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**Supporting Tribal Partnerships for Implementing the Roadmap for Indian Country Strategies**

#### Funding Opportunity Overview

With support from the Alzheimer’s Association, the National Indian Health Board (NIHB) is offering a funding opportunity for Tribes and Tribal health organizations seeking to implement strategies from the Road Map for Indian Country to address dementia in their community. The Roadmap for Indian Country (RMIC) is the first-ever public health guide focused on dementia in American Indian/Alaska Native (AI/AN) communities. Many AI/AN leaders, experts, and practitioners helped shape the Road Map by providing insights, guidance, and examples from their own work. It was developed by the Alzheimer’s Association, and the Centers for Disease Control and Prevention (CDC) as a part of the CDC’s Healthy Brain Initiative.

NIHB anticipates funding up to 12 high quality proposals from **Tribes or Tribal Health Organizations for up to $15,000 each.** Applicants must choose one or more RMIC strategies to address. The strategies are organized into 3 components: 1) Educate and Empower; 2) Collect and Use Data; and 3) Strengthen the Workforce. Listed below are all 8 strategies:

**Component 1: Educate and Empower**

1. Work with community members to understand brain health, early warning signs of dementia, and benefits of early detection and diagnosis for persons with dementia and their caregivers.
2. Encourage community members to use interventions, best practices, and traditional wellness practices to protect brain health, address cognitive impairment, and support persons with dementia and their caregivers.
3. Provide information and tools to help older adults with dementia and their caregivers anticipate and respond to challenges that typically arise during the course of dementia.
4. Promote engagement among Tribal leaders in dementia issues by offering information and education on the basics of cognitive health and impairment, the impact of dementia on caregivers and communities, and the role of public health approaches in addressing this priority problem.

**Component 2: Collect and Use Data**

1. Support collection and use of local data on dementia and caregiving in AI/AN communities to plan programs and approaches.
2. Promote the inclusion of healthcare quality measures that address both cognitive assessments and the delivery of care to AI/ANs with dementia.

**Component 3: Strengthen the Workforce**

1. Educate healthcare and aging services professionals in Indian Country about the signs and symptoms of dementia and about caregiving for persons with dementia.
2. Educate healthcare and aging services professionals on the best ways to support families and caregivers of older adults with dementia.

This opportunity uses a public health approach and creating and strengthening partnerships is vital to these efforts. Thus, NIHB requires applicants to partner with at least one other Tribal or Indian Health Service program or entity (e.g. diabetes program, aging program, health center, etc.) that would best help the applicant meet the chosen strategy or strategies.

The completed application is due by **Friday, August 13th, 2021 at 11:59PM PT.** The project period will run for approximately 11 months or from **September 1st 2021 – July 31st 2022.**

NIHB will host a

**Pre-Application Webinar**

**Thursday, July 22nd, 2021, 3:00-3:45PM ET**

Register for the Pre-Application Webinar by [clicking here](https://us02web.zoom.us/webinar/register/WN_lrXJGOWMSEWodlg5ckOjWQ) or cut and paste this address into your browser:

<https://us02web.zoom.us/webinar/register/WN_lrXJGOWMSEWodlg5ckOjWQ>

Additional questions about this RFA may be directed to Sara Zdunek

[SZdunek@nihb.org](mailto:SZdunek@nihb.org)

NIHB will not answer any questions or provide any information that may provide an unfair advantage to any applicants.

**Eligibility**

In order to be considered eligible for this funding opportunity, all of the following criteria must be met:

* Applicants must be a federally recognized Tribal Government, Tribal organization, or inter-Tribal consortium as defined in the Indian Self-Determination and Education Assistance Act, as amended.
* This opportunity is not intended for Urban Indian Health Organizations (UIHO) applicants, although a Tribe may partner with an UIHO to meet their objectives.

Applicants may be currently in receipt of or are welcome to apply for other NIHB funding opportunities.

#### Project Requirements

Selected Tribal partners must agree to:

* Complete an agreed upon work plan that implements one or more strategies from the Roadmap to Indian Country.
* Sign and return a Memorandum of Agreement (MOA) with NIHB that stipulates the amount of funds to be distributed, a schedule of funds distribution, Tribal points of contact, and project activities. NIHB will furnish the MOA after funding decisions are made.
* Designate one main point of contact to serve as the project coordinator. Even if this person will not be leading all project activities, the Tribal partner must designate one individual with whom NIHB will directly communicate on all matters related to this project. This person will be responsible for submitting the final report, participating in conference calls, and completing evaluation activities.
* Permit NIHB to share project success, lessons learned and tangible products as part of a broader information dissemination strategy.
* Participate in bi-monthly community learning events, including delivering one presentation.
* Participate in regular project check-in calls
* Participate in project evaluation activities estimated approximately 3 hours of staff time
* Submit a final report and financial statement to NIHB by **Monday, August 2, 2022 at 11:59PM Pacific time.**

NIHB will provide selected sites with:

* Specified amount of funds.
* Technical assistance from NIHB as requested.
* Opportunity to network with other Tribal and non-Tribal entities

#### Application Process

1. Participate in the optional pre-application conference call on **Thursday, July 22nd, 2021, 3:00-3:45PM EDT**.
2. Complete the application and attach the work plan, letter of support and audit documentation in an email to Sara Zdunek, [SZdunek@nihb.org](mailto:SZdunek@nihb.org)
3. The following will comprise a complete application package:

|  |  |
| --- | --- |
| Completed Application form |  |
| Completed work plan with assigned funding amounts (template provided) |  |
| Copy of schedule of findings from most recent audit |  |
| Letter of support from partnering Tribal program or entity |  |
| Signed letter of support from Tribal official |  |

1. Complete the project application and submit required documents. Contact Sara Zdunek, [SZdunek@nihb.org](mailto:SZdunek@nihb.org) if you have any questions. No applications will be accepted by fax or postal mail. NIHB shall confirm the receipt of all applications.

#### Selection Process

* Incomplete application packages will not be reviewed.
* All complete applications will be reviewed by a team of qualified public health professionals.
* Applicants who choose more than one strategy to address will not receive an advantage or preference over applicants that choose only one. Objectives and work plan should reflect your goals and capacities.
* NIHB shall notify all applicants of the status of their application by **Monday,** **August 30th, 2021.**

## APPENDIX A: APPLICATION

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Instructions: Fill out this application in its entirety by typing directly into this document. **All completed applications should be sent to** [**Szdunek@nihb.org**](mailto:SZdunek@nihb.org) **by Friday, August 13th, 2021 at 11:59PM Pacific time.**

# SECTION A: TRIBAL OR TRIBAL ORGANIZATION AND CONTACT INFORMATION

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| Name of Tribe or Tribal Organization |  |
| **CONTACT INFORMATION** |  |
| Contact information for the individual to receive notification of application status: | Name: |
| Title: |
| E-mail Address: |
| Mailing Street Address: |
| City, State, Zip Code: |
| Name and address where funding check should be sent should Tribe receive the funding | Pay to the order of: |
| Mailing Street Address: |
| City, State, Zip Code: |

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| **PROJECT COORDINATOR CONTACT INFORMATION** | |
| Contact information for the individual to serve as Project Coordinator (if the same as above, then leave all fields blank). **This person will be the main point of contact and be responsible for submitting all deliverables, participating in conference calls, and completing evaluation activities.** | Name: |
| Title: |
| E-mail Address: |
| Phone Number: |
| Mailing Street Address: |
| City, State Zip Code: |

# SECTION B: APPLICATION NARRATIVE AND SCOPE OF WORK

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| **PROJECT SUMMARY *(400 words maximum)*** |
| **Please add a brief description of your project, which RMIC strategy or strategies you will be implementing, and why you chose to focus your project on this particular RMIC strategy or strategies.** |

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| **SUMMARY OF PARTNERSHIP *(400 words maximum)*** |
| **Please add a brief description of the program or entity you are partnering with; why this program or entity is the best choice for your project and how this partnership will help you implement the RMIC strategy or strategies you have selected.** |

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| **SUBAWARD BUDGET** |
| A separate budget is not required.  Funding should be assigned to each deliverable based on the estimated costs of completing that deliverable. Funds assigned to the “funding assigned” section of the workplan proposal should add up to the requested total funding for the grant. **Not all activities need to be assigned funds**. Awardees will receive funds conditionally upon completing the deliverable.  The requested amount should be appropriate to the level of effort required to engage in the proposed activity and produce the deliverables outlined in the work plan.  Note that awards **may not** be used to: provide direct support to external individuals (e.g., delivery of patient care); purchase large equipment; pay for food or beverages; support ongoing general operating expenses or existing deficits, endowment or capital costs; or support lobbying of any kind.  Due to the size of the award, funds are not eligible to support indirect costs.    These funds will be provided as follows:   |  | | --- | | 50% of the subaward will be paid at the beginning of the subaward cycle to begin activities included in the work plan. The balance of the subaward will be paid upon successful completion of all milestones (assigned funding amounts as specified in the work plan) and NIHB’s receipt of the project deliverables and final report. | |

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| **SUPPORTING DOCUMENTATION** |
| Please select the corresponding box for all supporting materials being submitted with the application package (they can be added as additional pages to this document or as a separate PDF).  Letter of Support from Tribal Health Official/Leader or the leadership of a Tribal organization (mandatory). The signed letter of support should be from the Tribal health department’s or the organization’s director or CEO, the chair of the Tribal Health committee, Tribal chairperson, or other official that oversees all or a portion of the public health activities. The letter should include the relevant body’s awareness of and/or commitment to the project activities and support for completion of all deliverables.  Letter(s) of Support from partnering program or entity (mandatory)  Other (please identify:      )  The applicant may submit additional supporting documentation. However, these are not required for a complete application package. |

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| **PROPOSED SCOPE OF WORK** |
| All subawardees will have some aspects of their workplan and timeline the same and have been pre-filled in the workplan (Objective 2) below. There are blank fields available for the addition of activities specific to individual project needs. Please add any additional rows, if needed. |

### Continue to work plan tables below

## PROPOSED SCOPE OF WORK- WORKPLAN TABLES

Please follow the SMART model for writing objectives:

**S**pecific: Objectives should provide the “who” and “what” of program activities. ...

**M**easurable: The focus is on “how much” change is expected. ...

**A**chievable: Objectives should be attainable within a given time frame and with available program resources.

**R**ealistic: Objectives should relate to the overall goal of the program or project

**T**ime-phased: What is the time frame for accomplishing the objective?

A SMART objective should answer: WHO will do WHAT resulting in MEASURE by WHEN.

Example: By April 2022, Tribal public health department host 5 educational meetings in the community about warnings signs of dementia.

\*\*Please note the column “Assigned Funding”. This column is to show how much funding you plan to allocate to each activity.

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| **Road Map for Indian Country Strategy #X *copy and paste which RMIC strategy or strategies this objective will address***  **Objective 1: [insert description] *see SMART objectives guidance above*** | | | | |
| **Expected Outcome 1: [*insert description of what you hope to achieve*]** | | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person (s) Responsible** | **Assigned Funding** |
| Activity 1.1: |  |  |  |  |
| Activity 1.2: |  |  |  |  |
| Activity 1.3: |  |  |  |  |

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| **Road Map for Indian Country Strategy #X *copy and paste which RMIC strategy or strategies this objective will address***  **Objective 2: [insert description] *see SMART objectives guidance above*** | | | | |
| **Expected Outcome 2: [*insert description of what you hope to achieve*]** | | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person (s) Responsible** | **Assigned Funding** |
| Activity 2.1: |  |  |  |  |
| Activity 2.2: |  |  |  |  |
| Activity 2.3: |  |  |  |  |

Copy and paste additional tables here as needed if you have more objectives. You do not need to fill out both objective tables above; it is acceptable to have only one objective in addition to the required objective below.

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| **Required Objective : Participate in processes and evaluation to ensure effective and successful project implementation.** | | | | |
| **Expected Outcome : Successful project implementation and reporting through collaboration with the National Indian Health Board.** | | | | |
| **Activities** | **Deadlines** | **Deliverables** | **Person (s) Responsible** | **Assigned Funding** |
| Activity 3.1: Attend periodic check-in calls with NIHB. |  | Periodic calls |  |  |
| Activity 3.2: Submit a mid-project progress report to NIHB. |  | 1 mid-project report |  |  |
| Activity 3.3: Submit a project-end report to NIHB |  | 1 project-end report |  |  |
| Activity 3.4: Participate in project evaluation activities estimated to not exceed 3 hours of staff time. |  | Documented participation |  |  |
| Activity 3.3 Attend bi-monthly learning community sessions. Conduct 1 presentation. |  | Documented participation. 1 presentation |  |  |

\*This objective is mandatory for all NIHB subawardees to include in project work plan and budget.