2025 – 2026 Tribal Community Grants Program

Request for Applications (RFA)

Walking Together in Partnership

Fred Hutch Cancer Center, on behalf of the CANOE Partnership, is honored to invite Tribes and Tribal-Serving Organizations across Washington State to apply for the 2025-2026 Tribal Community Grants Program. This opportunity is grounded in our shared commitment to addressing the cancer burden impacting American Indian and Alaska Native communities (AI/AN) and in integrating Indigenous knowledge, leadership, and sovereignty in cancer prevention and care efforts by and for tribal communities.

We recognize the strengths and solutions that already exist within tribal communities. These grant funds are intended to support work that is grounded in community values, builds on local priorities, and uplifts culturally rooted strategies.

Whether your focus is on implementing cancer control activities, using Indigenous evaluation methods, or improving service delivery and data systems, we are here to support your vision.

Our intention is to walk in partnership with you and your team. This program is more than a funding mechanism; it is a way to deepen relationships rooted in respect, mutual learning, and accountability. We understand that trust is earned through consistent action, and we remain committed to showing up with care to realize your vision.

If questions arise or you wish to explore ideas, please reach out to the CANOE Partnership via email at CANOE@fredhutch.org. We look forward to connecting with you and learning about the work your community is leading.

Tribal Community Grants Program Summary

Who can apply? Washington State (WA) Tribes and Tribal-Serving Organizations. Limited to one application per tribe or organization.

Award: Up to $50,000 in direct costs + indirect costs per award

Project Period: October 10, 2025 – May 31, 2026

Funding Priorities: These funds will support community-driven initiatives and strategies through the following areas:

- Implement cancer prevention, education, and screening activities or programs
- Develop cancer surveillance efforts to track and understand community needs
- Apply Indigenous evaluation approaches to guide and strengthen cancer-related work
- Improve delivery of cancer services, care coordination, and data infrastructure

Applicants should demonstrate how their proposed work addresses at least one of these priority areas.

Where to apply? Submit proposals and required documents through the online application portal: https://fredhutch.infoready4.com/#freeformCompetitionDetail/1991513

Issued By

Fred Hutch Cancer Center (Fred Hutch) on behalf of the CANOE (Cancer Awareness, Navigation, Outreach, and Equitable Indigenous Health Outcomes) Partnership (NIMHD 5U19MD020533). The CANOE Partnership aims to address cancer health disparities among AI/AN communities in WA by supporting community capacity and enhancing community-academic partnerships.

Background

AI/AN communities in WA face higher cancer rates, later diagnoses, and greater cancer deaths compared to non-Hispanic White (NHW) populations. Data from 2017–2022 show that AI/AN people in WA experience higher incidence, more late-stage diagnoses, and higher mortality for breast, lung, and colorectal cancers (Tables 1 and 2):

Table 1: Cancer Incidence Rates in AI/AN vs. NHW Populations in WA per 100,000, 2017–2022

Cancer Type	American Indian & Alaska Native		Non-Hispanic White	
	Incidence	Late-Stage*	Incidence	Late-Stage*
Breast Cancer	159.9[†]	63.8[†]	140.9	43.8
Lung Cancer	77.3[†]	54.8[†]	50.3	32.0
Colorectal Cancer	53.4[†]	33.7[†]	34.2	21.1

Source: NPCR/SEER, 2017-2021 and 2018-2022. Age-standardized to US Population, 2000
* SEER/NPCR defines late-stage as cases determined to be regional or distant stage at cancer diagnosis
[†] Notes health disparity when comparing to non-Hispanic White population incidence rates

Table 2: Cancer Mortality Rates in AI/AN vs. NHW Populations in WA per 100,000, 2017-2022

Cancer Type	American Indian & Alaska Native	Non-Hispanic White
Breast Cancer	21.5	19.6
Lung Cancer	38.3[†]	31.2
Colorectal Cancer	17.8[†]	12.1

Source: NPCR/SEER, 2017-2021 and 2018-2022. Age-standardized to US Population, 2000
[†] Notes health disparity when comparing to non-Hispanic White population mortality rates

The higher rates of late-stage cancer are closely tied to limited access to timely screening, which delays early detection and treatment. Screening saves lives by identifying cancer early, when it is more treatable. Social factors such as socio-economic status, education, insurance coverage, language barriers, rural residence, health behaviors, and discrimination also play a major role in shaping cancer risk and survival. Addressing these issues from your community's perspective would also meet criteria for an eligible proposal.

For example, nationally, AI/AN adults have the highest rates of commercial tobacco use of any racial or ethnic group in the United States. Currently, one in four (25.7%) of AI/AN adults smoke commercial tobacco, compared to one in ten (11.3%) of NHW adults. As a result, AI/AN communities have six times higher rates of smoking-related cancers and smoking-related respiratory and heart disease and are only half as likely to quit compared to NHW populations. Commercial tobacco use now accounts for nearly half of all deaths among AI/AN people nationwide.

These patterns also reflect the absence of cancer care services and programs that meaningfully integrate Indigenous-led approaches. Cancer prevention and treatment efforts that do not recognize Indigenous knowledge, values, and practices often fail to meet the needs of AI/AN communities. Eligible proposals could focus on why these patterns may occur in your community, and what are the best ways to address them based on your cultural teachings, context, and other community-based perspectives. For example, are veterans in your community more likely to use commercial tobacco? A proposal could include a survey to answer that question.

Purpose of Funding

The Tribal Community Grants Program is designed to support Tribes and Tribal-Serving Organizations in WA as they lead efforts to strengthen cancer prevention, expand screening, enhance cancer care coordination, and support cancer survivors. This funding invests in locally defined priorities and community-driven solutions to improve cancer outcomes for AI/AN people.

Project Focus Areas

The CANOE Partnership invites applications for community-driven projects that use culturally responsive approaches to reduce the cancer burden among AI/AN communities in Washington State. Projects may focus on one or more of the following areas:

- **Prevention, Screening, and Access to Care:** Expand culturally responsive cancer education, outreach, early detection, and coordination of cancer care.
- **Data, Surveillance, and Evaluation:** Build community capacity in cancer surveillance, data systems, and Indigenous evaluation approaches.
- **Relationship Building:** Strengthen partnerships between WA Tribes, the CANOE Partnership, and Fred Hutch Cancer Center.
- **Community Capacity:** Support WA Tribes and communities in planning, developing, implementing, and evaluating programs that reflect their priorities and needs.

Eligibility Requirements

Applicants must be Tribes or Tribal-Serving Organizations located in WA. Services must serve WA residents. Applicants should have experience working with and in tribal communities. Applicants may reference the 2025 Community Health Assessment (CHA) to provide data, context, or justification for

proposed activities. While not required, use of the CHA may help describe cancer burden or unmet needs in your community.

Funding

Applicants may request up to $50,000 in direct costs, plus indirect costs at a maximum de minimis rate of 15% (if applicable). All proposed project activities should end by May 31, 2026. Final award amounts are subject to adjustment at the discretion of CANOE Partnership leadership. Unexpended carry-forward funds may be available for a longer period upon approval.

Instructions for Application Package

- Use Arial, 11-point font for all application materials.
- Please note the page limits for each section of your application package, as outlined below.
- Submit completed application packages by **12 PM PST on Tuesday, September 30, 2025**.

The following sections and content are required for applications to be considered complete:

SECTION I: Cover Letter

A request for the grant on organizational letterhead that includes:

- Title of proposed project (limit to 140 characters)
- Name of organization's project leader
- Names of any collaborators
- Amount of the requested grant

SECTION II: Tribe or Organization Summary (limit to 1 page)

Let us know who you are, and your organizational capacity related to the grant topic. Include the following:

- Mission statement
- Expertise, qualifications, and relevant prior experience of your tribe or organization
- Current programs and major accomplishments
- Productive collaborations or partnerships that will enable the achievement of your project
- Number of paid staff, volunteers, resources, etc.

SECTION III: Project Proposal (Maximum 4 pages)

This is the core of the application where you describe the details of your project. Include the following:

- *Project Title* (Maximum 140 characters). Give your project a short and descriptive title. This is what we will be using to refer to your project.

- *Introduction* (Maximum 1 page) - This section describes the purpose of the project by noting an identified cancer related need or health disparity in the community and how the proposed project addresses it. Describe the population to be served and provide statistics to support evidence of the risk/need in this population. If you are expanding or enhancing existing programs, provide information regarding the success of the program to date and the limitations you are trying to overcome with this grant. Be sure to cite the sources for any literature you use in the "References" section.

- ***Goals and Objectives*** (Limit to ½ page). What is your project goal (only one goal please) and what are your objectives for the project? A project goal should have at least one, but no more than three objectives. Be sure that objectives are SMART: Specific, Measurable, Attainable, Realistic and Time-sensitive. List the estimated number of individuals to be served by each objective. Here is a resource to setting goals and developing SMART objectives: https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf

- ***Collaboration*** (Maximum ¼ page). Describe the roles and responsibilities of the project lead, key personnel, and any organizations or entities involved in the project. Letters from collaborative partners are welcome but not required.

- ***Methods*** (Maximum 2 pages). Describe the methods that will be used to implement your project goals and objectives. Include the following:

    a. *Setting*: Where will the project take place? Who will be served by the project?

    b. *Engagement:* How will you identify and engage people to participate in your project?

    c. *Design:* How will the project be implemented?

    d. *Evaluation:* Describe your strategy for measuring the impact of your work. How will information or data be collected? What measures will you use to assess success?

    e. *Outcomes of the Project* (minimum of 1 outcome): Describe the outcomes of your project. These must be measurable and tied back to your objective(s). How will you communicate your project's findings to others?

    f. *Sustainability:* What resources will be needed to sustain the effort over time? Will this project establish evidence to make the case for future related work?

- ***Timeline*** (Maximum ¼ page). Include a monthly timeline with key benchmarks for success.

- ***References***. Be sure to cite the sources for any literature you use in your proposal. References should be listed after the proposal and do not count against the four-page limit.

SECTION IV: Budget

All requests must include a budget and justification.

Allowable costs include:

- Personnel costs: Salaries, if requested, must be for personnel related to this project only and not the work of the applicant organization. The rate(s) (including $/hour and total number of hours estimated) requested should be those normally paid by the organization to similar categories of staff, including fringe benefits where applicable.

- Supplies: The need for supplies should be explained and all amounts based on current actual costs. Please note that funds for supplies are not intended for the purchase of furniture or office equipment.

- Travel: Local travel costs directly related to the project.

- Costs: covered by the applicant organization, another grant, or provided in-kind by community partners should be clearly identified.

The following costs are ***not*** **allowable**:

- Individual patient care (e.g. paying for doctor's appointments or a mammogram)

- Budget deficits or debt reduction
- Core programming
- Contributions to fundraising events/campaigns/drives, etc.
- Political campaigns or lobbying
- New construction or renovations or purchase of land or buildings
- Activities being supported by another grant

SECTION V: Letter(s) of Support (if applicable)

If you are collaborating with any external partners, including education partners, you are welcome to include a Letter of Support stating their contribution and commitment to your project, but it is not required. A letter of support should be:

- Written from the point of view of your partner
- Printed on partner's institutional letter head and signed by the partner
- Addressed to the project lead of the proposal or to the CANOE Partnership.

Important Grant Award Information

- **Formal Project Plan.** If selected, grantees will be asked to formalize their project plans utilizing a template which will be provided.
- **Funding Process.** Funding will be provided through a subaward agreement. Payments will begin once the agreement is finalized and required documents are submitted.

  Note: Each grantee must designate a point of contact for administrative tasks related to subaward processing and invoicing. Provide this individual's contact information with your finalized project plan.

- **Required Orientation.** All grant recipients must attend a CANOE Partnership orientation session to review subaward procedures, requirements, timelines, and Q&A.
- **Mid-Point Update.** All grantees are required to have a mid-point check-in meeting with the CANOE Partnership staff to provide updates on the progress of their project goals/objectives. This meeting is scheduled for February 18, 2026.
- **Final Report.** All grantees are required to submit a final report to the CANOE Partnership within 30 days of the completion of the funding period. Final report and invoice are due June 30, 2026.

Key Dates & Timeline

September 17, 2025	**Informational Session with Q&A for this RFA (Optional)** • Time: 12:00 – 1:00 PM PST | Location: Virtual Zoom Meeting • Register here: https://zoom.us/meeting/register/MB4rzPs3QO-NEVUmLi-bQw
September 30, 2025	**Submission Deadline** Proposals and any accompanying materials must be received by 12:00 PM PST. See "Application Submission" section for details.
October 10, 2025	**Notification of Award** Applicants will be notified of award decisions by email by 5:00 PM PST.
October 15, 2025	**Orientation Session** If awarded, grantees are required to attend an orientation session to review subaward steps, requirements, timelines, and Q&A.
October 17, 2025	**Submit Project Plan** Grantees must submit a W9, project budget, designated point of contact information, and finalized project plan.
October 10, 2025 – May 31, 2026	**Grant Activity Period** Grant periods are for 7 months. Unexpended carry-forward funds may be available for a longer period upon approval.
February 18, 2026	**Mid-Year Check In** Check in with CANOE Partnership staff member for questions, project updates, and support.
June 30, 2026	**Final Report and Invoice** Final project report must be submitted by this date.

Review Criteria

All complete applications will be reviewed by a peer review panel. The committee reserves the right to request additional information from applicants if deemed necessary. Reviewers will consider the following:

1. **Significance:** This includes what you wrote in your Introduction and the Goals and Objectives sections. Does the program address the needs identified?

2. **Priority Areas:** Does the project align with at least one of the CANOE Partnership priority areas in the "Project Focus Areas" section?

3. **Project Team:** This includes what you wrote in your Organization Summary and Collaboration section. Does the organization, project lead and their team have the expertise to effectively implement all aspects of the project? Are the roles of the partners appropriate and relevant?

4. **Approach:** This includes what you wrote in the Methods section and your Timeline. How likely is it that the objectives and activities will be achieved within the scope of the funded project? Is the project well planned? Does the project have a sufficient and documented plan to evaluate program impact? Is the budget appropriate and realistic?

5. **Overall Impact:** What type of impact will the implemented project have on the population selected? Are partnerships likely to be sustained beyond the funding period? How will the project establish knowledge and/or partnerships for future work?

Grant Contacts

If you have inquiries, please contact the **CANOE Partnership** via email at CANOE@fredhutch.org.

Application Submission

Applicants should submit application documents electronically as attachments in the InfoReady funding portal.