



Division of Clinical and Community Services

Notice of Funding Opportunity








Application due August 1, 2025

Addressing Dementia in Tribal and Urban Indian Communities: Enhancing Sustainable Models of Care (ALZ)

Opportunity number: HHS-2025-IHS-ALZ-0002



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Before you begin

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

SAM.gov registration (this can take several weeks)

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

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

Grants.gov registration (this can take several days)

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

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

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on August 1, 2025.



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



Step 1:

Review the Opportunity

In this step

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Basic information

Indian Health Service

Division of Clinical and Community Services

Supporting expansion and increasing local clinical capacity for culturally relevant dementia care and services for American Indian and Alaska Native people living with dementia, their caregivers, and their communities.

Summary

This program is designed to improve clinical care, services, and outcomes for American Indian and Alaska Native (AI/AN) people living with dementia, along with their caregivers and communities. It supports Tribes, Tribal organizations, and Urban Indian organizations that are already working toward comprehensive dementia care to:

- Expand and improve their capacity to provide culturally relevant services, clinical diagnostic workflow in a primary care setting, and patient care coordination.
- Plan for and evaluate the long-term sustainability of comprehensive dementia care and services, including diagnostic and procedural coding and billing for clinical and community services.
- Develop, document, and disseminate local models for comprehensive dementia care, services, and best practices throughout the project.



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

Addressing Dementia in Tribal and Urban Indian Communities: Enhancing Sustainable Models of Care (ALZ)

Opportunity number:

HHS-2025-IHS-ALZ-0002

Announcement type:

New

Assistance listing:

93.933

Key dates

Application deadline:

August 1, 2025

Expected award date:

September 1, 2025

Expected earliest start date:

September 1, 2025

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

Funding details

Type: Cooperative agreement

Competition Type: New

Expected total program funding: \$1.6 million

Expected number of awards: 8

Funding range per applicant for the first budget period: \$100,000 to \$200,000

We expect to fund projects in three 1-year budget periods for a period of performance of 3 years.

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

Eligibility

Eligible applicants

Only these types of organizations may apply:

Federally recognized Indian Tribes

An Indian Tribe as defined by 25 U.S.C. 1603(14). The term “Indian Tribe” means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group, or regional or village corporation, as defined in or established pursuant to the Alaska Native Claims Settlement Act (85 Stat. 688) [43 U.S.C. 1601 et seq.], which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

Tribal organizations

A Tribal organization as defined by 25 U.S.C. 1603(26). The term “Tribal organization” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304(l)): “Tribal organization” means the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities: provided that, in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant.

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

Urban Indian Organizations

Urban Indian organization as defined by 25 U.S.C. 1603(29). The term “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an urban Indian–controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in 25 U.S.C. 1653(a).

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

Eligibility exceptions

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

See the [statutory authority](#).

Other eligibility criteria

You must provide ambulatory care clinical services directly or through coordination with an ambulatory care clinic. You must provide a [letter of support](#) from a clinic if you are not providing services directly.

Completeness and responsiveness criteria

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

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

Application limits

If you submit more than one application in Grants.gov we will only look at the last one submitted, based on the date and time it is submitted.

Cost sharing

This program has no cost-sharing requirement.

If you choose to include voluntary cost-sharing funds, we won't consider it during our review. However, if you receive an award, voluntary cost-sharing funds you include will be a requirement of your award, and you will need to report on them.

Program description

Background

Alzheimer's disease and related dementias (ADRD; dementia) affect people in every Tribal and Urban Indian community. Age is the biggest risk factor for dementia. AI/AN people aged 65 and older are a fast-growing group. Their number is expected to triple in the next few decades.

Other health conditions also increase the risk factors for dementia, including diabetes, heart disease, kidney disease, liver disease, smoking, and traumatic head injuries. AI/AN people have these diseases or conditions more often than other groups, including non-Hispanic white people. When someone has dementia along with these health problems, their dementia can progress more quickly.

Many people with dementia or cognitive impairment suffer silently in their communities. Dementia is often underrecognized, underdiagnosed, misdiagnosed, and undertreated across all populations, including AI/AN people. People living with dementia or cognitive changes and their families may:

- Assume the changes are a normal part of aging.
- Not recognize the signs and symptoms as dementia.
- Fear the stigma (being judged or discriminated against) associated with a dementia or Alzheimer's diagnosis.
- Avoid seeking care out of concern for the person or family's dignity and privacy or fear of being diagnosed with dementia.
- Struggle to find a health care provider who can listen to and understand their concerns, and diagnose their condition.

Without a diagnosis or support, people with dementia and impaired cognition are at risk for financial exploitation, poor health outcomes, injuries, and even death. Often, it takes a crisis (like a hospital visit or illness) to bring awareness to the disease.

Dementia is usually diagnosed in primary care offices or clinic settings. Referrals to specialists, such as neurologists or neuropsychologists, are only needed in complex or special cases. Special cases might include when dementia occurs at a younger age, the type of dementia is unclear, or the person has intellectual or developmental disabilities. However, there are still barriers to diagnosing dementia in primary care, including:

- Limited knowledge or confidence among medical professionals in diagnosing or managing dementia.

- Clinical workflow or electronic health records that do not adequately support dementia screening, diagnosis, and management processes.
- Limited access to clinical and community team members who can support care.
- Limited clinical and community services and supports for people living with dementia and their families.
- Lack of specialists to support diagnosis and management decisions through consultation or referral.
- Underuse of available resources and reimbursement for services because of complicated diagnostic and procedural coding and billing issues.

Caring for someone with dementia requires coordination between clinical and community-based services. These include medical care, personal care, social services, legal and financial support, and housing.

Comprehensive care for people with dementia must also include care and services for their caregivers and family. Caregivers, who are often but not always family members, must navigate this complicated system on their own.

Unfortunately, providing care and services for caregivers is not yet a standard practice.

Purpose

Through this Notice of Funding Opportunity (NOFO), the Indian Health Service (IHS) aims to improve care, services, and outcomes for AI/AN people living with dementia, their caregivers, and their communities. This program will identify and share clinical care models that work within Tribal and Urban Indian communities. It provides support to Tribes, Tribal organizations, and Urban Indian organizations that are already working toward comprehensive dementia care.

Priorities include:

- Expansion and increased local capacity so clinical and community health professionals can provide culturally relevant, comprehensive care and services.
- New opportunities and additional services to strengthen existing care approaches in clinical settings.
- Long-term sustainability planning and evaluation of Tribal and Urban Indian Health clinical programs, services, and systems.
- Documentation and dissemination of locally developed Tribal and Urban Indian Health emerging practices and models of comprehensive care.

In your application, you must demonstrate your existing infrastructure and how you currently provide dementia care and services in at least two of the [five primary drivers of comprehensive care](#), which are:

- Awareness and recognition.
- Accurate and timely diagnosis.
- Interdisciplinary assessment.
- Management and referral.
- Caregiver support.

Your activities must be designed to serve and respond to the needs, culture, and historical experiences of AI/AN people living with dementia and their caregivers in your local community.

Using evidence to develop your model of care

This grant is designed to support the ongoing development, improvement, and evaluation of your Tribal or Urban Indian community's comprehensive model of dementia care. Your model, programs, and services should be guided by evidence, and you should incorporate and adapt (when needed) proven approaches to care and services from existing models and interventions when available.

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

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

Here is a list of important resources you might consider when planning and writing your application:

- [CMS's Guiding an Improved Dementia Experience \(GUIDE\) Model](#)
- [CDC's Health Brain Initiative Road Map for American Indian and Alaska Native Peoples](#)
- [Evidence-Based Models of Dementia Care](#)
- [Alzheimer's Association Dementia Care Practice Recommendations](#)
- [Best Practice Caregiving Online Database of Interventions](#)
- [Dementia Friendly America](#)
- [Report: Meeting the Challenges of Caring for Persons Living with Dementia and Their Care Partners and Caregivers](#)

- [Implementation of the REACH Model of Dementia Caregiver Support in American Indian and Alaska Native Communities \[PDF\]](#)

Required, optional, and allowable activities

You will be required to carry out the following activities:

- Use existing and new evidence-based approaches to address [all five primary drivers of care](#) by the end of the performance period.
- Expand your current dementia care and services to include a comprehensive approach to clinical care and services for people living with dementia and their caregivers.
- Increase the number of people you serve who are living with dementia and their caregivers and families.
- Increase coordination of local care and services and improve community-clinical linkages. This includes clinical care, aging services, public health, home and community-based services, and other Tribal or jurisdictional health and human services programs.
- Develop a sustainability plan to support care and services after the award ends. This plan must include:
 - Business planning for existing and new services that include public, Tribal, and private reimbursement options.
 - Plans for increased scalability or service reach.
 - Plans to implement new and emerging evidence-based care and services.
- Create tools, resources, and presentations in collaboration with the IHS Alzheimer's Grant Program. This can include stories about best and promising practices, clinical support tools, patient and caregiver resources, and community and clinical presentations. These resources will be shared with Federal, Tribal, and Urban Indian health programs as they plan and implement programs.
- Plan, implement, and share findings from your project evaluation that include process and outcome measures, as well as a quality-of-life measure.
- Develop and submit an updated [Driver Diagram \(action-oriented logic model\)](#) that you and IHS will share publicly by the end of your final project year.
- Work with the IHS on an [expected program evaluation](#) that will include creating and testing common data elements to track program implementation and support program improvement nationally.

- Participate in regular (not more than monthly) web-based opportunities to share your experience and expertise.
- Budget for two people to attend at least one annual, 2-day in-person meeting in a location to be determined.

Other optional training and technical assistance opportunities will be offered.

Cooperative agreement terms

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

Substantial agency involvement description for cooperative agreement

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

IHS role

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

- Provide technical assistance and subject matter expert advice on planning and implementation.
- Review and refine your proposed annual work plan and evaluation plan at the start of each year.
- Help identify and recommend useful tools, training, resources, and presentations.
- Revise, provide technical advice about, and approve any co-branded work products.
- Review and approve materials developed for dissemination to other Tribal, IHS, and Urban Indian health programs.
- Help as needed with evaluation plan implementation and developing a sustainability plan.
- Convene meetings, not more often than monthly, to share ideas, strategies, and tools to accelerate your program design and implementation.
- Make recommendations for possible Federal agencies and nongovernmental organization partners that can work with you to improve care.

- Coordinate, review, approve, and analyze project reporting templates and tools (for example, metrics identified, goals achieved, and best practices identified).
- Review and approve all key personnel and major budget changes.

Your role

- Comply with general and program terms and conditions of the award.
- Successfully complete and submit updated work plans and evaluation plans within 3 months after the start of the annual period.
- Submit performance measures data and all required performance assessments, evaluations, and financial reports.
- Immediately notify the IHS of needed or anticipated changes to the work plan or evaluation plan.
- Collaborate with the IHS to create [Driver Diagrams](#) and sustainability plans.
- Attend and actively participate in monthly calls, virtual meetings, and annual in-person gatherings.
- Share project-related and project-funded information, data, tools, resources, reports, and presentations with the IHS and others.
- Assist the IHS in actively disseminating emerging and best practices about your Model of Care grant.

Funding policies and limitations

Limitations

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

For guidance on some types of costs that we restrict or do not allow, see 45 CFR part 75, [General Provisions for Selected Items of Cost](#).

Policies

- Total award funds include both direct and indirect costs.
- Each applicant can receive only one award under this program.
- Support beyond the first budget year will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
- A decision that continued funding is in the government's best interest.

- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
- Awarding supplemental funding.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. As of January 2025, the salary rate limitation is \$225,700. We will update this limitation in future years.

Program income

Program income is money earned from your award-supported project activities. You must use program income for the purposes and under the conditions of the award. Find more about program income at [45 CFR 75.307](#).

Indirect costs

Indirect costs have a common or joint purpose across more than one project and cannot be easily separated by project. Learn more at [45 CFR 75.414](#), Indirect Costs.

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

Method 1 – Approved rate. You currently have an indirect cost rate approved by your cognizant Federal agency.

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

Method 2 – *De minimis* rate. Per [2 CFR 200.414\(f\)](#), if you do not have a current negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you are awaiting approval of an indirect cost proposal, you may also use the *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15% of modified total direct costs (MTDC). See [2 CFR 200.1](#) for the definition of MTDC. You can use this rate indefinitely.

Statutory authority

This program is authorized under:

- The Snyder Act, 25 U.S.C. 13.
- The Transfer Act, 42 U.S.C. 2001(a).
- The Indian Health Care Improvement Act, 25 U.S.C. 1665a(c)(5)(F) and 1660e.



Step 2:

Get Ready to Apply

In this step

| | |
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| Get registered | <u>18</u> |
| Find the application package | <u>18</u> |

Get registered

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

SAM.gov

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier. SAM.gov registration can take several weeks. Begin that process today.

To register, go to [SAM.gov Entity Registration](#) and click Get Started. From the same page, you can also click on the Entity Registration Checklist for the information you will need to register.

When you register or update your SAM.gov registration, you must agree to the financial assistance general certifications and representations. You must agree to those for grants specifically, as opposed to contracts, because the two sets of agreements are different. You will have to maintain your registration throughout the life of any award.

Grants.gov

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

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

Find the application package

The application package has all the forms you need to apply. You can find it online. Go to [Grants Search at Grants.gov](#) and search for opportunity number HHS-2025-IHS-ALZ-0002.

After you select the opportunity, we recommend that you click the Subscribe button to get updates.



Step 3:

Write Your Application

In this step

Application contents and format

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Application contents and format

Applications include five main components. This section includes guidance on each. Make sure you include each of these:

| Component | Grants.gov form | Page limit |
|--------------------------------------|---|------------|
| Project abstract | Use the Project Abstract Summary form. | 1 page |
| Project narrative | Use the Project Narrative Attachment form. | 10 pages |
| Budget narrative | Use the Budget Narrative Attachment form. | 5 pages |
| Attachments | Insert each in a single Other Attachments form. | None |
| Other required forms | Upload using each required form. | None |

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

If you don't provide the required documents, your application is incomplete. See [completeness and responsiveness criteria](#) and [initial review](#) to understand how this affects your application.

Project abstract

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

Required format for project and budget narrative

Font size: 12-point font

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

Font color: Black

Spacing: Single-spaced

Margins: 1-inch

Size: 8.5 by 11 inches

Include consecutive page numbers.

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

Project narrative

Page limit: 10 pages

Filename: Project Narrative

To create your project narrative:

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

Table: Project narrative components

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

Budget narrative

Page limit: 5 pages

Filename: Budget Narrative

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

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

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).
- HHS now uses the definitions for [equipment](#) and [supplies](#) in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or \$10,000 and the threshold for supplies to below that amount.

Be sure to do the following in your budget narrative:

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

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

Budget justification for conferences

You must provide a separate detailed budget justification for each conference you anticipate. In your justification, you must address these cost categories:

- Contract or planner.
- Meeting space or venue.
- Registration website.
- Audiovisual.
- Speakers' fees.
- Nonfederal attendee travel.
- Registration fees.
- Other.

Attachments

You will upload attachments in Grants.gov using a single Other Attachments Form. Unless stated below, these attachments do not have page limits.

Tribal Resolution

If you are a Tribal or Tribal Organization applicant, you must submit an official, signed Tribal Resolution with your application. If you cannot provide a final resolution with your application, you must submit a draft. If you submit a draft with your application, you must send a final resolution before we can make an award. If you do not provide a final or draft resolution, we will not consider your application.

If you propose serving more than one Tribe, you must submit a resolution from each.

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

Driver Diagram table

Attach a [Driver Diagram](#) table that identifies the five primary drivers of care, secondary drivers, activities, and measures.

Using the Driver Diagram template is required.

Work plan table

Attach a work plan table that includes your key activities organized by the five drivers of care, due dates, staff assigned, and outcomes.

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

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

Evaluation plan table

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

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

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

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 for a parent organization. Also, include a statement signed by an official of the parent group stating that your organization is a nonprofit affiliate.

Indirect cost agreement

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

Biographical sketches

For key personnel, attach biographical sketches or resumes for positions that are filled. If a position isn't filled, attach a short description of the position and its qualifications.

Be sure to identify, at a minimum, one full-time (100%) dedicated staff person who is responsible for program coordination and management.

Letters of support

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

For example, if you do not [provide ambulatory clinical services directly](#), provide a letter of support for the ambulatory care clinic with which you plan to partner.

Audit documentation

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

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

Other attachments

You can attach additional supporting documents, including:

- Consultant or contractor proposed scope of work and letter of commitment.
- Organizational chart.
- Map of area showing project location(s).

Other required forms

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

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

Important: public information

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

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

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

[See instructions and examples.](#)



Step 4:

Learn About Review and Award

In this step

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| Application review | <u>28</u> |
| Award notices | <u>35</u> |

Application review

Initial review

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

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

Merit review

The Review Committee reviews all applications that pass the initial review. The members use the criteria below.

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

Criteria

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

1. Introduction and need for assistance

Maximum points: 25

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

Needs

- Identify gaps in the currently available services and provide data about the unmet needs of people with dementia and their caregivers in your community. You use quantitative (numbers) or qualitative (stories) data.

Dementia-related activities and accomplishments

- Identify and describe your existing programs or models of dementia care. You tell us how each of your programs and services fit into at least two of the five primary drivers of comprehensive dementia care. Proposals demonstrating significant activities and services in more than two drivers of care will receive more points, up to the maximum in this category.
- Describe your major activities and accomplishments within the past 5 years related to implementing clinical or community dementia care and support.

Other funded initiatives

- Provide information about other dementia-related activities that you are or will be participating in that are paid for by an outside organization, Federal grant, or contract during the same project period as this one. This includes any other HHS grants addressing dementia (for example, the Dementia Capability in Indian Country Grant program of the Administration for Community Living or CDC BOLD funding) that may have the same project period.

2. Project objectives, work plan, and approach

Maximum points: 25

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

Approach and Driver Diagram

- Provide a separate [Driver Diagram attachment](#), which is required as part of your attachments and does not count toward the project narrative page limits. Your Driver Diagram will be assessed in this category for completeness and clarity.

- You outline your rationale and a plan clearly showing how the care and services you provide will come together to form a sustainable, comprehensive approach to dementia care.
- Describe your approach to creating and implementing an expanded comprehensive model of care for people living with dementia and their caregivers. Your plan must reflect up-to-date knowledge of evidence-based or evidence-informed practices, interventions, and models. You must:
 - Describe your vision, goals, objectives, proposed major activities, and outcomes designed to address the problem that you identified in your Driver Diagram.
 - Include SMART (Specific, Measurable, Achievable, Relevant, and Time-based) objectives.
 - Describe planning activities and assessment of need if you have not done this already.
 - Describe how you will address the five drivers of care.
 - Clearly identify new and expanded opportunities, services, and programs.
 - Identify potential partners, including aging services, public health, home and community-based services, and other relevant Tribal or jurisdictional health and human services.
 - Identify funding and billing streams that will support service delivery or explain how you will develop these funding streams during your project period.
 - Describe the approach and timeline for developing your sustainability plan.
 - Describe your approach and plan to developing and sharing tools, resources, reports, and presentations to support the development of dementia programs by other Tribes, Tribal organizations, or Urban Indian health programs.

Work plan attachment

- Provide a separate [work plan chart](#), which is required as part of your attachments and does not count toward the project narrative page limits. The work plan should:
 - Be an extension of your Driver Diagram.
 - Provide additional details about activities, due dates, and staff responsible for accomplishing items listed in your Driver Diagram and any related major budget items.

- Respond to the most urgent and pressing gaps in the availability and quality of care and services for people living with dementia and their families, as you discussed in the narrative.
- Include the provision of clinical services, either directly or through coordination with an IHS Service Unit(s).
- Include the engagement of elder services programs and other relevant community-based organizations or community services.
- Include developing tools, resources, reports, and presentations to support the development of programs by other Tribes, Tribal organizations, or Urban Indian health programs.

Services and coordination

- Demonstrate that you can provide ambulatory care services directly or through coordination with IHS Direct Services.
- Show that you will coordinate with elder services.
- Describe what you will do to increase coordination of care and services and improve community-clinical linkages and collaborations.

3. Program evaluation

Maximum points: 25

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

- Describe the methods, approach, and data sources you will use to monitor and guide project progress.
- Include real-world clinical and program data.
- Include the beginnings of tracking and reporting no later than the first quarter of the project period.
- Describe how you will use evaluation activities to:
 - Determine your effectiveness in implementing your plan over time.
 - Track progress toward achieving your outcomes and goals.
 - Provide insights into how to change your clinical and service delivery and operations.
 - Document data and lessons learned that will be useful to people interested in replicating your model in their own communities.
- Also describes:
 - How you will develop or acquire, manage, track, and report data.

- Any new data collection measures and methods that you will develop.
- Who will be responsible for data collection, analysis, and reporting.
- Measures include:
 - At least one outcome and one process performance measure for each of the five drivers of care.
 - The number of persons newly diagnosed with dementia.
 - The number of persons living with a pre-existing dementia diagnosis.
 - Screening and diagnostic process and outcome measures of efforts to detect unrecognized cognitive impairment and dementia.
- At least one measure to assess the project's impact on the quality of life for people living with dementia and/or their caregivers. Consider metrics such as:
 - Processes of care that contribute to better outcomes (for example, reduction of medications that impair cognition).
 - Existing tools that measure quality of life for patients living with dementia.
 - Avoidance of crisis-driven care (for example, hospitalization, emergent transfers, or undesired out-of-home placement).

4. Organizational capabilities, key personnel, and qualifications

Maximum points: 15

These criteria evaluate the organizational capabilities, key personnel, and qualifications section of your project narrative. Reviewers will assess the extent to which you do the following:

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

Organizational overview and accomplishments

Describe:

- Examples or evidence that demonstrate your ability to execute the program activities within the period of performance.

- Other related major program activities and accomplishments within the past 5 years.
- Any partners and their related major program activities and accomplishments.

Organizational structure and staffing

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

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

Describe:

- Your experience developing and sharing best and promising dementia and caregiving practices.
- Tools, resources, reports, and presentations you have shared across the Tribal health system, including Tribal and Urban Indian health partners.

5. Budget narrative

Maximum points: 10

Reviewers will assess the extent to which your [budget narrative](#) includes:

- A multiyear budget covering the entire project period (not just the first year).
- Defined items of cost that are consistent with the objectives and scope of activities you propose in the narrative, work plan, and evaluation plan.
- Appropriate time commitments for key and other project personnel to assure proper direction, management, and completion of the project.

- Key support personnel. Provide their names, titles, position descriptions, salaries, and fringe benefits.

See how we treat cost sharing during merit review.

Risk review

Before making an award, we review the risk that you will not prudently manage Federal funds. 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. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

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

For more details, see [45 CFR 75.205](#).

Selection process

When making funding decisions, we consider:

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

Award notices

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

Unsuccessful applications

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

Approved but unfunded applications

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

Approved applications

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

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

By drawing down funds, you accept the terms and conditions of the award.



Step 5:

Submit Your Application

In this step

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| Application submission and deadlines | <u>37</u> |
| Application checklist | <u>39</u> |

Application submission and deadlines

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

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

Deadlines

Application

You must submit your application by August 1, 2025, at 11:59 p.m. ET. See [exemptions for paper submissions](#).

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

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

Application submission

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

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

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

Exemptions

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

We will email you if we approve your waiver. This notification will include submission instructions. If we approve your waiver, we must receive your application by 5:00 p.m. ET on the application deadline.

Other submissions

Intergovernmental review

This NOFO is not subject to Executive Order 12372, Intergovernmental Review of Federal Programs. No action is needed.

Optional notice of intent

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

Please email the notice to jolie.crowder@ihs.gov.

In your email, include:

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

The [deadline](#) for notices of intent is 20 business days prior to the application deadline.

Application checklist

Make sure that you have everything you need to apply:

| Component | Grants.gov form | Page limit |
|--|---|--|
| <input type="checkbox"/> Project abstract | Use the Project Abstract Summary form. | 1 page |
| <input type="checkbox"/> Project narrative | Use the Project Narrative Attachment form. | 10 pages |
| <input type="checkbox"/> Budget narrative | Use the Budget Narrative Attachment form. | 5 pages |
| Attachments (10) <ul style="list-style-type: none"> <input type="checkbox"/> Tribal resolution <input type="checkbox"/> Driver Diagram table <input type="checkbox"/> Work plan table <input type="checkbox"/> Evaluation plan table <input type="checkbox"/> Proof of nonprofit status <input type="checkbox"/> Indirect cost agreement <input type="checkbox"/> Biographical sketches <input type="checkbox"/> Letters of support <input type="checkbox"/> Audit documentation <input type="checkbox"/> Optional attachments | Insert each in a single Other Attachments form. | None None None None None None None None None None |
| Other required forms <ul style="list-style-type: none"> <input type="checkbox"/> Application for Federal Assistance (SF-424) <input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A) <input type="checkbox"/> Project/Performance Site Location <input type="checkbox"/> Grants.gov Lobbying Form | Upload using each required Grants.gov form. | None None None None |

☐ Key Contacts

None

☐ Disclosure of Lobbying Activities
(SF-LLL)

None



Step 6:

Learn What Happens After Award

In this step

Post-award requirements and administration 42

Post-award requirements and administration

Administrative and national policy requirements

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

- All terms and conditions in the Notice of Award. We incorporate this NOFO by reference.
- The rules listed [45 CFR part 75](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, or any superseding regulations. Effective October 1, 2024, HHS adopted the following superseding provisions:
 - [2 CFR 200.1](#), Definitions, Modified Total Direct Cost.
 - [2 CFR 200.1](#), Definitions, Equipment.
 - [2 CFR 200.1](#), Definitions, Supplies.
 - [2 CFR 200.313\(e\)](#), Equipment, Disposition.
 - [2 CFR 200.314\(a\)](#), Supplies.
 - [2 CFR 200.320](#), Methods of procurement to be followed.
 - [2 CFR 200.333](#), Fixed amount subawards.
 - [2 CFR 200.344](#), Closeout.
 - [2 CFR 200.414\(f\)](#), Indirect (F&A) costs.
 - [2 CFR 200.501](#), Audit requirements.
- 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 Administrative and National Policy Requirements](#).

Reporting

If you receive an award, you will have to submit financial and performance reports.

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

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

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

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

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

Termination

If we determine that priorities have changed, or that the project cannot attain its goals, we can terminate the award. See [45 CFR 75.372\(a\)\(2\)](#). If we decide to terminate the award, we will provide notice and an explanation to all recipients before the end of the budget period. Before termination, recipients may provide comments on the notice.



Contacts and Support

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Agency contacts

Program and eligibility

Dr. Jolie Crowder

National Elder Services Consultant

Office of Clinical and Preventive Services

Division of Clinical and Community Services

Indian Health Service

5600 Fishers Lane, Mailstop: 08N34-A

Rockville, MD 20857

Email: jolie.crowder@ihs.gov

Grants management and financial

DGM@ihs.gov

Review process and application status

DGM@ihs.gov

Grants.gov

Grants.gov provides 24/7 support. You can call 1-800-518-4726 or email

support@grants.gov. Hold on to your ticket number.

If problems persist, contact the Office of Grants Management at DGM@ihs.gov.

Please do so at least 10 days before the application due date.

SAM.gov

If you need help, you can call 866-606-8220 or live chat with the

[Federal Service Desk](#).

GrantSolutions

For help, please contact the GrantSolutions help desk at 866-577-0771, or by

email at help@grantsolutions.gov.

Reference websites

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