Administration for Community Living

Administration on Aging

Expanding Strategies for Community Evidence-Based Falls Prevention Programming
HHS-2025-ACL-AOA-FPSG-0037
08/15/2025

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ACL Center:
Administration on Aging

Funding Opportunity Title:
Expanding Strategies for Community Evidence-Based Falls Prevention Programming

Funding Opportunity Number:
HHS-2025-ACL-AOA-FPSG-0037

Primary CFDA Number:
93.761

Due Date for Letter of Intent:
08/15/2025

Due Date for Applications:
08/15/2025

Date for Informational Conference Call:
Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with https://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

Executive Summary

Additional Overview Content/Executive Summary

The intent of this funding opportunity is to support specific targeted partnerships and innovative strategies to reduce falls and/or falls risk among older adults (60 years and older) in greatest economic need and greatest social need (consistent with the Older Americans Act), and adults with disabilities using a person-centered approach. Awardees will implement evidence-based falls prevention programs with a person-centered approach, measure outcomes and evaluate the impact, create resources and share lessons learned for others to replicate the successful service delivery model statewide.

The benefit of this funding opportunity for older adults is to reduce falls and fall risk and increase their independence using innovative person-centered approaches. The primary outcome of this funding opportunity is to increase knowledge in the aging field of how successful partnerships and innovative person-centered approaches to delivering evidence-based falls prevention programs can be replicated statewide. Awardees will develop and disseminate resources and learnings for the aging field based on project outcome(s).

With this funding opportunity, the ACL plans to award two cooperative agreements to domestic public or private non-profit entities. A cooperative agreement allows for substantial collaboration and involvement with ACL and the National Falls Prevention Resource Center throughout the project period. This cooperative agreement has an anticipated start date of September 1, 2025. An applicant must request a total budget of $1,250,000 in federal funds for the three-year project. All awards are subject to availability of federal funds.

I. Funding Opportunity Description

Background

The Older American Act (OAA)

The Older American Act (OAA) is carried out by the aging network in communities across the United States. The aging network includes State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and local service providers (LSPs). This network provides services, referrals, and programs to older adults. The OAA focuses on older adults and family caregivers in the greatest economic need and greatest social need, consistent with the Older Americans Act. The OAA encourages providing regular physical activity, evidence-based health promotion and disease prevention programs, and nutrition services with a person-centered, trauma-informed approach to meet the needs of the target population.

Facts about Falls

Falls are the leading cause of fatal and nonfatal injuries among older adults [1] and have widespread and serious health impacts**.** One in four older adults report falling each year [2]. Older adults who fall have an increased risk for injury and reduced physical function which may significantly reduce their ability to remain independent. In 2021, for adults aged 65 and older, falls caused over 38,000 deaths, making it the leading cause of injury death for that group. Emergency departments recorded nearly 3 million visits for older adult falls in 2021.[3] In 2015, healthcare spending for older adult falls was $50 billion, and by 2020 rose to $80 billion. [4].

Risk Factors

Falls are preventable. Risk factors that can be changed or controlled include impaired balance, muscle weakness, gait deficits, medications, home hazards, vision problems, and improper footwear [5]. Fall risk can be addressed through risk assessment and targeted intervention. [6] Clinical and community-based program interventions include home modification, exercise, strength and balance training, and education on how to prevent falls. Participants in evidence-based community falls prevention programs (EBFPP) have improved confidence, decreased fear of falling, and fewer falls and injurious falls [7].

History of ACL Falls Prevention Program

The AoA has built an infrastructure to increase access to and sustain evidence-based disease prevention and health promotion programs, including falls prevention programs. Between 2014 and 2024, AoA awarded 103 discretionary grants to states, community-based organizations, and tribal organizations to deliver evidence-based falls prevention programs (EBFPPs) to over 247,000 individuals. For more information about the Falls Prevention Program, including grantee profiles, visit: https://www.acl.gov/programs/health-wellness/falls-prevention.

The AoA encourages, leverages, and complements other national efforts to reduce falls and falls risk for older adults, such as :

- The Centers for Disease Control and Prevention (CDC) and AoA support opportunities to broaden and improve the linkage between primary care providers and community EBFPPs. Related resources include:
    - CDC STEADI Initiative
    - Older Adult Fall Prevention
    - CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults
    - Still Going Strong Campaign

Evidence-Based Approved Interventions

EBFPPs have direct benefits for hundreds of thousands of older adults to address fall-related risk. When properly implemented, EBFPP participant outcomes include fewer falls, reduced fear of falling, lower health care costs, and improved balance, strength, and self-rated health. The AoA-funded National Falls Prevention Resource Center recently reported EBFPP participant outcomes that included a 30% reduction in total number of falls, and 87% reduced fear of falling.

EBFPPs also have indirect benefits for older adults. Small-group, in-person EBFPP workshops increase social support and promote social connection. Participants interact and bond over a shared purpose and engage with peers and trained lay leaders for weeks at a time.

While EBFPPs reduce fall risk, a more person-centered approach with coordinated care through community and clinical partnerships could further reduce fall risk and improve outcomes for older adults.

Person-Centered Approach

Person-centered care allows older adults to make informed decisions about services and supports that could reduce their fall risk, increase health, and preserve their independence.[8] Guided and informed by the older adult's goals, preferences, culture, and values, it is a personalized and coordinated approachthat treats older adults asindividuals. Everyone should be listened to and treated with respect and empathy. A person-centered approach empowers the individual, informs them of available supports and involves them in health decisions. An older adult shares their personal goals and agrees how to achieve them. [9]

Falls have many causes. A person-centered approach sees that each older adult may have a different set of fall risk factors and ways to meet their unique needs. A person may need or want to choose one or more professional, program, service, and/or intervention to support them. [9]

For this person-centered approach to succeed, organizations may need to develop partnerships across the community and acquire new skills, such as active listening and motivational interviewing.

Purpose

The intent of this Notice of Funding Opportunity (NOFO) is to support specific targeted partnerships and innovative strategies to reduce falls and/or falls risk among older adults (60 years and older) in greatest economic need and greatest social need (consistent with the OAA), and adults with disabilities using a person-centered approach. Awardees will implement evidence-based falls prevention programs (EBFPP) with a person-centered approach, measure outcomes and evaluate the impact, create resources and share lessons learned for others to replicate the successful service delivery model statewide.

This funding opportunity has two goals:

Goal 1: Develop an innovative falls prevention method that includes:

Key Deliverables for Goal 1:

- Targeted partnerships and outreach to recruit the target population into small group in-person EBFPPs.
- Community partnerships that support referral to and implementation of selected EBFPPs, along with a plan to develop further, unique partnerships as the project progresses to meet individual needs of participants.
    - Delivery of **two or more** small-group, in-person EBFPPs. At least one program must also be offered in a remote format, e.g., by video conference or similar virtual modality.
        i. **These programs must be on the list of pre-approved EBFPPs found in Appendix A.**
        ii. EBFPP delivery will be person-centered, trauma informed and culturally appropriate. Training on these topics may be required for staff and program leaders.

- Formalized person-centered approach where participants take an active role and are involved in decisions for their continued health, well-being, and independence. (See Appendix F for examples of what this could look like.)

Goal 2: Evaluate the intervention to assess its impact on reducing falls and/or the risk of falls, and develop and disseminate Section 508-compliant program results and resources.

Key Deliverables for Goal 2:

- Create resources based on outcomes for statewide use and applicability. To include lessons learned (i.e., successes and challenges) process documents, and best practices that can assist others in replicating service delivery, program development and /or policy making to foster innovation and accelerate future implementation.
- Design an assessment using at least three (3) questions that focus on goal identification, goal follow-up, and goal achievement, to determine whether person-centered supports added beyond the EBFPP lowers the risk of falls and increases older adults' independence.
- Develop Section 508-compliant resources to disseminate project results and lessons learned to inform practice, service delivery, program development and policy making for organizations statewide, as described above, to replicate the service delivery model.
- Create a complete list of partnerships and prepare a report for the agency evaluating partnerships effectiveness.

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3. Centers for Disease Control and Prevention. (2024) About Older Adult Fall Prevention. Accessed October 11, 2024, from https://www.cdc.gov/falls/about/index.html
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5. Bergen G. Stevens MA. Kakara R. Burns EA. Understanding Modifiable and Unmodifiable Older Adult Fall Risk Factors to Create Effective Prevention Strategies. American Journal of Lifestyle Medicine. October 2019, Accessed October 11, 2024 form DOI:10.1177/1559827619880529Gillespie LD, Robertson MC,
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Statutory Authority

The statutory authority for grants under this Notice of Funding Opportunity is contained in the Older Americans Act, Title IV; Section 411.

II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)

Estimated Total Funding:
$2,500,000

Expected Number of Awards:
2

Award Ceiling:
$1,250,000
Per Project Period

Award Floor:
$1,250,000
Per Project Period

Length of Project Period:
Other

Additional Information on Project Periods and Explanation of 'Other'

36-month project period and 36-month budget period (fully funded)

Cooperative Agreement Terms

As provided by the terms of the Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224), this Cooperative Agreement provides for the substantial involvement and collaboration of AoA in activities that the recipient organization will carry out in accordance with the provisions of the approved grant award.

The **grantee** agrees to execute the responsibilities outlined below:

1. Fulfill all grant requirements outlined in this NOFO, as well as carry out project activities as reviewed, approved, and awarded.

2. Engage approximately 25% of your target participants by the end of Year 1, 50% of target participants by the end of Year 2, and 100% of target participants by the end of Year 3.

3. Develop resources based on learnings throughout the grant with 25% developed by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3.

4. Commit to send two project staff to the annual falls prevention professional development conference hosted by the National Falls Prevention Resource Center. Attendance is expected annually for the project period (including any no-cost extension period, if applicable). Applicants must budget each year for two people to attend the conference in the Washington, D.C. area.

5. Have expertise in person-centered thinking, planning, and practice and its application to older adults and/or adults with disabilities and falls prevention programs or programs of similar scope.

6. Meet all training, licensing, fees, or other requirements associated with the selected falls prevention programs to comply with program developer/administrator requirements.

7. Project Investigator/Director must attend all regularly scheduled calls and communicate with the AoA Project Officer monthly (or another agreed time), to improve project effectiveness.

8. Collect required data for all program participants using ACL's specific data collection forms (see Appendix C). Within 30 days of participants' completion of the program, successful applicants must compile and report the data to the National Falls Prevention Database. Data include de-identified participant demographic and health status information, attendance information, and workshop type and location. Successful applicants should plan to train workshop leaders on data collection practices and use of these forms.

9. Participate in any ACL/National Falls Prevention Resource Center sponsored research and/or evaluations.

10. Participate in relevant ACL/National Falls Prevention Resource Center education (e.g., webinars, workgroups, etc.), with reasonable notice from ACL/National Falls Prevention Resource Center of the subject, date, and time of the event.

11. Comply with all other reporting requirements, as outlined in Section VI of this Funding Opportunity and the Notice of Award.

12. Include the following disclaimer on all products produced using this grant funding:

HHS Cooperative Agreement that is NOT funded with other non-governmental sources:

"*This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.*"

The Cooperative Agreement that IS partially funded with other nongovernmental sources:

"*This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human*

Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by ACL/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government."

The **AoA project officer** agrees to execute the responsibilities outlined below:

1. Perform the day-to-day Federal responsibilities of managing a Cooperative Agreement and work with successful applicant to ensure that minimum grant requirements are met.
2. Work with the successful applicant to clarify program and budget issues and, as necessary, mutually agree upon how to solve or meet any needs identified by the grantee or ACL.
3. Help the successful applicant understand the strategic goals and objectives, policy perspectives, and priorities of AoA, ACL, and the U.S. Department of Health and Human Services; and about other Federally sponsored projects and activities relevant to activities funded under this announcement.
4. With the National Falls Prevention Resource Center, provide technical assistance to you for program support and tasks related to fulfilling grant goals and objectives.
5. Attend and participate in major project events, as appropriate.
6. Communicate with the ACL project director monthly, or other agreed time, to improve project effectiveness.

Once a Cooperative Agreement is in place, requests to modify or amend the agreement or the work plan may be made by ACL or the awardee at any time if the request stays within the scope of work. Major changes may affect the integrity of the competitive review process.

Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award notice. Unless ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments, when an award is issued the Cooperative Agreement terms and conditions from the program announcement are incorporated by reference.

III. Eligibility Information

1. Eligible Applicants

Domestic public or private non-profit entities including state governments, Native American tribal organizations (other than Federally recognized tribal governments), public housing authorities/Indian housing authorities, special district governments, nonprofits having a 501(C)(3) status with the IRS other than institutions of higher education, city or township governments, public and state controlled institutes of higher education, independent school districts, private institutions of higher education, Native American tribal governments (Federally recognized), nonprofits that do not have a 501(c)(3) status with the IRS other than institutions of higher education, county governments, faith based organizations, and community organizations.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

For awards that do not require matching or cost sharing by statute, recipients are not expected to provide cost sharing or matching. However, recipients are allowed to voluntarily propose a commitment of non-federal resources. If an applicant decides to voluntarily contribute non-federal resources towards project costs and the costs are accepted by ACL, the non-federal resources will be included in the approved project budget. The applicant will be held accountable for all proposed non-federal resources as shown in the Notice of Award (NOA). **A recipient's failure to meet the voluntary amount of non-federal resources that was accepted by ACL as part of the approved project costs and that was identified in the approved budget in the NOA, may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Not Applicable

Application Screening Criteria

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the five screening criteria described below will not be reviewed and will receive no further consideration.

In order for an application to be reviewed, it must meet all of the following screening requirements:

1. Applications must be submitted electronically via https://www.grants.gov by 11:59 p.m., Eastern Time, by the **due date listed in section IV.3 Submission Dates and Times**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8.5" x 11" plain white paper with **1" margins** on all sides, and a **standard font size of no less than 11 point, Times New Roman or Arial**.
3. The Project Narrative (defined below) must not exceed 20 pages. **NOTE**: The Project Work Plan, Letters of Support/Commitment, Project Map, Organizational Chart, Budget Narrative/Justification, Vitae of Key Project Personnel, and reference list are **not** counted as part of the Project Narrative for purposes of the 20-page limit.
4. Applications must include a Budget Narrative/Justification for years 1, 2, and 3 along with a combined Budget Narrative/Justification for the proposed 36-month budget period. The proposed combined Budget Narrative/Justification for federal funds listed in the budget must not exceed the total federal 3-year award ceiling of $1,250,000.
5. Applications must include a Project Work plan for years 1, 2, and 3. Project Work plans must be consistent with the proposed Project Narrative and Budget Narrative/Justifications.

Unsuccessful submissions will require authenticated verification from https://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an https://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the application deadline.

IV. Application and Submission Information

1. Address to Request Application Package

Application materials can be obtained from https://www.grants.gov or https://www.acl.gov/grants/applying-grants.

Please note, ACL requires applications for all announcements to be submitted electronically through http://www.grants.gov in Workspace. Grants.gov Workspace is the standard way for organizations and individuals to apply for federal grants in Grants.gov. An overview and training on Grants.gov Workspace can be found here at: https://www.grants.gov/web/grants/applicants/workspace-overview.html

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with https://www.grants.gov, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the https://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: SAM.GOV Quick Start Guide for Financial Assistance Registrations.

Note: Once your SAM registration is active, allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- Note: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:

1. Register in SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and

3. Provide its UEI number in each application or plan to submit to the OPDIV.

Additionally, all first-tier subaward recipients must have a UEI number at the time the subaward is made.

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. It is entered on the SF-424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities.
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.
- After you electronically submit your application, you will receive an automatic acknowledgment from https://www.grants.gov that contains https://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from https://www.grants.gov.

U.S. Department of Health and Human Services
Administration for Community Living

Kari Benson

AOA.OAA@acl.hhs.gov

2. Content and Form of Application Submission

Letter of Intent

Number of Days from Publication 18

08/15/2025
Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. Letters of intent should be sent to:

U.S. Department of Health and Human Services

Administration for Community Living

Administration on Aging

Kari Benson

Email: AOA.OAA@acl.hhs.gov

Project Narrative

The Project Narrative must be double-spaced, on 8.5" x 11" paper with 1" margins on all sides, and a standard font size of no less than 11 point, Times New Roman or Arial. The entire Project Narrative, including tables, graphics, and headings must be double-spaced. You can use smaller font sizes to complete the Standard Forms and Sample Formats outside of the Project Narrative section, such as the Project Work Plans and Budget Narrative/Justifications. Twenty (20) pages is the maximum length allowed.

The Project Work Plan, Letters of Support/Commitment, Vitae of Key Personnel, Project Map, Organizational Chart, Budget Narrative/Justification, and reference list **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

Applicants must document all source material. If any text, language, and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they include numbers, ideas, or other material that are not their own.

The Project Narrative is the most important part of the application since it will be used as the primary basis to determine whether your project meets the minimum requirements for grants under the authorizing statutes. The Project Narrative should provide a clear and concise description of your project. See Appendix E for resources on writing a grant application.

Your Project Narrative **must** include the following sections and be clearly labeled:

1. Project Abstract
2. Project Relevance and Current Need
3. Approach
4. Outcomes and Evaluation
5. Organizational Capacity

To assist reviewers in scoring your application, applicants are required to organize their proposal using the headings above.

Project Abstract

This section should include a brief (265 words maximum) description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in the "Instructions for Completing the Project Summary/Abstract."

In your abstract, clearly specify:

1. The objectives and outcomes of your proposed project;
2. The two or more EBFPPs (at least one offered remotely) you plan to implement from the selected approved programs for FY25. (Reference Appendix A);
3. Projected number of program participants, broken down for each of your proposed EBFPPs by year (Reference Appendix D);

4. Key partnerships you will establish to build the capacity to implement this project statewide to develop further unique partnerships as identified by EBFPP participants;
5. Target population with focus on older adults (60 years and older) in greatest economic need and/or greatest social need, consistent with the OAA, and adults with disabilities; and,
6. Targeted project geographic area.

Project Relevance and Current Need

This section should describe in both quantitative and qualitative terms, the nature and scope of the problem or issue the proposed project is designed to address.

In this section:

1. Briefly describe and cite (using reliable population-based, state, and local data sources) the impact of falls in your state/region/tribe specifically highlighting needs of those older adults (60 years and older) in greatest economic need and/or greatest social need (consistent with the OAA), and adults with disabilities, and how your proposed EBFPPs will address this impact.
2. Describe the gap in availability of your proposed EBFPPs and current delivery status of falls prevention programs by your organization or by other organizations in the targeted geographic area and statewide. Include reach to older adults in greatest economic need and greatest social need (consistent with the OAA), sustainability efforts, geographic/population reach of the proposed programs in your state/region/tribe, the extent of the network to deliver and sustain these programs and why your organization can fill the gap.
3. Include a Project Map of your state/region/tribe that shows where your proposed EBFPPs are already offered (if applicable), and which areas are being selected for this project. Provide data to support why you will target those areas (e.g., the number of older adults, the lack of available programs, etc.). **The map should be included as an appendix to your application.**

Approach

Capacity Building and Program Implementation

In this sub-section, the applicant must describe how they will help develop statewide capacity to deliver EBFPPs to older adults in greatest economic need and greatest social need (consistent with the OAA) and/or adults with disabilities, using person-centered, trauma informed and culturally appropriate practices.

In this sub-section the applicant should clearly describe:

The project's goals and major objectives that align with Goal 1 described in this NOFO:

 Goal 1: Develop an innovative fall prevention method that includes:

1. Targeted partnerships and outreach to recruit older adults in greatest economic need and/or greatest social need, consistent with the OAA, and adults with disabilities, into small group in-person evidence-based falls prevention programs.

- The proposed project will include initial community partnerships to support referral to and implementation of the selected EBFPPs along with a plan to develop further, unique partnerships as the project progresses to meet the individual needs of participants.

2. The two or more EBFPPs (at least one offered in remote format) that you propose to implement and a rationale for the programs selected. The rationale should relate to the project relevance and current need of the population(s) and target area(s) identified.

- EBFPP delivery will be person-centered, trauma informed and culturally appropriate. The awarded organization will need to consider the qualifications of staff and program leaders and whether training on these topics will be required.

  Formalized person-centered approach where participants take an active role and are involved in decisions for their continued health, well-being, and independence. (See Appendix F for examples of what this could look like.)

3. The programs must be on the list of pre-approved interventions in Appendix A. **Do not select programs that are not included on this list.** Use the guidelines in the *[Evidence-Based Falls Prevention Program Risk Continuum](#)* to select the proposed falls prevention programs.

- How you will implement at least one of the identified programs in a remote format, e.g., by video conference or similar virtual modality. The National Council on Aging (NCOA) maintains a website that tracks remote program guidance: (https://www.ncoa.org/evidence-based-programs/). All applicants should contact the program developer/administrator(s) for any program(s) you want to deliver remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) training is available. **Note that the NCOA website includes programs on the pre-approved list in Appendix A, and other programs not on the list. For this funding opportunity, applicants MUST propose programs on the pre-approved list in Appendix A.**
- Describe the IT equipment and support required to deliver the proposed remote program(s) and provide a detailed plan for how you will meet these equipment and support needs.

4. The projected total number of participants (older adults and adults with disabilities),with focus on greatest economic need and/or greatest social need, consistent with the OAA, that are expected to be reached through the proposed EBFPPs, broken down by program and year, and explain how the target numbers are developed for each of the programs.

- For any proposed programs, specify a target number of completers and a target completion rate for each year. Provide a rationale for these targets, e.g., by referencing any previous experience delivering falls prevention programs, the number of older adults and adults with disabilities in your state/region/tribe that you may be able to reach, partner commitments, referral systems, and other factors.
- **Targets should be realistic and achievable**. To develop your participant/completer targets, please reference Appendix D *Guidance for Administration for Community Living Evidence-based Falls Prevention Program Grant Applicants: Considerations for Estimating Program Participation Targets.*

- Describe how your approach will engage approximately 25% of your target participants by the end of Year 1, 50% by the end of Year 2, and 100% of your target participants by the end of year 3.

5. Your comprehensive strategy to implement/disseminate the proposed EBFPPs, in collaboration with aging and disability programs/services and other relevant initial innovative partners. You must include a Letter of Commitment from each of the key initial partners and organizations described and attach as an appendix. See *Letters of Support/Commitment* section.

6. How you intend to identify, market to, and recruit participants for your proposed programs. Consider what specific marketing strategies would effectively reach your target population, including any brand messaging, referral systems, media platforms, and partner involvement.

7. The innovative method that will be developed to offer a person-centered delivery pathway using a bi-directional referral process to address the individual needs and choices of each older adult beyond the EBFPP to reduce their risk of falls, including the strategy to meet with, assess, and conduct follow-up with each participant.

8. How unique partnerships will be developed to meet the participant's individual needs and choices as the project progresses.

9. Any existing falls prevention and/or other evidence-based prevention initiatives in your area and how you plan to coordinate with and leverage these efforts. This should include a description of any existing capacity to deliver the proposed programs, i.e., the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches).

10. Whether your existing infrastructure to implement and disseminate the proposed programs is adequate, i.e., the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches). If not adequate, describe and provide a rationale for any proposed trainings. If you require training for any of the proposed EBFPPs, you must include a Letter of Commitment in your application from the program developer/administrator that will provide training. The letter should state that the training will be provided no more than three months after you receive the Notice of Award. **Letter(s) should be submitted as an appendix.** See *Letters of Support/Commitment* section.

11. How EBFPP delivery will be person-centered, trauma informed and culturally appropriate, what staff currently exist with this skill-set, and what training will be provided on these topics for grant staff and program leaders.

12. Major challenges and barriers you expect, and how your project will address them.

13. How the approach will help develop capacity for statewide implementation and dissemination.

Target Populations

Applicants are required to engage older adults (60 years and older) and adults with disabilities, with the majority focus being older adults in greatest economic need and/or greatest social need, consistent with the OAA. In this subsection applicants should:

1. Describe the older adult (60 years and older) and adult with disabilities population served by the EBFPPs.
2. Provide the rationale (citing relevant data) for selecting the population, how they will be engaged, and the organizations that you will collaborate with to reach the identified population(s). See Appendix D, Section III of this NOFO for information about selecting and reaching your identified population.
3. Describe how EBFPP participant recruitment will include older adults in greatest economic need and/or greatest social need (consistent with the OAA) and adults with disabilities.

Sustainability

In this sub-section the applicant should identify and describe how they will implement one or more strategies to sustain strategies for their proposed EBFPPs. The goal is to integrate and embed evidence-based programs into a network of coordinated health and social services so that they are readily available and easily accessible over time.

Sustainability strategies can combine approaches, including development of referral partnerships, philanthropy, public funding, Older Americans Act Title IIID funding (for those participants 60 and older only), other federal funding, funding from healthcare entities, etc. For more information on business planning and financial sustainability, please visit:

- [Sustainability](#)
- [Business Planning and Sustainability](#)
- [Maximizing Data and Partnerships to Enhance Evidence-Based Program Sustainability](#)
- [Community Integrated Health Care](#)

This sub-section should describe:

1. Description of sustainability strategies to support the proposed programs during and beyond the grant period, including:

- One or more robust strategies to be implemented and how you will lead or integrate these efforts.
- How you'll foster and maintain sustainability if your person-centered approaches are costly or resource-intensive.
- Emerging or established efforts to centralize and coordinate health and social services in your area. For example, business and marketing planning efforts to be undertaken (e.g., infrastructure, health IT, partnerships, community care HUBS, etc.).
- Current partnerships and how your plans for additional key partnerships will help sustain programs put in place beyond this grant period.

Outcomes and Evaluation

This section should clearly identify and describe measurable outcome(s) from your proposed project and how you will establish and maintain quality assurance, evaluate impact, and disseminate your findings to the field at large.

Project Outcomes

In this section you must:

1. Describe the quantifiable and measurable outcomes that will be achieved during the project period. Note that the outcomes must address the two goals of this funding opportunity.
2. List measurable outcomes in the Work Plan grid under "Measurable Outcomes".
   - A "measurable outcome" is an observable end-result that describes how a particular intervention will benefit participants. It demonstrates the functional status, mental well- being, knowledge, skill, attitude, awareness, or behavior. A measurable outcome is not a measurable "output", such as the number of clients served, or the number of training sessions held.

Quality Assurance

Describe your plans for maintaining quality assurance including methods, techniques, and tools that will be used to:

1. Monitor and track progress on the project's tasks and objectives;
2. Monitor whether the proposed programs are being implemented with fidelity*, as well as identify processes for corrective actions;
3. Ensure the ACL-required dataset (see Appendix C) is being collected and accurately reported by delivery partners and how you will identify and troubleshoot any potential problems.

* Fidelity is the extent to which delivery of the evidence-based program consistently adheres to the program's intent and design. In other words, the extent to which you are delivering the program exactly how it is meant to be implemented. Maintaining fidelity to the program is essential to ensure that your participants receive the intended health benefits from the program.

Evaluation and Dissemination

1. State your project's goals and major objectives that align with Goal 2 described in this funding opportunity:

Goal 2: *Evaluate the intervention to assess its impact on reducing falls and/or the risk of falls, and develop and disseminate Section 508-compliant program results and resources.*

Key Deliverables:

- *Create resources based on outcomes for statewide use and applicability, lessons learned (i.e., successes and challenges), process documents, and best practices that can assist other in replicating service delivery, program development and / or policy making to foster innovation and accelerate future implementation.*
- Design an assessment using at least three (3) questions that focus on goal identification, goal follow-up, and goal achievement, to determine whether person-centered supports added beyond the EBFPP lowers the risk of falls and increases older adults' independence.
- Develop Section 508-compliant resources to disseminate project results and lessons learned to inform practice, service delivery, program development and policy making for organizations statewide, as described above, to replicate the service delivery model.

- Create a complete list of partnerships and prepare a report for the agency evaluating partnerships effectiveness.
- Clearly state how you will evaluate the impact of the innovative method, using unique partnerships developed to meet the needs identified by the participant to provide EBFPPs and additional person-centered supports to older adults and adults with disabilities.
- Describe how the proposal will include steps to design an assessment using at least three (3) questions that focus on goal identification, goal follow-up, and goal achievement, to determine whether providing additional person-centered supports beyond the EBFPP lowers the risk of falls and increases independence for older adults.
- Describe how you will document successes and challenges while using a person-centered approach with participants, including the results of working with the designated and unique partners.
- Describe the number of resources, including type and platform, that will be created to disseminate lessons learned along with project results and findings in a timely manner and in easily understandable Section 508-compliant formats, to parties statewide who may use the results to inform practice, service delivery, program development, and/or policymaking, and especially those who would want to replicate the project.
- Commit to cooperate with broader efforts led by ACL and/or the National Falls Prevention Resource Center to help others understand how they could successfully replicate the project in their communities.
- Commit to participate in any ACL/National Falls Prevention Resource Center sponsored research and/or evaluation.

Organizational Capacity

This section should describe your organizational structure, capabilities, and project management plans.

In this section:

1. Describe how your agency is organized, the nature and scope of its work, and its capacity to implement this project. **Include an organizational chart as an appendix to your application**. Include information about any contractual organization(s) that will have a significant role in implementing the project and achieving project goals.
2. Describe any experience delivering health promotion programs (especially evidence-based programs) to older adults and adults with disabilities and how you will leverage this experience to integrate your proposed EBFPP within your organization.
3. Describe project staff's knowledge and experience in person-centered thinking, planning, and practice and its applications to older adults and adults with disabilities and falls prevention programs or programs of similar scope.
4. Describe the project management, including capacity to successfully carry out the project activities, the roles and responsibilities of project staff, consultants, and key partner organizations, and how they will contribute to achieving the project's objectives and outcomes. You should:
   o Provide a description of the qualifications and experience of the key personnel for this proposed project, including for the Project Director. **Application must include resumes or CVs as an appendix to the application**;

- Specify who will have day-to-day responsibility for key tasks such as project leadership, monitoring progress, preparing reports, and communicating with other partners and ACL; and
- Detail your approach to monitor and track progress on the project's tasks and objectives.

Budget Narrative/Justification

1. You must submit the following:

- Budget Narrative/Justification for Year 1;
- Budget Narrative/Justification for Year 2;
- Budget Narrative/Justification for Year 3; and
- A total, combined three-year Budget.

2. Your Budget Narrative/Justifications should be aligned with the proposed activities and requirements (i.e., 508) in your Project Narrative and Work Plans.

3. Your Budget Narrative/Justifications should include travel each year for two project staff to the annual falls prevention professional development conference hosted by the National Falls Prevention Resource Center (see item #5 in grantee section of Cooperative Agreement Terms).

Provide each Budget Narrative/Justification formatted according to the guidelines in the *Budget Narrative/Justification – Sample Format* section below. Pay attention to these guidelines, which provide an example of the level of detail sought. **The Budget Narrative/Justifications should be attached to your application as an appendix.**

Work Plan

1. You must provide a project Work Plan for Years 1, 2, and 3.
2. Each Work Plan should reflect and be consistent with the Project Narrative and Budget Narrative/Justification.
3. Each Work Plan should include a statement of the project's overall goals, anticipated outcomes, key objectives, and the major tasks/action steps to achieve the results-oriented goals and outcomes.
4. You should identify timeframes (including start- and end-dates) and the lead person responsible for completing the task.

Provide each Work Plan formatted according to the guidelines below in *Project Work Plan – Sample Template* section.

The Work Plan should be attached to your application as an appendix.

Letters of Support/Commitment from Key Participating Organizations and Agencies

Applicants must include Letters of Support/Commitment **as an appendix to their application** and use a Table of Contents to clearly identify which letters represent which partners. Any organization that is specifically named to have a significant role in carrying out the project should be considered a key partner.

1. **K***ey partners and organizations:* You must provide letters of commitment that describe and confirm commitments from initial key partners, such as collaborating organizations, consultants, and agencies that were named in the Project Abstract and Approach sections as having a significant role in your project. These letters should describe the specific role of each partner in the project.
2. *State Unit on Aging*: We expect that your State Unit on Aging (SUA) will provide a letter of support for your proposed project. If the SUA declines to provide a letter, you must provide documentation of this, e.g., an email. If you are a SUA, include a letter from your SUA director. You can search for SUA information here: https://eldercare.acl.gov/.
3. *Program Developer/Administrator***:** You should begin to deliver your proposed falls prevention programs within three months after receiving your Notice of Award (NoA). If you need to be trained for the evidence-based programs you propose before you can begin program delivery, your must include letters of support from the program developers/administrators that will be providing that training. The letter should state that training will be provided within three months after receiving your NoA. Confirm with the program developer/administrator that you: 1) fully understand the requirements and length of the training/certification process; 2) understand and can budget appropriately for the full cost of the training/certification; and 3) propose an appropriate target population for the programs selected. For any program(s) identified for remote delivery, applicants should confirm with the developer/administrator that the program(s) proposed are available in a remote format.

- *If you do not need training from a program developer/administrator, please provide a letter from your organizational leadership stating that you have the required capacity (the number of host sites, implementation sites, and delivery personnel, such as trainers and leaders/coaches) to implement the programs.*

The quality of the letter content (i.e., specificity with respect to the role of that partner) is more important than the quantity of letters submitted with your application. Signed letters of commitment should be scanned and **included as attachments**. Letters of Support/Commitment must be uploaded as part of the applicant package via Grants.gov. Hard copies will not be accepted.

3. Unique Entity Identifier and System for Award Management (SAM)

The Grants.gov registration process can take several days. If your organization is not currently registered, please begin this process immediately. For assistance with https://www.grants.gov, please contact them at support@grants.gov or 800-518-4726 between 7:00 a.m. and 9:00 p.m. Eastern Time.

- At the https://www.grants.gov website, you will find information about submitting an application electronically through the site, including the hours of operation. ACL strongly recommends that you do not wait until the application due date to begin the application process because of the time involved to complete the registration process.
- All applicants must have a UEI number and be registered with the System for Award Management (SAM, www.sam.gov) and maintain an active SAM registration until the application process is complete, and should a grant be made, throughout the life of the

award. Effective June 11, 2018, when registering or renewing your registration, you must submit a notarized letter appointing the authorized Entity Administrator. Please be sure to read the FAQs located at www.sam.gov to learn more. Applicants should allot sufficient time prior to the application deadline to finalize a new, or renew an existing registration. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award. Maintain documentation (with dates) of your efforts to register or renew at least two weeks before the deadline. See the SAM Quick Guide for Grantees at: [SAM.GOV Quick Start Guide for Financial Assistance Registrations](#).

Note: Once your SAM registration is active, allow 24 to 48 hours for the information to be available in Grants.gov before you can submit an application through Grants.gov. This action should allow you time to resolve any issues that may arise. Failure to comply with these requirements may result in your inability to submit your application or receive an award.

- Note: Failure to submit the correct EIN Suffix can lead to delays in identifying your organization and access to funding in the Payment Management System.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive subawards directly from the recipients of those grant funds to:

1. Register in SAM prior to submitting an application or plan;
2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its UEI number in each application or plan to submit to the OPDIV.

Additionally, all first-tier subaward recipients must have a UEI number at the time the subaward is made.

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records. To learn how to view your Unique Entity ID (SAM) go to this help [article](#).
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been

standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

- After you electronically submit your application, you will receive an automatic acknowledgment from https://www.grants.gov that contains https://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form from https://www.grants.gov.

4. Submission Dates and Times

Number Of Days from Publication 18

08/15/2025

Date for Informational Conference Call:
Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with http://www.grants.gov. Grants.gov can take up to 48 hours to notify you of a successful submission.

In addition, if you are submitting your application via Grants.gov, you must (1) be designated by your organization as an Authorized Organization Representative (AOR) and (2) register yourself with Grants.gov as an AOR. Details on these steps are outlined at the following Grants.gov web page: http://www.grants.gov/web/grants/register.html.

After you electronically submit your application, you will receive from Grants.gov an automatic notification of receipt that contains a Grants.gov tracking number. (This notification indicates receipt by Grants.gov only)

If you are experiencing problems submitting your application through Grants.gov, please contact the Grants.gov Support Desk, toll free, at 1-800-518-4726. You must obtain a Grants.gov Support Desk Case Number and must keep a record of it.

If you are prevented from electronically submitting your application on the application deadline because of technical problems with the Grants.gov system, please contact the person listed under For Further Information Contact in section VII of this notice and provide a written explanation of the technical problem you experienced with Grants.gov, along with the Grants.gov Support Desk Case Number. ACL will contact you after a determination is made on whether your application will be accepted.

Note: We will not consider your application for further review if you failed to fully register to submit your application to Grants.gov before the application deadline or if the technical problem you experienced is unrelated to the Grants.gov system.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates) an application is submitted more than once prior to the application due date, ACL will only accept your last validated electronic submission, under the correct funding

opportunity number, prior to the Grants.gov application due date as the final and only acceptable application

Unsuccessful submissions will require authenticated verification from http://www.grants.gov indicating system problems existed at the time of your submission. For example, you will be required to provide an http://www.grants.gov submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (http://www.grants.gov) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in http://www.grants.gov.

5. Intergovernmental Review

This program is not subject to Executive Order (E.O.) 12372, Intergovernmental Review of Federal Programs.

6. Funding Restrictions

The following activities are not fundable:

- *Construction and/or major rehabilitation of buildings*
- *Basic research (e.g. scientific or medical experiments)*
- *Continuation of existing projects without expansion or new and innovative approaches*

Note: A recent Government Accountability Office (GAO) report has raised considerable concerns about grantees and contractors charging the Federal Government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive

Orders on Promoting Efficient Spending (E.O. 13589) and Delivering Efficient, Effective and Accountable Government (E.O. 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
    - *For subjects and patients under study (usually a research program);*
    - *Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g. Head Start);*
    - *When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement,*
    - *As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and*
    - *Under a conference grant, when meals are necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances. (Note: conference grant means the sole purpose of the award is to hold a conference.)*

The following updated sections 2 CFR 200.216 "Prohibition on certain telecommunications and video surveillance services or equipment" became **effective on or after August 13, 2020**.

Recommended Actions for any recipient that has received a loan, grant, or cooperative agreement **on or after August 13, 2020**:

- Develop a compliance plan to implement 2 CFR 200.216 regulation.
- Develop and maintain internal controls to ensure that your organization does not expend federal funds (in whole or in part) on covered equipment, services or systems.
- Determine through reasonable inquiry whether your organization currently uses "covered telecommunication" equipment, services, or systems and take necessary actions to comply with the regulation as quickly as is feasibly possible.

7. Other Submission Requirements

Not Applicable

V. Application Review Information

1. Criteria

Applications are scored by assigning a maximum of 100 points across eight criteria:

1. Project Abstract
2. Project Relevance and Current Need
3. Approach
4. Outcomes and Evaluation
5. Organizational Capacity
6. Budget Narrative/Justification
7. Work Plan
8. Letters of Support/Commitment

Applicants must document all source material. If any text, language, and/or materials are from another source, the applicant must make it clear the material is being quoted and where the text comes from. The applicant must also cite any sources when they include numbers, ideas, or other material that are not their own.

Project Abstract

Maximum Points: 5

Does the abstract include, at minimum, each of the following:

1. The objectives and outcomes of the proposed project; *(1 point)*
2. Names of two or more EBFPPs (at least one offered remotely) to be implemented and which program(s) will be offered in a remote format (the programs **must** be on the list of pre-approved programs in Appendix A below); *(1 point)*
3. The number of program participants [older adults, 60 years and older, and adults with disabilities, with the majority focus being older adults in greatest economic need or greatest social need (consistent with the OAA) to be reached, broken down by program and year; *(1 point)*
4. Key partnerships you will establish to build the capacity to implement this project statewide to develop further unique partnerships as identified by EBFPP participants; *(1 point)*

5. Targeted population with focus on those in greatest economic need and/or greatest social need, consistent with the OAA, and adults with disabilities and targeted project geographic area *(1 point)*

Project Relevance and Current Need

Maximum Points: 4

Does this section:

1. Describe and cite (using reliable population-based, state, and local data sources) the impact of falls in the state/region/tribe specifically highlighting needs of older adults in greatest economic need and/or greatest social need (consistent with the OAA), and adults with disabilities, and how your proposed EBFPPs will address this impact? *(1 point)*

2. Describe the gap in availability of your proposed EBFPPs and current delivery status of falls prevention programs by you or others in the targeted geographic area and statewide. Include reach to older adults in greatest economic need and greatest social need (consistent with the OAA), sustainability efforts, geographic/population reach of the proposed programs in your state/region/tribe, the extent of the network to deliver and sustain these programs, and why your organization can fill the gap. *(2 points)*

3. Include a Project Map (as an appendix) of your state/region/tribe that shows where your proposed EBFPPs are already being offered (if applicable) and which areas are being selected for this project, along with relevant data to support why you will target these areas? *(1 point)*

Approach

Maximum Points: 35

Note: **Appendix A listed approved EBFPPs for this NOFO: A Matter of Balance, Bingocize, EnhanceFitness, Fit & Strong!, Healthy Steps for Older Adults (HSOA), HealthySteps in Motion, Moving for Better Balance (YMCA), Stay Active and Independent for Life (SAIL), Tai Chi for Arthritis and Fall Prevention, Tai Chi Prime, and Tai Ji Quan: Moving for Better Balance.** *If you propose to use another program or less than the required number of programs (2), reviewers must assign zero (0) out of the 35 possible points for the Approach section.*

Capacity Building and Program Implementation (22 points)

Does this section clearly describe:

1. Clear, meaningful goals and objectives for this proposal that align with the purpose and objectives of Goal 1 described in this NOFO: (*2 points*)

   Goal 1*: Develop an innovative fall prevention method that includes:*

   Targeted partnerships and outreach to recruit the target population into small group in person evidence-based falls prevention programs.

   i. The proposed project will include initial community partnerships to support referral to and implementation of the selected EBFPPs along with a plan to develop further, unique partnerships as the project progresses to meet the individual needs of participants.

2. Delivery of **two or more** small-group, in-person EBFPPs. At least one of the identified programs must be offered in a remote format, e.g., by video conference or similar virtual

modality. **These programs must be on the list of pre-approved EBFPPs found in Appendix A.** *(2 points)*

    a. EBFPP delivery will be person-centered, trauma informed and culturally appropriate. Consider the qualifications of staff and program leaders and whether training on these topics will be required.

    b. Formalized person-centered approach where participants take an active role and are involved in decisions for their continued health, well-being, and independence.

3. Details about the participant target:

    a. The target number of participants [older adults, majority being 60 years and older in greatest economic need and/or greatest social need (consistent with the OAA), and adults with disabilities] you expect to reach through the proposed EBFPPs, broken down by program and year, specifying a target number of completers and a target completion rate for any proposed group programs? (*1 point*)

    b. Clear and data-supported rationale that targets are realistic and achievable. This may include your previous experience implementing health promotion programs, demonstrating an understanding of the proposed EBFPP's implementation, the number of participants [older adults in greatest economic need and greatest social need (consistent with the OAA) and adults with disabilities] in your state/region/tribe at risk for falls, and/or other factors? (*1 point*)

    c. The approach you will implement to engage 25% of your participant target by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3. (*1 point*)

4. Your comprehensive strategy to implement/disseminate the proposed EBFPPs, in collaboration with aging and disability programs/services, the participant, and other relevant innovative partners with the overall goal to reduce falls and falls risk. *(2 points)*

5. How you will identify, market to, and recruit participants for your proposed EBFPPs, including marketing strategies to reach the target population in greatest economic need and greatest social need (consistent with the OAA) and any brand messaging, referral systems, media platforms, and/or partner involvement. *(2 points)*

6. The innovative method that you will develop to offer a person-centered delivery pathway using a bi-directional referral process to address the individual needs and choices of each participant beyond the EBFPP to reduce their risk of falls, including the strategy to meet with, assess, and conduct follow-up with each participant? *(2 points)*

7. How you will develop unique partnerships to meet the participant's individual needs and choices as the project progresses ? *(2 points)*

8. Any existing falls prevention and/or other evidence-based prevention initiatives in your area and how you plan to coordinate with and leverage these efforts. This should include a description of any existing capacity to deliver the proposed programs, i.e., the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches). *(1 point)*

9. Whether existing infrastructure for the proposed programs is adequate, i.e., the number of host sites, implementation sites, IT equipment, program support, and delivery personnel (such as trainers and leaders/coaches). If not adequate, do you describe the rationale for proposed trainings(s)? *(1 point)*

10. How EBFPP delivery will be person-centered, trauma informed and culturally appropriate, what staff currently exist with this skill-set, and what training will be provided on these topics for grant staff and program leaders? *(2 points)*

11. The major challenges/barriers you expect, and you plan to overcome them? *(1 point)*

12. How the approach will help develop the capacity for statewide implementation and dissemination*? (2 points)*

Target Populations (8 points)

Does the applicant describe:

1. The target population served by the EBFPPs that includes older adults (60 years and older) and adults with disabilities, with the majority focus being older adults in greatest economic need and/or greatest social need (consistent with the OAA)? *(3 points)*

2. The rationale (citing relevant data) for selecting the population that will be prioritized, how they will be engaged, and the organizations you will collaborate with to reach the identified population(s)? *(3 points)*

3. How EBFPP participant recruitment will include older adults in greatest economic need and/or greatest social need (consistent with the OAA), and adults with disabilities? *(2 points)*

Sustainability (5 points)

Does the applicant describe:

1. One or more robust sustainability strategies you will implement and how you will lead or integrate these efforts during and beyond the grant period? How you'll foster and maintain sustainability if your person-centered approaches are costly or resource-intensive? *(2 points)*

2. Any emerging or established efforts to centralize and coordinate health and social services in your area, for example, a business and marketing planning efforts to be undertaken (e.g., infrastructure, health IT, community care HUBS etc.)? *(1 point)*

3. Partnerships that exist now and how their plans for additional key partnerships will help sustain programs put in place beyond this grant period. *(2 points)*

Outcomes and Evaluation

Maximum Points: 19

Project Outcomes

1. Does the applicant identify quantifiable and measurable outcomes that are achievable and address the two goals of this funding opportunity? Measurable outcomes must be listed in the Work Plan grid under "Measurable Outcomes". *(2 points)*

Quality Assurance Activities

1. Do the applicant describe their plans to maintain quality assurance including how they will monitor project tasks and activities, fidelity, and support the collection of the ACL-required falls prevention dataset? *(1 point)*

Evaluation and Dissemination

In relation to Goal 2:

Goal 2: Evaluate the intervention to assess its impact on reducing falls and/or the risk of falls, and develop and disseminate Section 508-compliant program results and resources.

Key Deliverables:

- Create resources based on outcomes for statewide use and applicability, lessons learned (i.e., successes and challenges), process documents, and best practices that can assist other in replicating service delivery, program development and / or policy making to foster innovation and accelerate future implementation.
- Design an assessment using at least three (3) questions that focus on goal identification, goal follow-up, and goal achievement, to determine whether person-centered supports added beyond the EBFPP lowers the risk of falls and increases older adults' independence.
- Develop Section 508-compliant resources to disseminate project results and lessons learned to inform practice, service delivery, program development and policy making for organizations statewide, as described above, to replicate the service delivery model.
- Create a complete list of partnerships and prepare a report for the agency evaluating partnerships effectiveness.

Does the applicant:

1. State how the applicant will evaluate the impact of the innovative method, using unique partnerships developed to meet the needs identified by the participant to provide EBFPPs and additional person-centered supports to older adults and adults with disabilities? *(5 points)*
2. Describe how the applicant will include steps to design an assessment using at least three (3) questions that focus on goal identification, goal follow-up, and goal achievement, to determine whether providing additional person-centered supports beyond the EBFPP lowers the risk of falls and increases independence for older adults? *(2 points)*
3. Describe how the applicant will document successes and challenges from using a person-centered approach with older adults and adults with disabilities, including the results of working with the designated and unique partners, to replicate this approach statewide? *(2 points)*
4. Describe the number of resources created for statewide use and applicability, including type and platform, that will be created to disseminate lessons learned along with project results and findings in a timely manner and in easily understandable Section 508-compliant formats, to parties statewide who may use the results to inform practice, service delivery, program development, and/or policymaking, and especially those who would want to replicate the project statewide? *(6 points)*
5. Clearly state your commitment to cooperate with broader efforts led by ACL and/or the National Falls Prevention Resource Center and participate in any ACL/National Falls Prevention Resource Center sponsored research and/or evaluations? *(1 point)*

Organizational Capacity

Maximum Points: 9

Does this section:

1. Describe how their agency is organized, the nature and scope of its work, and its capabilities to implement this project? Is an organization chart included as an appendix? *(3 points)*

2. Describe their experience delivering health promotion programs (especially evidence-based programs) to older adults and adults with disabilities and how they will leverage this experience to integrate their proposed EBFPP within their organization (and, if applicable, their key partner organizations)? *(3 points)*

3. Describe the applicant's staff knowledge and experience in person-centered thinking, planning, and practice and its application to older adults, and falls prevention programs or programs of similar scope. *(2 points)*

4. Clearly describe the roles and responsibilities of project staff, consultants, and key partner organizations, and how they will contribute to achieving the project's objectives and outcomes? *(1 point)*

Budget Narrative/Justification

Maximum Points: 10

1. Does the applicant include detailed budgets for year 1, 2, 3 and a totaled, combined three-year budget? *(4 points – 1 for each year and the combined budget)*

2. Are budget line items clearly delineated and consistent with Work Plan objectives? Are relevant activities from the Project Narrative and Work Plan reflected in the budget as appropriate (i.e., including cost for staff training, Section 508, travel, program implementing, etc.)? *(5 points)*

3. Does the budget include travel each year for two project staff to attend the annual falls prevention professional development conference hosted by the National Falls Prevention Resource Center? *(1 point)*

Work Plan

Maximum Points: 10

1. Does the applicant include a work plan for year 1, 2, and 3? (*3 points – 1 point per year*)

2. Does the Work Plan reflective and consistent with the Project Narrative and Budget Narrative/Justification? *(2 points)*

3. Does the Work Plan include a statement of the project's overall goals, anticipated outcomes, key deliverables, and the major tasks/action steps to achieve the goals and outcome(s)? *(3 points)*

4. Does the Work Plan identify time frames (including start- and end-dates) and the lead person (including partners/consultants) responsible for completing each task? *(2 points)*

Letters of Support/Commitment

Maximum Points: 8

Key Partners (6 points)

1. Does the applicant include detailed letters of commitment that describe and confirm project commitments from key partners, such as collaborating organizations, consultants, and agencies that were named in the Project Abstract and Approach sections as having a significant role in the proposed project?

State Unit on Aging (1 point)

- Is a letter from the State Unit on Aging (SUA) provided? If a letter from the SUA(s) is not provided, is there documentation that a letter was sought (i.e., email)?

Program Developer/Administrator (1 point)

- If there is a need to build capacity before beginning delivery of the proposed program(s), did they provide a letter from the program developer/administrator committing to provide this training within 3 months of the start date of this grant? If they do not need training, did the applicant provide a letter from their organizational leadership stating that they have existing capacity (e.g., the number of host sites, implementation sites, and delivery personnel, such as trainers and leaders/coaches)?

2. Review and Selection Process

As required by 2 CFR Part 200 of the Uniform Guidance, effective January 1, 2016, ACL is required to review and consider any information about the applicant that is in the Federal Awardee Performance and Integrity Information System (FAPIIS), https://www.fapiis.gov before making any award in excess of the simplified acquisition threshold (currently $150,000) over the period of performance. An applicant may review and comment on any information about itself that a federal awarding agency has previously entered into FAPIIS. ACL will consider any comments by the applicant, in addition to other information in FAPIIS, in making a judgment about the applicant's integrity, business ethics, and record of performance under federal awards when completing the review of risk posed by applicants as described in 2 CFR Section 200.205 Federal Awarding Agency Review of Risk Posed by Applicants (https:// www.ecfr.gov/ cgi-bin/ text-idx?node=se2.1.200_1205&rgn=div8).

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local governments, and federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

3. Anticipated Announcement Award Date

Award notices to successful applicants will be sent out prior to the project start date.

The anticipated project period start date for this announcement is: 09/01/2025

VI. Award Administration Information

1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and will be destroyed.

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official,

Office of Grants Management. Acceptance of this award is signified by the drawdown of funds from the Payment Management System. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and will be destroyed.

2. Administrative and National Policy Requirements

The award is subject to HHS Administrative Requirements, which can be found in 45 CFR Part 75 and the Standard Terms and Conditions, included in the Notice of Award as well as implemented through the HHS Grants Policy Statement.

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

A standard term and condition of award will be included in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award and requires the grantees inform their employee in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

Applicants may follow their own procurement policies and procedures when contracting with Project Funds, but You must comply with the requirements of 2 C.F.R. §§ 200.317-200.326. Additionally, when using Project Funds to procure supplies and/or equipment, applicants are encouraged to purchase American-manufactured goods to the maximum extent practicable. American-manufactured goods are those products for which the cost of their component parts that were mined, produced, or manufactured in the United States exceeds 50 percent of the total cost of all their components. For further guidance regarding what constitutes an American manufactured good (also known as a domestic end product), see 48 C.F.R. Part 25.

As of October 1, 2024, 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards updated to a new version. The eCFR is currently updating its site with the newly adopted content. Until that time, the links below to 2 CFR 200 will not include the changes. If you need to see specific changes while they complete that work, see 78 FR 78608.

Also as of October 1, 2024, HHS adopted several provisions in the new 2 CFR 200 that affect your application. These new provisions supersede those previously used in 45 CFR 75. The changes include:

Indirect costs

De minimis rate

If you use the de minimis rate to calculate indirect costs:

- When you calculate this rate, you will now use 15% of modified total direct costs (MTDC) rather than 10%. See 2 CFR 200.414(f).

- Additionally, when you calculate MTDC, you can now use up to $50,000 of subawards and subcontracts rather than $25,000. See 2 CFR 200.1.

Training awards

If your application is for a training award, your indirect cost rate remains capped at 8% of MTDC. However, when calculating MTDC , you can now use up to $50,000 of subawards and subcontracts rather than $25,000. See 2 CFR 200.1.

Budget

When planning your budget, 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.

All changes

HHS adopted all the following superseding provisions on October 1, 2024:

- 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.

3. Reporting

Reporting frequency for performance and financial reports, as well as any required form or formatting and the means of submission will be noted within the terms and conditions on the Notice of Award.

4. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (http://www.FSRS.gov) for all sub-awards and sub-contracts issued for $30,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please follow this link to access ACL's Terms and Conditions: https://www.acl.gov/grants/managing-grant#

VII. Agency Contacts

Project Officer
First Name:
Kari

Last Name:
Benson

Phone:
No Phone Calls

Office:
Administration on Aging

Grants Management Specialist

First Name:
Rasheed

Last Name:
Williams

Phone:
202-401-5481

Office:
Office of Grants Management

VIII. Other Information

Application Elements

- SF 424, required – Application for Federal Assistance (See "Instructions for Completing Required Forms" for assistance).
- SF 424A, required – Budget Information. (See Appendix for instructions).
- Separate Budget Narrative/Justification, required (See "Budget Narrative/Justification - Sample Format" for examples and "Budget Narrative/Justification – Sample Template.")

NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.

- SF 424B – Assurance, required. Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
- Lobbying Certification, required.
- Proof of non-profit status, if applicable
- Copy of the applicant's most recent indirect cost agreement or cost allocation plan, if requesting indirect costs. If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
- Project Narrative with Work Plan, required (See "Project Work Plan – Sample Template" for a formatting suggestions).
- Vitae for Key Project Personnel.
- Letters of Commitment from Key Partners, if applicable.

The Paperwork Reduction Act of 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and

Budget Narrative/Justification is approved under OMB control number 0985-0018. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Appendix

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/.
- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/sexual-harassment.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscience-and-religion/index.html
- Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

If you receive an award, HHS may terminate it if any of the conditions in 2 CFR 200.340(a)(1)-(4) are met. No other termination conditions apply.

Instructions for Completing Required Forms

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. ACL does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

a. Standard Form 424

1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.
   - Preapplication
   - Application
   - Changed/Corrected Application – If ACL requests, check if this submission is to change or correct a previously submitted application.

2. **Type of Application**: (REQUIRED) Select one type of application in accordance with agency instructions.
   - New
   - Continuation
   - Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier**: Leave this field blank

5a **Federal Entity Identifier**: Leave this field blank

5b. **Federal Award Identifier**: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information**: Enter the following in accordance with agency instructions:

a. Legal Name: (REQUIRED): Enter the name that the organization has registered with the System for Award Management (SAM), formally the Central Contractor Registry. Information on registering with SAM may be obtained by visiting the Grants.gov website (https://www.grants.gov) or by going directly to the SAM website (www.sam.gov).

b. Employer/Taxpayer Number (EIN/TIN): (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. In addition, we encourage the organization to include the correct suffix used to identify your organization in order to properly align access to the Payment Management System.

c. Organizational UEI (REQUIRED): If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records.

d. Address: (REQUIRED) Enter the complete address including the county.

e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable**)** that will undertake the project.

f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

9. **Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

10. **Name of Federal Agency**: (REQUIRED) Enter U.S. Administration for Community Living

11. **Catalog of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.

12. **Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

13. **Competition Identification Number/Title:** Leave this field blank.

14. **Areas Affected by Project:** List the largest political entity affected (cities, counties, state etc.)

15. **Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project (This is not a narrative description).

16. **Congressional Districts Of**: (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:

https://www.house.gov/

17. **Proposed Project Start and End Dates**: (REQUIRED) Enter the proposed start date and final end date of the project**. If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1st of the month and the end date of the last day of the month of the final year, for example 7/01/2014 to 6/30/2017. The Grants Officer can alter the start and end date at their discretion.

18. **Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is $100,000, year two is $100,000, and year three is $100,000, then the full amount of federal funds requested would be reflected as $300,000. The amount of matching funds is denoted by lines b. through f. with a combined federal and non-federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

NOTE: Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 75 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the federal funds being requested. Sub-items 18b-18e is considered matching funds. For ACL programs that have a cost-matching requirement (list here), the dollar amounts entered in sub-items 18b-18f must total at least 1/3 of the amount of federal funds being requested (the amount in 18a). For a full explanation of ACL's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with HHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement or cost allocation plan must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Please refer to IV. Application and Submission Information, 4. Intergovernmental Review to determine if the ACL program is subject to E.O. 12372 and respond accordingly.

20. **Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title

(Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

 Standard Form 424A

> NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this ACL program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi-year budget.

Section A - Budget Summary

Line 5: Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

Section B - Budget Categories

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category.

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

Section C - Non-Federal Resources

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

Section D - Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.

Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial startup costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges

Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).

Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement

Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of $1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification. The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: **Personnel**: Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h Other.

In the Justification: Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b: **Fringe Benefits**: Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.

In the Justification: If the total fringe benefit rate exceeds 35% of Personnel costs, provide a breakdown of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a breakdown but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel**: Enter total costs of all travel (local and non-local) for staff on the project. NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.

In the Justification: Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d: **Equipment**: Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is nonexpendable tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit. If the item does not meet the $5,000 threshold, include it in your budget under Supplies, line 6e.

In the Justification: Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its subrecipient.

Line 6e: **Supplies**: Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

In the Justification: For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of $100,000 = $6,000 – breakdown of supplies needed). If the 5% is applied against $1 million total direct costs (5% x $1,000,000 = $50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of $10,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $200,000 = $10,000 – no breakdown needed).

Line 6f: **Contractual**:   Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards.   Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

In the Justification: Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at $100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR Part 75 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction**: Leave blank since construction is not an allowable costs for this program.

Line 6h: **Other**: Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to individual consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

Note: A recent Government Accountability Office (GAO) report number 11-43, has raised considerable concerns about grantees and contractors charging the Federal government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. If meals are to be charged towards the grant they must meet the following criteria outlined in the Grants Policy Statement:

Meals are generally unallowable except for the following:

For subjects and patients under study(usually a research program);

Where specifically approved as part of the project or program activity, e.g., in programs providing children's services (e.g., Headstart);

When an organization customarily provides meals to employees working beyond the normal workday, as a part of a formal compensation arrangement;

As part of a per diem or subsistence allowance provided in conjunction with allowable travel; and

Under a conference grant, when meals are a necessary and integral part of a conference, provided that meal costs are not duplicated in participants' per diem or subsistence allowances (Note: the sole purpose of the grant award is to hold a conference).

In the Justification: Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

Line 6i: **Total Direct Charges**: Show the totals of Lines 6a through 6h.

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

Line 6k: **Total**: Enter the total amounts of Lines 6i and 6j.

Line 7:   **Program Income**: As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424).   **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

c. Standard Form 424B – Assurances (required)

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized

representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

Proof of Nonprofit Status (as applicable)

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

Indirect Cost Agreement

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency. This is optional for applicants that have not included indirect costs in their budgets.

Budget Narrative/Justification- Sample Format

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$47,700	$23,554	$0	$71,254	**Federal** Project Director (name) = .5 FTE @ $95,401/yr = $47,700 **Non-Fed Cash** Officer Manager (name) = .5FTE @ $47,108/yr = $23,554 **Total** 71,254
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%)

				Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day $1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash** Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500 $1,500 Lodging: 3 days x 3 staff @ $120/day $1,080 Per Diem: 3 days x 3 staff @ $40/day $360 Total $2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR: Call Center Equipment Installation = $5,000 Phones = $5,000 Total $10,000
Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500 $3,000 2 chairs @ $300 $600 2 cabinets @ $200 $400

				Non-Fed Cash 2 Laptop computers $3,000 Printer cartridges @ $50/month $300 Consumable supplies (pens, paper, clips etc…) @ $180/month $2,160 Total $9,460
Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount) Contract with AAA to provide respite services: 11 care givers @ $1,682 = $18,502 Volunteer Coordinator = $11,669 Total $30,171 *If contract details are unknown due to contract yet to be made provide same information listed above and:* A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	$5,600	$0	$5,880	$11,480	**Federal** 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500 Local conference registration fee (name conference) = $200 Total $5,600 **In-Kind** **Volunteers** 15 volunteers @ $8/hr for 49 hours = $5,880
Indirect Charges	$20,934	$0	$0	$20,934	21.5% of salaries and fringe = $20,934 IDC rate is attached.
TOTAL	$140,294	$40,866	$5,880	$187,060	

Budget Narrative/Justification - Sample Template

NOTE: Applicants requesting funding for a multi-year grant program are REQUIRED to provide a detailed Budget Narrative/Justification for EACH potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					
TOTAL					

Project Work Plan - Sample Template

NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.

Goal:

Measurable Outcome(s):

* Time Frame (Start/End Dates by Month in Project Cycle)

Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*
1.														
2.														
3.														
4.														
5.														

6.																

NOTE: Please do note infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.

Instructions for Completing the Project Summary/ Abstract

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

Goal(s) - broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

Objective(s) - narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the "how") to attain the goal(s).

Outcomes - measurable results of a project. Positive benefits or negative changes, or measurable characteristics among those served through this funding (e.g., clients, consumers, systems, organizations, communities) that occur as a result of an organization's or program's activities. These should tie directly back to the stated goals of the funding as outlined in the funding opportunity announcement. (Outcomes are the end-point)

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a

Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

Instructions for Completing the "Supplemental Information for the SF-424" Form

1. <u>Project Director.</u>

Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application. Items marked with an asterisk (*) are mandatory.

2. <u>Novice Applicant.</u>Select "Not Applicable To This Program."

APPENDIX A: List of Evidence-Based Falls Prevention Programs

This is the list of approved small-group, in-person EBFPP workshops that may be proposed for this NOFO. Applicants for this funding opportunity must propose to deliver **two or more** falls prevention programs. The programs proposed to be delivered using ACL funding must be on this list and at least one of them must be delivered in a remote format, i.e., by videoconference or similar virtual modality.

The National Council on Aging (NCOA), has a website that shows which listed programs are available in a remote format (https://www.ncoa.org/evidence-based-programs/). **Note that the NCOA website includes information about remote programs on the pre-approved list in Appendix A, as well as information about other programs *not* on the pre-approved list. For this funding opportunity, applicants MUST propose delivery of programs on this list in Appendix A.**

A Matter of Balance

- https://www.ncoa.org/resources/program-summary-a-matter-of-balance/
- https://mainehealth.org/healthy-communities/healthy-aging/matter-of-balance

Bingocize

- https://ncoa.org/article/evidence-based-program-bingocize
- https://www.bingocize.com/

EnhanceFitness

- https://ncoa.org/article/evidence-based-program-enhancefitness
- http://www.projectenhance.org/

Fit & Strong!

- https://ncoa.org/article/evidence-based-program-fit-strong
- https://www.fitandstrong.org/

Healthy Steps for Older Adults (HSOA)

- https://ncoa.org/article/evidence-based-program-healthy-steps-for-older-adults
- https://www.aging.pa.gov/aging-services/health-wellness/Healthy%20StepsFallPrevention/Pages/default.aspx

Healthy Steps in Motion

- https://ncoa.org/article/evidence-based-program-healthy-steps-in-motion
- https://www.aging.pa.gov/aging-services/health-wellness/HealthyStepsinMotion/Pages/default.aspx

Moving for Better Balance (YMCA)

- https://ncoa.org/article/evidence-based-program-ymca-moving-for-better-balance
- https://www.ymca.org/what-we-do/healthy-living/fitness/older-adults/better-balance

Stay Active and Independent for Life (SAIL)

- https://ncoa.org/article/evidence-based-program-stay-active-independent-for-life-the-sail-program
- https://www.sailfitness.org/

Tai Chi for Arthritis and Fall Prevention

- https://www.ncoa.org/article/evidence-based-program-tai-chi-for-arthritis-and-falls-prevention/
- http://taichiforhealthinstitute.org/

Tai Chi Prime

- https://ncoa.org/article/evidence-based-program-tai-chi-prime
- https://taichihealth.com/tai-chi-prime-overview/

Tai Ji Quan: Moving for Better Balance

- https://ncoa.org/article/evidence-based-program-tai-ji-quan-moving-for-better-balance
- www.tjqmbb.org

APPENDIX B: Glossary of Terms

Aging Network: The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging.

The network includes 56 State Agencies on Aging, 600+ Area Agencies on Aging, and more than 290 Title VI Native American aging programs.

Business plan: management tool to guide the process of planning for financial sustainability and assist in seeking support from other organizations. Business plans can be used to articulate program goals and objectives, substantiate organizational capacity, explain program operations, and to provide documentation of potential benefits and return on investment. For additional information about business planning for evidence-based health promotion programs, visit: Business Planning and Sustainability

Continuous quality improvement (CQI): an ongoing quality assurance process that includes 1) planning (setting performance objectives based on grant goals and work plan

objectives); 2) performance monitoring obtaining ongoing data to inform decision-making); 3) evaluating (e.g. team analysis of what is or is not working and problem-solving); and 4) making corrective changes as needed with the aim of improving overall performance.

Culturally Appropriate: Providing services that are responsive to a person's cultural identity and heritage.

Delivery infrastructure/capacity: the structure that is in place within a state to provide evidence-based programs on an ongoing basis, including the number of sites (host organizations and implementation sites) and workforce (trainers, leaders, and other personnel) involved in delivering programs. . For additional information about business planning for evidence-based health promotion programs, visit: Delivery Infrastructure & Capacity.

Delivery system partner: an organization that can provide evidence-based programs to large numbers of people. The ideal delivery system partner has multiple sites for delivering programs and agrees to embed the programs into their routine operations and budget.

Embed: the process of facilitating an organization's adoption of evidence-based programs as part of the organization's routine operations and budget with resulting sustained delivery.

Fidelity monitoring: activities to ensure that an evidence-based program is being delivered consistently by all personnel across sites, according to the program developers' intent and design.

Older adult: For the purpose of this Funding Opportunity Announcement and consistent with the Older Americans Act, "an individual who is 60 years of age or older." For tribes and tribal organizations, the age of older Indians is defined by the tribe and may vary.

Quality assurance (QA) program: an ongoing system for describing, measuring, and evaluating program delivery and grant activities to ensure that participants receive effective, quality services and grant goals and work plan objectives are met. The ideal QA program addresses both: 1) continuous quality improvement and program fidelity. For additional information about developing a QA program, go to:

Quality Assurance

Healthcare Contracting: Tips for Quality Assurance and Evaluation

Participant: an individual who attends at least one session of an evidence-based program**.**

Person Centered Care: Integrated services delivered in a setting and manner that is responsive to individuals and their goals, values, and preferences and gives the individual control over the services they receive.

Result-oriented accountability: In the context of this NOFO, result-oriented accountability is a disciplined way of thinking and taking action used by communities to improve the lives of older adults and adults with disabilities. It involves identifying an end result/indicator or performance measure, using data to both assess a baseline and forecast progress, and identifying partners who have a role to play in achieving progress.

State: Refers to the definition provided under 45 CFR 74.2, any of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, any territory or

possession of the United States, or any agency or instrumentality of a State exclusive of local governments.

Statewide approach: Coordination efforts that work to reach individuals across an entire state and involves working with a variety of partners, and includes a geographic reach that reflects the state and includes older adults residing in urban, suburban, rural (and frontier, if applicable) geographical areas.

Sustainability partner: an organization with the role and commitment to help sustain the proposed programs (e.g., contracting to pay for the proposed programs, incorporating the programs into their routine operations, providing a steady source of program participants whose program costs are covered, assisting in setting up third party arrangements to provide billing or other back-office functions for the programs, etc.).

Sustainability plan: plan that focuses on the management and acquisition of fiscal and in-kind resources to expand and maintain programming. For additional information about sustainability planning, visit:

Sustainability

Business Planning and Sustainability

Maximizing Data and Partnerships to Enhance Evidence-Based Program Sustainability

Trauma Informed: A program realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms in clients, families, staff, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices.

APPENDIX C: Required Data Collection Forms

Below is the link to the OMB-approved data collection forms for ACL Falls Prevention Program grantees, in English. There are translations available in Spanish, Arabic, Gujarati, Mandarin, and Urdu.

Link to all OMB-approved data collection forms

- Host Organization Information Form
- Program Information Cover Sheet
- Falls Prevention Program Group Leader/Coach Script
- Attendance Log
- Participant Information Form (Pre-Survey)
- Post Session Survey
- Optional Questions for Participant Pre- and Post- Surveys

APPENDIX D: Guidance for Administration for Community Living Evidence-based Falls Prevention Program Grant Applicants: Considerations for Estimating Program Participation Targets

This guidance is to help you apply for Administration for Community Living's Notice of Funding Opportunity (NOFO) focused on falls prevention for FY 2025. This resource was

developed by the National Council on Aging's [National Falls Prevention](#) [Resource Center](#) to help you:

1. Choose the right falls prevention program(s);
2. Review existing infrastructure for program implementation;
3. Develop a target number of participants;
4. Create a quality assurance plan.

This guidance draws on data from the National Falls Prevention Database. Applicants should consider multiple sources of information, highlighted throughout this resource, to identify their proposed programs and participant targets. Follow instructions in the NOFO for the number and types of programs required in your proposal.

1. **Choose the right program(s)**

Grant applicants may only propose programs from the list of options in Appendix A of the NOFO. This appendix includes how each program addresses different levels of falls risk on a continuum of high, medium, and low risk, and which programs have remote (e.g., videoconference) options.

In the past, grantees have implemented two falls prevention programs, while others offer an array of programs.

Questions to ask yourself when choosing programs:

- Does your organization currently implement a falls prevention program? If yes, is your goal to expand that program, offer more options, or a combination of both?
- For the particular populations you aim to reach and the settings you plan to use, are there specific types of programs to consider (see the *Evidence-Based Falls Prevention Program Risk Continuum Resource*)? Are there certain programs that have or haven't worked well in the past?
- What are the sustainability goals and strategies of your organization? Do particular programs align with those goals?
- What are the "pain points" or needs recognized by other agencies/healthcare in your community among the populations they serve? What partnerships could open up the door to future funding opportunities?
- How many programs do you have the resources and capacity to offer? If you choose to implement more than two programs, do you have resources to build staff support, manage volunteers, provide space, implement training, etc.?
- Do you need one or more programs translated into a specific language for one of your target populations?
- What are the costs to implement different types of programs, for example by videoconference or in-person? Consider shipping costs for any needed materials or equipment, licenses for videoconferencing platforms (may need to consider HIPAA compliance), tools for collecting data online (also includes HIPAA- compliant options), different marketing methods (social media, newspaper ads, prescription bags, etc.).

Helpful resources:

- [Evidence-Based Falls Prevention Programs](#)

- [Key Components of Offering Evidence-based Programs](#)
- [Conducting Community Needs Assessments](#)
- Best Practices Toolkit: Resources from the Field
  - [Strategic Partnerships](#)
  - [Delivery Infrastructure and Capacity](#)
  - [Centers for Disease Control and Prevention: Older Adult Falls](#)
  - [Administration for Community Living Falls Prevention Grant Awardees Grantee Profiles](#)
  - [Track Health Promotion Program Guidance During COVID-19](#)
  - ["Grand Rounds" webinars featuring best practices for implementing virtual programs](#)

2. **<u>Review existing infrastructure for program implementation</u>**

Whether you have implemented evidence-based programs for a long time or are just starting, consider your infrastructure for implementation and what you will need to support your proposed activities. (See [Key Components of Offering](#) [Evidence-Based Programs.](#)) If you are new to implementing evidence-based programs, determine the number of leaders/facilitators you'll need to carry out your proposed activities. You may want to leverage current partnerships to carry out the work. Infrastructure needs may also have changed in the last few years. Consider including an explanation of the need to build capacity for remote programs. Remote implementation may require different processes, materials, and levels of staffing.

Think strategically about building infrastructure and best practices to retain leaders/facilitators and partners over time. Program planning information and other key aspects of program infrastructure can be found here: [Delivery Infrastructure and Capacity](#).

As you plan the grant proposal, keep in mind that the end goal is to create a sustainable delivery system to reach your target number of participants and efficiently engage participants and partners. Consider the following:

- *Cost per participant*: Each evidence-based falls prevention program has a different cost per participant based on training costs, licensing fees, equipment, etc. [Use this cost calculator](#) to estimate the cost per participant for your state or region.
- *Cost to train master/authorized trainers, workshop leaders, and/or lay leaders*: Review the scenarios below to consider different options for the number of personnel needed based on the number of trainings and workshops led. Review program training requirements carefully and support leaders in fulfilling each step. Based on the experience of evidence-based community programs, volunteer leaders typically lead fewer workshops than paid staff. Consider the history of your leaders and estimate the number of workshops/programs each will offer during the grant period. Strategies to screen, support, and retain leaders can be found in the [Best Practices Delivery Infrastructure and Capacity.](#)
- Scenario 1:

- o 10 master/authorized trainers pair off to offer 2 lay leader trainings per pair with 15 participants per training = 150 trained lay leaders (-10% of trained leaders that will not implement any workshops = 125 LLs)
  - o 125 lay leaders pair off to offer 2 fall prevention program workshops with 12 participants per workshop= 1500 workshop participants in 125 workshops
- Scenario 2:
  - o 4 master/authorized trainers pair off to offer 3 lay leader trainings with 15 participants per training = 90 trained lay leaders (-10% of trained leaders that will not implement any workshops = 80 LLs)
  - o 80 lay leaders pair off to offer 4 fall prevention program workshops with 12 participants per workshop = 1920 workshop participants in 160 workshops

If you have a history of program implementation, evaluate the current delivery infrastructure in your state/region:

Falls prevention program delivery infrastructure	Sample responses
How long has the falls prevention program(s) been offered in your state/region?	5 years
Which program(s) are being implemented?	Matter of Balance
Program license holder	Our organization holds a current license
Number of active master trainers/authorized trainers (Note: master trainers/authorized trainers are licensed to teach lay leaders how to facilitate a program workshop)	2 Matter of Balance Master Trainers
Number of active lay leaders (Note: Lay leaders are trained to facilitate program workshops)	26 lay leaders
Number of existing host organizations/ implementation sites	40 organizations that have conducted programs in the past
Number of participants in last 12 months	950 participants
What do you need to implement programs by phone or video conference?	Purchase video conference platform and other technology, train leaders in new format, revise marketing strategy, etc.

If you do *not* have a history of program implementation, evaluate the current delivery infrastructure in your state/region:

Falls prevention program delivery infrastructure	Sample responses
Has the falls prevention program been implemented by other organizations in your state or region? Do your delivery regions overlap?	Yes, the Department on Aging has supported the program in metropolitan areas.Programs aren't offered in our region.
Is there potential to partner with those already offering programs?	Yes, for training or license. No, for program implementation sites.
Which programs are being implemented?	Stepping On
Program license	Department on Aging holds a license. Is it a statewide license that we can utilize?
Number of active master trainers	3 (would they be available to conduct training in our region?)
Number of active lay leaders	0 in our region
Number of partners that are committed to serving as host organizations/ implementation sites	3 local health departments 2 area agencies on aging 1 health clinic 4 senior centers
How many workshops have your partners committed to offering in the next12 months?	3 local health departments (2 workshops each= 6) 2 area agencies on aging (3 workshops total) 1 health clinic (2 workshops) 4 senior centers (3 workshops each=12) Total= 23 - Do you need to maintain or expand the current program delivery infrastructure? Are there gaps that need to be filled? For example, leaders who speak a specific language.
What do you need to implement programs by or phone video conference?	Purchase video conference platform and other technology, train leaders in new format, revise marketing strategy, etc.

Questions to ask yourself:

- Do you need to maintain or expand the current program delivery infrastructure? Are there gaps that need to be filled? For example, leaders who speak a specific language.
- If there are trained lay leaders, are there retention strategies proposed or in place to retain them?
- Are there any training opportunities available in your state or region within the first three months of the planned grant period? If not, will you need to plan a master trainer or lay leader training?
- Have you built time into your work plan to build the infrastructure to implement programs, like building partnerships or recruiting and training leaders?
- Are there plans in place to address staff turnover? How does this impact leader training? How will this be addressed with major partners?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, caregivers, tribal elders, etc.? If yes, consider if you will need more time to create partnerships to train leaders and reach participants in these target groups.

Helpful resources:

- Best Practices Clearinghouse for Health Promotion Programs
  - Delivery Infrastructure and Capacity
  - Strategic Partnerships

3. **Develop a target number of participants**

Applicants must identify a target number of participants and completers for the falls prevention programs chosen for the proposal. Target goals should be realistic and achievable for your community—whether that means reaching 300 participants or 2,000 participants.

For your target goal, consider how many participants were engaged in evidence- based programs in the past (and what percentage have completed the program, on average) or how many individuals you reach in your community through other programs. If you are newly

offering remote programs, consider factors that may slow recruitment and participation including access to and familiarity with technology, different outreach and scheduling methods, and new processes for leaders.

If awarded, you will be expected to reach approximately 25% of your target participants by the end of Year 1, 50% of participants by the end of Year 2, 100% of participants by the end of year 3. Consider whether it is feasible to meet these benchmarks with your target participation goal.

Example 1

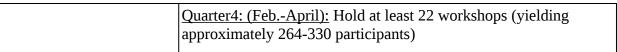| Sample Grant Goal	Year 1 Target ≥25% of total goal	Year 2 Target ≥50% of total goal	Year 3 Target 100% of total goal
300 participants	≥ 75 participants	≥ 150 participants	≥ 300 participants

Planning question	Sample responses
What is your target number of participants for Year 1?	75
How many workshops do you need to reach the target number of participants?	5-6 workshops with12-15 participants per workshop
When will the target number of workshops be scheduled to meet the grant goal?	<u>Quarter 1 of grant Year1 (May-Jul.)</u>: 0 workshops, use this time to develop contracts and train leaders <u>Quarter 2 (Aug-Oct) and Quarter 3 (Nov – Jan) of Year 1</u>: Leaders are trained, schedule, and hold at least 3 workshops (yielding approximately 36-45 participants). Ensure that you consider potential holiday season conflicts and cancellations due to inclement weather when scheduling. <u>Quarter 4: (Feb.-April)</u>: Hold at least 3 workshops (yielding approximately 36-45 participants)

Example 2

Sample Grant Goal	Year 1 Target ≥25% of total goal	Year 2 Target ≥ 50% of total goal	Year 3 Target 100% of total goal
2,000 participants	≥ 500 participants	≥ 1,000 participants	≥ 2,000 participants

Planning question	Sample responses
What is your target number of participants for Year 1?	500
How many workshops do you need to reach the target number of participants?	34-42 workshops with 12-15 participants each= 500 participants in Year 1
When will the target number of workshops be scheduled to meet the grant goal?	<u>Quarter 1 of grant Year1 (May-Jul.)</u>: 0 workshops, use this time to develop contracts and train leaders <u>Quarter 2 (Aug.-Oct.) and Quarter 3 (Nov.- Jan.)</u>: Hold at least 20 workshops (yielding approximately 240-300 participants). Ensure that you consider potential holiday season conflicts and cancellations due to inclement weather when scheduling.

	Quarter4: (Feb.-April): Hold at least 22 workshops (yielding approximately 264-330 participants)

Questions to ask yourself:

- How many older adults live, work, or worship in your target community? What is your current reach to older adults? Will this change over the grant period?
- If you have a history of implementing programs, how many participants were reached over the last 12 months? Do you expect to continue to enroll participants at the same rate going forward? If not, what may impact participation in the future? Consider that you may saturate your current target participant population (e.g., reach all of the "low hanging fruit") and will need to engage additional partners to maintain enrollment in the falls prevention program(s).
- Do you need options for individuals with and without access to devices (e.g., phone, computer, tablet) or internet connectivity?
- Do you have a marketing plan and materials to recruit older adults to programs?
- How much time will you need to build capacity to implement programs before beginning workshops? For example, finalizing contracts, establishing plans with partners, training leaders, etc.
- Do you have any participant referral systems in place from partners, health care providers, etc.? How many participants do they refer on a regular basis? Will this continue during the grant period?
- What commitments do you have from partners to meet goals? Can partners commit to conduct a certain number of workshops each grant year?
- Does your proposal include plans to reach a new population, such as rural communities, veterans, caregivers, tribal elders, etc.? If yes, consider if it will take more time to create partnerships to reach the new population(s).

Helpful resources:

- Best Practices Clearinghouse for Health Promotion Programs
    - Delivery Infrastructure and Capacity
    - Marketing and Recruitment
    - Falls Prevention Program Participants vs. Completers: How Are They Tracked?
    - Delivering Falls Prevention Programs Remotely: Best Practices and Lessons Learned
    - 4 Ways Falls Prevention and CDSME Grantees are Reaching Underserved Populations
    - Delivery of Fall Prevention Interventions for At-Risk Older Adults in Rural Areas: Findings from a National Dissemination
    - Tip Sheet: Engaging People with Disabilities in Evidence-Based Programs
    - Disability, Accessibility, and Inclusivity: A Best Practices Guide for Health Education Providers
    - Tip Sheet: Engaging Veterans in Evidence-Based Programs

- o [Tip Sheet: Engaging American Indian/Alaska Native Elders in Falls Prevention Programs](#)
  - o [Program Staff Perspectives on Health Promotion Programs in Indigenous Communities](#)
  - o [What American Indian, Alaska Native, and Native Hawaiian Elders Say About](#) [Evidence-Based Health Promotion Programs](#)
  - o [Engaging American Indian/Alaska Native/Native Hawaiian Adults in Chronic](#) [Disease Self-Management Education](#)
- o [Successful Strategies & Lessons Learned from Implementing Evidence- Based Programs](#) [in American Indian, Alaska Native, and Native Hawaiian Communities](#)
- o [Frequently Asked Questions: Data Collection & Management for Health Promotion](#) [Programs during the COVID-19 Pandemic](#)

4. Create a quality assurance plan

Each evidence-based falls prevention program approved for this NOFO follows a format or curriculum that leads to specific outcomes. It's important to create a quality assurance and fidelity monitoring plan to ensure programs are implemented as intended, regardless of implementation site or program leader. Program fidelity ensures that participants receive researched program benefits and assures partners that programs meet high standards across your service area.

Find resources in our Best Practices Toolkit: Resources from the Field focused on [Quality Assurance,](#) including sample plans and fidelity checklists.

APPENDIX E: Resources for Competitive Grant Application Writing

- [How to Apply for Grants](#)
- [Grant Writing Basics](#)
- [Succeed at Grant Proposals: Have a Plan and a Process](#)
- [How to Successfully Write Competitive Grants as a Community-Based Organization](#)
- [Grant Policy Statement October 2024](#)

APPENDIX F: Examples of Person-Centered approaches

- Develop marketing and community partnerships to open a referral pathway so that when an older adult is identified with a fall risk, they can be assessed for falls risk and referred to an evidence-based falls prevention program.
- Once referred and attending the evidence-based program, the awardee organization would meet with and/or provide an assessment with the participant to identify what further services or programs are important to them. The focus should be what they feel could benefit them as they continue their journey toward reducing fall risk and improving health and independence (i.e., nutritional services, medication management, hearing tests, transportation, assistive technology, etc.) Together the participant and awarded organization develop a customized plan of action to address the additional service needs.
- The awarded organization would develop the unique partnerships necessary to refer the participant to those organizations that can provide the additional necessary supports identified.

- A follow-up with the participant would be put in place to collect information on the extent of the services provided and success of interventions beyond the evidence-based falls prevention program.