

Administration for Community Living

Administration on Aging

2021 Integrated Networks to Deliver and Sustain Evidence-Based Falls Prevention Programs
HHS-2021-ACL-AOA-FPSG-0017
02/02/2021

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ACL Center:
Administration on Aging
Funding Opportunity Title:
2021 Integrated Networks to Deliver and Sustain Evidence-Based Falls Prevention Programs
Funding Opportunity Number:
HHS-2021-ACL-AOA-FPSG-0017
Primary CFDA Number:
93.761
Due Date for Letter of Intent:
Date will be generated on synopsis publication
Due Date for Applications:
02/02/2021
Date for Informational Conference Call:
12/11/2020
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

Through this funding opportunity, the Administration on Aging (AoA), part of the Administration for Community Living (ACL), plans to award approximately 2 cooperative agreements to domestic public or private non-profit entities.

This funding opportunity is designed to strengthen integrated, sustainable networks that address the behavioral and social determinants of health of older adults and adults with disabilities, and increase the number of these individuals who participate in evidence-based community programs to reduce falls and falls risk.

Applicants may request a total budget from $700,000 to a maximum of $1,100,000 for the three-year project period. All awards will be subject to the availability of federal funds.
The awards will be made in the form of cooperative agreements because AoA will be

substantially involved. These cooperative agreements have an anticipated start date of May 1, 2021.

An informational conference call will be held on December 11, 2020 at 12:00 PM EST.

The dial-in information is below:
Toll Free Number: 888-947-8932, Passcode: 7495880

A recording will be available approximately one hour after the call concludes at the following number:
Toll Free Playback Number: 888-568-0182

I. Funding Opportunity Description

Background

The Administration for Community Living's (ACL's) mission is to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. ACL's programs provide individualized, person-centered home and community-based services and supports, as well as invest in research and best practices, to make community living a reality for millions of people. [1] Delivered through the national aging and disability services network and their partners, ACL supports effective and efficient programs and services that address the social and behavioral determinants of health for millions of older adults and persons with disabilities each year. [2][3] The aging and disability networks reach into every community across the nation and function as the trusted "eyes and ears" of a person's home and community environments. When essential social and behavioral determinants of health, i.e., adequate nutrition, safe housing, and access to health care services go unmet, we know that this puts older adults and adults with disabilities at greater risk for falls and other threats to their health and independence. [4]

Across the nation, many aging and disability networks are engaged in *community integrated health networks* in an effort to provide older adults, individuals with disabilities, and other high cost, high need populations with streamlined access to services to help them remain healthy, in ways that respect individual preferences, goals, and interests. *Community Integrated Health Networks* are comprised of a group of visible and trusted aging and disability organizations, led by a Network Lead Entity (NLE), who have formal partnerships with health care and other relevant sectors to address health and social needs in a coordinated way. NLEs function as a one-stop-shop for contracting with health care entities, and often deploy a multi-payer strategy to ensure individuals have access to needed programs and services; beyond contractual arrangements with health care entities, other sources of financing that networks may draw upon are federal grants (e.g. Older Americans Act and discretionary) or other publicly-funded resources at the state or local levels, philanthropic support, private pay arrangements, and civic/community investment (e.g. local businesses, United Way, etc.). **An important part of any robust *community integrated health network* is the inclusion of evidence-based health promotion and disease prevention programs**. Indeed, results from the Aging and Disability Business Institute's 2020 Request for Information indicate that evidence-based programs are the second most common service provided through contracts (behind case management/care or service coordination). A March 2020 Community Integrated Health Network Report provides more information about the intent, guiding principles, and function/structure of *community*

integrated health networks, and an example of one network.

Over nearly two decades. ACL's Administration on Aging has worked to increase access to, and the sustainability of, evidence-based programs that help older adults make positive changes to maintain and/or improve their health. This portfolio of programs includes programs focused on chronic disease self-management, behavioral health, medication management, physical activity, falls prevention, and other important areas. These proven programs, alongside the other services and supports the aging and disability networks provide, are essential in helping older adults and older adults with disabilities live healthy and independent lives.

In later life, falls can have a widespread and significant impact on health, can be deadly, and often result in high costs. One out of four older adults fall each year [5]. In 2014, 2.8 million older adults were treated in emergency departments for falls injuries and more than 800,000 of these patients were hospitalized [6]. From 2007-2016, fall death rates in the U.S. increased by 30% [7]. In 2015, the total medical costs for falls totaled more than $50 billion [8]. Addressing falls requires a multi-factorial approach and comprehensive strategy that includes a combination of clinical and community-based interventions [9]. Multiple evidence-based community programs have been shown to reduce falls and/or falls risk factors [10][11][12], as well as provide a positive return on investment [13].

Between FY2014 and FY2020, ACL/AoA awarded 67 discretionary grants to states, community-based organizations, and tribal organizations to implement evidence-based falls prevention programs. Since September 1, 2014, over 126,000 individuals have participated in an AoA-supported evidence-based falls prevention program. For more information about ACL's Falls Prevention Program – including profiles of current grantees – please visit: https://www.acl.gov/programs/health-wellness/falls-prevention.

Purpose
This funding opportunity has two goals:

Goal 1: Strengthen state or regional community integrated health networks that address the social and behavioral determinants of health of older adults and adults with disabilities.

These Networks should have the capacity to deliver, strategically incorporate, and embed evidence-based falls prevention programs within their broader context that includes other programs and services that address social and behavioral determinants of health (e.g. nutrition, transportation, etc.).

These networks should have:

1. A **Network Lead Entity** that is working in partnership with a variety of community-based organizations across a geography to provide a centralized, coordinated model for service provision, administrative functions, and qualify improvement. The collective network should have the ability to provide a range of services, including evidence-based falls prevention programs. Beyond the partnering community-based organizations, the network should also include state level partnerships (i.e., State

Units on Aging, Public Health, etc.), local level partnerships (i.e., AAAs, Centers for Independent Living, etc.), and strategic engagement of health care entities.

2. Sustainability strategies including, but not limited to, a business plan with clear strategies, contracts, and/or other means to secure and expand sustainable financing (including non-federal funding), infrastructure to receive reimbursement for services, and information technology solution(s) that allows for referral management (including closed loop referrals), participant tracking across interventions, and outcome measurement.

3. Strategic partnerships with other entities involved in evidence-based falls prevention work (i.e., Falls Prevention Coalitions, CDC grantees, etc.).

4. Multi-site delivery partners who have the delivery infrastructure/capacity to increase access to evidence-based falls prevention programs with a defined geographic or population base, and a commitment to embedding these programs into their routine operations and budget.

5. Coordinated public awareness, education, marketing, and recruitment processes.

6. Ongoing quality assurance efforts including fidelity monitoring and continuous quality improvement.

Goal 2: Significantly increase the number of older adults and adults with disabilities who participate in evidence-based community programs to reduce falls and falls risk.

All programs proposed to be implemented using ACL funding must be on the list of pre-approved programs in Appendix A.

Applicants should use the guidelines in the *Evidence-Based Falls Prevention Program Risk Continuum* to assist them in selecting their proposed falls prevention programs. Applicants must propose to offer at **least two programs** on the pre-approved list in Appendix A that address different levels of risk on the *Continuum*. All applicants must propose to implement at least one program that can be delivered in a remote format, i.e., by video conference or some other modality that does not involve an in-person component. The National Council on Aging (NCOA) maintains a website that tracks remote program guidance by program (https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/). However all applicants should contact the program administrator(s) for any program(s) they are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) that training is readily available for applicants who need it. **Note that the NCOA website includes programs on the pre-approved**

list in Appendix A, as well as other programs not on the list. For this funding opportunity, applicants may ONLY propose programs on the pre-approved list in Appendix A.

All applicants who do not have adequate existing capacity for any in-person and/or remote program(s) they are proposing must include a letter from the program administrator in their application indicating that they will be able to get training in the program no later than three months after the start date of the grant (if selected for funding).

Related Federal Activities

This opportunity does not duplicate nor overlap with existing Federal efforts related to falls prevention; it aligns with current efforts to maximize the impact of this funding. Some examples of existing national, state, and local falls prevention efforts that could be leveraged may include:

- The Centers for Disease Control and Prevention's (CDC) National Center for Injury Prevention and Control uses data to report the latest burden and health implications for various injuries including falls, the leading cause of both fatal and nonfatal injuries among older adults. Using these data, CDC is building partnerships with health systems, providers of health care, and those who pay for health care services. These partnerships will improve what is known about the burden of falls and the integration of effective fall prevention strategies and patient care. The CDC's Stopping Elderly Accidents, Deaths & Injuries (STEADI) initiative provides resources and tools for health care providers. These tools include online trainings, screening tools, case studies, videos and information on how to conduct functional assessments, and patient educational materials. CDC is also working with suppliers of electronic health records systems to facilitate the adoption and use of the STEADI tools in the clinic setting. CDC also supports opportunities to broaden and improve the linkage between primary care providers and evidence-based community falls prevention programs supported by ACL. Related resources include:

  Related resources include:

  - CDC STEADI Initiative
  - CDC Facts on Older Adult Falls
  - CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults

- The ACL-funded National Falls Prevention Resource Center (NFPRC) based at the National Council on Aging, works to increase public awareness about the risks of falls and how to prevent them, support the implementation of evidence-based falls prevention programs, and serve as a national clearinghouse of tools and best practices. The NFPRC also leads the Falls Free® Initiative, a national effort to address the growing public health issue of falls, fall-related injuries, and deaths. The initiative includes 70 national organizations and a 43-member State Coalition on Falls Prevention Workgroup charged with collaboratively promoting effective strategies to address falls.

  Related resources include:

- FallsFree CheckUp
- National Falls Prevention Resource Center Webpage
- Falls Free® Initiative
- Falls Prevention Awareness Week
- 2015 Falls Free® National Action Plan
- Fall Prevention Facts
- Resources for Older Adults and Caregivers
- Evidence-Based Fall Prevention Programs
- State Policy Toolkit for Advancing Falls Prevention

REFERENCES

[1] U.S. Department of Health and Human Services, Administration for Community Living. (2019). FY2016 Report to Congress: Older Americans Act.
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[4] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2019). Healthy People 2020: Social Determinants, Accessed October 2, 2019 from https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health#individual%20behavior.
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[8] Florence CS, Bergen G, Atherly A, Burns ER, Stevens JA, Drake C. Medical Costs of Fatal and Nonfatal Falls in Older Adults. Journal of the American Geriatrics Society, 2018 March, DOI:10.1111/jgs.15304
[9] U.S. Centers for Disease Control and Prevention. (2015). Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults, available at: http://www.cdc.gov/HomeandRecreationalSafety/Falls/compendium.html
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[11] Clemson L, Cumming RG, Kendig H, Swann M, Heard R, Taylor K. (2004) The Effectiveness of a Community-Based Program for Reducing the Incidence of Falls in the Elderly: A Randomized Trial. J Am Geriatr Soc., 52 (9): 1487–1494.
[12] Healy, T.C., Peng, C., Haynes, P., McMahon, E., Botler, J., & Gross, L. (2008). The feasibility and effectiveness of translating A Matter of Balance into a volunteer lay leader model. Journal of Applied Gerontology, 27(1): 34-51.
[13] Carande-Kulisa, V., et al. (2015), A cost–benefit analysis of three older adult fall prevention

interventions, Journal of Safety Research, Accessed January 4th, 2016 from: http ://www.sciencedirect.com/science/article/pii/S0022437514001170.

Statutory Authority
The statutory authority for grants under this Funding Opportunity Announcement is contained in the Continuing Appropriations Act, 2020, Pub.L.116-59; Older Americans Act; and the Patient Protection and Affordable Care Act, 42 U.S.C. § 300u-11 (Prevention and Public Health Fund).

II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)

Estimated Total Funding:
$ 2,200,000

Expected Number of Awards:
2

Award Ceiling:
$ 1,100,000
Per Project Period

Award Floor:
$ 700,000
Per Project Period

Length of Project Period:
Other

Additional Information on Project Periods and Explanation of 'Other'
36 month project and budget period (fully funded)

Current or previous ACL Falls Prevention grantees are not excluded from this funding opportunity, but must provide a strong rationale for the need for additional funding. This must include significant enhancement of the network developed with prior funding, not be a continuation of current efforts/activities supported by previously awarded ACL Falls Prevention grants (particularly because sustainability without additional federal funding has been a goal of all previous ACL Falls Prevention funding opportunities). Applicants must propose an innovative approach that addresses the goals of this funding opportunity that features new partnerships and/or programs. Repeat awardees will be expected to meet the discrete participant and/or completer and sustainability goals that they included in each of their awards.

Cooperative Agreement
This is a new Cooperative Agreement with the following 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 of the requirements of the grant initiative as outlined in this program announcement, as well as carry out project activities as reviewed, approved, and awarded.
2. Engage approximately 25% of your target number of participants by the end of Year 1, 50% of participants by the end of Year 2, and 100% of participants by the end of Year 3.
3. Commit to sending two project staff to a yearly Falls Prevention-relevant professional development conference mutually agreed upon with the AoA project officer as an appropriate grantee activity. Attendance is expected annually for the duration of your grant activities (including any no-cost extension period, if applicable). Although it remains yet to be seen if future conferences will be in-person or video conference (not requiring travel), all applicants must include funds in your budgets for each budget year for two people to attend a conference in the Washington, D.C. area. Awardees will be able to apply any unused travel funds to other grant activities.
4. Meet all training, licensing, fees or other requirements associated with the selected falls prevention programs to ensure compliance with all the requirements stipulated by the authorizing entity.
5. Communicate with the AoA project officer monthly, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.
6. Collect required program data for all program participants by way of ACL's specific data collection forms (see Appendix C). Within 30 days of participants' completion of the program, grantees are responsible for compiling and reporting 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. Grantees should plan to train workshop leaders on data collection practices and use of these forms.
7. Participate in any national evaluations of the program(s) you have proposed for remote delivery.
8. Comply with all other reporting requirements, as outlined in Section VI of this Funding Opportunity and the Notice of Award
9. Include the following disclaimer on all products produced using this grant funding:

   "This project was supported, in part by grant number 90XX####, from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201.Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy."

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 the grantee to ensure that the minimum requirements for the grant are met.
2. Work cooperatively with the grantee to clarify the programmatic and budgetary issues to be addressed by the grantee project, and, as necessary, negotiate with grantee to achieve a mutually agreed upon solution to any needs identified by the grantee or AoA.
3. Assist the grantee project leadership in understanding 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. Provide technical advice to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
5. Attend and participate in major project events as appropriate.
6. Communicate with the grantee project director monthly, or at such other times as are agreed upon, to improve the effectiveness of the activities carried out under this Agreement.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by ACL or the awardee at any time as long as it stays within the original confines of the proposed project description. 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 and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

For awards that require matching or cost sharing by statute, recipients will be held accountable for projected commitments of non-federal resources (at or above the statutory requirement) in their application budgets and budget justifications by budget period, or by project period for fully funded awards. 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 provide the statutorily required matching or cost sharing amount (and any voluntary committed amount in excess) may result in the disallowance of federal funds. Recipients will be required to report these funds in the Federal Financial Reports.**

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
N/A

Application Screening Criteria
In order for an application to be reviewed, it must meet 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 both sides, and a **standard font size of no less than 11 point, preferably Times New Roman or Arial**.
3. The Project Narrative must not exceed 20 pages. **Project Narratives that exceed 20 pages** will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. **NOTE**: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit.

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 DUNS number (https://fedgov.dnb.com/webform/) 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: https://www.sam.gov/SAM/pages/public/help/samQUserGuides.jsf.

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 DUNS number in each application or plan to submit to the OPDIV.

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

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for federal grants or cooperative agreements. It is entered on the SF-424. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 866-705-5711.
- 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 acknowledgement from https://www.grants.gov that containshttps://www.grants.gov tracking number. The Administration for Community Living will retrieve your application form fromhttps://www.grants.gov.

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

Shannon Skowronski
E-mail: shannon.skowronski@acl.hhs.gov

2. Content and Form of Application Submission

Letter of Intent

Date will be generated on synopsis publication

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

Shannon Skowronski

Administration for Community Living

Email: shannon.skowronski@acl.hhs.gov

Project Narrative

The Project Narrative must be double-spaced, on 8.5" x 11" paper with 1" margins on both sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is 15 to 20 pages; 20 pages is the maximum length allowed. Project Narratives that exceed 20 pages will have the additional pages removed and only the first 20 pages of the Project Narrative will be provided to the merit reviewers for funding consideration. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20 page limit, but all of the other sections noted below are included in the limit.

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not 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.
The applicant Project Narrative **must** include the following components:

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

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

Project Abstract

This section should include a brief description of the proposed project, including: goals, objectives, and outcomes.

In your abstract, clearly specify:

1. The falls prevention programs you plan to implement/disseminate (reference Appendix A for approved programs);
2. your projected number of program participants for each of your proposed falls prevention programs (reference Appendix D); and
3. your key partners

Project Relevance and Current Need

This section should:

- Describe your *community integrated health network's* experience and current capacity to deliver and/or facilitate streamlined access to services and supports that enable older adults and adults with disabilities to remain healthy and independent in the community (e.g. nutrition services, benefits assistance, evidence-based health promotion and disease prevention programs, caregiver interventions, employment assistance, and other services addressing the social and behavioral determinants of health).
- Briefly describe and cite (using reliable population-based, state, and local data sources) the impact of falls in your state/region/tribe and how your proposed project will address this impact.
- Describe the gap between the current availability of your proposed falls prevention programs and the ideal situation where these programs are readily available. This should include a description of the current geographic/population reach of the proposed programs in your state/region/tribe and the extent to which a network exists for systematically delivering and sustaining these programs.
- Include a Project Map of your state/region/tribe that shows where your proposed programs are already being offered (if applicable), and which areas are being selected for this project. Provide data to support why you are targeting 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.**

- If you are a current or past ACL Falls Prevention grantee, you must describe how your proposed project significantly differs from your current or previously funded work, including:

  o what your participant targets were and if you met or are on pace to meet them;

  o the extent to which you secured innovative funding arrangements to continue to offer and/or expand the availability of evidence-based falls prevention programs beyond the end of the grant period; and

  o your rationale for the need for additional funding (i.e. not a continuation of current efforts, but rather an innovative approach that features new partnerships and/or programs, substantially increased geographic reach, and increased engagement of older adults and/or adults with disabilities that experience health disparities).

Approach

Project Description

This section should:

- State the project's result-based goals and major objectives.
- Describe the extent to which you are currently addressing the social and behavioral determinants of health for older adults and adults with disabilities in your community through supporting the delivery and/or facilitation of streamlined access to services and supports through a *community integrated health network*.

- Describe the unmet social and behavioral determinants of health that put older adults and adults with disabilities in your community at greater risk for falls.
- Identify the ***two or more*** evidence-based falls prevention programs that you propose to implement and/or expand, and a rationale for selecting these programs. These programs must be on the list of pre-approved interventions in Appendix A, and should address older adults and adults with disabilities at different levels of risk (see the *Evidence-Based Falls Prevention Programs Risk Continuum)*. Identify which of the proposed programs will be implemented in a remote format, i.e., by video conference or some other modality that does not involve an in-person component..
- State the projected total number of participants that you expect to reach through your proposed evidence-based community falls prevention programs and explain how you developed your target numbers for each of the programs. For any group series programs, please also specify a target number of completers and a target completion rate. Provide a rationale for these targets, e.g., by referencing your previous experience delivering falls prevention programs, the number of older adults and/or adults with disabilities in your state/region/tribe that you may be able to reach, the potential program saturation of the target participant population, partner commitments, referral systems, and other factors.

Targets should be realistic and achievable. In developing your participant/completer targets, please reference Appendix D.

- Describe how your approach will engage approximately 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.
- Provide a coherent approach to implementing and disseminating the proposed falls prevention programs through your *community integrated health network* - with the overall goal of reducing falls and falls risk.
- Describe any existing evidence-based falls prevention efforts and/or programs 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), etc. If your existing infrastructure for your proposed programs is inadequate, please describe and provide a rationale for any proposed trainings. If you require training, you must include a letter of support from the program administrator confirming that this training will be provided within three months of receipt of the Notice of Award from ACL.
- For remote program(s) proposed, please identify the IT/technological support needs you anticipate and provide detailed plan for how you will address these.
- Describe how you intend to identify, market to, and recruit participants for your proposed programs.
- Describe any major challenges and barriers you anticipate encountering in enhancing your *community integrated health network* and how your project will address those challenges and barriers.

Special Target Populations and Organizations

This section should:

- Describe whether and, if so, how the proposed programs will target any special populations, i.e., rural, underserved, etc.
- Provide a rationale (citing relevant data) for selecting the target group(s) and describe any involvement of organizations that would be collaborating in reaching the proposed population(s). The *Evidence-Based Falls Prevention Risk Continuum* is a useful resource for ensuring the programs selected are appropriate for the identified target population(s).

Work Plan

You should also provide a project Work Plan for Years 1, 2, and 3 which reflects and is consistent with the Project Narrative and Budgets. This Work Plan should include a statement of the project's overall goals, anticipated outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the results-based goals and outcomes. It should also include tasks/action steps taken to evaluate progress toward goals and outcomes

and effectiveness of relevant strategies. Applicants should identify timeframes involved (including start and end dates) and the lead person responsible for completing the task.

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

Outcomes and Evaluation

Outcomes

This section must clearly identify the outcomes that will result from your comprehensive strategy to implement this project.

Any proposed outcomes should:

- address the goals of this funding opportunity (i.e., strengthening your *community integrated health network* and the delivery of evidence-based community programs with the goal of reducing falls and falls risk); and
- be quantifiable, measurable, and likely to be achieved during the project period.

List measurable outcomes in the work plan grid under "Measurable Outcomes," in addition to any discussion included in the narrative.

Quality Assurance

This section should include the methods, techniques, and tools (including rapid cycle evaluation, Plan-Do-Study-Act, fidelity monitoring, etc.) that will be used to:

1. Monitor and track progress on the project's objectives and activities;
2. Monitor whether the falls prevention programs are being implemented with fidelity* and processes for corrective actions if necessary;
3. Ensure the ACL-required falls prevention dataset (see Appendix C) is being collected and reported accurately by the implementation sites and how you will identify and troubleshoot any potential problems; and
4. Document the lessons learned, both positive and negative.

**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.*

Dissemination

This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results to inform practice, service delivery, program development, and/or policy-making, including and especially those parties who would be interested in replicating the proposed project.

Applicants should also clearly state their commitment to cooperating with any broader efforts led by ACL and/or the National Falls Prevention Resource Center to help others understand how they could replicate the project activities in their communities.

In addition, all applicants should state their commitment to participating in to any national evaluations of the program(s) they have proposed for remote delivery.

Sustainability

In this section:

- Describe your plans for **expanding funding** for your *community integrated health network* to ensure delivery of services and supports addressing the social and behavioral determinants of health, including the proposed evidence-based falls prevention programs, beyond the end of the grant period. Applicants should detail:

  o who your vested, experienced sustainability partners are and what their specific commitments to the project are;
  o your proposed plans for contracts, partnerships, and/or collaborations with health care entities, insurance entities, large employers, the business community, or other innovative funding sources;
  o any other business planning efforts to be undertaken;
  o any mechanisms that are in development or already in place to accept payment for programs and services (i.e., infrastructure, Health IT, and back-office support to bill and accept reimbursement from contracts, private pay clients, and/or other potential payers); and
  o your proposed or current centralized and coordinated processes to promote a unified and consistent approach across your state/region/tribe to achieve the goal of a truly sustainable *community integrated health network* that offers a robust set of falls prevention programs. These processes may be operationalized by using a Network Hub approach (a Network Hub is akin to a Network Lead Entity, described in the Background section of the Funding Opportunity Description). For more information on this approach, visit https://www.ncoa.org/toolkits/community-integ rated-healthcare-toolkit/and click on the Program Delivery and Evaluation section to view a description of Centralized and Coordinated Processes.

IMPORTANT: Your sustainability plan must include centralized efforts, through the *community integrated health network,* to expand funding for falls prevention programs using a *multi-payor approach*, i.e., funding from healthcare, business, philanthropy, federal, state, and local government, etc. Sustainability plans should include, but not be limited to, health care funders. Applicants should **not** propose sustainability plans that **rely solely** on embedding falls prevention programs into existing community-based organization partner budgets or **put the impetus on individual network partner agencies** to seek/obtain funding on their own.

At the time of application, at **least two** of the network partners should provide firm commitments (in their letters of commitment) to helping secure and/or provide funding to sustain the evidence-based Falls Prevention programs beyond the end of the grant period.

Letters of Commitment
Provide letters of support confirming commitments from grant partners. These letters should describe the **specific role** of each partner in the project (should it be funded).
Applicants must include the letters of commitment as an appendix to your application and use a **Table of Contents** to clearly describe which letters represent which partners:

1. ***All Community Integrated Health Network Partners.*** It is expected that all current/proposed network partners identified in the application provide letters of support, and identify their defined role in the project.
2. ***State Unit on Aging***. It is expected that the State Unit on Aging (SUA) will provide a letter affirming their support of your proposed project. If the SUA declines to provide a letter, you must provide documentation indicating this, e.g., an email indicating that letters of support are not being provided. If you are proposing a multi-state network, you should have a letter from the SUA in each state involved in the project. **This requirement is applicable for all applicants except tribes/tribal entities**. You can locate this information applicable SUA information using the search feature on https://eldercare.acl.gov/Public/Index.aspx.
    - If you are a tribe or tribal entity, you must include a tribal resolution that states the reasons you are applying for the grant, and your commitment to executing the grant activities (should it be awarded).
3. ***Area Agency on Aging***. It is expected that an Area Agency on Aging (AAA) will provide a letter affirming their support of your proposed project. A letter from the state AAA association is not permissible in lieu of this requirement. This letter should reference their defined role in the project. If you are proposing a target geographic area covered by more than one AAA, you should have a letter from each relevant AAA. **If you are an applicant from a Single State Authority (Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Washington DC, and Wyoming) or tribe/tribal entity, this requirement is not applicable.** You can locate applicable AAA information using the search feature on https://eldercare.acl.gov/Public/Index.aspx.
4. ***Program Administrator*.** Applicants are expected to begin delivering their proposed falls prevention programs within three to six months after receiving their Notice of Award. If you require training for the evidence-based programs you propose before you can begin delivery of the programs, your application must include letters of support from the program administrator. The letter should state that training will be provided within three months of award notification. ACL encourages applicants to have a thorough discussion with the program administrator to ensure that applicants: 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) proposed an appropriate target population for the programs selected.

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 commitment must be uploaded as part of the applicant package via Grants.gov – hard copies will not be accepted.

Organizational Capacity

In this section:

- Describe how the applicant agency is organized, the nature and scope of its work, and the capabilities it possesses. It may be helpful to include an organizational chart as an appendix to your application.
- Describe your proposed *community integrated health network* structure and its experience delivering and/or facilitating streamlined access to services/programs that address the social and behavioral determinants of health, including evidence-based falls prevention programs. The applicant organization should serve as – and articulate – their role/function as the **Network Lead Entity,** as well as identify the partners that currently comprise their *community integrated health network*. It may be helpful to include a network organizational chart as an appendix to your application.
- Describe the project management, including the roles and responsibilities of project staff. You should:
    - Provide a description of the qualifications and experience of the key personnel for this proposed project, including for the Project Director. Applicants must include resumes or CVs as an attachment (upload all resumes/CVs as one attachment to your application if possible).
    - Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's on-going progress, preparation of reports, and communications with other partners and ACL.
    - Detail the approach that will be used to monitor and track progress on the project's tasks and objectives.

Budget Narrative/Justification

Applicants are required to provide a detailed Budget Narrative/Justification. Your budget should be aligned with the proposed activities in your Project Narrative and Work Plan. It should also include travel for two project staff to a yearly Falls Prevention-relevant professional development conference (see item #3 in grantee section of Cooperative Agreement Terms).

Although the expectation is that applicant's *community integrated health network* has the capacity to deliver and/or facilitate streamlined access to a range of supports and services, applicants may use funds from this grant only to support the delivery and sustainability of their proposed evidence-based falls prevention programs. In other words, grant funds **cannot be used for the delivery of other aging and/or disability services**, such as meals, transportation, caregiver-specific interventions, etc.

The Budget Narrative/Justification can be provided using the format included in the document, "Budget Narrative/Justification – Sample Format." Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought.

Applicants must submit the following:

- Budget Narrative/Justification for Year 1;

- Budget Narrative/Justification for Year 2;
- Budget Narrative/Justification for Year 3; and
- A Combined Year 1, Year 2, and Year 3 Budget.

3. Submission Dates and Times

02/02/2021

Date for Informational Conference Call:
12/11/2020

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.

4. Intergovernmental Review

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

5. 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.

6. Other Submission Requirements

Not applicable

V. Application Review Information

1. Criteria

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

1. Project Abstract
2. Project Relevance and Current Need
3. Approach
4. Outcomes and Evaluation
5. Sustainability
6. Organizational Capacity
7. Budget Narrative/Justification

Applicants must document all of their 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. If the applicant fails to comply with this requirement, regardless of the severity or frequency of the plagiarism, the reviewers shall reduce their scores accordingly even to the degree of issuing no points at all.

Project Abstract **Maximum Points:** 2

Does the abstract include, at minimum, each of the following: results-based goals, objectives, and outcomes; name of evidence-based community falls prevention programs to be implemented; the number of program participants to be reached (by program); and key partners? (*2 points)*

Project Relevance and Current Need **Maximum Points:** 8

1.Does the applicant: (4 points total)

- Describe their *community integrated health network's* experience and current capacity to deliver and/or facilitate streamlined access to services and supports - including evidence-based falls prevention programs - that address the social and behavioral determinants of health? *(1 point)*
- Describe and cite (using reliable population-based, state, and local data sources) the impact of falls in their state/region/tribe and how the proposed falls prevention programs will address this impact? *(1 point)*
- Describe the gap between the current availability of their proposed falls prevention programs and the ideal situation where these programs are readily available? *(1 point)*
- Include a Project Map of their state/region/tribe showing where the proposed programs are already being offered (if applicable), and which areas are being selected for this project, along with relevant data to support why they are targeting these areas? *(1 point)*

2. Does the applicant identify as a current or past ACL Falls Prevention grantee? (4 points total)

   - If **yes**, do they state:

     o what their participant targets were and if they met or are on pace to meet them *(1 point)*
     o the extent to which they secured innovative funding arrangements to continue to offer and/or expand the availability of evidence-based falls prevention programs beyond the end of the grant period *(1 points)*; and
     o how their proposed project significantly differs from their current or previously funded work and provide adequate rationale for the need for additional funding (i.e. not a continuation of current efforts, but rather an innovative approach that features new partnerships and/or programs, substantially increased geographic reach, and increased engagement of older adults and/or adults with disabilities that experience health disparities)? *(2 points)*

   - If **no** do they:

     o Adequately describe the status of evidence-based falls prevention program delivery within the targeted geographic area and the gap that exists between the "status quo" and the ideal situation where programs are readily available? *(4 points)*

Approach **Maximum Points:** 25

Project Description (17 points)

1. Has the applicant stated clear, measurable, and results-based goals and objectives for this proposal that align with the purpose, objectives and activities described in this program announcement? *(2 points)*
2. Does the applicant describe the evidence-based falls prevention programs that they propose to implement and/or expand, and a rationale for selecting these programs? Do they propose at least two programs? Are the programs proposed listed in Appendix A, and do they address different levels of falls risk on the *Evidence-Based Falls Prevention Program Risk Continuum*? Does the applicant clearly identify which program that they plan to implement in a remote format? Do they provide a target number of older adults that they expect to reach with the proposed falls prevention programs? For any proposed group series programs, has the applicant specified a target number of completers and a target completion rate? Does the applicant provide a rationale that these target numbers are realistic and achievable (e.g., by referencing their previous experience implementing relevant health promotion programs, demonstrating an understanding of the proposed falls prevention program's implementation, the number of older adults in their state/region/tribe at risk for falls, and/or other factors)? Does the applicant describe how the approach will engage approximately 25% of their participant target by the end of Year 1, 50% by the end of Year 2, and 100% of their participant target by the end of Year 3? *(3 points)*

3. Has the applicant provided a coherent approach, and comprehensive strategy to implement the proposed evidence-based falls prevention programs in their target area through their *community integrated health network*? Has the applicant described any existing evidence-based falls prevention efforts and/or programs in their area (or lack thereof) and how they plan to coordinate with and leverage these efforts? *(3 points)*
4. Has the applicant specified whether its existing infrastructure for the proposed programs is adequate? If applicable, did they provide a rationale for any proposed trainings? If additional training is proposed, did the applicant include a letter of support from the program developer and/or training entity in which they agreed to provide training no more than three months after the applicant receives the Notice of Award from ACL? *(2 points)*
5. For any program(s) proposed for remote delivery, has the applicant identified – and detailed a specific plan for implementing these programs, including – but not limited to – any IT/technology support needs for these programs? *(3 points)*
6. Is there a coherent approach to identifying, marketing to, and recruiting program participants (including any targeted populations proposed by the applicant)? *(2 points)*
7. Does the applicant describe the major challenges and barriers they anticipate encountering in enhancing their *community integrated health network* and delivering the proposed evidence-based falls prevention programs, as well as how they will address these challenges and barriers? *(2 point)*

Special Target Populations and Organizations (3 points)

1. Does the applicant describe the target population that will be served by the proposed evidence-based falls prevention programs, including any special populations to be reached, i.e., rural, underserved, etc.? *(1 point*
2. Does the applicant provide a rationale (citing relevant data) for selecting the target group(s) and describe any involvement of organizations that would be collaborating in reaching the proposed population(s)? *(2 points)*

Work Plan (5 points)

1. Has the applicant provided a project Work Plan for Years 1, 2, and 3 that reflects and is consistent with the Project Narrative and Budgets? *(1 point)*
2. Does the Work Plan include a statement of the project's overall result-based goals, anticipated outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the goal and outcome(s)? *(2 points)*
3. Does the Work Plan include a component(s) to evaluate progress toward achieving the applicant's stated goals and outcomes? *(1 point)*
4. Does the Work Plan identify timeframes involved (including start- and end-dates) and the lead person (including partners/consultants) responsible for completing the task? *(1 point)*

Note: if the applicant proposes to use ACL funds to implement programs not on the pre-approved list, reviewers must assign zero (0) out of the 17 possible points for the Project Description Section

Outcomes and Evaluation **Maximum Points:** 10

Project Outcomes (4 points)

1, Does the applicant identify the measurable, results-based outcomes that will result from the project, and do these outcomes address the two goals of this funding opportunity? *(2 points)*

2. Are the proposed outcomes quantifiable, measurable, and likely to be achieved during the project period? *(2 points)*

Quality Assurance (3 points)

1. Does the applicant describe the methods, techniques, and tools that will be used to: monitor and track the project's objectives and activities, as well whether the proposed falls prevention programs are being implemented with fidelity (along with the process for corrective actions, if necessary)? *(2 points)*
2. Has the applicant described how they will ensure the collection of the ACL required falls prevention dataset to ensure accurate collection by the sites and timely reporting to the National Falls Prevention Database? *(1 point)*

Dissemination (3 points)

1. Does the applicant describe the method that will be used to disseminate the project's results and findings in a timely manner for those who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making? *(1 point)*

2. Does the applicant clearly state their commitment to cooperating with any broader efforts led by ACL and/or the National Falls Prevention Resource Center? *(1 point)*

3. Does the applicant clearly state their commitment to participating in any national evaluations of the program(s) they have proposed for remote delivery? *(1 point)*

Sustainability **Maximum Points:** 30

Sustainability (20 Points)

Does the applicant describe plans for strengthening and expanding funding for their *community integrated health network* beyond the end of the grant period, including:

- Who their sustainability partners are and what their specific commitments to the project are? *(4 points)*
- Their proposed plans for contracts, partnerships, and/or collaborations with health care entities, insurance entities, large employers, the business community, or other innovative funding sources? *(4 points)*
- Any business planning efforts to be undertaken? *(4 points)*
- Any mechanisms that are in development or already in place to accept payment for their proposed program(s) (i.e. infrastructure, Health IT, and back-office support to bill and accept payment from contracts, private pay clients, and/or other potential payers)? *(4 points)*
- Their proposed or current centralized and coordinated processes to promote a unified approach across their state/region/tribe to achieve the goal of a *sustainable community integrated health network*, with robust falls prevention program offerings? *(4 points)*

Letters of Commitment (10 points)

Does the applicant include detailed letters of commitment describing and confirming the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application?

At a minimum, letters of commitment should be included from:

1. All *Community Integrated Health Network Partners*
2. *State Unit on Aging*
    - Does the applicant have a letter from a State Unit on Aging (SUA) that indicates their defined role in the project? If an SUA letter is not provided, is there documentation indicating that a letter was sought, but that the SUA declined to provide a letter? For applicants proposing a multi-state network, did they include a letter from each SUA involved in the project? **This requirement is applicable for all applicants except tribes/tribal entities**.
    - If the applicant is a tribe or tribal entity, did they include a tribal resolution that states the reasons they are applying for the grant, and their commitment to executing the grant activities (should it be awarded)?
3. *Area Agency on Aging*
    - Does the applicant provide a letter from an Area Agency on Aging (AAA) that indicates their defined role in the project? If a AAA letter is not provided, is there documentation indicating that a letter was sought, but that the AAA declined to provide a letter? For applicants proposing a geographic area that is covered by more than one AAA, did they include a letter from each relevant AAA? **This requirement is not applicable for tribes/tribal entities or applicants from a Single State Authority (Alaska, Delaware, Nevada, New Hampshire, North Dakota, Rhode Island, South Dakota, Washington DC, and Wyoming.**
4. *Program Administrator*
    - If the applicant indicates there is a need to build capacity for the fall prevention program(s) proposed before beginning delivery of the proposed program(s), did they include a letter from the program administrator committing to providing this training within 3 months of the start date of this grant?

Note: if the applicant does not include the required letters of support from the SUA and AAA (or evidence that they sought them, but were unsuccessful), reviewers must assign zero (0) out of the 10 possible points for Letters of Commitment

Organizational Capacity **Maximum Points:** 15

1. Has the applicant described how the applicant agency is organized, the nature and scope of its work, and the capabilities it possesses? *(5 points)*

2. Has the applicant described their *community integrated health network* structure and experience delivering and/or facilitating streamlined access to services/programs, including evidence-based falls prevention programs, that improve the health and well-being of their target population? Does the applicant organization identify how they will carry out the role/functions of the Network Lead Entity and identify the partners that currently comprise their *community integrated health network*? *(5 points)*
3. Has the applicant clearly described the roles and responsibilities of project staff, consultants, and partner organizations and how they will contribute to achieving the project's objectives and outcomes? *(5 points)*

Budget Narrative/Justification **Maximum Points:** 10

1. Are the budget and requested resources justified with respect to the adequacy of resources requested? Are budget line items clearly delineated and consistent with work plan objectives? Are relevant activities from the workplan/project narrative reflected in the budget (as appropriate)? *(5 points)*

2. Does the budget include travel for two project staff to a yearly falls prevention-relevant professional development conference per year? *(1 point)*

3. Has the applicant included detailed budgets for each of the following:

- Project Year 1 *(1 point)*
- Project Year 2 *(1 point)*
- Project Year 3 *(1 point)*
- A combined Year 1, Year 2, and Year 3 budget *(1 point)*

Note: if the applicant does not include a budget narrative/justification, reviewers must assign zero (0) out of the 10 possible points for the Budget Section

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.

Final award decisions will be made by the Administrator, ACL. In making these decisions, the Administrator will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

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: 05/01/2021

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.

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.

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see the appendix for this announcement to review the entire policy and guidelines.

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.

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 $25,000 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:
Shannon

Last Name:
Skowronski

Phone:
202-795-7438

Office:
Administration on Aging

Grants Management Specialist

First Name:
Sean

Last Name:
Lewis

Phone:
202-795-7384

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

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex. This includes ensuring programs are accessible to persons with limited English proficiency. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. Please see https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and http://www.hhs.gov/ocr/civilrights/understanding/section1557/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/omh/browse.aspx?lvl=2&lvlid=53.

- 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-harrassment.
- 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/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/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.

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 DUNS: (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (https://www.grants.gov). Your DUNS number can be verified at https://fedgov.dnb.com/webform/.

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. 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 subgrantees.

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 $5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x $100,000 = $5,000 – 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
	$17,482	$8,632	$0	$26,114	**Federal**

Fringe Benefits					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.

APPENDIX A: Pre-Approved List of Falls Prevention Programs

This is the list of approved Falls Prevention programs that may be proposed for this Funding Opportunity.

Applicants for this funding opportunity must propose to deliver **two or more** Falls Prevention Programs. The programs proposed to be implemented using ACL funding must be on the list of pre-approved interventions found in Appendix A.

All applicants must implement at least one program in a remote format, i.e., videoconference or some other modality that does not involve an in-person component. The National Council on Aging maintains a website that indicates which programs on this list are available in a remote format (https://www.ncoa.org/news/ncoa-news/center-for-healthy-aging-news/track-health-promotion-program-guidance-during-covid-19/). It is, however, incumbent on the applicant to contact the program administrator(s) for any program(s) they are interested in delivering remotely to confirm that: 1) the programs are allowed for remote delivery; and 2) that training is readily available for applicants who need it. **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 may ONLY propose delivery of programs on the pre-approved 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://protect2.fireeye.com/url?k=3850fd54-6404d47f-3850cc6b-0cc47a6d17cc-abf14 bbf52456ef4&;u=https://www.wku.edu/bingocize/

CAPABLE

-
    - https://www.ncoa.org/resources/capable-program-summary/
    - https://nursing.jhu.edu/faculty_research/research/projects/capable/index.html

EnhanceFitness

-
    - https://www.ncoa.org/resources/enhancefitness-program-summary/
    - http://www.projectenhance.org/

FallsTalk & FallScape

-
    - http://fallscape.org/

Fit & Strong!

-
    - https://www.ncoa.org/resources/program-summary-fit-and-strong/
    - https://www.fitandstrong.org/

Healthy Steps for Older Adults (HSOA)

-
    - https://www.ncoa.org/resources/healthy-steps-older-adults-program-summary/
    - https://www.aging.pa.gov/Pages/default.aspx

Healthy Steps in Motion

-
    - https://www.ncoa.org/wp-content/uploads/Healthy-Steps-in-Motion-Program-Summary.pdf
-
    - https://www.aging.pa.gov/Pages/default.aspx

Moving for Better Balance (YMCA)

-
    - https://www.ncoa.org/resources/ymca-moving-better-balance-program-summary/

The Otago Exercise Program

-
    - https://www.ncoa.org/resources/otago-exercise-program-program-information-guidance/
    - http://www.med.unc.edu/aging/cgec/exercise-program

Stay Active and Independent for Life (SAIL)

-

- https://www.ncoa.org/resources/stay-active-independent-for-life-sail-program-summary/
- Program website within Washington State: http://www.sailfitness.org/
- Program website outside Washington State: https://www.sailseminars.com/

Stepping On

-
  - https://www.ncoa.org/resources/program-summary-stepping-on/
  - https://wihealthyaging.org/

Tai Chi for Arthritis

-
  - https://www.ncoa.org/resources/tai-chi-arthritis-program-information-guidance/
  - http://taichiforhealthinstitute.org/

Tai Chi Prime

-
  - https://taichihealth.com/?page_id=2539

Tai Ji Quan: Moving for Better Balance

-
  - https://www.ncoa.org/resources/tai-ji-quan-moving-better-balance-program-information-guidance/
  - 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, 622 Area Agencies on Aging, and more than 260 Title VI Native American aging programs.
- **Behavioral Determinants of Health:** Individual behavior also plays a role in health outcomes. Many health behavior and disease prevention interventions focus on changing individual behaviors, such levels of physical activity. Among other benefits, positive

changes in individual behavior can reduce falls and falls risk for older adults and adults with disabilities.

- **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: https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/offering-evidence-based-programs/sustainability/
- **Community Integrated Health Network:** a coordinated group of visible and trusted CBOs led by a Network Lead Entity (NLE) that have entered a formal partnership with one or more health care organizations.
- **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.
- **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.
- **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.
- **Multi-payor:** an approach to sustainability that includes a variety of funders, i.e., health care, public (federal, state, and local government) and private, i.e., philanthropy, foundations, businesses/employers, etc.).
- **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: https://www.ncoa.org/resources/administration-on-aging-aoa-recommendations-forgrantee-quality-assurance-programs/
- **Participant:** an individual who attends at least one session of an evidence-based program**.**
- **Result-based accountability:** In the context of this FOA, result-based 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.
- **Social determinants of health:** The conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- **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: https://www.ncoa.org/center-for-healthy-aging/basics-of-evidence-based-programs/offering-evidence-based-programs/sustainability/.

APPENDIX C: Required Data Collection Forms

Below are links to the OMB-approved data collection forms for ACL Falls Prevention grantees, in English. There are also translations available in Spanish, Chinese, French, Italian, Vietnamese, Korean, Hmong, Polish, Russian, and Cambodian (available here: https://www.ncoa.org/center-for-healthy-aging/falls-resource-center/falls-prevention-grantees-falls-resource-center/falls-prevention-grantees/).

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

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

This guidance is intended to aid applicants in applying for an Administration for Community Living Funding Opportunity Announcement focused on falls prevention.

This resource was developed by the National Council on Aging's National Falls Prevention Resource Center to support organizations in:

I. Choosing the right falls prevention program(s);

II. Reviewing existing infrastructure for program implementation;

III. Developing a target number of participants;

IV. Creating a quality assurance plan.

This guidance document draws on data analyses from the National Falls Prevention Database. Applicants should consider multiple sources of information, highlighted throughout this resource, when identifying their proposed program(s) and participant targets. Follow instructions in the Funding Opportunity Announcement for requirements around the number and types of programs that must be included in your proposal.

I. Choosing the right program(s)

Grant applicants may only propose programs from the list of pre-approved options provided in Appendix A of the ACL Funding Opportunity Announcement. This appendix also includes information on how each program addresses different levels of falls risk on a continuum of high, medium, and low risk, as well which programs have remote options available.

In the past, some grantees have opted to implement one falls prevention program, while others offer an array of programs. In addition, some applicants propose a "set" of programs to target a specific issue. For example:

- Matter of Balance + Otago to address older adults with moderate to high risk for a fall.
- Stay Active and Independent for Life + Stepping On + Otago to address older adults with low, moderate, and high risk for a fall, respectively, and to provide older adults the option to attend a program with an end date (i.e., Matter of Balance and Otago) and an ongoing program that older adults can participate in for as long as they choose (i.e., Stay Active and Independent for Life).

Questions to consider 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?

- Thinking of the particular populations you're aiming to reach and the settings you're planning to utilize, are there specific types of programs to consider (see the *Evidence-Based Falls Prevention Program Risk Continuum Resource*). Are there certain programs that have worked well 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.?
- Is it necessary to find one or more programs translated into a specific language for one of your target populations?
- What are the costs of implementing different types of programs, for example by videoconference or in-person? Consider shipping costs for any materials and/or equipment that may be needed, 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
- Frequently Asked Questions: COVID-19 and Health Promotion Programs
- Archived Events: Health Promotion Programs and COVID-19

II. Reviewing existing infrastructure for program implementation

Whether your organization has been implementing evidence-based programs for a long time or just starting, it's important to consider the infrastructure in place for implementation and what is needed to support the activities proposed for the grant. (See Key Components of

Offering Evidence-based Programs.) Organizations that are new to implementing evidence-based programs will need to evaluate the number of leaders/facilitators needed to carry out the proposed activities and think about current partners that may be leveraged to achieve this work. Infrastructure needs may also have changed due to the COVID-19 pandemic. Consider including an explanation of the need to build capacity for remote programs. Remote implementation may require different processes, materials, and levels of staffing.

It's important to think strategically about building infrastructure and best practices for retaining leaders/facilitators and partners over time. Information about program planning and other key aspects of program infrastructure can be found here.

As you plan the grant proposal, keep in mind the end goal of creating a sustainable delivery system to reach your target number of participants and how the delivery infrastructure can be built to efficiently engage participants and partners. Take the following into consideration:

- *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 for training 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. Be sure to 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 for screening, supporting, and retaining leaders can be found in the Best Practices Toolkit: Resources from the field— Delivery Infrastructure and Capacity.

o Scenario 1: ▪ 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)
▪ 125 lay leaders pair off to offer 2 fall prevention program workshops with 12 participants per workshop= 1500 workshop participants in 125 workshops

o Scenario 2:▪ 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)
▪ 80 lay leaders pair off to offer 4 fall prevention program workshops with 12 participants per workshop= 1920 workshop participants in 160 workshops

o Scenario 3—One-on-one individualized program (e.g., Otago Exercise Program):▪ 15 physical therapists complete the online Otago Exercise Program (OEP) leader training. Each

leader offers the one-on-one program to 8 older adults per year=120 OEP participants per year

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 is needed to implement programs by phone or videoconference?	Purchase videoconference 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 next 12 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
What is needed to implement programs by or phone videoconference?	Purchase videoconference platform and other technology, train leaders in new format, revise marketing strategy, etc.

Questions to consider:

- 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?
- 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 potential 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 whether it will take additional time to create partnerships to train leaders and reach participants in these target groups.

Helpful resources:

- Best Practices Toolkit: Resources from the Field
    - Delivery Infrastructure and Capacity
    - Strategic Partnerships

III. Developing a target number of participants

Applicants are required to 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.
While developing your goal, think about how many participants have been 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 you are awarded the grant, 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, and 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 with 12-15 participants per workshop
When will the target number of workshops be scheduled to meet the grant goal?	Quarter 1 of grant Year 1 (May-Jul.): 0 workshops, use this time to develop contracts and train leaders Quarter 2 (Aug-Oct) and Quarter 3 (Nov – Jan) of Year 1: 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.

	Quarter 4: (Feb.-April): 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?	Quarter 1 of grant Year 1 (May-Jul.): 0 workshops, use this time to develop contracts and train leaders Quarter 2 (Aug.-Oct.) and Quarter 3 (Nov.- Jan.): 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. Quarter 4: (Feb.-April): Hold at least 22 workshops (yielding approximately 264-330 participants)

Questions to consider when developing a target participation goal:

- 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 for recruiting older adults to programs?

- How much time will be needed to build capacity to implement programs prior to 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? Are partners able to commit to conducting a certain number of workshops each grant year?
- Does your grant proposal include plans to reach a new population, such as rural communities, veterans, caregivers, tribal elders, etc.? If yes, consider whether it will take additional time to create partnerships to reach participants in these target populations.
- What systems or processes do you currently have in place to collect required participant paperwork and data?

Helpful resources:

- Best Practices Toolkit: Resources from the Field
    - Delivery Infrastructure and Capacity
    - Marketing and Recruitment
- Presentation- Planning Your Grant Deliverables: Secrets of Workshop Coordination
- 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
- Tip Sheet: Engaging Veterans in Evidence-Based Programs
- Tip Sheet: Engaging American Indian/Alaska Native Elders in Falls Prevention Programs
- Frequently Asked Questions: Data Collection & Management for Health Promotion Programs during the COVID-19 Pandemic

IV. **Creating a quality assurance plan**

Each evidence-based falls prevention program approved for the funding opportunity follows a format or curriculum that has been researched and proven to lead to specific falls prevention outcomes. It's important to develop a quality assurance and fidelity monitoring plan to ensure programs are implemented as intended, regardless of implementation site or program leader. Adhering to program fidelity ensures that participants receive researched benefits of the program 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.