MIAAA
MINNESOTA INDIAN
AREA AGENCY ON AGING

Older Americans Act Title III-D Evidence-Based Health Promotion Program for Tribal Nations and Providers in Minnesota

Timeline

Application period opens:	September 28, 2026
Application Q&A and technical assistance period:	September 28 – October 19, 2026
Last day to submit questions:	October 19, 2026
Applications due:	October 20, 2026
Applicants informed of award decisions:	October 30, 2026
Fully executed contract due:	December 18, 2026
Services begin (as early as):	January 1, 2027

Introduction

Minnesota Indian Area Agency on Aging (MIAAA) seeks tribal, nonprofits and for-profit agencies (with special approval by MIAAA and the Minnesota Board on Aging) to provide Older Americans Act III-D Evidence-Based Health Promotion Program provider to support healthy lifestyles and promote healthy behaviors amongst older adults.

Delivery of services to begin as early as January 1, 2027, to people 60 years of age or older in the following 9 federally recognized American Indian tribes with reservations throughout Minnesota: Grand Portage Band of Lake Superior Chippewa, Bois Forte Band of Chippewa, Red Lake Nation, White Earth Nation, Leech Lake Band of Ojibwe, Fond du Lac Band of Lake Superior Chippewa, Prairie Island Indian Community, Lower Sioux Indian Community, and Upper Sioux Community.

Minnesota Indian Area Agency on Aging
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The following proposals will not be accepted: joint applications, applications that include subcontracts without prior approval from the MIAAA, applications submitted by individuals, and applicants from agencies who do not have permission from Tribal Nations to provide services on their reservation.

There are two ways to assess whether Title III-D funds can be spent on a particular program:

1. The program meets the requirements for ACL's Evidence-Based Definition (the ACL Definition is below).
2. The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults.

ACL Definition of Evidence-Based Programs

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* and
- Research results published in a peer-review journal; and
- Fully translated** in one or more community site(s); and
- Includes developed dissemination products that are available to the public.

**Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.*

***For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting.*

Target Populations

Supportive services are not intended to reach every individual in the community. Programs target adults aged 60 and older who are in greatest social and economic need with particular attention to the following groups.

- Low-income older adults
- Minority older individuals
- Older adults in rural communities
- Older individuals with limited English proficiency
- Older adults at risk of institutional care

Priority is given to serving older adults living in medically underserved areas of the state and those who are of greatest economic need.

Funding Details

Awarded applicants will be eligible to receive OAA funds for calendar year 2027. MIAAA next open grant round to take place for 2028. Services are to be provided from the contract start date of January 1, 2027, through December 31, 2027. Award amounts will be between $1,000 and $5,000.

Total 2027 Title III funds available:

- OAA Title III-D Preventative Health - $13,669

Description of Services

Service	Unit	Service Definition	Registered
Evidence-Based Health Promotion Program	N/A	Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). OAA Title III-D funding may be used only for programs and activities demonstrated to be evidence-based. a. The program meets the requirements for ACL's Evidence-Based Definition (see below) i. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and ii. Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* and iii. Research results published in a peer-review journal; and iv. Fully translated** in one or more community site(s); and v. Includes developed dissemination products that are available to the public. *Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.	No

		**For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based-program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting, or b. The program is considered to be an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and is shown to be effective and appropriate for older adults. MBA reserves the right to incorporate additional state specific Title III D requirements.	

Reporting Requirement and Service Monitoring

Effective monitoring of provided services is required, including reporting on persons served, dates of service, and funding expended on contracted timelines.

MIAAA will monitor Title III activities through the following methods, including, but not limited to:

- Quarterly reporting of financial, program, and statistical reports and data for all programs.
- Periodic on-site visits, conducted annually at minimum.
- Financial reconciliations and requests for special reports/data.
- Review of client satisfaction.

Financial Stability and Oversight

Applicants will be subject to a Pre-Award Risk Assessment (PARA), completed by MIAAA prior to final award. The purpose of this assessment is to confirm financial stability and ensure adequate internal controls are in place to safeguard public funds and protect the interests of the federal government and the State of Minnesota, in accordance with updates to the Older Americans Act (OAA) Final Rule. Please note that no subcontracts will be allowable for these services without prior approval from MIAAA. All tasks must be completed by organization staff or volunteers, with no third-party participation.

Match Requirements

A non-federal match is the portion of project costs not paid by federal funds, except for Tribal Self-Governance Funds. It represents the grantee's financial contribution toward the total cost of the project and demonstrates shared investment in achieving program goals.

Awarded applicants that receive federal Title III funding must contribute non-federal resources as a match. Allowable match sources can include city or county grants, agency cash, in-kind contributions, Tribal Self-Governance Funds, or other non-federal funding sources as approved by MIAAA in compliance with state and federal guidelines.

III-D Evidence-Based Health Promotion match requirement: 0% - no match is required.

Request for Proposal (RFP) Requirements

MIAAA is requesting a proposal from interested providers. Providers should provide a proposal including a detailed workplan and budget addressing the following:

1. Experience and Qualifications:
    - Demonstrated experience in providing Evidence-Based Health Promotion Programs to Tribal Nations.
    - Knowledge of federal, tribal and state laws impacting tribal elders, including the OAA.
    - Understanding of Tribal sovereignty and cultural sensitivity.
2. Proposed Services:
    - A detailed description of the services to be provided.
    - A plan for outreach and education to Tribal Nations to inform them of available services.
    - A plan of outreach and education to Tribal elders and others regarding available services.
    - Capacity for tracking to ensure timely and effective delivery of services and outcomes.
3. Staffing and Resources:
    - A description of the staff assigned to the project, including their qualifications and experience.
    - A plan for allocating resources, including personnel, technology, and funding.
4. Performance Measures and Reporting:
- A proposed performance measurement system to track the impact of the evidence-based health promotion program provided.
    - A plan for regular reporting on the number of service units provided, unduplicated participants, dates of service, and expenditures.
5. Budget:
- A detailed budget outlining the costs associated with providing the evidence-based health promotion program including personnel costs, supply and equipment costs, and administrative fees.

Submission Deadline: Request for Proposal must be submitted by October 20, 2026, to Michelle_Reynolds@redlakenation.org.

Questions: For any questions or clarifications, please contact Michelle Reynolds at Michelle_Reynolds@redlakenation.org or (218) 542-6145.