)

You should include short resumes for key project personnel. Resumes will not count towards the narrative 20-page limit, as they would be attachments to the narrative. Also include information about any contractual organizations that will have significant roles in implementing and achieving project goals.

Table: Organizational capability scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Organizational Capability - Does the applicant organization clearly articulate their capacity for carrying out the proposed project and funded activities? - Does the applicant demonstrate the ability and commitment to lead the project? - Does the applicant adequately describe organizational ability to work with other state and community-based entities? - Does the applicant clearly describe the organization's capacity to undertake the program activities laid out in the narrative and work plan? - Does the application demonstrate the organization's intent and capability to sustain those project activities that are deemed successful after Federal program funding has expired? - Does the applicant demonstrate commitment and ability to comply with the timeline, content, and format of all federal data collection and reporting requirements?	8 points

Table: Experience of the project team scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Experience of the Project Team - Do the proposed project directors, key staff, and contracted consultants have the requisite dementia background, experience, and other qualifications required to carry out their designated roles? - Does the proposed third-party evaluator have the necessary experience to plan, conduct, and deliver a comprehensive program evaluation report? - If the applicant is a state entity prohibited by statute from engaging an evaluator, and requisite documentation is provided (as outlined in the Letters of Commitment section of the NOFO) as part of the application package, points will not be deducted. - Are time commitments of key staff sufficient to carry out proposed project activities? - Are letters of commitment from partner organizations included, as appropriate? - Do the letters demonstrate a clear understanding of partner roles in the project, and are those commitments consistent with the work plan description of their intended roles and contributions?	7 points

Budget narrative (15 total points)

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](#).

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.
- The budget narrative attachment does NOT count toward the 25-page narrative limit, but information in the budget tables should be fully described in this section of the narrative.
- A combined multiyear budget justification narrative, and a detailed budget justification narrative for each year of potential grant funding is required. The budget justification narrative will detail where federal and non-federal funds will be spent over the course of the proposed project.
- The budget justification narrative breakdown should reflect the structure of the project team. Primary grantee personnel and other related programmatic costs would be outlined in the main sections of the budget, while contract or subgrantee detail (including personnel and other costs) would be included in the contract section of the budget.
- Pass-through projects are prohibited. No project partner may receive more than 20% of the federal funding received by the primary grantee.
- The budget justification narrative must indicate the budget lines where you expect the direct service expenditures to occur, to demonstrate intent to meet the required dedication of 50% of the program budget to direct services.
- The budget justification narrative must demonstrate the budget lines that will include the required match dollars. Match dollars must be directly connected to program activities articulated in the narrative, work, and evaluation plans.
- If you include indirect cost reimbursements in your budget, you must include a copy of your most recent indirect cost agreement or cost allocation plan. If any subcontractors or subgrantees are requesting indirect costs, copies of their indirect

cost agreements must also be included with the application package. Applicants without existing indirect cost agreements may include the 15% *de minimis* rate in their budget.

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
Budget Narrative Options A (State) and B (Community) - Does the budget and associated justification narrative cover the entire proposed project? (Failure to include both a budget and budget justification narrative with the application will result in a score of zero for this section.) - Does the application package include a copy of the applicant's negotiated indirect cost rate, if they are seeking indirect cost reimbursement? - Is it clear that the applicant is not proposing conduit or pass-through funding for another agency to lead the project? - Does the budget reflect the 25% match (cash or in-kind) requirement? - Does the application reflect an understanding that the applicant agrees to expend no less than 50% of the total grant funds (federal and match) for providing direct services to persons with ADRD and their caregivers? - Is the time commitment of the proposed project director and other key personnel sufficient to assure proper direction, management, and timely completion of the project? - Is the budget justified with respect to the adequacy and reasonableness of resources requested? - Are budget line items clearly delineated and consistent with work plan objectives?	15 points

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.

Include letters from key partners that confirm and describe their commitment to the project if funded. Any organization with a stated role in the project should provide a letter.

A signed letter of commitment from the third-party evaluator is required.

Upload signed letters as attachments with your application. If partners plan to charge indirect costs, include their negotiated indirect cost rate agreement.

State entities restricted by statute from soliciting commitments from evaluators in the application process should **include a letter or memorandum** stating the challenge and citing the statute to which they are bound. The letter will indicate the intent to meet the requirement of engaging a third-party evaluator, post award.

The inability of a state applicant to secure a commitment from a third-party evaluator in the application stage (due to statutory restrictions) does not relieve state applicants from the requirement to submit an evaluation plan with their 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.

Evidence-based/Evidence-informed intervention overview document

In addition to discussing the dementia specific EBI/EI proposed in the project narrative, you must submit a separate attachment which:

- Names the dementia specific, proposed EBI/ EI.
- Provide an overview of the EBI/ EI and demonstrate how it meets the definition included in Appendix A.

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.

Applicants requesting funding for a multiyear grant program are required to provide a project work plan for each potential year of grant funding requested.

Resources for preparing an effective work plan by be found on the [NADRC website](#), including a [work plan template](#).

Evaluation plan

In addition to discussing the evaluation strategy in the project narrative, you must submit a separate evaluation plan attachment. Resources for preparing an effective evaluation plan by be found on the [NADRC website](#), including an [evaluation plan template](#).

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
☐ Application for Federal Assistance (SF-424)	None
☐ Budget Information for Non-Construction Programs (SF-424A)	None
☐ Assurances for Non-Construction Programs (SF-424B)	None
☐ Key Contacts form	None
☐ Grants.gov Lobbying Form (Certification Regarding Lobbying)	None
☐ 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 \[PDF\]](#).



Step 4:

Learn About Review and Award

In this step

Application review	<u>48</u>
Award notices	<u>50</u>

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
Project summary	0 points
Purpose and need	20 points
Response	25 points
Impact	25 points
Resources and capabilities	15 points
Budget	15 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](#) Responsibility/Qualification to check this history for all awards likely to be over \$250,000. We also check Exclusions.

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

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

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including 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 priorities 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 priority to applications that align with agency priorities.

Your application may receive this priority if it effectively demonstrates a viable plan for:

1) building capacity to deliver sustainable support for caregivers and 2) embedding caregiving in health and social systems as a critical prevention strategy against institutionalization.

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

In this step

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.

Application

Deadline

Due on Wednesday, July 22, 2026 at 11:59 p.m. ET.

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

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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 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in 2 CFR 300.
- The HHS [Grants Policy Statement \(GPS\)](#). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the [HHS 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

Telephone: 202-401-4634

Financial and budget

Tanielle Chandler

Email: Tanielle.chandler@acl.hhs.gov

Telephone: 202-795-7325

Review process and application status

Kari Benson

Email: Aoa.oaa@acl.hhs.gov

Telephone: 202-401-4634

Help with systems

Grants.gov

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

- Telephone: 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 \(U.S.C.\)](#)

Endnotes

1. Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., Ames, D., Banerjee, S., Burns, A., Brayne, C., Fox, N. C., Ferri, C. P., Gitlin, L. N., Howard, R., Kales, H. C., Kivimäki, M., Larson, E. B., Nakasujja, N., Rockwood, K., . . . Mukadam, N. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet*, 404(10452), 572–628. [https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0) ↑
2. Tampi, R. R., & Jeste, D. V. (2022). Dementia is more than memory loss: Neuropsychiatric symptoms of dementia and their nonpharmacological and pharmacological management. *American Journal of Psychiatry*, 179(8), 528–543. <https://doi.org/10.1176/appi.ajp.20220508> ↑
3. National Institute for Health and Care Excellence. (2018, June 20). Dementia: Assessment, management and support for people living with dementia and their carers (NICE guideline NG97). <https://www.nice.org.uk/guidance/ng97> ↑
4. Livingston, G., Huntley, J., Liu, K. Y., Costafreda, S. G., Selbæk, G., Alladi, S., Ames, D., Banerjee, S., Burns, A., Brayne, C., Fox, N. C., Ferri, C. P., Gitlin, L. N., Howard, R., Kales, H. C., Kivimäki, M., Larson, E. B., Nakasujja, N., Rockwood, K., . . . Mukadam, N. (2024). Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. *The Lancet*, 404(10452), 572–628. [https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0) ↑