

RFA and Guidance

Urban Indian Health Institute (UIHI) is requesting applications for funds to address Chronic Disease education, prevention, and management in the urban American Indian and Alaska Native (AI/AN) population.

Through the support of the Centers for Disease Control and Prevention (CDC Grant NU58DP007224), UIHI launched a nationwide initiative to not only enhance evidence-based culturally rigorous chronic disease prevention programs but also enhance public health infrastructure among urban Indian organizations.

UIHI has a series of funding opportunities to be awarded to members of the Urban Indian Health Network (UIHN), comprised of Urban Indian Organizations funded by the Indian Health Service (IHS), and urban Indian health and human service organizations across the country. Funding will support the establishment of sustainable chronic disease prevention initiatives that are using culturally adapted AI/AN methods, frameworks, and evaluation approaches that are regionally tailored by environment, culture, sociodemographic composition, as well as specific healthcare and infrastructure gaps of applicant sites.

Objective

The Community Grants Program Request for Applications (RFA) encourages the use of AI/AN traditional, cultural, and regional knowledge in developing, implementing, and/or supporting chronic disease education, prevention, and management initiatives amongst urban Indian communities.

SWEETGRASS GRANTS

In this upcoming grant cycle, Sweetgrass funds **will focus on AI/AN approaches to initiatives that address the following areas in preventing chronic diseases:**

- Commercial Tobacco Use
- Diabetes (including Prediabetes)
- High Blood Pressure
- Obesity (including Physical Activity and Nutrition), and
- Oral Disease

Funding Amount: \$10,000

Funding Period: September 30, 2026–September 29, 2027

Priority Approaches

Funding that you receive may be used for creating new projects or expanding previous projects related to commercial tobacco use, diabetes (including prediabetes), high blood pressure, obesity (including physical activity and nutrition), and oral disease.

Examples include chronic disease prevention and education, and/or management activities that:

- use cultural or regional adaptations of chronic disease prevention education program components, curricula, toolkits, etc.;
- reclaim traditional knowledge of nutrition and use of first foods;
- promote access to or use of physical activity and other lifestyle modifications;
- Engage AI/AN youth and/or elders;
- address perceptions and beliefs and promote traditional values; or
- promote activities that emphasize community-driven planning for chronic disease prevention and control, such as community needs assessments.

Important Dates

Monday, October 5, 2026	UIHI releases RFA to Community Partners
Wednesday, October 14, 2026, at 11:00 a.m. PT	UIHI hosts Pre-Application Webinar (Register here)
Monday, November 30, 2026, by 11:59 p.m. PT	Applications for funding due to UIHI

Wednesday, December 23, 2026, at 11:00 a.m. PT	UIHI announces funding recipients
Monday, January 4, 2027, at 11:00 a.m. PT	Grantee Orientation
September 30, 2026–September 29, 2027	Grant period

Purpose

Urban Indian Health Institute (UIHI) is announcing a Request for Applications (RFA) to address chronic disease in the urban American Indian and Alaska Native (AI/AN) population. Established in 2000, UIHI is a Division of the Seattle Indian Health Board. The mission of UIHI is to decolonize data for Indigenous people, by Indigenous people. As one of 12 Tribal Epidemiology Centers (TECs) funded by the Indian Health Service (IHS), UIHI serves the research, evaluation, and data needs of urban AI/AN population located across the United States (US).

Through the support of the Centers for Disease Control and Prevention (CDC), UIHI supports a nationwide initiative to enhance evidence-based culturally rigorous chronic disease prevention programs and capacity building among urban Indian organizations.

Overview

Chronic diseases are illnesses that last longer than one year and require ongoing medical attention, limit daily activities, or both.¹ Chronic diseases such as heart disease, stroke, and diabetes are among the top ten leading causes of death in the United States.² Many chronic diseases can be avoided by making healthy choices. Smoking, for example, increases your risk of serious health problems. Tobacco cessation, healthy eating behaviors, regular physical activity, and preventive screening tests are some of the best ways to help prevent, delay, or manage chronic diseases.³

As a result of colonization and the loss of traditional ways of life, AI/AN people experience higher rates of chronic diseases when compared with other racial or ethnic groups. AI/ANs have the highest prevalence of Type 2 Diabetes in the US and are twice as likely as non-Hispanic Whites to have diabetes.⁴ For urban AI/ANs, data from 2010-2014 shows that heart disease was the top cause of mortality.⁵ The prevalence of obesity, a major risk factor for developing diabetes, heart disease, stroke, and other chronic diseases, has also increased dramatically in AI/AN populations over the past 30 years.⁶

Similar trends can also be seen in smoking prevalence, another risk factor for developing chronic diseases. Among urban AI/AN people, 39.4% reported tobacco use within the past month, compared to 27.6% of NHW.⁵ Tobacco cessation can significantly lower the risk of developing chronic diseases related to smoking. Smoking is one of the leading preventable causes of disease and mortality and smoking cessation can improve overall health status and life expectancy at any age.⁷

Selection Process

UIHI takes a (3)-phase holistic approach to review applications received in the Community Grants Program. The UIHI Community Grants Committee, made up of at least three UIHI staff of varying expertise, reviews grant applications for a clear statement of need, cultural innovation, and community responsiveness to chronic disease prevention.

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Phase 1: Pre-screening

The first phase is pre-screening. The applicant's information is reviewed to ensure the applying UIO or urban AI/AN serving non-profit organization meets minimum eligibility requirements (see below).

Note: All applicants must refer to the eligibility criteria listed below and confirm they are eligible to participate prior to submitting the application components.

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Phase 2: In-depth Review

In the second phase, an in-depth review of each applicant's project narrative, annual budget, and workplan is conducted. The committee facilitates a thorough technical review of all eligible applications and components. Reviewers may ask clarifying questions, request additional information, require small changes, and/or offer recommendations. Applications are reviewed with a fundamental belief that applicants are the experts and therefore most familiar with community needs and solutions.

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Phase 3: Consensus-based Decision-making

In the final phase, UIHI leadership and the review committee meet to talk through the applications and technical reviews. A consensus-based process is used to make final funding decisions. All people involved during this phase must agree on the applicants to be funded.

Some Factors the UIHI Community Grants Review Committee May Consider in Funding Decisions:

- **Geographic diversity:** Is there broad representation from communities located across the US in the funded proposals?
- **Program innovation:** Is the proposal creative, unique, expanding what is possible?
- **Age:** Does the proposal, program, and/or organization serve a wide range of age groups?
- **Collaboration:** Is the program and/or organization committed to collaboration, partnerships, and/or networking to advance urban AI/AN health and well-being?
- **Budget and Work Plan:** Is the budget in alignment with the scope of work and work plan?

INSTRUCTIONS TO APPLICANTS

Eligibility Requirements

To be eligible for funding under this application, the organization must be one of the following:

- An Urban Indian Organization (UIO) – a Title V program as defined by the Indian Health Service;
- A member of the [National Urban Indian Family Coalition](#) (NUIFC);
- A not-for-profit urban Indian organization whose leadership and board are made up of a majority of urban Indians, and whose mission is to provide public health services to urban Indians may be eligible to apply on a case-by-case basis. Must be a 501(c)(3).

Applicants must also participate in performance measurement, evaluation activities, and a chronic disease community of practice (includes annual webinar-based trainings and optional technical assistance services) to be coordinated by UIHI.

Funding Restrictions

Some funding restrictions apply to this application. Recipients may not use funds:

- for research;
- for clinical care;
- nor to purchase furniture, equipment, or clinic/patient supplies.

Recipients may use funds for:

- reasonable project purposes, including personnel, travel, supplies, and services; and
- salaries, if requested, are restricted to project activities.

APPLICATION COMPONENTS

The required application materials are located on our website at <https://www.uihi.org/health-initiative/sweetgrass-grants/>. Completed application packages require the submission of the following items:

- [Application](#)*
- Workplan
- Budget Justification

Submission Instructions

Please use this [Electronic Application link](#) to access the electronic application form. You will need to upload your completed work plan and budget as part of this application.

*Applicants with limited online access may request an application form as a Word document and email the completed form to Brittany Benally at cdp@uihi.org with the subject line: **2026-2027 SWEETGRASS RFA: <insert agency name>**.

Only one application form is required (online form OR Word document).

Sweetgrass Community Grants Submission

The deadline to receive applications is **Monday, November 30, 2026, at 11:59 p.m. PT**.

Application Technical Assistance

Applicants may contact Brittany Benally via phone or email to obtain clarification of RFA application requirements and process. Inquiries may be sent to:

Brittany Benally

Chronic Disease Prevention Senior Program Manager

Urban Indian Health Institute

CDP@uihi.org | 206-830-5035

UIHI will host a pre-application webinar on Wednesday, October 14, 2026, at 11:00 a.m. PT ([Register here](#)).

Participants will receive an overview of the funding opportunity, timelines for application submission and processing, and a question and answer session. A recording of the webinar will be available at [Community Grants webpage](#) or by email request to CDP@uihi.org

REFERENCES

1. CDC. About Chronic Diseases. National Center for Chronic Disease Prevention and Health Promotion | Centers for Disease Control and Prevention. Updated April 28, 2021. Accessed June 18, 2021. www.cdc.gov/chronicdisease/about/index.htm
2. Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2019. NCHS Data Brief, no 395. Hyattsville, MD: National Center for Health Statistics. 2020.
3. CDC. How You Can Prevent Chronic Diseases. National Center for Chronic Disease Prevention and Health Promotion | Centers for Disease Control and Prevention. Updated April 28, 2021. Accessed June 18, 2021. www.cdc.gov/chronicdisease/about/prevent/index.htm
4. CDC. Native Americans with Diabetes. Centers for Disease Control and Prevention. Updated January 10, 2017. Accessed June 18, 2021. www.cdc.gov/vitalsigns/aian-diabetes/index.html
5. Urban Indian Health Institute, Seattle Indian Health Board. (2016). Community Health Profile: National Aggregate of Urban Indian Health Program Service Areas. Seattle, WA: Urban Indian Health Institute.
6. Halpern, Peggy, and Jerry Regier. Obesity and American Indians/Alaska Natives. USDHHS, Office of the Assistant Secretary for Planning and Evaluation: Washington, DC (2007).
7. U.S. Department of Health and Human Services. (2020). Smoking cessation: A report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020. www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf