

Notice of Funding Opportunity

Application due Wednesday, July 22, 2026 – 30 days after posting



Administration for Community Living

Administration on Aging








Office of Supportive and Caregiver Services (OSCS)

Alzheimer's Disease Programs Initiative (ADPI) - Dementia Capability in Indian Country

Opportunity number: HHS-2026-ACL-AOA-ADPI-0034



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Wednesday, July 22, 2026 – 30 days after posting.



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



Step 1:

Review the Opportunity

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Basic information

Administration for Community Living (ACL)

Administration on Aging

Office of Supportive and Caregiver Services (OSCS)

Supporting the development of dementia-capable services in Indian Country.

Summary

The goal of this Alzheimer's Disease Programs Initiative (ADPI) Notice of Funding Opportunity (NOFO) is to increase capacity to deliver dementia-capable home and community-based services (HCBS) in Indian Country. The Dementia Capability in Indian Country program is intended to support federally recognized tribes, tribal organizations and/or consortiums representing federally recognized tribes in these activities.

The grant opportunity advances the Administration for Community Living's (ACL) strategic priorities by strengthening community living and expanding access to high-quality dementia-capable services for people living with dementia (PLWD) and their caregivers in Indian Country. Through increased availability of dementia-specific respite services, more family caregivers will experience less stress and be able to continue their caregiving role while maintaining their own health. It also aligns with the HHS MAHA agenda by promoting personal empowerment, community-based health initiatives, and preventive care.

Additional outcomes for both the PLWD and caregivers include increased knowledge of Alzheimer's disease and related dementias (ADRD), improved quality of life, risk reduction, and decreased stigma, as well as earlier diagnosis and delayed placement in long-term care facilities.

There are two application options in this single NOFO:

- **Option A:** Grants to Tribes and Tribal Entities that are **NEW** to the ADPI program
- **Option B:** Grants to Tribes and Tribal Entities that have **previously received** ADPI grants and intend to expand on previously funded work.



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

Alzheimer's Disease Programs Initiative - Dementia Capability in Indian Country

Opportunity number:

HHS-2026-ACL-AOA-ADPI-0034

Federal assistance listing:

CFDA 93.470

Cost sharing: 10%

NOFO version: Original

Key dates

Application submission deadline:

July 22, 2026

30 days after posting

Informational Call:

June 25, 2026 (Thursday) 1:00 PM EST

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.

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: \$6,000,000

Expected total program funding per budget period: \$2,000,000

Total expected awards: 7

Funding range per applicant per budget period: \$250,000 to \$300,000

We plan to fund awards in three 12-month budget periods for a three-year period of performance (August 15, 2026 to August 14, 2029).

Eligibility

Eligible applicants

Only these types of organizations may apply:

- Tribes.
- Tribal Organizations and/or consortiums representing federally recognized Tribes.

Disqualifying factors

We will review your application to make sure it meets these responsive requirements. The following can be copied and pasted into the text box below and modified as needed. Additional screening criteria can be added at the discretion of the Program Officer and may include proof of non-profit status, letters of support, minimum effort of the Principle Investigator, or maximum funding that may be provided to sub-contractors or others.

“All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the three screening criteria described below will not be reviewed and will receive no further consideration. In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via [Grants.gov](https://www.grants.gov) by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8.5” x 11” plain white paper with **1” margins** on both sides, and a **standard font size of no less than 11 point, preferably Times New Roman or Arial**.
3. The Project Narrative must not exceed X pages. **Project Narratives that exceed X pages** will have the additional pages removed and only the first X pages of the Project Narrative will be provided to the merit reviewers for funding consideration. **NOTE:** The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the X-page limit.

Unsuccessful submissions will require authenticated verification from [Grants.gov](https://www.grants.gov) website, indicating system problems existed at the time of your submission. For example, you will be required to provide a [Grants.gov](https://www.grants.gov) submission error notification and/or tracking number in order to substantiate missing the application deadline.”

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.
- Is not an eligible Tribe, Tribal Organization, and/or consortiums representing federally recognized Tribes.

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 90% of the project's total cost, which means the applicant must cover at least 10% of the project's total cost with non-federal resources.

Start with the federal share.

Calculation: Divide the federal share by 9.

For example: $\$108,000 / 9 = \$12,000$.

Types of cost sharing

You can meet your 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 minimum required. We put these commitments in the Notice of Award.

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

You will have to include your cost-sharing funds when you fill out your federal financial reports.

ACL discourages applicant agencies exceeding the minimum match 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

The National Institute on Aging defines dementia, a major cause of impairment among older adults, as the loss of cognitive functioning, thinking, remembering, and reasoning and behavioral abilities, to the extent that it interferes with a person's daily life and activities.^[1] Dementia is an umbrella term for many different types of cognitive impairment. Alzheimer's disease is the most common form of dementia; vascular dementia is the second most common. Estimates of the percentage of older persons with dementia vary, but it increases with age. Impairment, from dementia, has different stages. The mildest stage is when it is just beginning to affect a person's functioning. Eventually, the most severe stage is when the person must depend completely on others to support their basic activities of daily living.

Research shows that American Indian and Alaska Native (AI/AN) people experience some of the highest risk of developing dementia.^[2] Age is the most common risk factor for dementia. As the number of Native Americans reaching older ages continues to increase, it is expected that there will be more tribal elders with dementia. Other risk factors for dementia include, but are not limited to, diabetes, high blood pressure, and heart disease, all of which are common in AI/AN communities.^[3]

There are 574 federally recognized and sovereign American Indian tribes, nations, pueblos, bands and Alaska Native villages in the United States, each with unique cultures, traditions and languages. Some tribes do not have a term that translates to dementia.^[3] The Centers for Disease Control and Prevention estimates that the number of AI/AN 65 and older living with dementia will grow to five times its current size by 2060.^[3] Tribes would benefit from culturally competent, dementia-specific supports, services and educational resources to support tribal elders and their caregivers.

Alzheimer's disease is responsible, at least in part, for an estimated 60 percent of cases of dementia. The CDC reports that one in six AI/ANs aged 45 and older has reported difficulties in memory or thinking which could be a sign of future dementia risk.^[3] A number of conditions may cause dementia-like symptoms, including dehydration, malnutrition, hearing loss, and depression. Medication mismanagement can also result in the appearance of dementia. People with dementia and their caregivers use a broad range of home and community-based services (HCBS) available from public and private sector providers. It is very important to identify and treat these conditions correctly and also provide appropriate referrals to dementia-capable supports, services and education for people living with dementia and their family caregivers.

Information on how HCBS providers can become dementia-capable, to increase their ability to help people with dementia and their caregivers can be found in ACL's paper entitled [Dementia Capable States and Communities: Lessons Learned from Administration on Aging Grantees](#).

Dementia-capable services within a HCBS system builds on existing programs from both private and public sectors. Public sector partners/programs include, but are not limited to, tribes or tribal organizations including their Title VI programs, Area Agencies on Aging, Centers for Medicare & Medicaid Services (CMS), Centers for Disease Control and Prevention (CDC), and the Department of Veterans Affairs (VA).

General program requirements

Phased implementation

Successful applicants will propose a phased approach to their projects. A description of the phases follows:

Planning phase

Applicants are to propose a Planning Phase of not less than 6 months from the grant award. During this planning phase, grantees will have access to 15% of Year One grant funding to complete the work and evaluation plans. The remaining 85% of funding will be available when the planning phase is complete. ACL will be actively involved during the Planning Phase to ensure that all ACL program objectives outlined in the Notice of Funding Opportunity (NOFO) are addressed in the final plans. To conclude the Planning Phase the grantee must have received ACL's approval of their work and evaluation plans and uploaded those plans, and the related budget, into the reporting system.

Implementation Phase: The period during which grantees implement their approved work and evaluation plans to accomplish their goals and objectives.

Delivery of Evidence-Based/Evidence-Informed (EB/EI) intervention

All applicants must identify, by name, and describe the dementia-specific, evidence-based or evidence-informed intervention proposed for the grant. This would include how it fits into their proposed overall program and the people who will benefit from its delivery. The chosen intervention must fit the definitions outlined below.

Examples of dementia-specific evidence-based and evidence-informed interventions implemented through ACL state and community grant programs can be found in ACL's NADRC's paper entitled [Grantee-Implemented Evidence-Based and Evidence-Informed Interventions](#). [Best Programs for Caregiving](#), a free online database of proven dementia programs for family caregivers, is another excellent resource for identifying dementia-

specific evidence-based interventions. ACL's National Alzheimer's and Dementia Resource Center (NADRC) created a resource to support the selection of dementia-specific EB/EI interventions to meet applicants needs: [Choosing an Evidence-Based or Evidence-Informed Intervention: Considerations to Inform Decision-Making](#).

Direct service requirement

All successful applicants are required to dedicate a portion of the total program budget to providing direct services to people living with dementia and caregivers. All funded projects will dedicate the following percentage of the total program budget to direct services: Year 1: 25%, Year 2: 35%, Year 3: 45%.

Direct services come in many forms, in addition to training and education other direct services include, but are not limited to, respite care (i.e. home health aide and companion services). A definition of direct service is provided in Appendix A of this NOFO. Program activities identified as "direct service" and expected to support the requirement must be evaluated to demonstrate their impact on the people who receive the service. Budget narratives included in the application must clearly indicate where direct service funding is located, to ensure intent to meet the requirement.

Answers to frequently asked questions (FAQs) on direct service can also be found in the ADPI [Alzheimer's and Dementia Program Data Reporting Tool FAQ](#) document.

Data collection

Grantees are required to collect information on services provided under the authority of existing or future approved data collections.

Evaluation

All successful grant applications must include a plan for a robust, third-party evaluation of the services provided with grant funding. Evaluations should, at a minimum, demonstrate the impact of program services and goal achievement. Applicants should include outcome measures that demonstrate the impact of the program on persons living with dementia and caregivers in the proposed program and evaluation plans (ACL will NOT fund any project that does not include measurable outcomes).

Technical assistance

All grantees are required to participate in technical assistance activities to support program development, management and integration. This includes, but is not limited to, participation in regularly scheduled technical assistance conference calls, webinars, as well as group and one-on-one technical assistance opportunities initiated by ACL staff, resource center staff or the grantees.

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 notice of funding opportunity (NOFO), as well as carry out project activities as reviewed, approved, and awarded.
- Communicate with the Administration on Aging (AoA) Project Officer and/or the assigned technical assistance liaison regularly to improve the effectiveness of the activities carried out under this Agreement.
- Conduct required evaluation activities outlined in this NOFO.
- Produce and submit to the ACL/AoA Project Officer, at the conclusion of the project, a program report/manual and an independent evaluation report describing how the project was conducted and goals, program outcomes that were achieved, as well as program components sustained beyond the program funding period. The report would also include ways in which barriers to goal achievement were addressed.
- Grantees and partners will submit all deliverables created with funding through this grant. No materials developed with program funding (program deliverables) will be proprietary, as such, all program deliverables (tools, resources, manuals, etc.) will remain in the public domain, with promising practices, resource materials and tools 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 (see Section VI-3 for more detail). Submit to the ACL/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 program collaborative activities as organized by the ACL/AoA Project Officer and the technical assistance team. Collaborative program activity participants will mentor one another in their efforts to fulfill the aims of the ADPI program.

- Include the following disclaimer language 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 nongovernment 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 the grantee to ensure that the minimum requirements for the grant are met.
- Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or ACL/AoA.
- Assist the grantee project leadership in understanding the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL and the U.S. Department of Health and Human Services; and about other federally sponsored projects and activities relevant to activities funded under this announcement.
- Provide technical advice to the grantee on the provision of 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 the grantee 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 cannot continue existing projects without expansion or new and innovative approaches.
- Meals are allowed only in limited circumstances linked to programming 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 negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate may be up to 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

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

Subawards

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

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

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

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

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

No project partner may receive more than 20% of the Federal funding received by the primary grantee.

Salary rate limitation

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

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

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

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

Applicant budget must comply with salary limitations with no hourly rates exceeding an annual salary rate of \$225,700 or \$108.51 an hour exclusive of fringe.

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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Find the application package

The application package has all the forms you need to apply. You can search for it at [Grants.gov](https://www.grants.gov) using opportunity number **HHS-2026-ACL-AOA-ADPI-0034**. Then select the Package tab.

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

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

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

Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

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

Join the informational conference call

We will have a call on June 25, 2026 (Thursday) from 1 p.m. to 2 p.m. ET.

Conference Line number: 888-603-9601

Passcode: 6808571

If you are unable to attend, you can access the recording of the call after the session at 800-813-5525.

Joining and participating is voluntary. Participants who join remain anonymous.

Opting not to participate in the session will not affect eligibility, application scoring, or the award selection process. This call will be the only opportunity to ask questions about the NOFO. 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

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Application checklist

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

Narratives

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

Attachments

Insert each in a single Other attachments form.

Item	Page limit
<input type="checkbox"/> Tribal Resolution Authorizing Application	None
<input type="checkbox"/> Indirect cost agreement	None
<input type="checkbox"/> Proof of nonprofit status	None
<input type="checkbox"/> Resumes and job descriptions	None
<input type="checkbox"/> Work plan	None
<input type="checkbox"/> Evaluation plan	None

Application contents and format

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

Application page limit: {number} 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 font.

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

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

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

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

Project summary

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

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

Project relevance and current need (20 points)

Problem statement (7 points)

Applicant should describe the dementia landscape in the community you serve:

- The impact of Alzheimer’s disease and related dementias (ADRD) on the community and population that you serve.
- The trainings and services currently available to address ADRD in the community you serve, if any.
- The existing dementia-capability of the home and community-based service system within which you operate and how it relates to the target population.
- Describe existing service gaps that the applicant will address through the proposed program.
- The management, systems, financial or other challenges requiring attention in order to implement and sustain programs funded under this opportunity.

Goals and objectives (13 points)

This section should consist of a description of the project’s goal(s) and major objectives. In this section applicants should:

- Identify your proposed project goal(s) and major objectives (i.e. proposed annual project milestones) including the projected total number of people who will likely benefit from services provided this proposed project.

- Identify how you plan to address the major challenges stated in the problem statement.
- Describe partnerships, collaborations and innovative activities that will be implemented in support of goal/objective achievement, including the project implementation of dementia-specific evidence-based/evidence informed intervention(s).
- Explain how you will build program awareness and conduct outreach and identify participants.
- Explain anticipated outcomes and the planned measures to demonstrate program outcomes.
- Describe the sustainability plan for program elements that are deemed successful.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Problem statement</p> <ul style="list-style-type: none"> • Does the application describe the impact of ADRD on the target community and population served? • Does the application explain how ADRD affects the health, independence, safety, or quality of life of the population served? • Does the application provide data, statistics, community assessments, or other evidence demonstrating the need for expanded dementia-specific supports and services? • Does the application describe existing ADRD-related trainings available within the community? • Does the application describe existing ADRD trainings, services, and dementia-capable supports presently available in the community? • Does the application identify gaps in currently available dementia-related supports and services? 	7 points
<p>Goals and Objectives</p> <ul style="list-style-type: none"> • Does the application clearly identify project goals and major objectives and the projected number of people to be served? • Does the application explain how proposed activities will address the key challenges identified in the problem statement? • Does the application describe partnerships, collaborations, and innovative activities that support achievement of project goals? • Does the application explain how partners and collaborators will contribute to project implementation and success? • Does the application include dementia-specific evidence-based or evidence-informed interventions appropriate for the target population? 	13 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
<ul style="list-style-type: none"> Does the application clearly explain strategies for program awareness, outreach, and participant identification and recruitment? 	

Approach (25 points)

Proposed intervention (13 points)

The proposed project will implement a dementia-capable intervention designed to address the gaps and challenges identified in the Problem Statement for American Indian and Alaska Native (AI/AN) people living with Alzheimer’s disease and related dementias (ADRD), their caregivers, and the providers who serve them. The intervention will strengthen access to culturally competent dementia-specific supports, caregiver services, workforce training, and community-based resources while honoring tribal values, traditions, and community strengths.

The proposed intervention will be informed by dementia-specific evidence-based and evidence-informed practices that comply with ACL standards outlined in this NOFO. Program strategies will include culturally adapted dementia education and training, caregiver support interventions, community outreach and engagement activities, and strengthened referral pathways to increase access to dementia-capable services. Training and technical assistance will emphasize culturally competent care practices, effective communication strategies, traditional values related to caregiving and aging, and approaches for reducing stigma associated with dementia within AI/AN communities.

For **Option B** applicants, the proposed project will build upon previous ADPI grant-funded activities.

Project management (4 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 who would have day-to-day responsibility for key tasks such as leadership of project; monitoring the project’s on-going progress, preparation of reports; communications with other partners and ACL. It should also describe the approach that will be used to monitor and track progress on the project’s tasks and objectives.

Work plan (8 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: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Proposed Intervention</p> <ul style="list-style-type: none"> • Does the application describe a dementia-capable intervention designed to address identified gaps and challenges for AI/AN people living with ADRD, caregivers, and providers? • Does the application demonstrate a culturally competent approach that incorporates tribal values, traditions, and community strengths? • Does the application include strategies to increase dementia awareness, early identification, referral practices, and caregiver supports within AI/AN communities? • Does the application describe efforts to strengthen tribal, community, and provider partnerships to support implementation and sustainability? • Does the application describe activities to strengthen dementia capability among providers serving AI/AN populations? • Does the application describe culturally adapted dementia education, training, outreach, and community engagement activities? • Does the application include evidence-based or evidence-informed dementia interventions that comply with ACL standards in the NOFO? • Does the application describe strategies to improve access to dementia-capable services through strengthened referral pathways and service coordination? • Does the application address culturally competent care practices, communication strategies, and stigma reduction related to dementia in AI/AN communities? • For Option B applicants, does the application explain how the proposed project builds upon prior grant-funded activities and lessons learned? 	<p>13 points</p>
<p>Project Management and Work Plan</p> <ul style="list-style-type: none"> • Does the application include a work plan? • Does the applicant project work plan detail all intended program activities? • Does the applicant include in its narrative 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? 	<p>12 points</p>

Reviewers will evaluate the extent to which the applicant provides:	Point value
<ul style="list-style-type: none"> • 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? • Do the work and management plans include sensible timeframes for the accomplishment of the tasks necessary to implement a successful project? • Does the work plan demonstrate where direct services will occur over the course of the grant period? • Does the project work plan include production and submission of the required final and evaluation reports? • Does the narrative acknowledge that no grant funded deliverables are proprietary and copies of all deliverables will be included with their final reports? 	

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.**

This section should describe how the project's findings might benefit the field at large (for example, how the findings could help other organizations throughout the nation address the same or similar problems). List measurable outcomes in the evaluation plan under "Measurable Outcomes" in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large. The National Alzheimer's and Dementia Resource Center (NADRC) publishes a compendium of Evaluation Measure instruments intended to help providers of dementia-related services identify appropriate and well-researched measures in support of their program evaluation plans.

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 third-party evaluator will develop and submit an evaluation report to the grantee, which will be submitted to the funder as a project deliverable. Examples of the expected content and structure of the program evaluation

plans, including a template, can be found on the [NADRC website](#). Appendix B of the NOFO provides helpful guidance on evaluation plan development.

On the NADRC website is a recording and tools from the webinar [“Writing an Effective Work Plan and Evaluation Plan”](#) that may be useful in developing an evaluation plan.

The webinar covers:

- How to write project objectives, activities, and tasks.
- Key elements of an evaluation plan.
- The importance of providing specific details in the work plan and evaluation plan.
- Available tools and resources.
- Samples of desired formats of work and evaluation plans.

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: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Outcomes <ul style="list-style-type: none"> • 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? • 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
Evaluation <ul style="list-style-type: none"> • Does the applicant include a robust, third-party evaluation plan that demonstrates the intent to meet program direct service and outcome measure requirements? • 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? 	12 points

Reviewers will evaluate the extent to which the applicant provides:	Point value
<ul style="list-style-type: none"> • 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? • 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? 	
Dissemination/Sustainability	4 points
<ul style="list-style-type: none"> • 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, the services they are providing? • 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 there a clear and realistic plan to try to identify resources and avenues through which program activities can continue after Federal Financial assistance has ended? • Is sustainability of the program beyond the program period likely? 	

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 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: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Organizational capability</p> <ul style="list-style-type: none"> Does the applicant organization clearly articulate their capacity for carrying out the proposed project of 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 organizations' capacity to undertake the program activities laid out narrative and work plan? Does the application demonstrate the organization's intent/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
<p>Experience of the project team</p> <ul style="list-style-type: none"> Do the proposed project directors, key staff, and contracted consultants have 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? Are time commitments of key staff sufficient to carry out proposed project activities? 	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](#).

When you develop your budget narrative:

We encourage you to use the [ACL Budget Narrative Sample Format \[PDF\]](#). This format shows the level of detail we are looking for in your application.

- Justify all the costs and show how you calculated them.
- You will need to create a budget narrative that shows all years combined along with separate, detailed budget narratives for each year.
- The budget narrative attachment does NOT count toward the 20-page narrative limit, but information in the budget tables should be fully described in this section of the narrative.

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
<p>Budget narrative</p>	<p>15 points</p>
<ul style="list-style-type: none"> • Does the budget and associated justification cover the entirety of the proposed project (One budget for each year and a summary, for a total of four budgets)? • Does the budget clearly delineate between resources dedicated to the Primary Grantee their contractors/sub-grantees (i.e., all contracted funding, including staff, should be outlined under contracts in the budget)? • Does the budget reflect the 10% match (cash and/or in-kind) match requirement? • Does the application reflect an understanding that the applicant agrees to expend the required level of the TOTAL grant funds for the provision of direct services to persons with ADRD and their caregivers? <ul style="list-style-type: none"> ◦ Does the budget identify where in the budget the direct services will be allocated? • Is the time commitment of the proposed Project Director and other key project personnel sufficient to assure proper direction, management, and timely completion of the project? <ul style="list-style-type: none"> ◦ Are the budget amounts proposed for personnel proportionate to other activities given the scope of the proposal? ◦ Does the proposed budget include time and financial resources for the lead agency staff to ensure engagement in and oversight of program activities? • 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? 	

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.

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 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 are not filled, attach the job descriptions with qualifications.

Other required forms

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

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

Important: Public information

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

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

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

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



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 the responsiveness requirements listed in the [disqualification 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
<input type="checkbox"/> Project summary	0 points
<input type="checkbox"/> Purpose and need	20 points
<input type="checkbox"/> Response	25 points
<input type="checkbox"/> Impact	25 points
<input type="checkbox"/> Resources and capabilities	15 points
<input type="checkbox"/> 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.
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.

NoA is the only official award document. 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 do not have permission to start work.

[See 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.

Optional notice of intent

Due 7 days after posting of the NOFO.

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

Please email the notice to: Aoa.oaa@acl.hhs.gov.

In your email, include:

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

Application

Deadline

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

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

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

Submission method

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

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

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

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

Intergovernmental review

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



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [43](#)

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 will 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 recipients and subaward organizations.



Contacts and Support

In this step

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Help with systems	<u>46</u>
Reference websites	<u>47</u>

Agency contacts

Program and eligibility

Kari Benson

Telephone: 202-401-4634

Email: Aoa.oaa@acl.hhs.gov

Financial and budget

Nicole Dunning

Telephone: 202-795-7325

Email: Nicole.Dunning1@acl.hhs.gov

Review process and application status

Kari Benson

Telephone: 202-401-4634

Email: Aoa.oaa@acl.hhs.gov

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 \(U.S.C.\)](#)

Appendices

Appendix A: References

1. National Institute on Aging. What Is Dementia? Symptoms, Types, and Diagnosis. Accessed May 26, 2026 at <https://www.nia.nih.gov/health/alzheimers-and-dementia/whatdementia-symptoms-types-and-diagnosis>.↑
2. National Institute on Aging. Can I Prevent Dementia? Accessed May 26, 2026 at <https://www.alzheimers.gov/life-with-dementia/can-i-prevent-dementia>.↑
3. Centers for Disease Control and Prevention. Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples. Accessed May 26, 2026 at [Healthy Brain Initiative: Road Map for American Indian and Alaska Native Peoples | Alzheimer’s Disease Program | CDC \[PDF\]](#).↑

Appendix B: Definitions

Care transitions: A person-centered, strengths-based, interdisciplinary approach to integrating health care and social support services for individuals and their caregivers as they move across settings in which individual needs and preferences are identified, comprehensive service plans are developed and activated, individuals are empowered to take an active role in their health care and support and connection to resources are provided by options counselors or identified care transition staff.

Randomized-controlled trials of care transitions activities (or care coordination programs with care transition elements) have shown positive results, such as significant reductions in hospital admissions and re-admissions, hospital costs, and nursing facility days.

Examples of these interventions include:

- Care Transitions Intervention.
- Hospital2Home.
- Transitional Care Model.
- GRACE (Geriatric Resources for Assessment and Care of Elders).
- BOOST (Better Outcomes for Older Adults through Safe Transitions).
- The Bridge Program.

Centers for Independent Living (CIL): A consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities; and provides an array of independent living services such as information and referral, peer counseling, advocacy, and independent living skills training.

Consumer control: The term “consumer control” means, with respect to a center for independent living, that the center vests power and authority in individuals with disabilities.

Dementia-capable: Tailored to the unique needs of persons with dementia stemming from conditions such as Alzheimer’s disease and related disorders, and their caregivers in the following ways:

- Information and assistance services have a method to identify people living with possible dementia. Individuals with possible dementia receive a recommendation for follow-up with a physician.
- Options counseling staff communicate effectively with people with dementia and their caregivers and know what services this population is likely to need.
- Eligibility criteria and resource allocation take into account the impact of dementia on the need for services.
- Publicly and privately financed services are capable of meeting the unique needs of people living with dementia and their caregivers.
- Self-directed services ensure that people living with dementia and their caregivers are supported in their decision-making and involve others who can represent the person’s best interest when necessary.
- Workers who interact with people living with dementia and their caregivers have appropriate training in identifying a possible dementia in persons that they serve, the symptoms of Alzheimer’s disease and related dementias, the likely illness trajectory, and services needed. Quality assurance systems measure how effectively individual providers, the Aging Network, and **Long-Term Services and Supports (LTSS)** systems serve persons with dementia and their family caregivers.

Direct service: There are six categories of direct services {adult day care, companion services, home health care, personal care, respite, and short-term care in a health care facility) into which program direct service activities must fall. Certain trainings also can be counted toward program direct service requirements. Answers to common questions related to direct services can be found in the [Alzheimer’s and Dementia Program Data Reporting Tool FAQ](#) document located on the NADRC webpage.

- **Adult day care:** An organized program that takes place outside the home and provides care for people with dementia in a congregate but not residential setting. Services are supervised and include social engagement or health care for elders who require skilled services or physical assistance with activities of daily living. These services may also be referred to as Adult Day Services and Adult Day Health Services.
- **Companion services:** Include non-medical care, supervision, and socialization provided to a participant/client. Companions may assist or supervise the individual

with such tasks as meal preparation, laundry, light housekeeping, and shopping. Companion services are typically provided in a participant/client's home but may include time spent accompanying participant/client to access services outside the home. These services may also be referred to as Homemaker Services.

- **Home health care:** In-home assistance that addresses medical needs such as administering medications and physical therapy. These services may also be referred to as Health Maintenance Care.
- **Personal care:** In-home assistance with daily living activities, including bathing, dressing, eating, meal preparation, and light housekeeping. These services may be also referred to as Personal Assistance.
- **Respite:** An interval of rest or relief, or the result of a direct dementia-specific service or supportive intervention that generates rest or relief for the caregiver or care recipient.
- **Short-term care in health facility:** Services provided on a short- or long-term basis in a residential or assisted living facility, nursing home, or other long-term care institution because of the absence/need for relief of the regular caregiver.

Disability: As defined by the Americans with Disabilities Act, the term means a physical or mental impairment that substantially limits one or more of the major life activities of an individual, a record of such an impairment, or being regarded as having such an impairment. See 42 U.S.C. § 12102{2} and 29 C.F.R. § 1630.2{g}. A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

Elder abuse and neglect: The following types of abuse are commonly accepted as the major categories of elder mistreatment:

- **Physical Abuse:** Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.
- **Emotional Abuse:** Inflicting mental pain, anguish, or distress on an older person through verbal or nonverbal acts.
- **Sexual Abuse:** Nonconsensual sexual contact of any kind, coercing an elder to witness sexual behaviors.
- **Exploitation:** Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- **Neglect:** Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- **Abandonment:** The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Eligibility screening: A nonbinding inquiry into an individual's income and assets, as needed, and other circumstances to determine probable eligibility for programs, services, and benefits, including Medicaid. This screening should be provided to all individuals who may be eligible for publicly funded programs.

Evidence-based programs or interventions: These have been tested through randomized controlled trials and:

- Are effective at improving, maintaining, or slowing the decline in the health or functional status of people living with dementia or family caregivers.
- Are suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention.
- The research results have been published in a peer-reviewed scientific journal.
- The intervention has been translated into practice and is ready for distribution through community-based human services organizations.

Evidence-informed interventions: Practices that have substantive research evidence demonstrating an ability to improve, maintain, or slow the decline in the health and functional status of people living with dementia. For the purposes of this announcement, an evidence-informed intervention is one that has been tested by at least one quasi-experimental design with a comparison group, with at least 50 participants, or is an adaptation or translation of a single evidence-based intervention. Examples of interventions that meet ACL standards can be found in [Grantee-Implemented Evidence-Based and Evidence-Informed Interventions](#).

Long-term services and supports (LTSS): A wide range of in-home, community-based, and institutional services and programs that are designed to help older adults and individuals with disabilities or chronic conditions with activities of daily living or instrumental activities of daily living.

Options counseling: A person-centered, strengths-based, interactive, decision-support process whereby individuals receive assistance in making informed long-term support choices in the context of their own preferences, strengths, and values. Essential components of Options Counseling include:

- A personal interview.
- Assisting with the identification of choices available (including personal, public, and private resources).
- Facilitating a decision-support process (weighing pros/cons of various options).
- Assisting as requested and directed by the individual in the development of an action plan.

- Connecting to services {when services are requested and assistance in connecting is requested or needed) follow-up.

Available to individuals regardless of income or finances, Options Counseling is preferably provided by one person but may be collaboratively provided by more than one person or agency.

Palliative care: Comprehensive treatment of the discomfort, symptoms, and stress of serious illness. The goal is to prevent and ease suffering and improve an individual's quality of life.

Person-centered planning and services: Empowering people living with disabilities by focusing on the desires and abilities of the individual. Person-centered, planning and services most importantly are directed by the individual but often involve a team of family members, friends, and professionals. The individual chooses their team members.

This team identifies the individual's skills and abilities that can help them achieve their goals of competitive employment, independent living, continuing education, and full inclusion in the community.

They also identify areas in which the individual may need assistance and support and decide how the team can meet those needs. While it is recognized that not all the elements of a complete person-centered, strengths-based plan can be achieved prior to discharge from the hospital, many elements can be addressed. Elements such as working with the consumer to develop the most independent living arrangement, and providing assistance and supports desired by the consumer are included. With the involvement of family members, professionals, and others, the consumer works toward the ultimate discharge plan goal of living as independently as possible with home and community-based services.

Program eligibility determination: A determination of the publicly supported benefits or services for which a person is eligible, based on non-financial criteria. This may require a formal assessment to determine the full scope of the individual's needs. It may include a functional assessment of the individual's current health conditions and provide a situational assessment of the client's environment, available resources, and current support. For Medicaid services, this function includes the "Level of Care" determination process.

Public education and outreach: Activities related to ensuring that all potential users of long-term support {and their families) are aware of both public and private long-term support options, as well as awareness of the NADRC, especially among underserved and hard-to-reach populations.

Single Entry Point (SEP)/No Wrong Door (NWD): A system that enables consumers to access long-term and supportive services through one agency or organization. In their broadest form, SEPs perform a range of activities that may include information and

assistance, referral, initial screening, nursing facility pre-admission screening, assessment of functional capacity and service needs, care planning, service authorization, monitoring, and periodic reassessments. SEPs may also provide protective services.^[1]

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

Self-direction: An approach to providing services (including programs, benefits, supports, and technology) intended to assist an individual so that:

- Services (including the amount, duration, scope, provider, and location of the services are planned, budgeted, and purchased under the control of the individual.
- The individual is provided with the information and assistance necessary and appropriate to enable the individual to make informed decisions about the individual's care options.
- The needs, capabilities, and preferences of the individual with respect to services, and the individual's ability to direct and control the individual's receipt of services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved.
- Based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with the individual and the individual's family, caregiver (as defined in paragraph (18)(B)), or legal representative:
 - A plan of services for the individual that specifies which services the individual will be responsible for directing.
 - A determination of the role of family members (and others whose participation is sought by such individual) in providing services under the plan.
 - A budget for the services.
 - The area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

Senior or older adult: Defined in the Older Americans Act as "an individual who is 60 years of age or older."

Statewide system: One in which individuals anywhere in the state have streamlined access to the full array of public and private sector programs and services that promote community living, health, and independence.

Streamlined eligibility processes: These ensure that potential public-program beneficiaries have easy access through one entry point to programs such as Low-Income

Heating and Assistance Program (LIHEAP), Medicaid, Medicare Savings Program, Older Americans Act programs, Senior Housing programs, Supplemental Nutrition Assistance Program (SNAP), and transportation services. The required administrative functions of streamlined eligibility include:

- Screening and intake of persons with dementia and their family caregivers for these programs.
- Assessing a person's needs for these programs.
- Determining whether a person meets or is likely to meet programmatic and financial eligibility requirements.
- Developing service plans for these programs as required.
- Ensuring that persons receive the services for which they are found to be eligible.

Strengths-based: Supports people forming and achieving goals with a focus on their positive qualities, which includes resilience and thriving. It can acknowledge challenges people experience, but it does not limit them to their medical conditions, traumas, or other obstacles. It focuses on people's strengths and not deficits to impact change.

AoA-sponsored resource centers

- [National Alzheimer's and Dementia Resource Center](#) (NADRC) supports Alzheimer's/dementia program grantees and their community partners' efforts to maintain integrated and sustainable service delivery systems for individuals with ADRD and their family caregivers. Materials developed through the efforts of the resource center can be found at nadrc.acl.gov.
- [National Caregiver Support Collaborative](#) (NCSC) information on ACL's multifaceted caregiving initiative to increase the recognition, support, and inclusion of family, kin, and tribal caregivers across the country, resulting in measurable improvements in the capacity of the network to assess caregiver needs, provide supportive services, collect data, and — most importantly — support the well-being of caregivers and the people receiving care.
- [Technical Assistance Centers for Caregiver Programs and Lifespan Respite](#) - offer comprehensive information and training on a range of issues associated with the development and implementation of family caregiver support and Lifespan Respite Care Programs. Technical Assistance available includes two web sites (caregiver.org or archrespite.org) training materials, fact sheets, policy briefs, workshops, webinars, and specialized technical assistance through phone calls, emails, and in-person communication.

Appendix C: Program evaluation guidance

- A universal grantee report structure could include an executive summary, introduction, activities organized by goal, conclusion, and dissemination efforts.
- Within the report activity discussion, alphanumeric labeling can support overall report organization (i.e., labeling goals with letters and goal-associated projects with numbers).
- When describing project activities:
 - Name the project and provide its alphanumeric designation.
 - Describe the performance period and any partners.
 - Describe participants and discuss recruitment and retention efforts.
 - Describe the principal activities.
 - Describe the expected outcomes.
 - Discuss any changes made to the initial plan and the reason for changes.
 - Describe barriers, challenges, and facilitators affecting implementation.
 - Describe the actual activities and their outcomes.
 - Describe any sustainability efforts.
- When reporting results, include:
 - A narrative discussion of the instruments used.
 - The intended outcomes of the project.
 - A description of all measured outcomes.
 - A table describing each project's finding and the metadata necessary to judge whether the finding accurately describes the overall effect of the project on participants.
- Conclusions should provide a high-level summary of key objectives, measures, and accomplishments, plus lessons learned and future recommendations.
- Grantees should describe any related dissemination efforts.
- Appendices can be used to highlight key program publications and communication activities, and supplemental materials.

Source: Derzon, J. (March 2022).

Summary: Recommendations to Improve ADPI Evaluation Reporting (draft). RTI
International