



U.S. Department of Health and Human Services

Office of Minority Health

Notice of Funding Opportunity

Center for Indigenous Innovation and Health

Opportunity Number

MP-CPI-26-002

Application Due Date

07/15/2026, 6 pm ET

Technical Assistance Webinar Date

06/24/2026

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BASIC INFORMATION	
Opportunity Title Center for Indigenous Innovation and Health	
Program Office The Office of the Assistant Secretary for Health, Office of Minority Health	Application Submission and Format Electronic application submitted via Grants.gov ONLY.
Opportunity Number MP-CPI-26-002	
Award Type Cooperative Agreement	Application Deadline 7/15/2026
Announcement Type Initial	Technical Assistance Webinar Date 6/24/2026
Assistance Listing 93.137, Community Programs to Improve Minority Health	Technical Assistance Webinar Details See Section F.3.C for more details
Eligible Applicants (see Section A.1 for full details)	
Executive Order 12372 does apply to this NOFO	
Estimated Total Funding Available \$2,000,000	Estimated Period of Performance (months) 24
Estimated Number of Awards 2-4	Anticipated Award Date 09/29/2026
Anticipated Award Funding Range \$500,000-\$1,000,000	Anticipated Project Start Date 09/29/2026
QUESTIONS? Additional contact information in Section J	

SUMMARY

The Office of Minority Health (OMH) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. § 300u-6).

This notice solicits applications for projects under the Center for Indigenous Innovation and Health (CIIH) initiative. CIIH will support efforts, including research, education, service, partnership development and technical assistance, to address the documented chronic disease burden and health care access gaps experienced by American Indian and Alaska Natives and Native Hawaiian and Pacific Islander populations.

Funded projects should implement evidence-based frameworks and community-based strategies to prevent and improve chronic disease outcomes, including obesity, hypertension, diabetes, and related conditions, within one Indigenous population of focus.

- OMH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that their application complies with all requirements and instructions.

The Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management Division (GAM) will administer this award.

A. ELIGIBILITY INFORMATION

1. Eligible Applicants

You must meet all the eligibility requirements for us to review your application.

a. Eligible Entities

Any public or private nonprofit entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for an award under this announcement.

Faith-based organizations and American Indian/Alaskan Native/Native American (AI/AN/NA) organizations that are public or non-profit private entities are eligible to apply.

Public or non-profit community-based organizations (CBOs) are eligible to apply. Non-profit private institutions of higher education are eligible to apply.

Other examples of eligible Organizations include:

- State governments
- County governments
- City or township governments

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

b. PD/PI Eligibility

There is no restriction on an individual’s eligibility to be Project Director (PD)/Principal Investigator (PI). However, we will not make an award with a PD/PI who has an active government-wide exclusion, suspension, or debarment recorded in SAM.gov.

We expect that throughout the period of performance the PD/PI will be involved in, and have substantial knowledge about, all aspects of the project. Although your organization may recognize co-PD/PIs on team-managed projects, we recognize only a single PD/PI who will be responsible for the programmatic aspects of the project.

c. Other Considerations

Submitting Multiple Applications

You may submit more than one application, but each application must be for a distinctly different project.

If you submit multiple applications for the same project, we will accept only the last application submitted with a Grants.gov timestamp that is before the due date and time. We will disqualify all other versions of the application. See Section G.1.b for all disqualification factors.

Submitting an Application as a Group or Consortium

For any given project, we will only make an award to a single eligible entity. More than one entity may choose to work together on a project under this opportunity, but only one entity may submit the application. If awarded, that entity will be the award recipient and will be responsible for conducting the project.

The other entities may participate in the project, if awarded, and would be responsible to the recipient for their respective roles, typically as subrecipients.

Groups may form a consortium, partnership, or other legally recognized entity for the purpose of applying for this opportunity and carrying out any awarded project. The resulting entity must exist and be legally recognized when it applies and must have an active registration in SAM.gov. We will conduct a risk assessment on the applying entity (Section G.4) prior to making any award.

Eligibility Documentation

We do not require you to submit documentation of your eligibility (e.g., proof of 501(c)(3) status as determined by the Internal Revenue Service or an authorizing tribal resolution) when you submit your application. It is important that your organization is correctly classified in your SAM registration (Section F.2.a).

During our review of your application, we might request additional documentation to support your eligibility. This request means only that your application is under review and not that you will receive an award.

More specific information on the type of documentation that we might request specific to this opportunity appears in Section F.4.b.

Application Disqualification

We will disqualify applications that fail to meet the eligibility, responsiveness, formatting, and submission requirements (Sections G.1.b) prior to conducting merit review. Disqualified applications will not undergo further review.

We will notify disqualified applicants at the end of the review process when we announce the award recipients.

2. Application Responsiveness Criteria

We will review your application to determine whether it meets the responsiveness criteria below. If your application does not meet the responsiveness criteria, we will disqualify it; we will not review it beyond the initial screening.

The responsiveness criteria are as follows:

The responsiveness criteria are described in Section G.1.a. Applications must meet those criteria, including clearly identifying the selected Indigenous population of focus (AI/AN or NHPI), the geographic area(s) served, the chronic disease outcome(s) addressed, the evidence-based framework and primary project activities, partner roles, and at least two measurable outcomes.

3. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget.

B. AGENCY PRIORITIES

The recipients of this award must implement any funds awarded under this NOFO to effectuate program goals and agency priorities in accordance with the Priorities of the Office of the Assistant Secretary for Health (available online at: <https://health.gov/priorities>), and when authorized by law according to the OMH statute, regulations, legislative mandates, and additional program guidance. Funded activities must advance and support OASH's mission to improve the health and well-being of Americans.

In addition, the recipient is required to administer any project that is awarded under this NOFO in accordance with the following objectives in the Community Programs to Improve Minority Health that are authorized to advance them:

1. Implement Quality Improvement and Quality Assurance (QI/QA) Plan with the goal to achieve optimal health outcomes.

The recipients must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation. Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal grant regulations found at 2 C.F.R. Part 200 and the terms and conditions of this award (including termination pursuant to 2 C.F.R. 200.340(a)(4) for no longer effectuating program goals or agency priorities).

C. PROGRAM DESCRIPTION

The Office of the Assistant Secretary for Health (OASH), Office of Minority Health (OMH) announces the anticipated availability of funds for Fiscal Year (FY) 2026 grants under the authority of Section 1707 of the PHS Act (42 U.S.C. § 300u-6).

The primary focus of OASH is to lead Americans toward healthier lives by promoting health and well-being across the lifespan. Cooperative Agreements funded through this NOFO will:

- Address obesity, diabetes, hypertension, and related chronic conditions among American Indian and Alaska Native (AI/AN) and Native Hawaiian and Pacific Islander (NHPI) populations using evidence-based and prevention-focused approaches.
- Build community-level data capacity and evaluation infrastructure to support rigorous, science-driven measurement of health outcomes among AI/AN and NHPI populations.
- Support cross-sector partnerships that address root causes of chronic disease — including food insecurity, limited health care access, environmental exposures, and health literacy gaps - in AI/AN and NHPI communities with documented unmet need.
- Support research, education, service, partnership development, technical assistance, and dissemination activities that strengthen prevention and improvement of chronic disease outcomes, including obesity, hypertension, diabetes, and related conditions.

Background

OMH is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that support measurable improvements in health

outcomes¹. Through demonstration projects, OMH supports the identification, implementation, evaluation, dissemination, and sustainability of effective approaches that strengthen prevention, improve access to quality health services, and promote healthier communities.

For purposes of this initiative, Indigenous populations include American Indian and Alaska Native (AI/AN) and Native Hawaiian and Pacific Islander (NHPI) populations. The CIIH initiative will support research, education, service, partnership development, and technical assistance activities that advance sustainable, science-driven solutions to improve health outcomes among AI/AN and NHPI populations².

Available national data continues to show that AI/AN and NHPI populations experience elevated rates of several chronic and preventable health conditions compared with national benchmarks³. They include higher prevalence of certain chronic diseases, disability, and health related challenges associated with community conditions such as food access, health literacy, education, health care availability, environmental exposure, language access, and access to health-promoting resources and services^{4,5,6}.

Food insecurity and chronic diet-related conditions remain important concerns among AI/AN and NHPI populations, increasing the risk for chronic conditions such as obesity, diabetes, cardiovascular disease, and certain cancers⁷. AI/AN populations experience elevated mortality rates from leading causes of death, including heart disease, diabetes, and suicide, contributing to a life expectancy that remains several years lower than the U.S. average^{6,3}. NHPI populations similarly experience a higher prevalence of diabetes and significantly elevated diabetes-related mortality⁸.

Consistent collection and use of high-quality, and disaggregated data is often limited. Expanding data collection infrastructure and analytic capacity can help communities and partners measure health outcomes more accurately, identify meaningful differences among subpopulations, and develop timely, practical, and culturally relevant interventions. Strengthening data capacity can also support program monitoring, evaluation, quality improvement, and evidence-based decision-making.

The factors influencing chronic disease and health outcomes in AI/AN and NHPI communities are complex and interconnected. Effective approaches should reflect the languages, cultural values, and traditional practices of the communities served. Culturally grounded approaches that incorporate Indigenous knowledge, community leadership, and locally relevant strategies can improve participation, strengthen trust, and support long-term sustainability. The clinical content of all interventions funded under this NOFO must remain evidence-based, consistent with current standards for chronic disease prevention and management.

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care provide a framework to improve quality, effectiveness and responsiveness of services. Integrating CLAS Standards into program design and implementation can help ensure that the services are respectful, understandable and responsive to the needs of AI/AN and NHPI populations⁹.

Efforts that center Indigenous leadership, cultural values, and traditional practices across research, education, service delivery, and technical assistance are critical to reducing health care access issues and promoting long-term health quality.

Consistent with the mission of the HHS OMH, to advance Indigenous health innovation, projects should leverage cross-sector partnerships among Tribal Nations, Native organizations, Indigenous leaders, community-based organizations, health systems, academic institutions, and other partners. These partnerships can help integrate culturally appropriate knowledge, practices, and evidence-informed strategies into prevention and chronic disease improvement activities. Sustained collaboration can support scalable, community-informed models that improve health outcomes for AI/AN and NHPI populations.

1. Expectations for Recipients

Recipients funded under the CIIH initiative will operate as part of a coordinated national effort led by OMH. Each award will focus on improving chronic disease outcomes, such as obesity, hypertension and diabetes among indigenous populations.

For this initiative, each recipient must focus exclusively on one population- either American Indian and Alaska Native (AI/AN) and Native Hawaiian and Pacific Islander (NHPI) groups. Funded projects **may not** address both populations concurrently. OMH will facilitate the coordination and collaboration among cooperative agreement recipients to support consistent program implementation, shared learning, and dissemination of effective approaches.

a. Identify and implement an Evidence-Based Framework

Recipients should operationalize an evidence-based framework for research, education, service, partnership development, and technical assistance activities to support chronic disease prevention and improvement. This framework should be grounded in methods shown by evidence to improve participation and outcomes in medically underserved communities, including language access, health literacy support, and community-informed outreach and service delivery appropriate to the population and geography of focus. The clinical content of all interventions must meet current evidence-based standards for chronic disease prevention and management.

The framework should include the following components:

- Language access;
- Communication;
- Education;
- Training; and
- Technical assistance.

Recipients are expected to reach individuals within their selected focus population and improve targeted chronic disease outcomes. Within the first three months of the project, recipients should develop a language access plan that is consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. In subsequent years, recipients should update and submit the plan as part of the non-competing continuation application.

Recipients are expected to continue increasing reach and two-way communication with community leaders, community members, and partner organizations within their selected focus population. Enhanced communication should support chronic disease prevention, program participation, and improved health outcomes. Within the first three months of the project, recipients should develop a communication plan to guide the promotion of project activities for the selected focus population and other audiences that may benefit from project findings. Thereafter, recipients should update and submit the plan each year as part of the non-competing continuation application.

Each recipient should develop and maintain communication tools, such as an interactive website, newsletter, community update, or other appropriate platform, to provide information to advisory board members, Indigenous leaders, community partners, partnering organizations, and other relevant audiences throughout the period of performance.

Recipients are expected to provide culturally grounded and linguistically appropriate education, training, and technical assistance to partners and stakeholders interested in preventing and improving chronic disease outcomes among the selected focus population. Within the first six months of the project, recipients should develop a plan that supports capacity-building among partners and stakeholders to address identified gaps and needs related to chronic disease prevention and improvement.

b. Establish Structured Stakeholder Engagement Process

Recipients must establish and maintain a structured stakeholder engagement process to inform project implementation, priorities, and quality improvement throughout the period of performance. This is a lighter-touch, results-oriented requirement designed to ensure that project activities remain responsive to documented community health needs without creating unnecessary administrative overhead.

The stakeholder engagement process should:

- Include periodic structured consultation (at minimum semi-annually) with individuals who have relevant expertise in chronic disease prevention, health care access, community health, or public health in the geographic and population area of focus.
- Include input from community health workers, patient navigators, health educators, or other frontline practitioners with direct knowledge of the health needs and access barriers of the population of focus.
- Be documented through meeting records, consultation summaries, or other written records submitted as part of quarterly progress reports.
- Demonstrate how stakeholder input was used to inform or adjust project activities, outreach strategies, or service delivery.

Recipients must not restrict stakeholder participation on the basis of race, color, national origin, religion, sex, disability, age, or any other protected characteristic (see Section I.5)

c. Strengthen Partnerships

Recipients should establish new partnerships and strengthen existing partnerships with academic institutions, Indigenous leaders, Tribal Nations, Native organizations, Native Hawaiian and Pacific Islander-serving organizations, health systems, community-based organizations, public health entities, and other relevant partners to support CIIH activities. Recipients are encouraged to partner with organizations that have experience in:

- Indigenous health;
- Chronic disease prevention and management;
- Community-based programs;
- Data collection and analysis;
- Evaluation;
- Technical assistance; or
- Program sustainability
- Health literacy.

Partnerships should support the planning, implementation, evaluation, dissemination, and sustainability of project activities. Recipients should demonstrate existing partnerships or provide a clear plan to establish partnerships early in the project period.

Recipients should identify trusted messengers, such as community health workers, cultural leaders, health educators, patient navigators, advocates, or other community-recognized partners, as appropriate, to support outreach, education, engagement, and implementation.

d. Process and Outcomes Evaluation

We expect recipients to implement a rigorous process and outcomes evaluation designed to show the extent to which the project results in improved chronic disease prevention, improved chronic disease management, increased use of effective strategies and tools, and improved health outcomes among the selected focus population.

The evaluation should assess implementation progress, participant reach, partner engagement, service delivery, training and technical assistance, communication activities, and changes in selected health outcomes or related risk factors. Evaluation activities should be appropriate to the project design, selected population, available data sources, and community context.

The evaluation plan should include SMART objectives, a logic model, baseline and follow-up data collection, data sources, data collection methods, analysis plans, and procedures for using evaluation findings to improve program implementation. Evaluation methods should be practical, culturally appropriate, and respectful of community context.

Recipients should establish processes and procedures to collect data by types of activities, population served, age, sex (male/female, consistent with applicable HHS data standards), race, ethnicity, language, geography, and other relevant program categories, where feasible, lawful, and appropriate.

Recipients should:

- Use SMART objectives;
- Collect baseline, interim, and post-intervention data;
- Assess implementation progress and participant reach;
- Measure changes in chronic disease prevention, management, and related health outcomes, where feasible; and
- Use evaluation findings to improve project activities.

e. Collect and Report Program Data

Recipients must collect, analyze, and report program data in accordance with OMH requirements. This includes disaggregated reporting and quarterly progress updates.

Recommended Performance measures:

- Timely progress report submissions quarterly
- Complete and accurate data reporting
- Number of individuals served, reached and trained
- Documentation of progress toward program objectives as well as milestones
- Use of data to implement program updates/improvements.

f. Document and Disseminate Project Findings

We anticipate recipients will develop new knowledge about culturally responsive and evidence-informed approaches that improve chronic disease outcomes among AI/AN or NHPI populations. Recipients should document project knowledge and findings, including implementation processes, lessons learned, successes, challenges, and promising approaches and evidence informed practices.

Recipients should communicate and disseminate project knowledge and findings to Indigenous communities, Tribal Nations, Native organizations, federal, state, territorial, local, and Tribal public health agencies, community members, health systems, academic partners, and others. Dissemination methods may include storytelling, community forums, newsletters, reports, toolkits, webinars, presentations, publications, websites, visual products, or other appropriate methods.

All appropriate findings and products may be posted on an HHS/OMH-sponsored website. We expect that nationwide dissemination of products and knowledge will occur. When published, materials should be freely, immediately, and accessible to the public.

g. Health Outcomes and Population Needs Assessment

Recipients are expected to develop a Health Outcomes and Population Needs Assessment during the period of performance using local, regional, Tribal, state, territorial, or national data, as available. The assessment must document chronic disease burden, service gaps, and community conditions using quantitative epidemiological data, and should identify the communities within the population of focus with the greatest documented health need.

The assessment should inform project planning, intervention selection, partnership development, evaluation design, dissemination, and sustainability planning. Recipients should use the assessment to ensure that project activities are responsive to documented needs and focused on measurable improvements in chronic disease prevention and management.

h. Sustainability Plan

Recipients will be expected to develop a plan during the second year for sustaining evidence-based and evidence-informed practices established through their projects beyond this funding opportunity.

The sustainability plan should identify strategies for maintaining effective interventions, partnerships, tools, training products, service models, data practices, and communication approaches after the period of federal funding. The plan should also identify future funding or resource opportunities, partner commitments, integration into existing systems or services, and opportunities for continued improvement.

2. Federal Involvement in the Project

If you receive an award, we will encourage you to seek the advice and opinion of federal staff when problems arise. However, you would be responsible for making sound programmatic and administrative judgments. The responsibility for operating decisions will be yours and does not shift to HHS, OASH, or OMH.

Under a cooperative agreement, OMH involvement may include routine monitoring and technical assistance, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, review of major project plans and products, and provision of training and technical assistance.

Awards will be in the form of cooperative agreements with the recipient. Cooperative agreements are a form of assistance that allows for substantial involvement between federal program office and the recipient during the project period. Substantial programmatic involvement from OMH may include:

- Serving as an ex officio member on the advisory board.
- Establishing the organizational structure and operational framework for the CIIH. Coordinating the implementation of the CIIH.
- Providing the grants management officer recommendations for prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel may include the Project Director/Principal Investigator.
- Assisting the recipients to establish, review, and update priorities for activities conducted under the support of this cooperative agreement.
- Approving the final priorities for activities conducted under the support of this cooperative agreement.

- Assisting in establishing the governance structure of the advisory board.
- Consulting relative to the advisory board membership activities.
- Identification of other organizations with whom the recipients may be asked to develop cooperative and collaborative relationships and partnerships.
- Collaborating on the development of measures, methods, and materials to be tested or used.
- Collaborating to disseminate project findings and lessons learned during the period of performance.

3. Eligibility criteria for project participants

You must not restrict participation in the project on the basis of race, color, national origin, religion, sex, disability, age, or another protected characteristic (See Section I.5).

D. AWARD INFORMATION

Budget period

We expect to fund awards in 12-month budget periods for a total period of performance up to 24 months (2 years). However, we may approve shorter periods of performance. Budget periods may vary from the estimated 12 months because of the timing of award issuance or other administrative factors.

For multi-year projects, recipients must submit a non-competing continuation (NCC) application for each budget period after the first year. We will provide guidance generally 3 months prior to the end of the active budget period. Continuation funding is contingent upon the availability of funds, satisfactory progress of the project, appropriate stewardship of federal funds, and the best interests of the government. Recipients must demonstrate measurable progress toward approved chronic disease outcome objectives to be considered for continuation funding. Funding for all approved budget periods after the first is generally the same as the initial award amount and may be subject to any offset with funds unused in a previous budget period.

E. APPLICATION CONTENTS AND FORMAT

1. Format of the Application

You must prepare your application using the forms and information described in this NOFO. The official online application package on Grants.gov contains all necessary forms and guidance for preparing an application. This package includes but is not limited to:

- Full Text of the NOFO
- Standard forms (required) and their instructions
 - SF-424 Application for Federal Assistance
 - SF-424A Budget Information for Non-Construction Programs

- SF-LLL Disclosure of Lobbying Activities
- Project Abstract Summary
- Sample templates, if available.

In addition to the four standard forms in the application package, your application will consist of three sections of materials you prepare:

- Project Narrative
- Appendices to the Project Narrative
- Budget Package.

We strongly encourage you to read all instructions for the application format and content to avoid disqualification of your application. An application checklist is available in Section K.1.

a. Project Narrative – Formatting

Following the formatting instructions below will help ensure that your application is readable for review process. Acceptable electronic file formats are in Section F.3.a.

Names of Individuals

We encourage you to use individuals’ full names (first, middle, last) on the standard forms and any other documents such as résumés/curricula vitae/biographical sketches to distinguish them for verification in the SAM exclusion records. Delays in award processing may result if full names are not provided.

You should avoid submitting personally identifiable information such as personal contact information (e.g., home address and telephone number) on résumés/curricula vitae/biographical sketches. Do not submit Social Security Numbers.

If you receive an award, only one Project Director/Principal Investigator (PD/PI) will be named on the award documents. (Section A.1.b) Avoid using a placeholder or honorary PD/PI. If you have not hired an individual to be the PD/PI, you should name an interim PD/PI, and your application should clearly identify that person as such.

We typically expect the PD/PI to be named on the SF-424 in box 8.f. Avoid naming grant writers in box 8.f unless they have the expertise to respond to technical questions about the proposed project in a timely manner.

Identify other personnel who are essential or key to the execution of the proposed project clearly in your project narrative.

If you receive an award, a request for a change in PD/PI or key personnel under any circumstance requires prior approval of the grants management officer before becoming effective. We may disallow any costs incurred as a result of that change prior to our approval. See Section I.1.c.

Page Formatting

If you submit documents that do not conform to the following instructions, GAM will disqualify your application during the review process (Section G.1.b).

Use an easily readable typeface, such as Times New Roman or Arial.

Use a 12-point font.

Use an 8.5” X 11” page size. Any other size page (e.g., A4, legal) will disqualify your application.

You must double-space the Project Narrative pages, or we will disqualify your application. You may single-space tables or use alternate fonts, but you must ensure the tables are easy to read.

Do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

You must submit your application in the English language and in terms of U.S. dollars ([2 C.F.R. § 200.111](#)).

Page Limits

Your project narrative and appendices must adhere to these page limits.

The page limits do not include the budget package.

The page limits do not include the required forms (SF-424, SF-424A, SF-LLL, and the Project Abstract Summary).

If your application exceeds the specified page limits when printed on 8.5” X 11” page, we will not review your application further.

We encourage you to print out your application before submitting it to ensure that it is within the page limits and is easy to read. Do not reduce pages to fit multiple pages on a single sheet to avoid exceeding the page limitation.

Do not hyperlink to documents or sites outside of your application to augment your application. Reviewers will not be permitted to follow links to external content during their assessment of your application. The one exception to this is a link to your internal controls as part of your budget package.

	Page Limit
Project Narrative	40 pages
Project Narrative plus Appendices	65 pages

Labeling Proprietary Information

Proprietary information includes patentable ideas, trade secrets, privileged or confidential commercial or financial information, the disclosure of which may harm the applicant. You should include proprietary information in your application only to the extent that it is essential to the reviewers' understanding of the project. Proprietary information should not appear in your Project Abstract Summary.

If your application contains proprietary information, you should clearly label the top of the first page of the project narrative. For example:

“Contains proprietary or confidential information that [Your Organization Name] requests are not released to persons outside the government, except for purposes of review and evaluation.”

Awarded applications are subject to release under the Freedom of Information Act (FOIA) with redactions as the FOIA statute permits.

b. Appendices to the Project Narrative – Formatting

Your appendices should include any specific items outlined in Section E.2.b. Your documents should be easy to read.

You should use the same formatting specified for the Project Narrative. However, documents such as résumés/curricula vitae/biographical sketches, organizational charts, tables, Memoranda of Agreement (MOAs) or Letters of Commitment (LOCs) may have formatting common to those documents, so long as the pages are easy to read. For example, resumes, MOAs and LOCs may be single-spaced.

You must upload all of your appendices as a single, consolidated file in the Attachments section of your Grants.gov application. You must use an acceptable file format (Section F.3.a). We strongly encourage you to convert your file(s) to PDF format before uploading and review them to ensure accurate conversion.

Your Project Narrative plus the Appendices may not exceed the total number of pages for the application (Section E.1.a).

c. Budget Package - Formatting

The budget narrative should use the formatting required of the project narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily readable format and within the printable margins of an 8.5" x 11" page. You must use an acceptable file format (Section F.3.a). We do not accept Excel or other similar spreadsheet formats.

The application page limit does not include the SF-424A or the budget narrative (including budget tables).

We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Object Class	Federal Funds Requested	Non-Federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

2. Content

a. Project Narrative - Content

The Project Narrative is the most important part of your application. We will use it as the primary basis to determine whether your project merits an award. The project narrative should provide a clear and concise description of your project. We recommend that your project narrative include the following components with the requested information. Labeling the sections accordingly will help the reviewers find information quickly.

- Significance of the Project;
- Goals, Objectives, and Outcomes;
- Project Plan;
- Organizational Capability;
- Evaluation Plan; and
- Dissemination Plan.

Further details:

Significance of the Project

Describe how the project will benefit the field, the selected Indigenous population of focus, and society. Using quantitative data, describe the significance of the project in addressing chronic disease burden and related non-medical drivers of health among AI/AN or NHPI populations in the intended geographic area(s) of focus. Refer to the population of focus data provided in your appendices, as appropriate.

Describe the specific needs, gaps, and opportunities the project will address, including gaps in Indigenous research, education, service, technical assistance, data capacity, language access, health literacy, food security, access to health-promoting resources, and culturally relevant prevention or chronic disease improvement strategies.

Describe how the project will potentially affect the population served, specific subgroups within that population, Indigenous leaders and community partners, and other interested groups.

Goals, Objectives, and Outcomes

Describe the overall project goals, annual short-term and long-term objectives, and outcomes. We will not fund any project that does not include measurable outcomes. A measurable outcome is an observable end result that describes how a project benefits participants, communities, organizations, systems, or the field.

Your objectives should be SMART (specific, measurable, attainable, relevant, and time-bound) and should include baseline data and quantifiable timeframes for achievement. Objectives should focus on overall goals of the project rather than project activities. This section should clearly identify the measurable chronic disease, community capacity, organizational, system, or outcomes expected from the project, and provide specific, quantified estimates of expected outcomes.

Project Plan

In reference to your work plan in the appendices, provide a detailed summary of activities to be undertaken and how those activities will help achieve the project goals and objectives. Explain the rationale for the evidence-based intervention approach selected, with reference to the documented chronic disease burden and access gaps in the population and geographic area of focus. All proposed clinical or health intervention activities must be grounded in current evidence-based standards for chronic disease prevention and management. Present a clear connection between identified needs, evidence gaps, community priorities, and proposed project activities.

Describe how the project will use culturally responsive, evidence-based principles and methods to support research, education, service, partnership development, technical assistance, and dissemination activities. Describe how the project will apply the National CLAS Standards, including language access, culturally and linguistically appropriate communication, and community engagement.

Describe your approach to establishing and engaging an advisory structure, strengthening partnerships, building capacity among partners and community members, and implementing activities that improve chronic disease outcomes among the selected AI/AN or NHPI population. Identify major barriers anticipated and how the project will overcome those barriers.

Describe the approach you will use to monitor progress on tasks and objectives. Describe how you will use data collected during the project to support continuous quality improvement and ensure activities remain culturally appropriate and responsive to community needs over the period of performance.

Organizational Capacity

Describe your organizational readiness to implement the proposed project. Describe how your organization, or the division of a larger agency responsible for this project, is organized, the nature and scope of its work, and the capabilities it possesses.

Describe current or previous relevant experience working with Indigenous leaders, AI/AN or NHPI communities, community-based organizations, health systems, academic institutions, Minority Serving Institutions, or other partners relevant to Indigenous health, chronic disease prevention, health promotion, language access, culturally grounded education, service delivery, dissemination, data collection, and evaluation. Describe the organization's history of forming, managing, and sustaining community partnerships and its experience building trust with the selected population of focus. Identify partner roles and responsibilities in reference to submitted memoranda of agreement or letters of commitment.

Describe areas of expertise for key personnel in reference to the curricula vitae, resumes, or biographical sketches you submit. At a minimum, key personnel include the PD/PI who will have day-to-day oversight of the project and the evaluator. Describe the qualifications, competing time commitments, and related ongoing projects of all key personnel. Identify the individuals or organizations responsible for evaluation activities and their qualifications, including the evaluator's independence.

Reference the organizational chart in your appendices. This chart should include any contractual, subrecipient, consultant, or supportive organizations that will have a role in implementing the project and achieving project goals.

Evaluation Plan

Provide a process and outcomes evaluation plan that describes how you will determine whether the project reaches its selected population of focus and achieves intended outcomes. The evaluation must assess the impact of project activities on chronic disease outcomes — including obesity, hypertension, diabetes, and related conditions — and on community capacity, use of evidence-based strategies, and health service access.

Identify the data you will collect and use to monitor and document key project outcomes, including the validity and reliability of proposed measures or indicators. Describe methods for collecting baseline, interim, and post-intervention processes and outcome measures, and describe how you will overcome potential obstacles to data collection.

Specifically describe how you will evaluate all components of the logic model, track implementation fidelity and adaptation, collect disaggregated data when possible by activity type, race, sex, age, ethnicity, language, geography, and other relevant factors, document barriers and facilitators, and use quantitative and qualitative methods to assess outcomes and inform continuous quality improvement.

Applicants must define measurable outcomes, demonstrate the ability to detect meaningful impact, and describe how evaluation findings will contribute to the evidence base for culturally appropriate approaches to improve health outcomes among AI/AN or NHPI populations.

Dissemination Plan

Describe the methods you will use to disseminate project results and findings on time and in easily understandable formats to the population served, Indigenous leaders, community partners, public health agencies, the general public, and other interested parties. In addition to traditional dissemination methods, such as reports, toolkits, presentations, websites, newsletters, and scholarly products, OMH encourages innovative and culturally appropriate approaches, including storytelling and community-centered dissemination methods.

Dissemination efforts should help interested parties understand and, where appropriate, replicate or adapt project approaches. All relevant findings and products may be posted on an HHS/OMH-sponsored website as determined by HHS/OMH. Published materials should be freely and immediately accessible to the public.

b. Appendices to the Project Narrative – Content

All items described in this section will count toward the total page limit of your application. You must submit them as a **single electronic file** uploaded to the Attachments section of your Grants.gov application.

Samples and optional forms/templates for some of these items are located under the Related Documents tab for this NOFO on Grants.gov.

Your application should include the following appendices:

Work Plan

Your Work Plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all years of the period of performance. However, each year's activities should be fully attainable in one budget year. You may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discrete and attainable within a single budget year. Your Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, your work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

An optional Objective Work Plan (OWP) template is provided in the application materials on grants.gov (the 3 instruction pages will not count toward your page limit) or you may create your own work plan. Regardless of the option you choose, the work plan you submit must address all the content requested.

Logic Model

You should submit a detailed logic model that describes the inputs, objectives, activities, outputs, and short- and long-term outcomes of the intervention being tested through the proposed project. All program objectives, activities, and anticipated outcomes shall be reflected in the logic model and demonstrate that the proposed project reflects a coherent approach.

Project Population(s) of Focus

Submit a table outlining the population of focus within the identified geographic area of focus using quantitative data.

Memoranda of Agreement (MOAs) and/or Letters of Commitment (LOCs)

If available at the time of submission, signed MOAs or signed LOCs may be submitted for each partner (or one signed MOA with all partners). MOAs and LOCs should include a description of the specific roles, responsibilities, resources, and contributions of partner(s) to the project.

Signed LOCs must detail the specific role and resources that will be provided, or activities

that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the LOC. Fully-executed MOAs may be required within the first 30 days following the start of the project period of any award made under this announcement.

MOAs and LOCs are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support. Letters of support will not be considered during the review.

Organizational Chart

Include an organizational chart that reflects the management structure for the project and demonstrates where the project resides within the greater organization.

Curriculum Vitae/Résumés/Biosketches for Key Project Personnel

Submit with your application curriculum vitae, résumés, or biosketches of the Project Director/Principal Investigator, Evaluator, and others identified as essential in the proposal. Key Personnel includes those individuals in roles who will oversee the technical, professional, managerial, and essential support functions and/or assume responsibility for assuring the validity and quality of your organization's project. Do not include curriculum vitae, résumés, or biosketches for individuals who provide routine administrative support to the project as part of their broader support of the organization. You should use full names (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records. You should use the formatting common to those documents. (See <https://grants.nih.gov/grants/forms/biosketch.htm> for templates and sample biographical sketches.)

References Cited

Include your references cited in your project narrative. You may use any standard format that you choose as long as it will clearly lead the reader to your source of information or data.

c. Budget Package - Content

A complete budget package consists of the following required components:

- SF-424A "Budget Information Non-Construction Programs"
- Budget narrative with detailed justification by cost category/object class, and
- Plan for oversight of federal funds.

You should include supporting documentation for your budget (e.g., a copy of your approved indirect cost rate) as part of the budget package, not as part of your appendices to the project narrative. There is no page limit for the budget package contents. If you are recommended for an award, you may be asked to provide additional information about your budget package.

Throughout your budget package, “Federal resources” refers only to the funds you are requesting from the program office for this project. “Non-federal resources” are all other non-HHS/OASH federal and non-federal resources. Funds from federal grant programs typically are not eligible as cost share for other federal grants. It is your responsibility to confirm with other federal agencies whether funds you receive from them are eligible resources to apply to your proposed project.

Standard Form SF-424A

You must enter the project budget according to the directions provided with the standard form.

You must provide costs by object class category for the first 12 months (i.e., first budget period) of the proposed project using Section B, box 6 of SF-424A. If the estimated period of performance is 12 months or less, this will be your total budget request for the entire project.

"Federal resources" refers only to the funds for which you are applying under this NOFO. "Non-federal resources" are all other resources (federal and non-federal).

Do not include costs beyond the first budget period in the object class budget in box 6 of SF-424A or box 18 of SF-424. The amounts entered in these sections should only reflect the first budget period.

If there is a discrepancy between your SF-424A and budget narrative and justification, we will rely on the narrative and justification to determine the final amounts.

Budget Narrative with Justification

Your budget narrative must include a detailed line-item budget and must include calculations for all costs and activities by the “object class categories” identified on SF-424A. You must provide a detailed justification for the costs by object class. The object class budget organizes your proposed costs into a set of defined categories.

Use the guidelines in Section K.4 for preparing the detailed object class budget.

Budget Periods

Your budget narrative must describe the first budget period in detail. For each proposed cost for the first budget period, provide a justification that includes explanatory text and line-item detail. You should describe how you derived your categorical costs. Your justification should show the necessity and reasonableness of the proposed costs for the project.

For subsequent budget years in an anticipated multi-year period of performance, provide a summary narrative and line-item budget for each year beyond the first. For categories or items that differ significantly from the first budget period, provide a detailed justification explaining these changes.

Funding levels for all approved budget periods after the first are generally the same as the initial award amount and are subject to an offset with funds unused in the previous budget

period. Carryover of unobligated funds from one budget period to the next requires prior approval.

Determining Proposed Costs

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. If you are proposing to provide services to clients, you should describe how many clients you expect to serve, the unit cost of serving each client, and how this is cost effective.

Proposed costs must adhere to the cost principles described in 2 C.F.R. § 200.416. We have provided additional information on the most common cost categories for applications for OASH awards in Section K.4.

Budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. Carefully review Funding Restrictions (below) for specific information regarding allowable, unallowable, and restricted costs.

Describing Federal and Non-federal Share

Both federal and non-federal resources (if applicable) must be detailed and justified in the budget narrative. “Federal resources” refers only to the HHS/OASH funds for which you are applying under this NOFO. “Non-federal resources” are all other non-HHS/OASH federal and non-federal resources. If matching or cost sharing is required or offered voluntarily, you must include a detailed listing of any funding sources identified in box 18 of SF-424 (Application for Federal Assistance).

Indirect Costs

Indirect costs for training are limited to a fixed rate of eight percent of the modified total direct costs (MTDC) exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 (2 C.F.R. § 200.414 (c)(1)).

Funding Restrictions

The following restrictions apply to costs you may propose and be awarded.

- Publicity or propaganda, including preparing, distributing, or using any material designed to support or defeat the enactment of legislation before any legislative body.
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body. See [Anti-Lobbying Restrictions for HHS Grant Recipients](#).
- Advertising or campaigns.

- Expenses related to subscriptions to academic journals and publishing costs.

Pre-Award Costs

Pre-award costs are NOT allowed. Pre-award costs ([2 C.F.R. § 200.458](#)) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work.

Salary Rate Limitation

Each year’s appropriations act limits the salary rate that you may charge to the grants and cooperative agreements that we award. You must not use award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II.

As of January 2026, the Executive Level II maximum salary is \$228,000. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Salary Rate Limitation	
Individual’s actual base full-time salary \$350,000 with 50% of time devoted to project, i.e., 0.5 FTE	Direct salary (\$350,000 x 0.5) = \$175,000
	Fringe (25% of salary) = \$43,750
	Total = \$218,750
Individual’s base full-time salary adjusted to Executive Level II: \$225,700 with 50% of time devoted to the project	Direct salary (\$225,700 x 0.5) = \$112,850
	Fringe (25% of salary) = \$28,212.50
	Total amount allowed = \$141,062.50

Appropriate salary rate limits will apply as required by law.

Vehicle Purchase

We will not approve vehicle purchase at the time of award even when included in your application. You must obtain prior approval before the purchase of a mobile health unit or any other vehicle with award funds. A request for prior approval must include a detailed justification of the need for the vehicle that includes an analysis of comparing purchase, lease, and other alternatives. Equipment purchases are subject to transfer to another federal project or sale at the end of the period of performance ([2 C.F.R. § 200.313\(e\)](#)).

Construction Costs

We will not approve construction costs. This includes major improvements to or significant renovations of facilities.

Plan for Recipient Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, you may provide a link as part of your plan in the budget narrative. Although merit reviewers are not permitted to access any external materials linked in the application as part of their review, this link would facilitate review of your proposal if recommended for risk assessment (Section G.4).

Section K.5 contains questions you may find useful in preparing your Recipient Plans for Oversight of Federal Funds.

d. Project Abstract Summary Guidance

You must complete the Project Abstract Summary form. The application page limit does not include the Project Abstract Summary Form. Research projects may enter zero for “Estimated number of people to be served as a result of the award of this grant.”

The abstract will serve as the application summary going forward. Do not include sensitive or proprietary information in your abstract.

If your project is funded, we will publish the abstract on TAGGS.hhs.gov and USASpending.gov as you submitted it. You may request to edit it later, or we may ask you to edit it later to reflect any negotiated changes to the project. The abstract may also appear on the program office website or other government websites.

Your abstract should contain:

- Specifics about the project purpose
- Activities that you will perform
- Expected deliverables and outcomes
- Intended project beneficiary(ies) or participant(s)

Your description of the project should be brief and use plain language an average reader can understand. You should limit abbreviations, acronyms, or jargon without definitions. The abstract should be unique to your project.

F. SUBMISSION REQUIREMENTS AND DATES

1. Obtaining an Application Package

The official complete application package is available on [Grants.gov](https://www.grants.gov). Search either the Assistance Listing number or the NOFO number MP-CPI-26-002.

The package consists of several Adobe PDF format documents. This is a standard format widely accessible across multiple platforms including mobile devices. The Acrobat Reader application is available at <https://www.adobe.com/acrobat/pdf-reader.html>.

All materials will be under the Package tab on the page for this opportunity on Grants.gov. If you have problems locating the application package, contact:

OASH Grants and Acquisitions Management Division

1101 Wootton Parkway. Plaza Level

Rockville, MD 20852

Phone: 240-453-8822

Email: OASH-Grants-Feds@hhs.gov

Email will often result in the fastest response

2. Required Registrations

You must have an active registration in SAM.gov and Grants.gov to apply for this opportunity.

It is your responsibility to plan ahead to ensure adequate time to register in both systems before submitting your application. We recommend beginning the registration process immediately, but **no later than** 30 days prior to the application deadline with a goal of your registration being complete at least 15 days prior to the application deadline.

a. Unique Entity Identifier and System for Award Management (SAM)

Grants.gov will not accept an application unless you have an active SAM.gov registration and received a Unique Entity Identifier (UEI). There is no fee for registering in SAM.gov.

In cases where an individual is an eligible applicant (see Section A.1.a), the individual does not need a SAM.gov registration. However, the individual must still create a Grants.gov account. Grants.gov will assign a default UEI value where applicable.

We cannot make an award to your entity unless it has an active SAM registration. In accordance with [2 C.F.R. § 25.205](https://www.ecfr.gov/current/title-2/chapter-I/subchapter-B/part-205/subpart-205.205), if you have not complied with this requirement, we may:

- determine that you are not qualified to receive an award; and
- use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier subrecipients must have a UEI number at the time you make a subaward to them.

Registering in SAM

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You will find instructions on the Grants.gov website as part of the [organization registration](#) process.

Complete a SAM registration (or renewal) as soon as possible if you do not currently have an active registration that will remain active through the competitive process. Registration will include obtaining a unique entity identifier (UEI). SAM.gov provides an [Entity Registration Checklist](#) to help you prepare the necessary documentation.

You may register in SAM as an entity applying for either

- Federal Assistance Awards Only (e.g., grants and cooperative agreements) or
- All Awards (including procurement awards).

If you chose to register for All Awards, you must answer Yes to the question “Do you wish to apply for a federal financial assistance project or program, or is your entity currently the recipient of funding under any federal financial assistance project or program?” Failure to do so will require us to obtain a separate assurance document from you during our risk assessment (Section G.4) and may delay any award.

The list of representations and certifications to be certified as part of your registration is reproduced in Section K.6 with the corresponding HHS regulation citations. By submitting your application to this NOFO, your authorized representative certifies these representations and certifications by signing Box 21 of SF-424A.

Make sure your SAM registration information is accurate, especially your organization’s legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this is the legal name and address we must use on the NOA.

During your registration, your organization will need to designate an E-Business Point of Contact (EBiz POC). EBizPOC will need to be the individual to set up your Grants.gov account.

SAM Registration Renewal

If your organization has previously registered in SAM, confirm your status and determine whether you need to update or renew it. You must [renew your SAM registration](#) each year.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during an active award or an application or plan under consideration by an HHS agency.

Timing of Registration

It may take up to 2-3 weeks (or longer during periods of high volume) for a registration to become active in SAM. After that, it may take an additional 24-72 hours for SAM to synchronize with Grants.gov. Grants.gov must recognize your SAM registration as active to accept your application. We strongly encourage confirming your registration status well before you are ready to submit your application to Grants.gov.

b. Grants.gov Registration

The Grants.gov [Applicant Registration](#) page provides the most up to date guidance on registering. There is no fee for registering to use Grants.gov.

Your EBizPOC may begin creating your account prior to receiving your UEI from SAM.gov. However, you will need to complete the SAM.gov registration prior to complete your Grants.gov registration.

Grants.gov is a platform that allows you to have multiple users with a variety of role-based access to perform actions on application(s). You must register an authorizing official for your organization. We do not determine who your organization's authorizing official is; your organization makes that decision. However, your authorizing official(s) must have the authority to act on behalf of your organization.

You may consider registering a backup authorized organization representative(s) in Grants.gov to ensure someone is available to submit your application. We will not extend due dates because your authorized official is unavailable.

We encourage potential applicants to familiarize themselves with the [Workspace Overview](#) and options as soon as possible.

3. Submission Instructions

It is your responsibility to read and understand the instructions to submit a complete and properly formatted application.

a. Electronic Application Submission

We require that all applications be submitted electronically via Grants.gov unless the Grants Management Officer has granted an exemption in writing.

Grants.gov Information

You may access the application for this opportunity on [Grants.gov](#). Search for the downloadable application page by the NOFO number MP-CPI-26-002 or Assistance Listing number 93.137, Community Programs to Improve Minority Health.

To ensure successful submission of your application, you should carefully follow the step-by-step [instructions](#) on the site. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.

You should contact Grants.gov with any questions or concerns regarding the technical system questions about the electronic application process (Section J).

See Section F.2 for requirements related to UEI numbers and SAM registration.

Electronic File Submission

Applications, excluding required standard forms, must be submitted as three (3) files. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process. Merit reviewers are not permitted to follow embedded links to materials outside of the application. Your content must fit within the page limits of the application.

File 1	The complete Project Narrative
File 2	All documents that make up the Appendices
File 3	The entire Budget Package including supporting documentation described in the Budget Narrative content section.

Acceptable File Formats

All files uploaded for your application must be in an acceptable file format and must contain a valid file format extension in the filename.

We only accept the file formats identified in the table to ensure compatibility across our other systems although Grants.gov will allow you to attach unacceptable formats.

We strongly encourage you to upload your application in Adobe PDF format. By converting to PDF prior to submission, you may prevent any unintentional changes that might occur with submission of an editable document. Most commonly available applications for document preparation have the ability to “Save As” or “Print To PDF.”

We do not recommend submitting scanned copies through Grants.gov unless you have confirmed the clarity of the scan and the readability of the documents.

Any file submitted as part of the Grants.gov application that is not in a file format listed as acceptable will not be imported for processing and will be excluded from the application during the review.

We will not contact you for resubmission of files to the correct file type.

We will not contact you for passwords or for resubmission of unprotected files. We will forward unprotected information in the application forwarded for consideration, but we will not forward password protected portions.

Acceptable File Formats (extension)
<ul style="list-style-type: none">• Adobe PDF (.pdf)• Microsoft Word (.doc or .docx)• Image formats (.jpg, .gif, .tif, or .bmp only)
Unacceptable File Formats (extension)
<ul style="list-style-type: none">• Microsoft Excel files (.xls) or other similar spreadsheet files

- Any compressed file formats (e.g., .zip, .rar, or Adobe Portfolio)
- Any password protected files

Timing Considerations

We strongly encourage you to submit your application a minimum of 4-5 days prior to the application closing date. You are responsible for allowing time for system registrations and where applicable State Single Point of Contact (SPOC) notifications (Section F.3.d).

Do not wait until the last day in case you encounter technical difficulties, either on your end or with Grants.gov. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may accept your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission and that time was before the submission deadline. If you have reported a system problem to the Grants.gov helpdesk, obtain a ticket number to provide us so that we can verify the problem.

A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to submit an application successfully, such as compatible Adobe versions or file naming conventions. Nor does a “system problem” include issues that should have been identified by reviewing and confirming your account status prior to the submission deadline.

Exemption to the Grants.gov Submission Requirement

We will consider an exemption to the Grants.gov submission requirement only under limited circumstances. To obtain an exemption, you must request one via email from GAM at OASH-Grants-Feds@hhs.gov. Your request **must provide details as to why you are technologically unable to submit** electronically through Grants.gov. You should submit your request at least 4 business days prior to the application deadline to ensure we can review your request at least 2 business days before the deadline.

In your e-mail requesting an exemption include:

- the NOFO number;
- your organization’s UEI number;
- your organization’s name, address and telephone number;
- the name and telephone number of your Authorizing Official;
- the Grants.gov Tracking Number (e.g., GRANT####) assigned to your submission; and
- a copy of the “Rejected with Errors” notification from Grants.gov.

We will not grant an exemption to the electronic submission requirement for:

- Failure to have an active System for Account Management (SAM) registration prior to the application due date.
- Failure to follow Grants.gov instructions to ensure software compatibility.
- Failure to have the correct permission levels configured in your Grants.gov workspace.

GAM will only accept applications via alternate methods (i.e., PDF via email or hardcopy paper via U.S. mail or other provider) from applicants with prior written approval. If you receive an exemption, you must still submit your complete application, and we must receive it by the due date.

We will accept only applications submitted through Grants.gov or a pre-approved alternate format.

b. Submission Dates and Times

You must submit your application for this funding opportunity by July 15, 2026.

Your submission time is the date and time stamp provided by Grants.gov when you **complete** your submission. If you do not submit your application by the due date and time, we will not review it, and it will receive no further consideration.

It is your responsibility to review all instructions available on Grants.gov for successfully submitting an application. For information on registering for Grants.gov or to receive assistance on any technical system questions, contact Grants.gov directly (Section J).

c. NOFO Technical Assistance Webinar

We will provide a technical assistance webinar for applicants on June 24, 2026. The link to the recorded webinar will be posted on the OMH website at <https://minorityhealth.hhs.gov/hhs-omh-funding-opportunities>.

Applicants are encouraged to **subscribe to this opportunity on Grants.gov** to receive any amendments, revisions, questions and answer documents, or other updates.

Out of fairness to all applicants, we do not provide one-on-one consultation on the specific content development for any applications.

d. Intergovernmental Review

Applications under this opportunity are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 C.F.R. part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.”

4. Other Submission Requirements

a. Program-Specific Requirements

Non-profit Status

If you are a non-profit organization, you **may be required to** submit documentation of nonprofit status to confirm your status. Any of the following constitutes acceptable proof of such status:

- A reference to the Applicant organization’s listing in the Internal Revenue Service’s (IRS) most recent list of tax-exempt organizations described in the IRS code;
- A copy of a currently valid IRS tax exemption certificate;
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals; or
- A certified copy of the organization’s certificate of incorporation or similar document that clearly establishes nonprofit status.

b. Follow-up Submission Requirements

We may request additional documentation during the review process. We suggest having these documents readily available. Requests will only come from the OASH GAM staff. If you have any concern about the validity of a request, please contact us through the contact information provided in Section J.

Requested documentation may include a copy of your:

- Approved negotiated indirect cost rate, if not submitted in your budget package
- Internal controls
- Documentation of non-profit status
- Authorizing Tribal Resolution

We may request additional documentation as needed during our risk assessment process in Section G.4.

Failure to provide the requested documentation by the requested deadline may result in our no longer considering your application and moving on to another to make an award.

You should not interpret a request for information as an indication that we will make an award to you. A request only means that we are continuing to review your application.

G. APPLICATION REVIEW INFORMATION

Your application will undergo a series of reviews designed to ensure compliance with statutory and regulatory requirements, alignment with agency priorities, and responsible stewardship of Federal funds, consistent with Executive Order 14332, “Improving Oversight of Federal Grantmaking” (available at <https://www.whitehouse.gov/presidentialactions/2025/08/improving-oversight-of-federal-grantmaking/>), which aims to “strengthen oversight and coordination of, and to streamline, agency grantmaking to address [...] problems, prevent them from recurring, and ensure greater accountability for use of public funds more broadly.”

Application Qualification and Alignment Review

Applications will first undergo an initial qualification and alignment review conducted by HHS GAM personnel in coordination with Federal program staff, including senior Department officials or other designated Presidential appointees, consistent with the Executive Order on “Improving Oversight of Federal Grantmaking.” This review includes the following components:

- Eligibility Review to determine whether you are an eligible applicant as described in Section A.
- Responsiveness Review to determine whether the application meets the responsiveness criteria described in Section G.1. and aligns with the purpose and objectives of the funding opportunity.
- Formatting Review to determine whether your application meets the formatting requirements described in Section E.1.
- Consistent with the Executive Order on “Improving Oversight of Federal Grantmaking,” applications will be reviewed by a senior appointee or appointee’s designee to assess alignment with:
 - HHS, OASH, and OMH priorities;
 - Principles of accountability, transparency, and effective Federal grant stewardship

The Grants Management Officer will coordinate with Federal staff, including a senior appointee or senior appointee’s designee to relay to you a final determination of eligibility based on this initial review. This decision is not appealable.

Merit Review

An independent merit review panel will evaluate applications that are qualified and eligible. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies.

We do not disclose the identities of our review panelists. Each is vetted during the selection process to identify and manage any real or apparent conflict of interests.

Using the Merit Review Criteria, the reviewers will provide comments and rate the applications. We will provide reviewer comments to applicants after we have made final award decisions and issued notices of award. We do not provide scores.

Programmatic Technical Review and Risk Assessment

In addition to the independent merit review panel, federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

1. Responsiveness Review

The responsiveness review assesses your application at a high level to determine whether the application has addressed the subject matter of the opportunity or met any legal requirements. The criteria, if any, we describe below facilitate a go/no-go determination by the review team. Failure to address the responsiveness criteria clearly and provide the required information will result in disqualification.

a. Responsiveness Criteria

For this opportunity, the responsiveness criteria are:

The **Project Abstract Summary** must:

- Clearly describe the focus of the proposed program, including the selected Indigenous population of focus (AI/AN or NHPI), the geographic area(s) served, and the chronic disease outcome(s) addressed.
- Describe the evidence-based framework and primary project activities, including research, education, service, technical assistance, dissemination, partnership development, and data capacity-building.
- Indicate the role of community leaders, organizations, academic institutions, health systems, Minority Serving Institutions, or other partners in project implementation.
- Include at least two measurable outcomes related to chronic disease prevention or improvement, community capacity, use of culturally appropriate strategies or tools, data capacity, dissemination, or other project outcomes.

b. Disqualifying Criteria

Disqualification means we will not review the application and will give it no further consideration.

We will disqualify applications:

<ul style="list-style-type: none">• not submitted electronically via Grants.gov (unless an exemption was granted by the grants management officer in writing 2 business days prior to the deadline)
<ul style="list-style-type: none">• not submitted by the due date and time (Section F.3.b)
<ul style="list-style-type: none">• not submitted by an eligible applicant (Section A.1.a)
<ul style="list-style-type: none">• submitted <u>multiple times for the same project</u> from the same organization, <i>except</i> for the last application received by the deadline (Section A.1.c)
<ul style="list-style-type: none">• not meeting the Responsiveness Criteria (Section G.1.a), if any
<ul style="list-style-type: none">• not including a non-federal sources justification in the budget narrative when including cost-sharing (voluntary or required) (Section A.3)
<ul style="list-style-type: none">• requesting total funds (direct plus indirect costs) of:<ul style="list-style-type: none">○ Above the Award Ceiling of \$1,000,000
<ul style="list-style-type: none">• missing or incomplete required forms in the application package found on Grants.gov including SF-424; SF-424A, SF-LLL, and the Project Abstract Summary (Section E)
<ul style="list-style-type: none">• not meeting the formatting requirements (Section E), specifically:<ul style="list-style-type: none">○ not submitted in the English language and U.S. dollars (2 CFR 200.111)

- not submitted with
 - an 8 ½ ” x 11” page size
 - 1” margins on all sides (top, bottom, left and right)
 - a font size of not less than 12 points
 - a Project Narrative that is double-spaced
- exceeding the 40-page limit for the Project Narrative
- exceeding the total 65-page limit for the Project Narrative plus Appendices combined, excluding SF-424, SF-424A, SF-LLL, Project Abstract Summary, and Budget Narrative with budget tables

2. Merit Review Criteria

Federal staff and an independent merit review panel will assess all qualified eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

a. Statement of Need (5 points)

The extent to which the application:

- Comprehensively describes the need for the project, including gaps, barriers, or opportunities.
- Clearly supports the need using recent and/or disaggregated data of sufficient relevance and validity in terms of race, ethnicity, language, sex, age, non-medical drivers of health, and other related factors to describe the chronic disease burden in the population of focus.

b. Goals, Objectives, and Outcomes (5 points)

The application:

- Demonstrates a strong and clear alignment of goals, objectives, and measurable outcomes for the project to improve health described in the statement of need.
- Describes objectives in specific, measurable, accurate, relevant, and time-bound (SMART) terms, focused on the overall goals of project rather than project activities.
- Proposes objectives that include baseline data and quantifiable timeframes for achievement and clearly identifies culturally relevant chronic disease, organizational, and system outcome measures.

c. Proposed Approach (20 points)

The application:

- Clearly describes how the project will improve health in the population of focus using an evidence-based approach with demonstrated effectiveness in reaching medically underserved communities.
- Describes a feasible approach, with rationale, for:
 - Use of appropriate datasets to provide baseline, disaggregated data for the population(s) of focus.
 - Establishing new and strengthening existing partnerships relevant to addressing the need.
 - Implementing strategies to improve health, such as enhancing language access, communication with, and training and technical assistance for the population of focus (i.e. AI/AN or NHPI).
 - Integration of the National CLAS Standards in project activities.
 - Designing and providing education and training to support community capacity-building.
 - Describing the structured stakeholder engagement process to include advisory board, and how it will be used to inform and improve project implementation.
 - Identifies anticipated barriers to achieving the overall goals and objectives of the CIIH and strategies to overcome those barriers.
 - Shifting to solution-oriented approaches in health research.
 - HHS invested substantially in minority health. This research, education, and technical assistance has not always translated into measurable improved health outcomes. Going forward, the activities will prioritize evaluating and disseminating research and information that goes beyond measuring health or simply observing health outcomes. The activity must actively examine innovative evidence-based interventions that address poor health outcomes.

d. Work Plan (10 points)

The application:

- Includes a work plan rationally linking the project’s goals, objectives, and outcomes, with the major tasks, action steps, or products that will address the need described for the focus population.
- Describes a rational and feasible approach to monitoring and tracking progress.
- Includes realistic start- and end-dates to meet project goals and objectives.
- Identifies the key personnel and partners responsible for the completion of each task.

e. Organizational Capability and Capacity (35 points)

The application:

- Demonstrates the organization’s capability to successfully implement the proposed project, including implementation readiness and ability to demonstrate impact over the course of the project.
- Demonstrates the organization’s knowledge, skills, experience, capability, and capacity to work with AI/AN and NHPI communities successfully, and to implement the proposed project effectively within the period of performance. Demonstrates capacity and capability in providing education and training to support community capacity building in research, service, and education for prevention or improving health.
- Demonstrates the capability to form strong working relationships with Indigenous leaders and communities, access to AI/AN and NHPI networks, and connection to the Indigenous communities.
- Describes areas of expertise for key personnel, including the Project Director/Principal Investigator and Evaluator, including identification of the individual/organization responsible for evaluation activities with a description of that individual/organization’s qualifications.

f. Evaluation & Performance Management (20 points)

The application:

- Demonstrates a rigorous, science-driven evaluation approach for effectively measuring the impact of the project on chronic disease outcomes — including obesity, hypertension, diabetes, and related conditions - and on community capacity and health service access in the population of focus.
- Describes a feasible and rigorous evaluation approach for effectively demonstrating any impact of the project on the AI/AN and NHPI population of focus and any other intended outcome proposed.
- Describes a feasible and adequate approach for overcoming any potential obstacles to baseline and ongoing data collection.
- Clearly describes how evaluation and performance measurement will contribute to the development of an evidence base for addressing the limited availability of culturally appropriate data on AI/AN or NHPI health outcomes.

g. Dissemination Plan (5 points)

The extent to which the applicant:

- Described achievable methods for documenting and disseminating the project’s results and findings in a timely manner to others who might be interested in using the results of the project to inform practice, service delivery, and program development, including the communities served by the award.
- Developing and implementing an interactive website for community engagement and information dissemination.
- Specifically identified other, innovative approaches for informing parties potentially interested in using the results of the project to inform development of similar projects or replication locally and nationally.

3. Merit Review and Selection Process

Application Status Inquiries

During the review process, we do not release information about individual applications. If you would like to track your application, please see the instructions on Grants.gov.

If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award. It only means that your application is still under consideration.

Federal Staff Review

In addition to the independent merit review panel, Federal staff will review each application for technical (programmatic), budgetary, and grants management compliance.

OMH will coordinate with a senior appointee to provide recommendations for funding to the Grants Management Officer to conduct the required risk analysis consistent with 2 CFR 200 and applicable HHS policy. No award decision is final until a Notice of Award is issued by the Grants Management Officer, in coordination with a senior appointee or appointee’s designee, consistent with the Executive Order on “Improving Oversight of Federal Grantmaking.”

In providing these recommendations the program office will take into consideration the following additional factors(s):

- Geographic distribution

4. Review of Risk Posed by Applicant

Before issuing any award, GAM evaluates each recommended application for risks in accordance with [2 C.F.R. § 200.206](#). This evaluation may incorporate results of the evaluation for eligibility or of the quality of an application.

Risk Factors Considered

We will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in [2 C.F.R. part 200](#);
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- d. Reports and findings from audits performed; and
- e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Also, prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), GAM must review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (formerly the Federal Awardee Performance and Integrity Information System (FAPIIS)).

If you are a prior Federal award recipient, the information in the system must, at a minimum, “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” [2 C.F.R. § 200.206](#); see also [2 C.F.R. § 200.213](#). You have the option to review information in SAM and comment on any information about your organization that a Federal awarding agency previously entered and is currently available through SAM.

GAM will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards.

Risk Review Outcomes

If GAM does not make an award to you because we determine that your organization does not meet either or both of the minimum qualification standards as described in [2 C.F.R. § 200.206](#), we must report that determination to FAPIIS, if certain conditions apply. See [2 C.F.R. § 200.213](#).

If GAM determines that a federal award will be made, specific conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. See [2 C.F.R. § 200.208](#).

When making funding decisions, we consider:

- The amount of available funds.
- Assessed risk.
- Merit review results. These are key in making decisions but are not the only factor.

We may:

- Consider the larger portfolio of agency-funded projects, including project type and geographic distribution.
- Consider the funding priorities, funding preferences, and special considerations listed.
- Fund out of rank order.
- 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.

You cannot appeal a denial, or the amount of funds awarded.

H. AWARD NOTICES

Upon completion of risk analysis and concurrence of the GMO, GAM will issue Notices of Award (NOAs). No award decision is final until the GMO issues a NOA. All award decisions, including the level of funding, if an award is made, are final and you may not appeal.

We are not obligated to make any federal award as a result of this NOFO. If we make awards, the awards may be for periods shorter than indicated. Only the GMO can bind the federal government to the expenditure of funds.

Funded Applications

If you are successful, you will receive official notice of your award with a Notice of Award (NOA) via a system notification from our grants management system (Grant Solutions) and/or via e-mail. The NOA includes the amount awarded for the specified budget period, the purpose(s) of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of cost share or matching, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist (GMS) and Federal Project Officer (FPO) assigned to the award for assistance and monitoring. The GMS and FPO will work as a team. Any questions or concerns during the project should be communicated to both the GMS and FPO.

Pre-award costs are not allowed. If you begin a project prior to receiving a NOA or the project period start date on the NOA, you incur costs at your own risk. We will disallow the costs and will not approve them retroactively.

We intend to award funds as much in advance of the anticipated project start date (See Overview, page 1) as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

Unfunded Applications

If you are unsuccessful or your application was disqualified, OASH will notify you by email and/or letter. If the merit review panel reviewed your application, you may receive summary comments pertaining to the application resulting from the review process. We do not release application scores.

You may receive a letter indicating that your application was “approved, but unfunded” (ABU). This does not mean you will receive an award or funding. Applications designated ABU are kept active for up to 12 months. During that time, a program office may consider an ABU application for award should funds become available. However, an ABU status does not guarantee that we will fund your project.

We will not transfer an ABU application for consideration under a new NOFO. You would have the option to resubmit your application, with any updated material, for consideration under that new NOFO.

I. AWARD REQUIREMENTS AND ADMINISTRATION

The following subsections describe the administrative requirements and the terms and conditions that will apply to any award you might receive under this NOFO.

As of October 1, 2025, HHS adopted 2 CFR Part 200, with some modifications included in 2 CFR Part 300. These regulations replace those in 45 CFR Part 75.

On October 2, 2024, HHS published an [Interim Final Rule](#) establishing a bifurcated transition to 2 C.F.R. part 200, the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Under that transition, a few select provisions of 2 C.F.R. part 200 became effective October 1, 2024, while the remainder of provisions will become effective October 1, 2025, along with HHS-specific modifications to be codified at 2 C.F.R. part 300. Awards made under this NOFO will transition automatically to [2 C.F.R. part 200](#) effective October 1, 2025.

The regulatory citations below reference the currently applicable provisions of either 45 C.F.R. part 75 or [2 C.F.R. part 200](#).

1. Administrative and National Policy Requirements

a. Recipient Responsibilities

You will have full responsibility for the conduct of the approved project or activity and for adherence to all award terms and conditions, statutory, regulatory, or policy requirements applicable to grants and cooperative agreements. The approved project or activity is the project described in your application subject to any OASH GMO approved amendments. Approval of the project does not waive or negate any statutory, regulatory, or policy requirements applicable to grants and cooperative agreements.

You will be encouraged to seek the advice and opinion of the federal project officer and grants management specialist on special problems that may arise. Such advice does not diminish your responsibility for making sound programmatic and administrative judgments and does not imply that the responsibility for operating decisions has shifted to HHS, OASH, or the program office.

b. Accepting an Award

You accept an award and its terms and conditions by drawing or otherwise obtaining funds for the award from the grant payment system. By accepting an award, you agree to comply with the applicable federal requirements for grants and cooperative agreements, including those in the SAM registration certifications and representations, and to the prudent management of all expenditures and actions affecting the award, including the monitoring of any subrecipients.

You must comply with all terms, conditions, and requirements outlined in the Notice of Award, including: award policy terms and conditions contained in the HHS [Grant Policy Statement](#) (GPS), and its subsequent updates, all requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations; and requirements or limitations in any applicable appropriations acts.

c. Scope of the Award and Prior Approvals

You may only use award funds to support activities in your funded project. HHS GPS Section II and [2 C.F.R. § 200.308](#) describe the aspects of your funded project that will require prior approval from the OASH GMO for any changes. Some of the award modifications to an approved project that will require prior GMO approval include:

- A change in the scope or the objective(s) of the project (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)).
- Significant budget revisions, including changes in the approved cost-sharing or matching;
- A change in a key person(s) specified in your application;
- Reduction in time devoted to the project by the approved PD/PI, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or
- The transferring of any work to another entity or individual through contract, subaward, or other means that differs from described in the awarded proposal.

d. Applicable Termination Provisions

If you receive an award, HHS may terminate it for any of the conditions in 2 C.F.R. §§ 200.340(a)(1)-(4).

e. Alignment with Applicable Law

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.

2. Program Specific Terms and Conditions

We may include on any awards made under this opportunity the following as special terms and requirements.

a. Paperwork Reduction Act Clearance Packages

Any collection of information you conduct as defined in [5 C.F.R. § 1320.3\(c\)](#) may require OMB clearance under the Paperwork Reduction Act (PRA) if it is a requirement of your award to collect that information. You would be responsible for preparing the clearance package necessary to obtain PRA clearance and submitting it to the project officer. The project officer will assist in the submission of the package to OMB and notify you when the approval has been received or request additional information.

b. Required Alignment with HHS Mission and Strategic Priorities

Consistent with HHS priorities, in carrying out any project funded under this NOFO, the recipient must adhere to the following principles, where they are consistent with the authority and scope of the award and its activities:

Gold standard science: Design and deliver services using gold standard evidence-based and evidence-informed approaches, establish measurable performance goals, and use data to monitor outcomes and drive continuous improvement.

Program integrity and fiscal stewardship: Recipients must:

- Administer funds in accordance with all applicable federal statutes, regulations, and award conditions.

- Maintain strong internal controls.
- Prevent waste, fraud, and abuse.

Partnership and local leadership: Coordinate with state, tribal, territorial, local, and community partners, as appropriate, and tailor services to meet community-identified needs while respecting local decision-making authority.

Recipients must manage any project awarded under this NOFO in accordance with the following objectives in programs authorized to advance them:

Make America Healthy Again (MAHA): HHS prioritizes the health and well-being of all Americans by supporting common-sense, evidence-based health policies that promote:

- Personal responsibility.
- Strong families and communities.
- Proper nutrition.
- The prevention and management of chronic disease, while ensuring access to high-quality, affordable physical and mental health care.
- Child protections, biological integrity, parental rights, and lawful use of funds: HHS prioritizes safeguarding children’s health and safety by:
 - Not supporting medical interventions for gender dysphoria in minors that lack a strong evidence base.
 - Applying sex-based definitions grounded in biological reality.
 - Supporting parental authority, transparency, and choice in education, including school-based health centers that respect parental rights and religious upbringing.
- Ensuring taxpayer funds are not used to promote or support elective abortions, consistent with federal law and the Hyde Amendment.
- Advancing evidence-based, merit-driven, and ethically grounded health care: HHS will prioritize unbiased, transparent science; merit-based workforce opportunities; and programs that demonstrate measurable outcomes, while deprioritizing organizations with:
 - Conflicts of interest.

- “Harm reduction” models.
- Housing-first approaches.
- Activities that facilitate illegal drug use or unsafe medical practices.

Promoting public safety, lawful use of federal funds, and national health priorities: To the extent permitted by law, HHS will align funding with administration priorities by:

- Supporting ending the HIV epidemic through authorized, evidence-based care.
- Reserving benefits for eligible individuals.
- Discouraging illegal immigration and unsafe community practices.
- Prioritizing recipients that enforce public safety, address serious mental illness and substance use through treatment and recovery, and reduce homelessness responsibly.

To the extent allowable by law, under awards, HHS will give priority to states and municipalities for programs to:

- Enforce prohibitions on open illicit drug use.
- Enforce prohibitions on urban camping and loitering.
- Enforce prohibitions on urban squatting.
- Enforce, and where necessary, adopt, standards that address individuals who are a danger to themselves or others and suffer from serious mental illness or substance use disorder, or who are living on the streets and cannot care for themselves. The approach must be through assisted outpatient treatment or by moving them into treatment centers or other appropriate facilities through civil commitment or other available means, to the maximum extent permitted by law.

HHS will implement these priorities consistent with applicable laws, regulations, court orders, and any required procedures.

The recipient must demonstrate ongoing compliance with these priorities, in all programs that are authorized to advance them, through program design, implementation, reporting, and evaluation.

Failure to meaningfully align funded activities with the applicable requirements may result in corrective action, additional reporting requirements, or other actions consistent with federal

grant regulations at 2 CFR. part 200 and the terms and conditions of this award. This includes termination under CFR. 200.340(a)(4) if an award no longer effectuates the program goals or agency priorities.

3. Award Closeout

When the award expires, you must submit within 120 days all necessary documentation to closeout your award. If we do not receive acceptable final performance, financial, and property reports in a timely fashion and we determine that closeout cannot be completed with your cooperation, we must complete a unilateral closeout with the information available to us ([2 C.F.R. § 200.344](#)). See Section I.16 for specific detail.

If you do not submit all reports within one year of the period of performance end date, we must report your material failure to comply with the terms and conditions of the award with the OMB-designated integrity and performance system. As a result, we may also determine that enforcement actions are necessary, including actions such as withholding support or a high-risk designation on an existing or future award.

4. Lobbying Prohibitions

In general, any funds from an award made under this NOFO must not be used for other than normal and recognized executive legislative relationships. See [2 C.F.R. § 200.450](#).

You must not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat:

- the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or
- any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You must not use any funds awarded to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending.

5. Non-Discrimination Requirements

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [HHS Office for Civil Rights website](#).

6. Smoke- and Tobacco-free Workplace

We strongly encourage all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

7. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state— (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by Organization Name.

You must also include a disclaimer stating the following:

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement by, Organization Name, OASH, HHS, or the U.S. Government. For more information, please visit [Organization Name website, if available].

8. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must adhere to the requirements of the program. You own the copyright for materials that you develop under an award, and pursuant to [2 C.F.R. § 200.315](#), the HHS awarding agency reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for federal purposes, and to authorize others to do so.

In addition, pursuant to [2 C.F.R. § 200.315](#), the federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

9. Trafficking in Persons

Awards are subject to the requirements of Section 106(g) of the Trafficking Victims Protection Act of 2000, as amended ([22 U.S.C. § 7104](#)).

10. Efficient Spending

Awards will be subject to the [HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications](#).

11. Whistleblower Protection

Awards will include a term and condition that applies the terms of [2 C.F.R. § 200.217](#) to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

12. Health Information Technology (IT) Interoperability

Health information technology is defined in Section 3000 of the Public Health Service Act (42 U.S.C. § 300jj). HHS has substantially adopted and codified that definition at [45 C.F.R. § 170.102](#). The regulation defines health information technology as hardware, software, integrated technologies or related licenses, IP, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information.

If you receive an award that involves:

- a. implementing, acquiring, or upgrading health IT for activities, you are required to utilize health IT that meets standards and implementation specifications adopted in [45 C.F.R. part 170, Subpart B](#), if such standards and implementation specifications can support the activity.
- b. implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Section 4101, 4102, and 4201 of the [HITECH Act](#), you are required to utilize health IT certified under the Office of the HHS Office of the National Coordinator for Health Information technology (ONC) Health IT Certification Program, if certified technology can support the activity. See <https://www.healthit.gov/topic/certification-ehrs/certification-health-it>.

If standards and implementation specifications adopted in [45 CFR Part 170, Subpart B](#) cannot support the activity, recipients and subrecipients are encouraged to utilize health IT that meets non-proprietary standards and implementation specifications developed by consensus-based standards development organizations. This may include standards identified in the ONC Interoperability Standards Advisory, available at <https://www.healthit.gov/isa/>.

13. Certain telecommunications and video surveillance services or equipment

As described in [2 C.F.R. § 200.216](#), recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or

- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 1. For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 2. Telecommunications or video surveillance services provided by such entities or using such equipment.
 3. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

14. Human Subjects Protection

Federal regulations ([45 C.F.R part 46](#)) require that applications and proposals involving human subjects be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in [45 C.F.R. part 46](#). Additional information is available on the [Office of Human Research Protections](#) website. This includes a series of [decision charts](#) to help assess whether an activity is human subjects research covered by the regulation and when an exemption may apply.

OASH requires, as part of any award involving human subjects, that recipients submit copies of all Institutional Review Board (IRB) approvals (not full protocols), or documentation of exemption determinations, within 5 days of the IRB approving the research or documentation of the specific exemption applied. Recipients must receive IRB approval or determine an exemption is applicable before any human subjects research begins.

15. Research Integrity

Federal regulations require that an applicant for or recipient of Public Health Service support for biomedical or behavioral research, biomedical or behavioral research training, or activities related to that research or research training must comply with the Public Health Service Policies on Research Misconduct in [42 C.F.R. part 93](#). Compliance includes having written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, unless exempt; responding to each allegation of research misconduct for which the applicant

or recipient is responsible under part 93 in a thorough, competent, objective, and fair manner; fostering a research environment that promotes the responsible conduct of research and discourages research misconduct; and maintaining an active assurance. More information about assurances is available in [42 C.F.R. Part 93 Subpart C](#) and on the Office of Research Integrity [assurance program](#) website.

16. Reporting

Recipients must report on project progress ([2 C.F.R. § 200.329](#)) and financial status ([2 C.F.R. § 200.328](#)) during the course of the project. At the end of the project, acceptable final progress and financial reports are a requirement of the award closeout process. Failure to provide final progress or financial reports on any HHS award may affect decisions on future new or continuation funding.

a. Performance Project Reports (PPR) *Performance Project Reports (PPR)*

You must submit periodic performance project reports on a quarterly basis via the Performance Project Report (PPR) module in GrantSolutions. We must receive the PPR by the due date included in the terms and conditions on the NOA. PPRs must address the content required by [2 C.F.R. § 200.329](#). The program office may provide additional guidance on the content of the progress report.

At the end of the project, you must submit a final performance report covering the entire period of performance no later than 120 days after the end of the period of performance. The program office may provide additional guidance on the content of the final report, which you must submit in the PPR module.

Project Performance and Continuation Awards

For projects with multiple budget periods anticipated, you will be required each year of the approved period of performance to submit in addition to your PPRs, a noncompeting continuation application. This application will include a summary of progress the last PPR, an updated work plan, and a budget package (SF-424A, narrative, and justification) for the upcoming budget period. Specific guidance will be provided via Grant Solutions well in advance of the application due date.

For the optional competitive additional year of funding intended to transition successful projects to sustainability, application guidance and review criteria will be provided during the final year of the period of performance.

We will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Progress is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved application and other supporting documents.

Performance Measures

Performance is assessed relative to meeting the goals, objectives, and outcomes in the approved, funded project as described in the approved work plan and other supporting documents.

At the end of each reporting period, recipients should be able to describe project performance in terms of accomplishments, challenges, lessons learned, implementation progress, evaluation progress, and measurable outcomes. Recipients must collect, track, and report performance information in accordance with OMH requirements. OMH may refine or add reporting requirements during the period of performance to support program monitoring, evaluation, and reporting needs.

Recipients should collect and report data by activity type, population served, location, age, sex, race, ethnicity, language, and other relevant program categories, where feasible, lawful, and appropriate.

At the end of each reporting period, recipients should be able to describe performance in terms of:

- Progress toward approved project goals and objectives, including major accomplishments, challenges, lessons learned, and any changes affecting implementation;
- Progress toward implementation of approved project strategies, activities, and interventions designed to improve chronic disease prevention, management, and related health outcomes;
- Status of the project's staffing situation, including key personnel changes, vacancies, hiring delays, or other staffing issues affecting implementation;
- Role and activities of each partner organization, including contributions to planning, implementation, outreach, training, evaluation, dissemination, and sustainability;
- Number and demographic characteristics (e.g., race, sex, age, geographic location, education, non-medical drivers, etc.) of individuals reached, served, trained, screened, referred, navigated, or otherwise engaged through project activities;
- Types of outreach and engagement activities conducted, including method, audience, location, event type, purpose, and frequency;
- Engagement of health care providers, community health workers, cultural leaders, patient navigators, advocates, health educators, and other trusted messengers in training, capacity-building, outreach, referral, and implementation activities;
- Progress on culturally responsive framework implementation, including language access, communication, education, training, technical assistance, community engagement, advisory structure, partnership development, and dissemination activities;
- Number and type of trainings, technical assistance activities, community engagement activities, partner meetings, advisory board meetings, outreach events, or other project activities completed;
- Participant, partner, and community feedback used to inform project implementation, communication approaches, training activities, service delivery, and quality improvement;

- Progress on chronic disease prevention or improvement outcomes and other approved measurable outcomes, including baseline, interim, and post-intervention data, where applicable;
- Progress on the evaluation plan, including evaluation activities completed, data collection status, analysis progress, preliminary findings, challenges, adaptations, and use of evaluation findings to improve project activities;
- Progress on the Health Outcomes and Population Needs Assessment, including data sources reviewed, priority chronic disease concerns identified, service gaps or community needs documented, and use of findings to guide project activities;
- Progress on data collection and reporting, including completeness, accuracy, timeliness, data quality checks, and use of data for project monitoring and improvement;
- Dissemination of project activities, tools, findings, promising approaches, implementation lessons, and products to relevant audiences; and
- Progress toward sustainability, including partner commitments, integration of effective practices into existing systems or services, future funding or resource opportunities, and planning for continuation beyond the period of federal funding

b. Financial Reports

You must submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. Typically, we align the FFR reporting periods with the quarters of the federal fiscal year. FFRs are cumulative and due 30 days after the end of each reporting period or more specifically for the:

Quarter ending September 30, your FFR is due October 28

Quarter ending December 31, your FFR is due January 28

Quarter ending March 31, your FFR is due April 28

Quarter ending June 30, your FFR is due July 28.

In lieu of the last quarterly FFR, you will also be required to submit a final FFR covering the entire award 120 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>).

Once submitted and accepted, your financial report data will be available in GrantSolutions, which is our grant management system.

c. Audits

If your organization expends \$1,000,000 or greater in federal funds, it must undergo an independent audit in accordance with [2 C.F.R. § 200.501](#), often referred to as the Single Audit requirement.

d. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the [FFATA Subaward Reporting System](#) for all sub-awards and sub-contracts issued for \$30,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

e. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to SAM.gov that is made available in the designated integrity and performance system (currently FAPIIS) about civil, criminal, or administrative proceedings described in paragraph A.2 of [Appendix XII](#) to **2 C.F.R. § 200**. This is a statutory requirement (41 U.S.C. § 2313).

All information posted in the designated integrity and performance system will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see 2 C.F.R. § 200, and the new 2 C.F.R. § 300.

f. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with [2 C.F.R. § 180.335](#), you as the [participant](#) must notify OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in [2 C.F.R. § 180.800\(a\)](#); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with [2 C.F.R. § 180.350](#), you must give immediate written notice to OASH if you learn either that—

- You failed to disclose information earlier, as required by [2 C.F.R. § 180.335](#); or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in [2 C.F.R. § 180.335](#).

J. CONTACTS

a. Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Eric West
OASH Grants and Acquisitions Management
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852
Email: OASH-Grants-Feds@hhs.gov

b. Program Requirements

For information on program requirements, please contact the program office representative listed below.

CAPT Tarsha Cavanaugh
HHS Office of Minority Health
1101 Wootton Parkway, Plaza Level
Rockville, MD 20852
Email: minorityhealth@hhs.gov

c. Grants.gov Support

For information or assistance on submitting your application electronically via Grants.gov, contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support
Website: <https://www.grants.gov>
Phone: 1-800-518-4726
Email: support@grants.gov

d. SAM.gov Registration Support

For information or assistance on registering with SAM.gov, contact the General Services Administration (GSA) Federal Service Desk (FSD) Monday through Friday 8:00 AM to 8:00 PM Eastern at:

Website: https://www.fsd.gov/gsafsd_sp (Live Chat option available)
U.S. Phone: 866-606-8220
International Phone: +1 334-206-7828

K. OTHER INFORMATION

1. Application Checklist

The below is a summary listing of all the application elements required for this funding opportunity.

Application Checklist	
	SAM.gov Registration/Renewal – start as soon as possible (recommended minimum of 6-8 weeks prior to submission deadline)
	Grants.gov Registration (recommended minimum of 6-8 weeks prior to submission deadline)
	Application for Federal Assistance (SF-424)
	Budget Information for Non-construction Programs (SF-424A)
	Disclosure of Lobbying Activities (SF-LLL)
	Project Abstract Summary , including any responsiveness criteria (Section G.1.a)
	Project Narrative – Submit all Project Narrative content (Section E.2.a) as a single acceptable file (Section F.3.a).
	Project Narrative Appendices – Submit all Appendix content (Section E.2.b) as a single acceptable file (Section F.3.a).
	Budget Package – Submit all Budget Package content (Section E.2.c) as a single acceptable file (Section E.3.a). Note SF-424A is not included in the package and should be uploaded with the standard forms. Must include documentation of any cost-share or matching proposed regardless of whether it is voluntary or mandatory. (Section A.3)
	Other Submission Requirements (Section F.4).

2. Acronyms

ABU	Approved, but Unfunded
FAPIIS	Federal Awardee Performance and Integrity Information System
FFATA	Federal Financial Accountability and Transparency Act
FFR	Federal Financial Report (SF-425)
FSD	Federal Service Desk (GSA)
FSRS	FFATA Subaward Reporting System
GAM	Grants and Acquisitions Management Division
GMO	Grants Management Officer
GMS	Grants Management Specialist
GPS	Grants Policy Statement
GSA	General Services Administration
HHS	Department of Health and Human Services
IRB	Institutional Review Board
MDE	Minimum Detectable Effect
MTDC	Modified Total Direct Costs
NCC	Non-competing Continuation
NOA	Notice of Award
NOFO	Notice of Funding Opportunity
OASH	Office of the Assistant Secretary for Health
OMB	Office of Management and Budget
PD/PI	Project Director/Principal Investigator
PHS	Public Health Service
PPR	Performance Project Report
QED	Quasi-Experimental Designs
RCT	Randomized control trials
RDD	Regression discontinuity design
SF	Standard Form
SPOC	State Single Point of Contact

3. References

1. U.S. Department of Health and Human Services (HHS), Office of Minority Health (OMH). (n.d.). *About the Office of Minority Health*.
2. National Academies of Science, Engineering, and Medicine. (2017). *Communities in action: Pathways to health*.
3. Centers for Disease Control and Prevention (CDC). (2023). *Social determinants of health and health*.
4. U.S. Department of Agriculture, Economic Research Service. (2024) *Household food Security in the United States*.
5. U.S. Department of Health and Human Services (HHS), Office of Minority Health (OMH). (2013). *National standards for culturally and linguistically appropriate services (CLAS) in health and health care*.
6. Harfield, S., Davy, C., McArthur, A., et al. (2018). *Globalization and Health*, 14(1), 12.
7. Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Behavioral health equity for American Indian and Alaska Native populations*.
8. U.S. Department of Health and Human Services (HHS). (2024). *Advancing health through cross-sector partnerships and prevention initiatives*.
9. Barnabe, C., Boyer, Y., Bull, J., et al. (2022). Strategies to improve Indigenous health equity through partnership and systems change. *The Lancet Regional Health – Americas*, 10, 100210.

4. Object Class Descriptions and Required Justifications

a. Personnel

Description

Includes costs of employee salaries and wages, excluding benefits.

Does NOT include consultants, subrecipient personnel costs, personnel costs outside of your organization. 2 C.F.R. § 200.459.

Justification

Clearly identify the PD/PI, if known. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary.

No salary rate may exceed the statutory limitation in effect at the time you submit your application (see E.2.c.2).

Sample Personnel Table					
Position Title and Full Name	Percent Time	Annual Salary	Federally-Funded Salary	Non-Federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

b. Fringe Benefits

Description

Includes costs of personnel fringe benefits, unless treated as part of an approved indirect cost rate.

Justification

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

c. Travel

Description

Includes costs of travel by staff of the applicant organization only.

Does NOT include travel costs for subrecipients or contractors under this object class.

Justification

For each trip proposed for your organization employees only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances.

d. Equipment

Description

Includes tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the recipient or subrecipient for financial statement purposes, or \$10,000 (([2 C.F.R. § 200.1](#) and § [200.313\(e\)](#)).

Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non- Federal entity's regular accounting practices.

Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; AND a plan for the use, and/or disposal of, the equipment after the project ends.

If your organization uses its own definition for equipment you should include in the budget narrative a copy of the policy, or section of your policy, that includes the equipment definition. Reference the policy in your justification. Do not include this policy in your appendices.

e. Supplies

Description

Includes costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$10,000 ([2 C.F.R. § 200.1](#)).

Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

f. Contractual

Description

Includes costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc.

Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

This line item is not for individual consultants.

Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use [2 C.F.R. § 200.320](#) procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by [FAR 2.101](#) and currently set at \$250,000. In some cases, OASH may require recipients make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available. Any proposal for awarding fixed amount subawards is subject to [2 C.F.R. § 200.333](#) and will require detailed justification to support the fixed award amount.

Transferring a substantive part of the project effort to another entity (including non-employee individuals) through contract or other mechanism requires a detailed budget and budget narrative for each subrecipient, by title or name, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be transferred, the estimated costs, and the process for selecting the subrecipient.

g. Other

Description

Includes such costs as, where applicable and appropriate,

- consultants;
- insurance;
- professional services (including audit charges);
- space and equipment rent;
- printing and publication;
- training, such as tuition and stipends;
- participant support costs including incentives,
- staff development costs; and
- any other costs not addressed elsewhere in the budget.

Do not include costs covered by your negotiated indirect cost rate.

Justification

Provide computations, a narrative description, and a justification for each cost under this category.

h. Indirect Costs

Description

Calculate your indirect costs based on a percentage of your modified total direct costs (MTDC)([2 C.F.R. § 200.1](#)).

There are two methods. You must clearly identify the rate you used in your submitted budget.

Negotiated Indirect Cost Rate

If you have an approved negotiated indirect cost rate from the Department of Health and Human Services (HHS) or another cognizant federal agency, you should apply that negotiated rate. You should enclose a copy of the current approved rate agreement in your Budget package file.

If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that you are accepting a lower rate than allowed. This should be an explicit statement that you are accepting a lower rate than is allowed and specify what the lower rate is.

De minimis Rate ([2 C.F.R. § 200.414\(f\)](#))

If you do not have a current Federal negotiated indirect cost rate (including provisional rate) you “may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC).” ([2 C.F.R. § 200.414\(f\)](#).) You may “determine the appropriate rate up to this limit. . . When applying the de minimis rate, costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both.” ([2 C.F.R. § 200.414\(f\)](#).) If you elect to use the de minimis rate, you must use the de minimis rate for all Federal awards until you choose to receive a negotiated rate.

Indirect costs for training are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of \$50,000 ([2 C.F.R. § 200.414](#)).

Modified Total Direct Cost (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious uneven distribution of indirect costs, and with the approval of the cognizant agency for indirect costs ([2 C.F.R. § 200.1](#)).

Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

i. Program Income

Description

Program income means gross income earned by your organization that is directly generated by an awarded project except as provided in [2 C.F.R. § 200.307](#). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award.

Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also [2 C.F.R. § 200.307](#) and [35 U.S.C. § 200-212](#) (applies to inventions made under Federal awards).

Justification

Describe and estimate the sources and amounts of program income that this project may generate. All program income generated as a result of awarded funds must be used within the scope of the approved project-related activities.

Any program income earned must be used under the addition or additive method unless otherwise specified. These funds should not be added to your budget, unless you are using the funds as cost sharing or matching, if applicable. This amount should be reflected in box 7 of the SF-424A.

j. Non-Federal Resources (Cost Share or Match)

Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in [2 C.F.R. § 200.306](#).

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period even if the justification exceeds the amount required.

For awards resulting from an application where you voluntarily propose cost sharing, we will include this voluntary cost sharing in the approved project budget, and you will be held accountable for it as shown in the Notice of Award (NOA).

Failure to meet a cost sharing or matching obligation that is part of the approved project budget on the NOA may result in the disallowance of federal funds.

If you are funded, you must report cost sharing or matching funds on your quarterly Federal Financial Reports.

Justification

You must provide detailed budget information in your budget narrative (not your appendices) for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424.

You must fully identify and document the specific costs or contributions you propose as part of your required or voluntary cost sharing requirement. You must provide documentation in your application on the sources of funding or contribution(s).

For in-kind contributions, you must include how the stated valuation was determined. Matching or cost sharing must be documented by budget period.

Unrecovered indirect costs may be included as part of your cost sharing or matching only with prior approval of the grants management officer. Your budget narrative must clearly state that it is your intent to include unrecovered indirect costs as part of your cost sharing or matching. You should include in your budget narrative a copy of your negotiated cost rate to support the justification. Unrecovered indirect cost means the difference between the amount charged to the Federal award and the amount which could have been charged to the Federal award under your approved negotiated indirect cost rate. (See [2 C.F.R. § 200.306\(c\)](#)).

If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review (Section G.1.B).

5. Considerations in Recipient Plans for Oversight of Federal Funds

To the maximum extent possible, a recipient organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing your plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions?
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
- Do the procedures for cash receipts and disbursements include:

- Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
- Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
- All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
- Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

6. Financial Assistance General Certifications and Representations

When you register your organization in SAM.gov, you must complete the certifications and representations applicable to grants (i.e., federal assistance). We have provided for your reference the list of items that you are certifying when you complete this during your registration.

When your organization completes its registration (new or renewal) in SAM.gov, your organization attests that your organization:

1. Has the legal authority to apply for federal assistance and the institutional, managerial and financial capability to ensure proper planning, management, and completion of any financial assistance project covered by this Certifications and Representations document (See [2 C.F.R. § 200.113](#) Mandatory disclosures, [2 C.F.R. § 200.214](#) Suspension and debarment, OMB Guidance A- 129, "Policies for Federal Credit Programs and Non-Tax Receivables");
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives (See [2 C.F.R. § 200.302](#) Financial Management [2 C.F.R. § 200.303](#) Internal controls);
3. Will disclose in writing any potential conflict of interest to the federal awarding agency or pass through entity in accordance with applicable federal awarding agency policy (See [2 C.F.R. § 300.112](#) Conflict of interest);
4. Will comply with all limitations imposed by annual appropriation acts;
5. Will comply with the U.S. Constitution, all federal laws, and relevant Executive guidance in promoting the freedom of speech and religious liberty in the administration of federally-funded programs (See Statutory and national policy requirements [[2 C.F.R. § 200.300](#)]);
6. Will comply with all applicable requirements of all other federal laws, executive orders, regulations, and public policies governing financial assistance awards and any federal

financial assistance project covered by this certification document, including but not limited to:

1. Trafficking Victims Protection Act (TVPA) of 2000, as amended, [22 U.S.C. § 7104\(g\)](#);
2. Drug Free Workplace, [41 U.S.C. § 8103](#);
3. Protection from Reprisal of Disclosure of Certain Information, [41 U.S.C. § 4712](#);
4. National Environmental Policy Act of 1969, as amended, [42 U.S.C. § 4321](#) et seq;
5. Universal Identifier and System for Award Management, [2 C.F.R. § 25](#);
6. Reporting Subaward and Executive Compensation Information, [2 C.F.R. § 170](#); OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Non-procurement), [2 C.F.R. § 180](#);
7. Civil Actions for False Claims Act, [31 U.S.C. § 3730](#);
8. False Claims Act, [31 U.S.C. §3729](#), [18 U.S.C. §§ 287](#) and [1001](#);
9. Program Fraud and Civil Remedies Act, [31 U.S.C. § 3801](#) et seq;
10. Lobbying Disclosure Act of 1995, [2 U.S.C. § 1601](#) et seq;
11. Title VI of the Civil Rights Act of 1964, [42 U.S.C. § 2000d](#) et seq;
12. Title VIII of the Civil Rights Act of 1968, [42 U.S.C. § 3601](#) et seq;
13. Title IX of the Education Amendments of 1972, as amended; [20 U.S.C. § 1681](#) et seq
14. Section 504 of the Rehabilitation Act of 1973, as amended; [29 U.S.C. § 794](#); and
15. Age Discrimination Act of 1975, as amended, [42 U. S.C. § 6101](#) et seq.