



Division of Clinical and Community Services

Notice of Funding Opportunity








Application due September 4, 2026

# Addressing Dementia in Tribal and Urban Indian Communities: CARES Program

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



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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 September 4, 2026.



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



# Step 1:

# Review the Opportunity

## In this step

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# Basic information

## Indian Health Service (IHS)

Division of Clinical and Community Services

Supporting and expanding Tribal and Urban Indian Organization capacity for culturally responsive dementia care for American Indian and Alaska Native people, caregivers, and communities.

## Summary

This Notice of Funding Opportunity (NOFO) supports Tribal and Urban Indian communities in strengthening dementia care and services for American Indian and Alaska Native (AI/AN) people. Rooted in Indigenous values and community self-determination, the program will fund meaningful, measurable improvements that span the full dementia care continuum, from early recognition to caregiver support.

**Option A – Dementia CARES (Care Access, Resources, and Support).** One national awardee will coordinate four integrated priorities:

- **Mini-Project Funding** to help Tribal and Urban Indian clinics launch culturally tailored services.
- **A Dementia Champion Network** connecting frontline leaders.
- **Success Sharing** through case studies and toolkits.
- **Evaluation & Data** using common performance measures and dashboards.

**Option B – Dementia Caregiver Support and Training Center.** One national awardee will deliver dementia caregiver support training, services, resources, and technical assistance. Services will support Tribes, Tribal Organizations, and Urban Indian Organizations. The awardee will develop and implement a comprehensive, culturally relevant caregiver support and training model. It will prioritize leadership, caregiver support, and knowledge and skills development.

Across both options, recipients will document emerging practices using standardized measures. These measures will guide continuous quality improvement and improve outcomes for AI/AN people and their caregivers.



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

## Key facts

**Opportunity name:**

Addressing Dementia in Tribal and Urban Indian Communities: CARES Program

**Opportunity number:**

HHS-2026-IHS-ALZ-0001

**Assistance listing:**

93.00J

**NOFO version:** Original

## Key dates

**Application submission deadline:**

September 4, 2026

**Expected award date:**

November 1, 2026

**Expected earliest start date:**

November 1, 2026

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

# Funding details

**Funding type:** Cooperative agreement

**Competition type:** New

**Expected total program funding:** \$1,050,000

**Expected number of awards:** 2 (1 Option A, 1 Option B)

**Funding range for Option A (CAREs) per applicant for the first budget period:** \$500,000 to \$750,000

**Funding range for Option B (Caregiver Support) per applicant for the first budget period:** \$250,000 to \$300,000

We expect to fund projects in five 1-year budget periods for a total period of performance of 5 years.

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

# Eligibility

## Eligible applicants

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

### 501(c)(3) Non-profit

A 501(c)(3) organization that has demonstrated expertise as follows:

- Providing a variety of services to Tribes, area health boards, and Tribal Organizations, and playing a major role in focusing attention on AI/AN care needs, resulting in improved health outcomes for Tribes.
- Promoting and supporting health care and education for AI/AN people, including improving the quality of Indian health care.
- Administering national or regional health programs.

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

### Federally recognized Indian Tribes

An Indian Tribe as defined by 25 U.S.C. 1603(14). [Read the 25 U.S.C. 1603\(14\) definition.](#)

The term “Indian Tribe” means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group, or regional or village corporation. The Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.] defines these entities as eligible for the special programs and services that the United States provides to Indians because of their status as Indians.

### Tribal Organizations

A Tribal Organization, as defined by [25 U.S.C. 1603\(26\)](#), which refers to the definition in section 4 of the Indian Self-Determination and Education Assistance Act ([25 U.S.C. 5304\(l\)](#)):

“Tribal Organization’ means the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: provided that, in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each

such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant.”

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

## Urban Indian organizations

An Urban Indian organization, as defined by [25 U.S.C. 1603\(29\)](#).

The term “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an urban Indian-controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 25 U.S.C. 1653(a).

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

## Eligibility exceptions

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

See [statutory authority](#).

## Completeness and responsiveness criteria

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

- Is from an organization that meets all eligibility criteria.
- Does not request funding above the award ceiling shown in the [funding range](#).
- Is not submitted after the [deadline](#).
- Includes a draft or final Tribal Resolution.

## Application limits

Applicants may apply for funding from Option A, Option B, or from both.

- If you submit for both Options (A and B), you must submit a separate application for each Option.
- If you submit multiple applications for a single Option (A or B) on Grants.gov, we will only review the most recent 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 our review. If you receive an award, we will include your voluntary commitment in the award, and you must report on the funds.

# Program description

## Background

Alzheimer's disease and related dementias (ADRD; dementia) touch every Tribal and Urban Indian community. Age is the biggest risk factor for dementia, and the AI/AN population aged 65 and older will triple in coming decades, leading to a rapid rise in cases.

Other health conditions also increase dementia risk, including diabetes, heart disease, kidney disease, liver disease, smoking, and traumatic head injuries. Many of these issues are more common among AI/AN people. When these conditions occur together, they can speed up or worsen memory loss, make daily tasks harder, and add to caregiving demands.

Dementia often goes undetected, and many people receive a late diagnosis. Some people see memory changes as normal aging or avoid care because of stigma.

People usually receive a dementia diagnosis in a primary care office or clinic setting. However, there are still barriers to diagnosing dementia in primary care. Primary care clinics may lack staff trained to test memory or have trouble referring patients to specialists. Primary care clinicians often face challenges in workflow, reimbursement, and access to specialty care that delay diagnosis and limit care coordination. Only special or complex cases require specialist referrals, such as neurology or neuropsychology. These cases might include dementia symptoms at a younger age, an unclear type of dementia, or dementia in people with intellectual or developmental disabilities.

These gaps mean many AI/AN people, and their caregivers, do not get early diagnosis or help. Without a diagnosis or support, people with dementia and cognitive impairment face higher risk for financial exploitation, poor health outcomes, injuries, and even death. As a result, they go without education, safety measures, and supports that improve quality of life and delay crises.

Comprehensive dementia care requires a team-based approach that links clinic, community, and cultural resources. Caregivers need training, respite, and emotional support. Patients benefit from coordinated chronic disease management, medication review, advance care planning, and culturally anchored activities.

This funding opportunity builds on these realities. It invests in Tribal and Urban Indian health systems to strengthen early recognition, diagnosis, clinical

management, referral pathways, and caregiver support, while respecting Indigenous values, languages, and community strengths.

## Purpose

We created this NOFO to help improve care, services, and outcomes for AI/AN people living with or at risk of cognitive impairment or dementia, their caregivers, and their communities. Rooted in Indigenous values, the program supports meaningful, measurable improvements in dementia care.

Choose between two funding tracks based on your role and experience:

1. Dementia CARES Grant (Option A)
2. Dementia Caregiver Support and Training Center (Option B)

You must design activities to serve and respond to the needs, culture, and historical experiences of AI/AN people living with dementia and their caregivers.

You will conduct ongoing program evaluation on your project's progress, incorporating real-world clinical and program data, and provide regular reports of your findings.

## Dementia CARES Grant (Option A)

One **Dementia CARES Grant** (Care Access, Resources, and Support) recipient will provide funding, training, and technical assistance to Tribal and Urban Indian communities across the country.

The CARES grant supports local community-led actions to improve access to dementia care through mini-projects, shared learning, and culturally aligned tools. Our goal is to expand services and build stronger, more responsive clinical systems.

The logic model below shows how the program will work. It includes four strategies and the changes we expect you to achieve over time:

1. **Mini-Project Program:** Provides small project funding, training, and support to Tribal and Urban Indian clinics in priority areas to address direct care, service, and training needs.
2. **Call to Action Network:** Builds a national network of dementia champions and helps expand the reach into other Tribal and Urban Indian communities. It helps people learn from one another and collectively work together to improve care and outcomes.
3. **Sharing Local Successes:** Collects and shares real-world examples from Tribal and Urban Indian communities. This increases awareness, spreads new ideas, and encourages others to act.

4. **Evaluation and Data:** Tracks and shares effective practices. This helps communities, program leaders, and IHS measure and evaluate progress, improve quality, and guide future efforts by using jointly developed measures.

Each strategy helps communities build awareness, take action, share what they learn, and improve dementia care in measurable, meaningful, and sustainable ways. We know it will take us working together to strengthen and grow dementia care and services that reflect the local culture and values of AI/AN communities.

### Logic Model: Dementia CAREs Grant for AI/AN Communities

Strategy	Short-Term Changes	Medium-Term Changes	Long-Term Changes
<p><b>Mini-Grant Program</b></p> <p>Provide funding, training, technical assistance, and evaluation support to Tribal health clinics (and systems) and Urban Indian Organizations to expand dementia care and caregiver services for AI/AN people.</p>	<ul style="list-style-type: none"> <li>Identify gaps in local dementia care, services, and support.</li> <li>Increase use of funding, training, and support from the project.</li> <li>Strengthen capacity to design and implement local activities.</li> </ul>	<ul style="list-style-type: none"> <li>More programs offer new or expanded dementia care and services in priority areas.</li> <li>More staff trained and delivering care and services.</li> <li>More programs use local clinical and evaluation data to improve services and outcomes.</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to high-quality, comprehensive dementia care.</li> <li>More people living with dementia and their caregivers receive culturally-responsive care.</li> <li>Increased number of clinics and systems sustaining programs and improvements using data and feedback.</li> </ul>
<p><b>Call to Action Network</b></p> <ul style="list-style-type: none"> <li>Build and sustain a multidisciplinary network of dementia champions.</li> <li>Promote shared learning among IHS, Tribal, and Urban Indian Organization clinical staff</li> </ul>	<ul style="list-style-type: none"> <li>Increase number of Indian health system workers completing IHS-sponsored dementia training.</li> <li>Expand awareness of and knowledge about dementia and</li> </ul>	<ul style="list-style-type: none"> <li>More clinics and organizations adopt effective practices for recognition, care, and services, including comprehensive models of care.</li> <li>Communities share experiences of best and emerging practices.</li> <li>More communities and clinical and community care settings adopt dementia-friendly practices.</li> </ul>	<ul style="list-style-type: none"> <li>Reduced stigma around dementia for community members and across the Indian health workforce.</li> <li>More people with cognitive impairment are identified earlier, and people with cognitive impairment or dementia receive an accurate and timely diagnosis.</li> <li>Caregivers are regularly identified across health and community service systems, including in</li> </ul>

Strategy	Short-Term Changes	Medium-Term Changes	Long-Term Changes
and communities.	cognitive impairment. <ul style="list-style-type: none"> <li>• More staff awareness of evidence-informed practices and tools.</li> <li>• Increase number of staff identifying as dementia champions and community members identifying as Dementia Friends.</li> </ul>		electronic health records. <ul style="list-style-type: none"> <li>• More caregivers participate in programs and services.</li> </ul>
<b>Sharing Local Successes</b> Document and promote effective IHS, Tribal, and Urban Indian dementia care services, practices, and successes to inspire innovation and wider adoption.	<ul style="list-style-type: none"> <li>• Increase visibility of successful care models and stories, including IHS comprehensive models of dementia care grantees.</li> <li>• Develop and share new resources and program profiles to highlight effective practices.</li> </ul>	<ul style="list-style-type: none"> <li>• More programs use culturally tailored models and resources.</li> <li>• Communities adapt and adopt resources and tools that have worked elsewhere.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved quality of life for people living with dementia and their caregivers.</li> <li>• Faster spread and adoption of clinical and community systems innovations in dementia care and services.</li> </ul>

Strategy	Short-Term Changes	Medium-Term Changes	Long-Term Changes
<p><b>Evaluation and Data</b></p> <p>Develop and use performance measures to track progress, improve quality, and support national and local decision-making for IHS, Tribal, and Urban Indian Organization clinical and community services.</p>	<ul style="list-style-type: none"> <li>Achieve consensus on shared measures to evaluate comprehensive dementia care, services, and project performance measures.</li> <li>Programs integrate clinical and program data into planning.</li> </ul>	<ul style="list-style-type: none"> <li>Programs test, refine, and report on new performance measures.</li> <li>Grant recipient and program evaluators use data to monitor and improve care quality.</li> <li>More high-quality data is available to inform project, community, and national Alzheimer's program evaluation and decision-making.</li> </ul>	<ul style="list-style-type: none"> <li>Better national and local reporting on Alzheimer's program impact.</li> <li>Sustained, data-informed improvements in dementia care and services.</li> </ul>

## Dementia Caregiver Support and Training Center (Option B)

One **Dementia Caregiver Support and Training Center** grant recipient will provide dementia caregiver support training, services, resources, and technical assistance to Tribes, Tribal Organizations, and Urban Indian Organizations. This work will help build strong, culturally grounded systems that support dementia caregivers, improve care outcomes, and enhance the well-being of elders living with dementia.

This logic model below includes the three priorities and the changes we expect you to achieve over time:

- Leadership.**
- Caregiver Support.**
- Knowledge and Skills Development.**

Funded activities will include:

- Conducting national outreach to raise awareness of dementia caregiver needs in Tribal and Urban Indian communities.
- Developing and delivering culturally relevant caregiver support training, services, resources, and technical assistance.

- Planning for long-term sustainability and evaluating the impact of your new caregiver support and training program, services, and systems.
- Documenting and sharing your lessons learned, successes, and emerging practices with Tribal and Urban Indian Health Organizations, communities, and health systems.

Activities should reflect the unique history, culture, and experiences of AI/AN people you serve, including caregivers and families.

### Logic Model: Dementia Caregiver Support and Training Center

Priorities and Activities	Short-Term Changes	Medium-Term Changes	Long-Term Changes
<p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>• Conduct national outreach to raise awareness of dementia caregiver needs in Tribal and Urban Indian communities.</li> <li>• Facilitate partnerships between Tribal health programs, aging services, and community organizations.</li> <li>• Support Tribes in developing local dementia care and caregiver policies, plans, or resource networks.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase awareness of dementia and caregiver needs across Tribal and Urban Indian communities.</li> <li>• Increase collaboration to support dementia caregiver needs in Tribal and Urban Indian communities.</li> </ul>	<ul style="list-style-type: none"> <li>• Sustainable caregiver support programs within Tribal and Urban Indian Organizations.</li> <li>• Enhance community-level integration on dementia care.</li> <li>• Caregivers report reduced stress, improved confidence, and better understanding of dementia caregiving.</li> <li>• Improve access to culturally appropriate dementia care training, resources, and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved quality of life for dementia caregivers and care recipients.</li> <li>• Increased community capacity to support aging in place.</li> <li>• Reduced caregiver burnout and improved caregiver well-being.</li> <li>• Expanded sustainable, culturally embedded caregiver support infrastructure across Indian Country.</li> <li>• Strengthened Tribal and Urban Indian health systems for dementia care.</li> </ul>
<p><b>Caregiver Support</b></p>	<ul style="list-style-type: none"> <li>• Strengthen the capacity</li> </ul>		

Priorities and Activities	Short-Term Changes	Medium-Term Changes	Long-Term Changes
<ul style="list-style-type: none"> <li>• Provide direct technical assistance to Tribal and Urban Indian Organizations.</li> <li>• Develop and deliver culturally relevant caregiver support services (e.g., support groups, respite models, stress-management training).</li> <li>• Offer navigation assistance to connect caregivers with dementia-related services.</li> </ul>	<ul style="list-style-type: none"> <li>• of Tribal and Urban Indian Organizations to provide caregiver services.</li> <li>• Improve coordination among Tribal health programs and caregiver support providers.</li> </ul>		
<p><b>Knowledge and Skills Development</b></p> <ul style="list-style-type: none"> <li>• Develop or adapt culturally relevant training curricula.</li> <li>• Conduct caregiver trainings (virtual and in-person) on dementia care,</li> </ul>	<ul style="list-style-type: none"> <li>• Increase caregiver skills in dementia care techniques, stress management, and resource navigation.</li> <li>• Increase availability of culturally relevant</li> </ul>		

Priorities and Activities	Short-Term Changes	Medium-Term Changes	Long-Term Changes
<p>safety, communication, and behavioral symptom management.</p> <ul style="list-style-type: none"> <li>• Train Tribal health workers, community health representatives (CHRs), caregivers, and others.</li> <li>• Provide webinars, workshops, and resource toolkits.</li> <li>• Maintain a resource hub with evidence-based and culturally tailored tools.</li> </ul>	<p>dementia care materials.</p>		

## Using evidence to develop your program

Your approach, model, programs, and services should be guided by evidence, and incorporate and adapt (when needed) proven approaches to care and services from existing models and interventions when available.

Ongoing efforts at the state and national levels to develop dementia care models and interventions will also help inform your local work. For example, see the [CMS GUIDE Model's Summary of Required Care Delivery Activities](#).

While there is no single, widely accepted standard for comprehensive dementia care, evidence-based models are quickly evolving.

Below is a list of important resources to consider when planning and writing your application:

- [CDC's Healthy Brain Initiative Road Map for American Indian and Alaska Native Peoples](#)
- [CMS's Guiding an Improved Dementia Experience \(GUIDE\) Model](#)
- [Alzheimer's Association Dementia Care Practice Recommendations](#)
- [Best Practice Caregiving Online Database of Interventions](#)
- [Report: Meeting the Challenges of Caring for Persons Living with Dementia and Their Care Partners and Caregivers](#)
- [Implementation of the REACH Model of Dementia Caregiver Support in American Indian and Alaska Native Communities \[PDF\]](#)

## Required, optional, and allowable activities

**Option A (CAREs) requires the following activities:**

- Provide subawards of up to 45% of your program budget annually beginning in Year 2.
- Use and promote existing and new evidence-based approaches to address dementia.
- Plan, implement, and share findings from your project evaluation.

**Option B (Caregiver Support) requires the following activities:**

- Incorporate findings and recommendations from the [IHS Caregiver Workgroup \[PDF\]](#).
- Build a comprehensive, culturally relevant caregiver support and training center to support people living with dementia and their caregivers.

- Increase the number of caregivers, Tribes, Tribal Organizations, and Urban Indian Organizations with access to caregiver support and training.
- Support an increase in coordination among local care and service providers and improvements in community-clinical linkages. This includes clinical care, aging services, public health, home and community-based services, and other Tribal or jurisdictional health and human services programs.

**Both Option A and B require the following activities:**

- Hire and maintain at least one full-time employee who functions as a project director, manager, or coordinator.
- Participate in monthly calls with the IHS Elder Health and Alzheimer's Program staff to review and update work and evaluation plans.
- Work with the IHS on an [expected program evaluation](#) that will include creating and testing common data elements to track program implementation and support program improvement nationally.
- Collaborate with and promote existing IHS dementia training and workforce development programs, such as ECHOs and the Geriatric Nurse Fellowship, Models of Care grants, and communications activities.
- Create tools, resources, and presentations in cooperation with the IHS Alzheimer's Grant Program. This can include stories about best and promising practices, clinical support tools, patient and caregiver training and resources, and community and clinical presentations. These resources will be shared with Federal, Tribal, and Urban Indian health programs as they plan and implement programs.
- Participate in regular (not more than monthly) web-based opportunities to share your experience and expertise.
- Present your activities and findings publicly at least once a year.
- Budget for two people to attend at least one annual, two-day, in-person meeting at a location to be determined.

Other optional training and technical assistance opportunities will be available.

## Pre-conference award requirements

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

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

# Cooperative agreement terms

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

## Substantial agency involvement description for cooperative agreement

Both you and the IHS will have a role in the project. Throughout the life of your project, IHS staff will be there to help and work with you.

## IHS role

The IHS will have overall programmatic responsibility for monitoring the project's conduct and progress. The IHS will work with you to:

- Provide technical assistance and subject matter advice on planning and implementation.
- Review and refine your proposed priorities, annual work and evaluation plans at the beginning of each budget year.
- Help identify and recommend useful tools, training, resources, and presentations.
- Revise, provide technical advice on, and approve any co-branded work products.
- Review and approve materials developed for dissemination to other IHS, Tribal, and Urban Indian health programs.
- Help as needed with evaluation plan implementation and sustainability plan development.
- Hold monthly meetings to share ideas, strategies, and tools to advance your program design and implementation.
- Recommend possible Federal agencies and non-governmental organizations that can work with you to improve care.
- Coordinate, review, approve, and analyze project reporting templates and tools, including metrics, goals achieved, and best practices.
- Review and approve all key personnel and major budget changes.

## Your role

- Comply with general and program terms and conditions of the award.
- Successfully complete and submit updated work plans and evaluation plans within 3 months of the start of the annual period.
- Submit performance measure data and all required performance assessments, evaluations, and financial reports.
- Immediately notify the IHS of needed or anticipated changes to the work plan or evaluation plan.
- Attend and actively participate in monthly calls, virtual meetings, and annual in-person gatherings.
- Share project-related and project-funded information, data, tools, resources, reports, and presentations with the IHS and others.
- Assist the IHS in actively disseminating emerging and best practices from your project.

## Funding policies and limitations

### Pre-award costs allowed

Pre-award costs are allowable up to 90 days before the award start date, provided the costs are otherwise allowable if awarded. If you pay pre-award costs, you do so at your own risk.

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

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.

## Policies

- The issuance of awards under this Notice of Funding Opportunity is subject to the availability of funds and the receipt of sufficient appropriations by Congress. The agency reserves the right to proceed with, delay, or forego the review and award process based on funding availability.
- Total award funds include both direct and indirect costs.
- Each applicant can receive only one award for each option under this program.
- Support beyond the first budget year will depend on:
  - Appropriation of funds.
  - Satisfactory progress in meeting your project's objectives.
  - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we will consider:
  - Funding more applicants.
  - Extending the period of performance.
  - Awarding supplemental funding.

## Salary rate limitation

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

## Program income

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

## Indirect costs

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

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

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

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

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

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

## Statutory authority

This program is authorized under the Snyder Act, 25 U.S.C. 13; the Transfer Act, 42 U.S.C. 2001(a); and The Indian Health Care Improvement Act, 25 U.S.C. 1665a(c)(5)(F) and 1660e.

### Post-award requirements

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

[Step 6: Learn What Happens After Award](#)



# Step 2:

# Get Ready to Apply

## In this step

Get registered [25](#)

Find the application package [26](#)

# Get registered

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

## SAM.gov

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

To register:

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

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

Once you register:

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

## Grants.gov

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

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

# Find the application package

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

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

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



# Step 3:

# Build Your Application

## In this step

Application checklist	<u>28</u>
Application contents and format	<u>30</u>

# Application checklist

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

## Narratives

Component	Grants.gov form	Required or optional	Page limit
<input type="checkbox"/> <a href="#">Project summary</a>	Use the Project Abstract Summary Form.	Required	1 page
<input type="checkbox"/> <a href="#">Project narrative</a>	Use the Project Narrative Attachment form.	Required	10 pages
<input type="checkbox"/> <a href="#">Budget narrative</a>	Use the Budget Narrative Attachment form.	Required	5 pages

## Attachments

Insert each in a single Other Attachments form.

<u>Attachments</u>	Required or optional	Page limit
<input type="checkbox"/> Tribal Resolution	Draft required, if applicable	None
<input type="checkbox"/> Work plan	Required, does not have to be in the template provided	None
<input type="checkbox"/> Evaluation plan table	Required, does not have to be in the template provided	None
<input type="checkbox"/> Proof of nonprofit status	Required, if applicable	None
<input type="checkbox"/> Indirect cost agreement	Required	None
<input type="checkbox"/> Biographical sketches	Required	None
<input type="checkbox"/> Letters of support	Required	None
<input type="checkbox"/> Audit documentation	Required	None
<input type="checkbox"/> Optional attachments	Optional	None

## Other required forms

Upload using each required Grants.gov form.

<b>Other required forms</b>	<b>Required or optional</b>	<b>Page limit</b>
<input type="checkbox"/> Application for Federal Assistance (SF-424)	Required	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	Required	None
<input type="checkbox"/> Project/Performance Site Location	Required	None
<input type="checkbox"/> Grants.gov Lobbying Form	Required	None
<input type="checkbox"/> Key Contacts	Required	None
<input type="checkbox"/> Disclosure of Lobbying Activities (SF-LLL)	Required, if applicable	None

# Application contents and format

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

Your organization's authorized official must certify your application.

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

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

## Project summary

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

### Required format for project and budget narrative

**Font size:** 12-point font

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

**Font color:** Black

**Spacing:** Single-spaced

**Margins:** 1-inch

**Size:** 8.5 by 11 inches

Include consecutive page numbers.

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

# Project narrative

**Page limit:** 10 pages

**Filename:** Project narrative

To create your project narrative:

- Follow the headings in the project narrative components table in order.
- Use the scoring criteria in this section to determine what you need to include.
- Describe your proposed project and activities for the full period of performance.
- Stay within the overall page limit, or we will remove pages beyond that. We recommend page limits for subsections in the table, but they are guidance only.

**Table: Project narrative components**

Heading	Recommended page limit	Points
Introduction and need for assistance	2 pages	25 points
Project objectives, work plan, and approach	4 pages	25 points
Program evaluation	2 pages	25 points
Organizational capabilities, key personnel, and qualifications	2 pages	15 points

## Project narrative scoring criteria

### Introduction and need for assistance

**Maximum points:** 25

These criteria evaluate the introduction and need for assistance section of your project narrative. Reviewers will assess how well you do the following:

#### Needs

- Identify gaps in currently available services and provide data on the unmet needs of people with dementia and their caregivers using quantitative (numbers) or qualitative (stories) data.

#### Dementia-related activities and accomplishments

- Identify and describe your existing dementia clinical or community programs.

- Describe your major activities and accomplishments within the past 5 years related to implementing clinical or community dementia care and dementia caregiver support.

### **Other funded initiatives**

- Provide information on other dementia-related activities that you participate in or plan to participate in during the same project period that are funded by an outside organization, Federal grant, or contract. This includes any other HHS grants addressing dementia (for example, the Dementia Capability in Indian Country Grant program of the Administration for Community Living or CDC BOLD funding) that may have the same project period.

## **Project objectives, work plan, and approach**

### **Maximum points: 25**

These criteria evaluate your work plan attachment and the overall project plan, objectives, and approach sections of your project narrative. Reviewers will assess how well you do the following:

### **Approach**

- Provide a detailed Year 1 work plan narrative and a high-level plan narrative for Year 2 through Year 5.
- Describe how the strategies and activities will build upon existing programs, priorities, and infrastructure.
- Option A applicants - Describe how you will make subawards, using up to 45% of the annual award beginning in Year 2.
- Describe your approach to addressing required priority areas.
- Identify potential partners, including aging services, public health, home- and community-based services, and other relevant Tribal or jurisdictional health and human services.
- Provide a separate Year 1 [work plan](#), which is required as part of your attachments and does not count toward the project narrative page limits. The work plan should:
  - Use our logic model and explain how you will carry out the strategies and accomplish the short, medium, and long-term changes. Review the [Option A Logic Model](#) and the [Option B Logic Model](#).
  - Provide additional details about activities, due dates, and staff responsible for accomplishing activities and any related major budget items. Make sure these match the strategies and changes the IHS provided.

- Respond to the most urgent and pressing gaps in the availability and quality of care and services for people living with dementia and their families, as discussed in the narrative.
- Include the engagement of potential partners.
- Include developing tools, resources, reports, and presentations to support the development of programs by other Tribes, Tribal Organizations, or Urban Indian health programs.

## Program evaluation

### Maximum points: 25

These criteria evaluate your use of the [evaluation plan table attachment](#) and the program evaluation section of your project narrative. You can use third-party evaluators. Reviewers will assess how well you do the following:

- Describe the methods, approaches, and data sources you will use to monitor and guide project progress.
- Include real-world clinical and program data.
- Include the beginnings of tracking and reporting no later than the first quarter of the project period.
- Describe how you will use evaluation activities to:
  - Determine your effectiveness in implementing your plan over time.
  - Track and share progress toward achieving your outcomes and goals.
  - Strengthen Tribal and Urban Indian health systems for dementia care.
  - Strengthen capacity of Tribal and Urban Indian organizations to provide caregiver services.
- Also describe:
  - How you will develop or acquire, manage, track, and report data.
  - Any new data collection measures and methods that you will develop.
  - Who will be responsible for data collection, analysis, and reporting.

## Organizational capabilities, key personnel, and qualifications

### Maximum points: 15

These criteria evaluate the organizational capabilities, key personnel, and qualifications sections of your project narrative. Reviewers will assess how well you do the following:

- Show that your program staff has the necessary skill, time, and expertise to successfully carry out your proposed project.
- Show that your key personnel include, at a minimum, one full-time (100%) staff person who is responsible for program coordination and management.
- Include staff or partners with clinical knowledge or experience in the care of people living with dementia.

## **Organizational overview and accomplishments**

- Provide examples or evidence that show your ability to carry out program activities within the period of performance.
- Describe other related major program activities and accomplishments within the past 5 years.
- Outline any organizations and their related major program activities and accomplishments.

## **Organizational structure and staffing**

- Describe your organizational structure and planned approach to project staffing, management, and integration with other existing programs or departments.
- Clearly describe how staff will work together to meet goals and deliver services.
- Include a complete list of key staff for the project, including their roles, levels of effort, and qualifications for the work.
- Describe current staff expertise related to the project. If you do not currently employ staff with expertise in dementia, describe your plan to fill this gap and the expected timeframe for doing so.
- Include short biographical sketches and position descriptions for key staff in your attachments. They do not count toward the project narrative page limit.
- Describe any partners or participating organizations and how they will help carry out the work plan. Include letters of support or intent to coordinate in your attachments.

## **Sharing with other Tribes, Tribal Organizations, and Urban Indian Organizations**

Describe your experience developing and sharing best and promising dementia and caregiving practices.

- List tools, resources, reports, and presentations you have shared across the Tribal health system, including Tribal and Urban Indian health partners.

# Budget narrative

**Page limit:** 5

**Maximum points:** 10

**Filename:** Budget narrative

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

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

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

Be sure to do the following in your budget narrative:

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

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

## Budget justification for conferences

You must provide a separate detailed budget justification for each conference you anticipate, addressing the following cost categories:

- Contract or planner.
- Meeting space or venue.
- Registration website.
- Audiovisual.

- Speakers' fees.
- Non-federal attendee travel.
- Registration fees.
- Other.

## Budget scoring criteria

### Categorical budget and budget justification

**Maximum points:** 10

Reviewers will assess whether your [budget narrative](#) includes:

- A multi-year budget covering the entire project period (not just the first year).
- Defined items of cost that are consistent with the objectives and scope of activities you propose in the narrative, work plan, and evaluation plan.
- Appropriate time commitments for key and other project personnel to assure proper direction, management, and completion of the project.
- Key support personnel, along with their names, titles, position descriptions, salaries, and fringe benefits.

## Attachments

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

### Tribal Resolution

If you are a Tribe or Tribal Organization applicant, you must submit an official, signed Tribal Resolution before we can issue an award. You must submit a final or draft resolution with your application. Failure to submit a final or draft Tribal Resolution means your application will not be considered for funding. If we select your application for an award, we will contact you to request a final Tribal Resolution, provide instructions for submitting it to the Division of Grants Management and give you a due date. If we do not receive the Tribal Resolution by that due date, we will not issue an award.

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

## Work plan

Attach a work plan that includes key activities, due dates, staff assigned, and outcomes. The work plan should include activities for the entire period of performance. You may use the [work plan sample](#) template as a reference and resource.

## Evaluation plan table

Attach an evaluation plan that includes a table with information outlined in the [program evaluation](#) section of this document.

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

You may use the [evaluation plan table sample](#) template as a reference and resource.

## Proof of nonprofit status

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

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

## Indirect cost agreement

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

## Biographical sketches

For key personnel, attach biographical sketches for all filled positions. If there are any unfilled positions, attach a short description of the positions and their qualifications.

## Letter of support

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

## Audit documentation

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

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

Missing or delinquent audits will disqualify your application from consideration.

## Other required forms

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

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

### Important: Public information

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

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

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

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



# Step 4: Learn About Review and Award

## In this step

Application review

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# Application review

## Initial review

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

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

## Scoring process

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

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

## Criteria summary

Criterion	Total number of points = 100
1. Introduction and need for assistance	25 points
2. Project objectives, work plan, and approach	25 points
3. Program evaluation	25 points
4. Organizational capabilities, key personnel, and qualifications	15 points
5. Budget narrative	10 points

We do not consider voluntary cost sharing during scoring.

## Risk review

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

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

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

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

## Selection process

When making funding decisions, we consider:

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

## Funding for alignment with agency priorities

Before we make final funding decisions, Division of Grants Management leadership will review all potential awards. They will check for:

- Adherence to applicable laws.
- Alignment to [agency priorities \(HHS Priorities | HHS.gov\)](#).

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

For example, your application may receive this priority if it includes program-specific activities.

See the policy alignment section of the [merit review criteria](#).

## Award notices

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

## Unsuccessful applications

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

## Approved but unfunded applications

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

## Approved applications

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

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

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



# Step 5: Submit Your Application

## In this step

Application submission and deadlines 45

# Application submission and deadlines

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

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

## Deadline

**You must submit your application by September 4, 2026 at 11:59 p.m. ET.**

See [exemptions for paper submissions](#).

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

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

## Process

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

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

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

## Exemptions

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

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

# Intergovernmental review

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



# Step 6:

# Learn What Happens After Award

## In this step

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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. We incorporate this NOFO by reference.
- As of October 1, 2025, HHS has adopted [2 CFR Part 200](#), with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.
- 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 anti-discrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

## Reporting

If you are successful, you will have to submit financial and performance reports and possibly reports on specific types of activities. Your Notice of Award outlines the specific requirements and deadlines. To learn more about reporting, see:

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

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

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

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



# Contacts and Support

## In this step

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# Agency contacts

## Program and eligibility

### Dr. Jolie Crowder, National Elder Services Consultant

Office of Clinical and Preventive Services

Division of Clinical and Community Services

Indian Health Service

5600 Fishers Lane, Mailstop: 08N34-A

Rockville, MD 20857

Email: [jolie.crowder@ihs.gov](mailto:jolie.crowder@ihs.gov)

## Grants management and financial

Email: [DGM@ihs.gov](mailto:DGM@ihs.gov)

## Review process and application status

Email: [DGM@ihs.gov](mailto:DGM@ihs.gov)

# Help with systems

## Grants.gov

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

- Phone: 1-800-518-4726
- Email: [support@grants.gov](mailto:support@grants.gov)

If problems persist, contact the Office of Grants Management at [DGM@ihs.gov](mailto:DGM@ihs.gov) at least 10 days before the application due date.

## SAM.gov

If you need help, you can:

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

## GrantSolutions

For help, contact the GrantSolutions help desk:

- Call 866-577-0771
- E-mail: [help@grantsolutions.gov](mailto:help@grantsolutions.gov)

## Reference websites

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