

Notice of Funding Opportunity

Application due Monday, August 3, 2026



Administration for Community Living

Administration on Aging



Office of Supportive and Caregiver Services

Alzheimer's Disease Programs Initiative (ADPI) - Dementia Capable Community Health Workers

Opportunity number: HHS-2026-ACL-AOA-ADPI-0031



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, August 3, 2026.



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



Step 1:

Review the Opportunity

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Basic information

Administration for Community Living (ACL)

Administration on Aging

Office of Supportive and Caregiver Services

ACL aims to better support underserved communities with the development of dementia-capable Community Health Worker programs, helping people living with dementia get the care they need to age well in the community.

Summary

Through this Notice of Funding Opportunity (NOFO), ACL seeks to increase the number of people living with dementia (PLWD) who receive dementia-capable early detection, care navigation, and services. This program advances ACL's caregiving priority and MAHA priorities by strengthening dementia-capable Community Health Worker (CHW) programs within the National Aging Network. These efforts aim to enhance chronic disease prevention and management, reduce risk, promote personal empowerment, and improve access to community-based care.

CHWs help improve health outcomes in communities with the highest rates of disease, disability, and death. Projects funded under this initiative will work toward the following objectives:

1. **Early Detection and Care Navigation** - More PLWD, year over year, screened by CHWs will complete a referral for cognitive assessment and/or appropriate supportive services (e.g. memory loss or brain health services).
2. **Service Engagement and Barrier Reduction** - PLWD receiving CHW support will demonstrate increased engagement with dementia-related services.
3. **Participant Well-Being** - PLWD and their family caregivers will demonstrate measurable improvement in quality of life.

Area Agencies on Aging (AAAs), Federally recognized Native American Tribal Nations, and State Units on Aging designated as single planning and service areas will lead the work.



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

Alzheimer's Disease Programs Initiative (ADPI) - Dementia Capable Community Health Workers

Opportunity number:

HHS-2026-ACL-AOA-ADPI-0031

Federal assistance listing:

93.470

Cost sharing: 25%

NOFO version: Original

Key dates

Application

submission deadline:

August 3, 2026

Expected award date:

September 30, 2026

Expected project

start date:

September 30, 2026

See [intergovernmental](#)

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

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: \$5,250,000

Expected total program funding per budget period: \$1,750,000

Total expected awards: 7

Funding range per applicant per budget period: \$200,000 to \$250,000

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

Eligibility

Eligible applicants

Only these types of organizations may apply:

- Area Agencies on Aging (AAAs)
- State Units on Aging operating as a single planning and service area
- Indian Tribal, Alaska Native, and Native Hawaiian organizations receiving Federal funds to carry out Title VI programs

Other eligibility criteria

N/A

Disqualifying factors

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

We won't consider an application that:

- Is submitted after the [deadline](#).
- Is from an individual, including a sole proprietorship, or a foreign entity.
- Is received in paper format that didn't have a previously approved exemption from ACL.
- Does not include the Evidence-Based/ Evidence-Informed Intervention (EBI/EII) attachment described in the Additional Funding and Application Considerations section of this Notice of Funding Opportunity (NOFO).

Application limits

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

Cost sharing

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

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

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

Types of cost sharing

You can meet your match requirement through any combination of:

- Cash contributed by your organization, partners, or other third parties.
- In-kind (non-cash) contributions from partners or other third parties.
- Program income cannot be applied as match.

Cost-sharing commitments

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

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

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

Post-award requirements

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

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Statutory authority

Older Americans Act, Title IV; Section 411

Program description

This funding opportunity is informed by the U.S. Department of Health and Human Services' Make America Healthy Again (MAHA) strategy. MAHA focuses on preventing chronic disease, improving early identification of health needs, and reducing barriers to care, especially in underserved communities. It also highlights the importance of community-based services and evidence-based approaches to improve health outcomes. This initiative supports those priorities by expanding dementia-capable Community Health Worker (CHW) programs in the National Aging Network. This program also advances ACL's top priority to support family caregivers through the work of CHWs to increase early detection of dementia, connect people to services, and address barriers that affect access to care for people living with dementia and their caregivers.

Problem

The U.S. population is getting older, and many older adults have complex care needs. This is especially true for people with memory loss, who often need both paid services and support from family or friends to stay in their homes and communities. However, the demand for these supports is growing faster than what is available, and services do not always match people's needs. This gap creates a challenge for the National Aging Network to find new and better ways to support individuals at greatest risk for poor health.

As more people are living longer, more people are expected to develop dementia, with higher rates in communities that face barriers to care (Liu et al., 2022; NASEM, 2021). Barriers like limited access to services, lack of local providers, or low trust in healthcare systems can delay dementia diagnosis and treatment (NASEM, 2021). These delays can lead to worse health outcomes and place greater strain on caregivers (Liu et al., 2022; NASEM, 2021). Addressing these barriers is critical to improving outcomes and ensuring people with dementia and their caregivers can access timely, person-centered support, especially in low-income and rural communities.

Dementia-Capable CHWs

As described above, more people are living with dementia, with more barriers to care, and less available support. Community Health Workers (CHWs) can help address these challenges in several ways.

- The CHW workforce is growing quickly and is expected to expand faster than many other occupations in the coming years, helping meet increasing service needs (Bureau of Labor Statistics, 2024).

- CHWs come with unique skills and abilities. As trusted members of the communities they serve, they understand local challenges and are well positioned to help people navigate barriers to care.
- CHWs play an important role in connecting individuals and families to needed services, bringing support into communities and improving care through person-centered approaches (Schaaf et al., 2020; Thompson & Borson, 2021).

CHWs are known by different titles but share a common role. They are trusted members of the communities they serve and help reduce barriers to care in areas with high rates of illness and need (Berthold, 2016; Schaaf et al., 2020). Barriers to care may include social or geographic isolation, poverty, and limited access to support. CHWs work with individuals, families, and communities to address these challenges and to build capacity for new resources (Berthold, 2016; Schaaf et al., 2020).

ADPI is a community-based service model supporting individuals living with dementia, caregivers, and populations with complex needs like individuals living alone with dementia (i.e. no caregiver or natural supports). ADPI objectives are a good match for CHW skills including training professionals, providing community education, delivering non-clinical direct services, and developing new resources to support people living with dementia. While it is beyond the CHW scope of practice to operate as a home health provider, they can extend health services with home visits for routine assessment, social support, and self-management skill building.

Required Activities

For this program, CHWs will be operating as both service provider and service connector. CHW directed activities MUST include but are not limited to: 1) providing community-based dementia screenings and referrals for early detection and support; 2) delivering a dementia specific Evidence Based or Evidence Informed Intervention (EBI/EII); and, 3) addressing barriers to care as they affect access, engagement, and quality of dementia services and supports.

- Community-based dementia screenings should result in service assessment and connection regardless of outcome. Participants with positive results should receive referrals and support for connecting to memory loss resources (e.g. clinical evaluation) and negative screens should receive referrals and support for connecting to brain health resources (e.g. Chronic Disease Self-Management workshop).
- EBI/EII must be dementia specific, appropriate for the population served, and delivered by CHWs.
- Because Area Agencies on Aging (AAA), State Units on Aging (SUA) operating as a single planning and service area, and Indian Tribal, Alaska Native, and Native Hawaiian organizations receiving Federal funds to carry out Title VI programs are primary recipients for this funding opportunity, ACL expects to see CHWs operating

in tandem with the local network of aging service providers. CHW efforts should build on, and connect back to, Older Americans Act services, strengthening AAA impact and creating a continuum of care.

Optional Activities

Additional activities may be performed to address gaps in community needs. However, activities must fit inside a CHW scope of practice. Common CHW roles and responsibilities include:

- **Care extender:** Conduct screenings and person-centered assessments, help individuals set goals and follow action plans, track progress, and work with care teams to support coordinated services.
- **Capacity builder:** Strengthen community connections and help advocate for resources and support to address community needs.
- **Liaison to institutions:** Support training for professionals on dementia care, with attention to cultural preferences and the needs of underserved populations.
- **Health promoter:** Provide person-centered dementia education and skills training for behavior-management, self-management, and self-care.
- **Health navigator:** Help individuals and families access dementia-related health and social services with follow-up to ensure services addressed needs.
- **Peer coach:** Offer social support while modeling dementia-capable behaviors and attitudes.
- **Outreach:** Share information about available resources and help individuals engage in services.
- **Evaluation support:** Assist with distributing and collecting surveys and other data to support program evaluation.

(Berthold, 2016; Rosenthal et al., 2016).

Training

A key component of this program is workforce development. CHWs are effective because of their lived experience and strong connections to the communities they serve, but training can further strengthen their impact. Training and certification also support CHWs who want to take on more advanced or specialized roles. For these reasons, ongoing professional development is a major activity in this program. As a foundation, CHWs must receive training in:

- Core competencies (as defined by their state or other relevant authority)
- Use of a validated dementia screening tool and referral process

- Delivery of an EBI/EII
- Dementia basics and other aging-related topics

Additionally, CHWs and CHW Supervisors are expected to collaborate on developing annual training plans that support CHWs' skill development needs and interests.

While career development opportunities may appeal to new and/or younger workers, CHW positions are also attractive options for older adults, as evident by a 2021 national survey showing 29% of CHWs are 55 years of age and better (National Association of Community Health Workers [NACHW], 2022). Meaningful, high reward employment has shown to positively impact mental, social, financial, and physical health in older adults, and CHW programs offer just that (Baxter, 2021; National Research Council & Institute of Medicine, 2004). With access to resources and influence in service design and delivery, CHWs are empowered to make real change in the communities they serve and live in (Kane et al., 2016). When determining project impacts for evaluation, recipients may consider measuring change for CHWs in the following areas:

- Work and meaning.
- Burnout.
- Social well-being/ connectedness.
- Empowerment/ self-efficacy.

Program Goal and Objectives

ACL's goal for this program is to develop a person-centered workforce that improves both the quality and availability of dementia services, helping more people live well in their communities. Recipients will work toward program objectives using a milestone approach, demonstrating improvements in efficiency and outcomes year over year.

Objective 1: Early Detection and Care Linkage

More individuals screened by CHWs will complete a referral for cognitive assessment and/or appropriate supportive services (e.g. memory loss or brain health services)

Objective 2: Service Engagement and Barrier Reduction

Participants receiving CHW support will demonstrate increased engagement with dementia-related services.

Objective 3: Participant Well-Being

People living with dementia and caregivers will demonstrate measurable improvement in quality of life.

General Program Requirements

In addition to requirements outlined above, applicants should also describe how they will address each of the following expectations in their proposals:

- **Use of dementia specific Evidence-Based and/or Evidence-Informed Interventions (EBI/EII).**
 - Examples of dementia-specific EBI/EIIs can be found in ACL's National Alzheimer's and Dementia Resource Center's (NADRC) paper entitled [Grantee-Implemented Evidence-Based and Evidence-Informed Dementia Interventions](#). Another resource for identifying dementia-specific EBI/EII is the [Best Programs for Caregiving](#) free online database of dementia programs for family caregivers.
 - When choosing an EBI/EII, you should consider factors such as feasibility, scalability, costs, and sustainability. ACL developed a tool, [Choosing an Evidence-Based or Evidence-Informed Intervention: Considerations to Inform Decision-Making](#) to assist applicants in the selection of an EBI/EII.
 - In addition to discussing the dementia specific EBI/EII in the project narrative, you must submit a separate attachment:
 - Naming the specific, proposed EBI/EII.
 - Providing an overview of the EBI/EII.
 - Confirming how the chosen program meets the definition of an EBI/EII as described in the glossary (see section Other Information) of this NOFO.
 - If adaptations to an EBI are proposed (i.e., EII), include a description of planned modifications with permission from the program developer (if applicable).
- **Expanding Services and Infrastructure.**
 - This is a direct service grant. Each project will be expected to allocate the following minimum portions of their total annual budgets to the provision of direct services:
 - **Year 1:** A minimum of 25% of the total budget must be allocated to the delivery of direct services.
 - **Year 2:** A minimum of 35% of the total budget must be allocated to the delivery of direct services.
 - **Year 3:** A minimum of 45% of the total budget must be allocated to the delivery of direct services.
 - A complete definition of direct service, as well as a list of qualifying services, is provided in this NOFO's glossary (see section Other Information).
 - It is ACL's intention to support the development of infrastructure in the National Aging Network, prohibiting distinct, time-limited and/or pass-through

projects. CHW(s) should be fully integrated into the home and community-based services network.

- **Participation in Technical Assistance (TA).**

- TA is provided through a variety of activities including, but not limited to, conference calls, webinars, learning collaboratives, and one-on-one consultation.
- Participation in routine TA activities is expected, while TA functions to support a specific need must be requested.

- **Phased Approach to Project Implementation.**

- **Planning Phase:** The grantee will be responsible for refining and expanding upon the work plan, the evaluation plan, and aligning the budget originally proposed in the application, incorporating feedback given by ACL and NADRC staff. The final work plan, evaluation plan, and updated budget must be approved by ACL staff, and the grantee must upload this version into the grant record system before moving to the next phase.
- **Implementation Phase:** In this phase, the grantee takes actions described in the approved work and evaluation plans to deliver the program. During technical assistance activities, the grantee will discuss successes, challenges, and proposed adaptations for meeting goals, objectives, and core components of program objectives. ACL Program Officers will be actively involved in program implementation, sharing decision making responsibilities and providing resources, as needed.
- **Project Conclusion:** At the conclusion of projects, grantees are required to manualize implementation tools and processes for distribution to the broader community, made available on the NADRC website. All products made with grant funds will remain nonproprietary and available for use in the public domain.

- **Evaluation.**

- ADPI projects must create a plan for robust, third-party evaluation. This preliminary evaluation plan should describe anticipated outcomes for direct service activities to:
 - People living with dementia.
 - Caregivers.
 - CHW(s).
- Third-party evaluation involves an objective, independent assessment of program outcomes. The evaluator's role is limited to the scope defined in the evaluation plan and must remain separate from the grantee organization and project activities (including intervention development and/or implementation).

Applicants must identify their proposed evaluator and include a letter of commitment. [The American Evaluation Association](#) is one resource for locating qualified evaluation professionals.

- A comprehensive evaluation plan includes measurable outcomes and outputs along with methods to ensure implementation quality. Projects are encouraged to consider the use of mixed-methods approaches in their evaluation design, where appropriate, to support the identification of measurable outcomes and outputs and to promote high-quality implementation. This may include the integration of quantitative methods (e.g., surveys, pre- and post-tests, or other structured data collection tools) with qualitative approaches (e.g., interviews, focus groups, or similar techniques) to provide both measurable evidence of change and contextual insight. The selection of evaluation methods should be driven by the proposed project's goals and context, and applicants are encouraged to propose approaches that are rigorous, appropriate, and responsive to their specific setting.
 - Measurable (i.e. quantitative) evaluation of outcomes is required, at a minimum, for all direct service components.
 - Satisfaction surveys at the conclusion of a program or service will NOT meet this requirement.
- Outcome measurement should be relevant to your project's goals and may be developed by your evaluator. All measures should be strength-based. Applicants may also consider tools used by previous projects, made available by ACL's NADRC – [Evaluating Dementia Services and Supports: Instrument Resource List](#).
- In addition to discussing the evaluation strategy in the project narrative, you must submit a separate evaluation plan attachment.
 - [Writing an Effective Work Plan and Evaluation Plan](#) – is a resource for developing an evaluation plan. Additional guidance for developing an evaluation plan and a sample template can be found on the NADRC website.
- **Data collection.**
 - Recipients are required to comply with OMB approved data reporting requirements and submit reports according to the ACL developed schedule.

Cooperative agreement terms

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

Your responsibilities

- Fulfill all requirements of the grant initiative as outlined in this Notice of Funding Opportunity, and implement project activities as reviewed, approved, and awarded. All products and deliverables created during the project period must be reviewed by ACL Project Officer prior to dissemination and/ or publishing.
- Maintain regular communication with the ACL Project Officer and/or assigned technical assistance liaison to enhance the effectiveness of activities conducted under this agreement.
- Develop and submit the following to the ACL Project Officer:
 - Progress reports detailing lessons learned, including challenges encountered and how they were addressed.
 - Implementation manual(s).
 - A final independent evaluation report describing project implementation, status of goal attainment, program outcomes, and components sustained beyond the funding period, and project challenges. If evaluation activities result in the development of a journal article for peer review, a draft must be shared with, and reviewed by, the ACL Project Officer prior to submission.
- Participate in federal evaluation activities and comply with all OMB requirements for data collection and reporting, including timelines, content, and format. Submit a final, complete copy of all data developed or supported with grant funds to the ACL Project Officer in its original format, in accordance with the HHS Grants Policy Statement.
- Collaborate with the ACL Project Officer to review semiannual performance results and jointly develop strategies to address areas needing improvement.

Our responsibilities

- Carry out day-to-day federal grants oversight responsibilities and work with the recipient to ensure compliance with all grant requirements.
- Support recipient project leadership and partners in understanding ACL policy priorities through periodic briefings and ongoing consultation.
- Collaborate with the recipient to clarify programmatic and budgetary issues in the project.

- Provide guidance, as needed, on the development and administration of sub-awards (e.g., subgrants or contracts), as permitted under this funding opportunity.
- Offer guidance on technical assistance and related activities necessary to achieve the goals and objectives of the grant.
- Review work products and deliverables and provide technical feedback to the grantee.
- Partner with the grantee to develop and implement evaluation and quality assurance processes that support performance measurement and continuous improvement.

After the cooperative agreement is established, either ACL or the awardee may request modifications or amendments to the agreement or its associated work plan at any time. Any such changes will take effect upon mutual agreement of both parties, except in cases where ACL is authorized to make unilateral amendments under the Terms and Conditions of the award or applicable regulations or statutes.

Funding policies and limitations

Changes in HHS regulations

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

Policies

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

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget period will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.

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

Unallowable costs

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

Program-specific limitations and policies

Pre-award costs are permitted only if they are necessary for the efficient and timely performance of the federal award and are authorized by the federal agency and require written approval. If the award is not ultimately made, the applicant assumes the risk and may not be reimbursed.

Indirect costs

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

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

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

Method 2 — *De minimis* rate. If you do not have a negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate may be up to 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

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

Subawards

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

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

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

No subrecipients may receive more than 20% of the Federal share received by the primary recipient.

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

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

Salary rate limitation

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

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

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

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

Program income

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

Treatment of program income: Additional Costs



Step 2: Get Ready to Apply

In this step

Find the application package [22](#)

Get registered [23](#)

Find the application package

The application package has all the forms you need to apply. You can search for it at [Grants.gov](#) using opportunity number {HHS-2026-ACL-AOA-ADPI-0031}. Then select the Package tab.

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

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

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

Get registered

SAM.gov

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

To register:

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

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

Once you register:

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

Grants.gov

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

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



Step 3:

Build Your Application

In this step

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Application checklist

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

Narratives

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

Attachments

Insert each in a single Other Attachments form.

Item	Page limit
<input type="checkbox"/> Indirect cost agreement	None
<input type="checkbox"/> Commitment letters	None
<input type="checkbox"/> Proof of nonprofit status	None
<input type="checkbox"/> Resumes and job descriptions	None
<input type="checkbox"/> EBI/EII overview document	None
<input type="checkbox"/> Work plan	None
<input type="checkbox"/> Evaluation plan	None

Other required forms

Use each required form in Grants.gov.

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

Application contents and format

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

Application page limit: 20 pages

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

Required format

Required format for project and budget narratives.

Font: Times New Roman or Arial

Format: PDF

Size: 11-point font

Footnotes and text in graphics may be 10-point.

Spacing for project narrative main content: Double-spaced

Spacing for budget narrative: As needed

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

Margins: 1-inch

Include page numbers.

Project narrative

Page limit: 20

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

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

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

Project summary

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

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

Project relevance and current need (17 total points)

Problem statement

Describe the local or regional need for a dementia-capable CHW program within the Aging Network. Use quantitative and qualitative evidence to describe dementia-related need, workforce shortages, service gaps, and barriers to care, especially for underserved and under-resourced populations. Explain how these conditions affect early detection, referral completion, service engagement, caregiver strain, and the ability of people living with dementia to remain in their homes and communities. Describe the current service landscape and why the proposed CHW model is the right response at this time.

Applicants should demonstrate a clear understanding of the communities they propose to serve and explain how the proposed project responds to identified local needs, service gaps, and barriers to care. Responses should reflect thoughtful planning, alignment with the Aging Network, and a clear connection between community need, proposed activities, and intended outcomes.

Goals and objectives

Provide one overarching project goal and specific measurable objectives aligned with this NOFO’s priorities: (1) early detection and care linkage, (2) service engagement and barrier reduction, and (3) participant well-being. Objectives should identify the population to be served, the expected change, how the change will be measured, and when it will be achieved.

Objectives should be realistic, measurable, and clearly connected to the proposed intervention, target population, and intended outcomes.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Problem Definition and Significance	0 to 3 points
<p>3: Clearly defines the local problem using strong data and community context; demonstrates urgency and relevance to dementia care and Aging Network services.</p> <p>2: Defines the problem with adequate data and general community context.</p> <p>1: Problem statement lacks specificity, local context, or supporting evidence.</p> <p>0: Problem is unclear or not addressed.</p>	
Target Population and Community Need	0 to 5 points
<p>5: Clearly identifies priority populations and barriers to care; demonstrates strong understanding of community needs and service gaps.</p> <p>4: Clearly identifies priority populations and describes barriers with good detail.</p> <p>3: Identifies target populations and barriers with moderate detail.</p> <p>2: Limited explanation of priority populations or barriers.</p> <p>1: Priority population or need is unclear.</p> <p>0: Target population not meaningfully described.</p>	
CHW Model and Aging Network Alignment	0 to 4 points
<p>4: Clearly explains the role of CHWs and demonstrates strong alignment with Aging Network services and community needs.</p> <p>3: CHW role and Aging Network alignment are generally clear.</p> <p>2: CHW role or Aging Network alignment lacks clarity or detail.</p> <p>1: Limited rationale for the CHW model.</p> <p>0: Insufficient information provided.</p>	
Goals and Objectives	0 to 3 points
<p>3: Goals and objectives are clear, measurable, and aligned with program priorities and proposed activities.</p> <p>2: Goals and objectives are generally clear but lack full specificity or alignment.</p> <p>1: Goals and objectives are vague or weakly connected to the project design.</p>	

0: Goals and objectives are not adequately described.

Proposal Quality and Responsiveness

0 to 2 points

2: Proposal is well organized, internally consistent, and clearly tailored to the applicant's community and service environment.

1: Proposal includes some inconsistencies, generalized language, or limited tailoring.

0: Proposal lacks clarity, consistency, or meaningful connection to the local context.

Approach (29 points)

Proposed intervention

Describe the CHW service model and how CHWs will function as both service providers and service connectors. Explain how CHWs will: (a) conduct community-based dementia screening using a validated tool; (b) provide service assessment and connection regardless of screening outcome; (c) support positive screens with referral and linkage to memory loss resources such as clinical evaluation; (d) support negative screens with referral and linkage to brain health or other supportive services; (e) deliver a dementia-specific EBI/EII directly; and (f) identify and reduce barriers that affect access, engagement, and quality of dementia services and supports. Name the specific EBI/EII and explain why it is feasible, scalable, cost-appropriate, sustainable, and appropriate for the population served. If proposing an evidence-informed adaptation, describe the planned modifications and any required permissions. Describe any optional CHW activities and confirm they remain within CHW scope of practice.

Applicants should describe how the proposed intervention will operate within their local community and Aging Network environment, including how CHWs, partners, and services will work together to support participants and address barriers to care.

The EBI/EII overview attachment does NOT count toward the 20-page narrative limit, but your narrative description should reflect content of the EBI/EII overview attachment. Reviewers will assess both content in the narrative and the EBI/EII overview attachment to score this section.

Project management

Describe who will lead the project and how staff, consultants, subject matter experts, evaluators, and partners will support implementation. Explain how CHW supervisors will support staff, how annual training plans will be developed, and how day-to-day operations, partner coordination, performance monitoring, reporting, and communication with ACL will be managed. Describe how you will participate in routine

technical assistance and how you will monitor the work of any contractors or subrecipients.

Applicants should describe how project leadership, CHWs, evaluators, and partners will coordinate implementation, supervision, reporting, and quality oversight throughout the project period.

Work plan

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

To create your work plan:

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

Provide a work plan that covers the planning phase (approximately 6 months), implementation phase, and project conclusion/ transition to service permanence.

The workplan attachment does NOT count toward the 20-page narrative limit, but your narrative description should reflect content of the workplan attachment. Reviewers will assess both content in the narrative and the workplan attachment to score this section.

Applicants should ensure the work plan reflects a realistic implementation approach, clear timelines, and alignment with proposed staffing, partnerships, evaluation activities, and sustainability planning.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Proposed Intervention and Service Delivery	0 to 6 points
<p>6: Presents a clear, comprehensive, and community-responsive intervention that fully addresses required CHW activities and demonstrates strong operational planning.</p> <p>5: Presents a strong and complete intervention with good operational detail.</p> <p>4: Includes required activities with reasonable detail and feasibility.</p> <p>3: Intervention is generally described but lacks specificity or operational clarity.</p> <p>2: Intervention is incomplete or weakly developed.</p> <p>1: Major components are missing or unclear.</p> <p>0: Insufficient information provided.</p>	
EBI/EII Selection and Fit	0 to 3 points
<p>3: Identifies an appropriate dementia-specific EBI/EII and clearly explains fit, feasibility, and implementation approach.</p> <p>2: EBI/EII is identified with partial explanation of fit or implementation.</p> <p>1: EBI/EII justification is weak or incomplete.</p> <p>0: Insufficient information provided.</p>	
Training, Supervision, and Workforce Development	0 to 5 points
<p>5: Provides a strong and detailed plan for CHW training, supervision, and ongoing workforce support.</p> <p>4: Training and supervision approach is clear and generally complete.</p> <p>3: Plan addresses major elements but lacks detail or structure.</p> <p>2: Limited description of training or supervision.</p> <p>1: Minimal workforce development planning.</p> <p>0: Insufficient information provided.</p>	
Partnerships and Aging Network Integration	0 to 5 points
<p>5: Demonstrates strong coordination with Aging Network and community partners, including clear referral and continuity-of-care processes.</p> <p>4: Partnerships and coordination processes are well described.</p>	

3: Partnerships are identified with moderate coordination detail.

2: Limited operational detail regarding partnerships or referrals.

1: Minimal collaboration described.

0: Insufficient information provided.

Work Plan and Project Management

0 to 5 points

5: Work plan is realistic, well organized, and aligned with staffing, activities, evaluation, and phased implementation.

4: Work plan is clear and generally feasible.

3: Work plan addresses major activities but lacks some detail or alignment.

2: Work plan is incomplete or difficult to assess.

1: Major work plan elements are missing.

0: Insufficient information provided.

Feasibility and Community Responsiveness

0 to 3 points

3: Demonstrates realistic implementation planning, understanding of community barriers, and credible strategies to reach underserved populations.

2: Demonstrates general feasibility and awareness of barriers with strategies to reach underserved populations.

1: Limited feasibility or community responsiveness described.

0: Insufficient information provided.

Proposal Quality and Responsiveness

0 to 2 points

2: Proposal is clear, cohesive, community-specific, and operationally realistic.

1: Proposal contains generalized language, inconsistencies, or limited tailoring.

0: Proposal lacks clarity, consistency, or responsiveness to local context.

Project impact (24 points)

Special target populations and organizations

Identify the underserved and under-resourced populations and places you will prioritize, including those most affected by barriers to dementia diagnosis, referral, and ongoing support. Describe how CHWs and partner organizations, especially providers in the local Aging Network, will reach these populations, complete referrals and handoffs, and ensure services are accessible, appropriate, and connected to a broader continuum of care.

Applicants should describe how outreach, engagement, and service delivery strategies are responsive to the needs of the populations and communities proposed for service.

Outcomes

Describe the measurable outcomes your project will achieve and how they relate to the project goal and objectives. At a minimum, applicants should describe outcome measures for people living with dementia, caregivers, and CHWs for all direct service components. Outcomes should align with the three program objectives and may also include CHW workforce outcomes such as empowerment, connectedness, burnout, or work meaning where appropriate. Distinguish clearly between outcomes and outputs, and identify baseline data, targets, timing, and data sources. All outcome measures should be strength-based and suitable for the proposed population and setting.

Applicants should ensure that proposed outcomes are measurable, meaningful, and aligned with the project goals, intervention design, and target population.

Evaluation

Describe how the project will be evaluated by an independent third-party evaluator. Explain the evaluation design, methods, measures, tools, and data collection schedule that will be used to determine whether the project achieved its intended outcomes. Quantitative outcome measurement is required, at a minimum, for all direct service activities. Mixed-methods approaches are encouraged when appropriate to strengthen interpretation and learning. Applicants should describe how the evaluator will remain independent from project implementation, how implementation quality and fidelity will be monitored, and how findings will be used for continuous improvement and required reporting.

Applicants should describe an evaluation approach that is appropriate for the proposed project and capable of measuring project outcomes and implementation quality

The evaluation plan attachment does NOT count toward the 20-page narrative limit, but your narrative description should reflect content of the evaluation plan attachment.

Reviewers will assess both content in the narrative and the evaluation plan attachment to score this section.

Dissemination

Describe how project findings, tools, and lessons learned will be shared with stakeholders, including service providers, policymakers, community organizations, and the communities served. Explain how the project will manualize key implementation tools and processes for broader use at project conclusion and how resulting products will be made available as nonproprietary public-domain resources. Describe how dissemination and sustainability plans will support replication, policy and practice improvement, and continuation of effective activities after grant funding ends.

Applicants should describe how project activities, partnerships, and infrastructure improvements will be sustained or integrated within the Aging Network beyond the grant period.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Outcomes and Performance Measures	0 to 6 points
<p>6: Outcomes are clear, measurable, realistic, and aligned with program goals, intervention activities, and target populations.</p> <p>5: Outcomes are measurable and generally well aligned.</p> <p>4: Outcomes are mostly clear with minor gaps.</p> <p>3: Outcomes lack specificity or full alignment.</p> <p>2: Outcomes are vague or weakly developed.</p> <p>1: Outcomes are poorly defined or primarily output focused.</p> <p>0: Insufficient information provided.</p>	
Evaluation Design and Rigor	0 to 6 points
<p>6: Evaluation plan is rigorous, feasible, and clearly aligned with project goals and direct service activities.</p> <p>5: Evaluation plan is strong and appropriately designed.</p> <p>4: Evaluation approach is generally appropriate with minor gaps.</p> <p>3: Evaluation plan lacks detail or rigor in some areas.</p> <p>2: Evaluation plan is weak or incomplete.</p> <p>1: Major evaluation elements are missing.</p> <p>0: Insufficient information provided.</p>	
Quality Improvement and Data Use	0 to 6 points
<p>6: Provides a strong plan for monitoring implementation quality, fidelity, outcomes, and continuous improvement.</p> <p>5: Monitoring and quality improvement processes are clearly described.</p> <p>4: Includes reasonable monitoring and data use strategies.</p> <p>3: Monitoring approach lacks detail or consistency.</p> <p>2: Limited quality improvement planning.</p> <p>1: Minimal monitoring approach described.</p>	

0: Insufficient information provided.

Dissemination and Sustainability

0 to 6 points

6: Presents a strong and realistic plan for dissemination, sustainability, and long-term Aging Network integration.

5: Dissemination and sustainability plans are clear and feasible.

4: Plans are generally described with moderate detail.

3: Dissemination or sustainability planning lacks specificity.

2: Limited long-term planning described.

1: Minimal dissemination or sustainability planning.

0: Insufficient information provided.

Capability and expertise (17 points)

Organizational capability

Provide an organizational capability statement describing how your organization, or the specific division leading the project, is structured and how the project fits within that structure. Describe relevant experience with dementia services, home- and community-based services, CHW programs, and management of federally funded projects. Explain the organization's ability to integrate CHWs into existing infrastructure rather than operate a short-term stand-alone effort and describe the organization's ability to continue key functions after federal funding ends. Include information about major partners or contractors that will help carry out the project and, if helpful, an organizational chart.

Applicants should describe organizational capacity, relevant experience, and readiness to implement the proposed project within the Aging Network and local community context.

Experience of the project team

Describe the experience of the project director, CHW supervisor, evaluator, and other key staff, consultants, and partner organizations. Highlight relevant knowledge of CHW programs, dementia-capable service delivery, training and supervision, community engagement, and evaluation. Provide specific details about the CHW supervisor's experience supervising CHWs. If the supervisor is new to CHW supervision, describe the onboarding, mentorship, and professional development supports that will ensure effective supervision. Explain how partners will coordinate responsibilities, avoid duplication, and support timely referrals and service linkage.

Applicants should describe the qualifications, experience, and coordination responsibilities of project staff, evaluators, and partners.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Organizational Capacity and Infrastructure	0 to 6 points
<p>6: Demonstrates strong organizational readiness, relevant experience, and capacity to integrate CHWs into Aging Network infrastructure beyond the grant period.</p> <p>5: Demonstrates strong organizational capacity and relevant experience.</p> <p>4: Demonstrates adequate organizational readiness with minor gaps.</p> <p>3: General organizational capacity is described but unevenly developed.</p> <p>2: Limited readiness or sustainability planning.</p> <p>1: Organizational capacity is unclear or weak.</p> <p>0: Insufficient information provided.</p>	
Project Team and Supervision	0 to 6 points
<p>6: Project staff, supervisors, evaluators, and partners demonstrate strong expertise and clearly defined implementation responsibilities.</p> <p>5: Staff qualifications and responsibilities are well described.</p> <p>4: Team demonstrates adequate expertise with some gaps.</p> <p>3: Roles or qualifications are only partially developed.</p> <p>2: Limited expertise or unclear staffing structure.</p> <p>1: Major staffing or supervision gaps exist.</p> <p>0: Insufficient information provided.</p>	
Partnership and Collaboration Capacity	0 to 5 points
<p>5: Partnerships are strong, clearly coordinated, and support referral completion, continuity of care, and non-duplication of services.</p> <p>4: Partnerships and coordination processes are clearly described.</p> <p>3: Partners are identified with moderate coordination detail.</p> <p>2: Collaboration structure is limited or unclear.</p> <p>1: Minimal partnership involvement described.</p>	

0: Insufficient information provided.

Budget narrative (13 points)

Page limit: None

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

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

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

When you develop your budget narrative:

- We encourage you to use the [ACL Budget Narrative Sample Format \[PDF\]](#). This format shows the level of detail we are looking for in your application.
- Justify all the costs and show how you calculated them.
- You will need to create a budget narrative that shows all years combined along with separate, detailed budget narratives for each year.
- Demonstrate how your budget supports direct services, including which line items will fund these activities and how you will meet required percentages.

Applicants should ensure that budget requests are clearly connected to proposed activities, staffing, implementation phases, evaluation, and direct service delivery.

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

Table: Scoring criteria for budget and budget narrative

Reviewers will evaluate the extent to which the applicant provides:	Point value
Completeness and Compliance	0 to 3 points
3: Budget is complete, well justified, and consistent with program requirements and direct service expectations. 2: Budget is generally complete with minor gaps in detail or justification. 1: Budget is incomplete or weakly justified. 0: Insufficient information provided.	
Alignment with Scope and Work Plan	0 to 4 points
4: Budget clearly aligns with staffing, activities, phased implementation, evaluation, and service delivery.	

- 3: Budget is generally aligned with the proposed project.
- 2: Budget shows partial alignment with project activities and staffing.
- 1: Budget alignment is unclear or incomplete.
- 0: Insufficient information provided.

Cost Reasonableness and Sustainability	0 to 4 points
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- 4: Costs are reasonable, sustainable, and support long-term Aging Network infrastructure development.
- 3: Costs are generally reasonable and support ongoing implementation.
- 2: Some costs are weakly justified or poorly connected to sustainability.
- 1: Costs appear unrealistic or short-term focused.
- 0: Insufficient information provided.

Staffing and Partner Allocations	0 to 2 points
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- 2: Staffing and partner costs are realistic and clearly connected to project responsibilities and service delivery.
- 1: Staffing or partner costs are only partially justified.
- 0: Insufficient information provided.

Attachments

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

Indirect cost agreement

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

Commitment letters

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

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

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

the third-party evaluator is required. If state or local policy prevent securing this at the application stage, include a letter explaining the restriction and your plan to engage an evaluator after award. An evaluation plan is still required.

Proof of nonprofit status

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

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

Resumes and job descriptions

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

EBI/EII overview document

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

- Naming the specific, proposed EBI/ EII Providing an overview of the EBI/ EII.
- Confirming how the chosen program meets the definition of an EBI/EII as described in the glossary (see section Other Information) of this NOFO.
- If adaptations to an EBI are proposed (i.e., EII), include a description of planned modifications with permission from the program developer (if applicable).

Work plan

The work plan should include activities related to the specific EBI/EIII you have chosen and all other programmatic requirements described in this NOFO. Resources for preparing an effective work plan by be found on the [NADRC website](#), including a [work plan template](#).

Evaluation Plan

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

Other required forms

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

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

Important: Public information

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

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

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

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



Step 4:

Learn About Review and Award

In this step

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Award notices	<u>45</u>

Application review

Initial review

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

We will not review any pages over the page limit.

Scoring process

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

Criteria summary

Heading	Points
Project Summary	0 points
Purpose and Need	17 points
Approach	29 points
Project Impact	24 points
Capability and Expertise	17 points
Budget Narrative	13 points

Risk review

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

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

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

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

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including project type and geographic distribution.
- The past performance of the applicant. We may choose not to fund applicants with management or financial problems.
- Reasonableness of proposed costs to the expected results and the likelihood you will achieve those results.
- Available funding.

We may:

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

The ACL administrator makes all final award decisions.

Funding priorities for alignment with agency priorities

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

They will check for:

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

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

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

1) expanding and strengthening resources made available by aging and disability networks and 2) embedding formal and informal caregiving in health and social systems as a critical prevention strategy against institutionalization.

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

Award notices

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

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

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



Step 5: Submit Your Application

In this step

Application submission and deadlines

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Application submission and deadlines

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

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

Application

Deadline

Due on Monday, August 3, 2026 at 11:59 p.m. ET.

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

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

Submission method

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

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

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

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

Intergovernmental review

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



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [49](#)

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award. You can find information at [Managing a Grant on our website](#). We incorporate this NOFO by reference.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in 2 CFR 300.
- The HHS [Grants Policy Statement \(GPS\)](#). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the [HHS Grants Policy Statement](#), Appendix D: HHS Administrative and National Policy Requirements.
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Compliance and oversight

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

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

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

Managing award changes

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

Reporting

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

Financial and performance reports

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

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

FFATA and FSRS reporting

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

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



Contacts and Support

In this step

Agency contacts	<u>52</u>
Help with systems	<u>52</u>
Reference websites	<u>53</u>

Agency contacts

Program and eligibility

Kari Benson

Kari.benson@acl.hhs.gov

202-401-4634

Financial and budget

Tanielle Chandler

tanielle.chandler@acl.hhs.gov

202-795-7325

Review process and application status

Kari Benson

Kari.benson@acl.hhs.gov

202-401-4634

Help with systems

Grants.gov

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

- Phone: 1-800-518-4726
- Email: support@Grants.gov

SAM.gov

If you need help, you can:

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

Reference websites

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

Appendices

Appendix A: References

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