



Administration for Community Living








Center for Innovation and Partnership

A Demonstration to Scale Innovative Person-Centered Approaches to Falls Prevention through Clinical-Community Partnerships

Opportunity number: HHS-2026-ACL-CIP-AAFP-0017



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Before you begin

If you believe you are a good candidate for this funding opportunity, secure your [SAM.gov](#) and [Grants.gov](#) registrations now. If you are already registered, make sure your registrations are active and up to date.

SAM.gov registration (this can take several weeks)

You must have an active account with SAM.gov. This includes having a Unique Entity Identifier (UEI).

[See Step 2: Get Ready to Apply](#)

Grants.gov registration (this can take several days)

You must have an active Grants.gov registration. Doing so requires a Login.gov registration as well.

[See Step 2: Get Ready to Apply](#)

Apply by the application due date

Applications are due by 11:59 p.m. Eastern Time on Monday, July 27, 2026.



To help you find what you need, this NOFO uses internal links. In Adobe Reader, you can go back to where you were by pressing Alt + Left Arrow (Windows) or Command + Left Arrow (Mac) on your keyboard.



Step 1:

Review the Opportunity

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Basic information

Administration for Community Living (ACL)

Center for Innovation and Partnership

A notice of funding opportunity from the Administration for Community Living for a demonstration project scaling falls prevention programs through community care hubs.

Summary

In alignment with the U.S. Department of Health and Human Services' Make America Healthy Again agenda, the Administration for Community Living (ACL) is committed to addressing the significant issue of older adult falls. Falls in older adults are common and can lead to negative impacts on health outcomes, quality of life, independence, mortality, and cost to society. Fortunately, rigorous research demonstrates that falls are preventable. Scaling evidence-based falls prevention programs through the expansion of existing community capacity, in partnership with the health care sector, is key to reducing older adult falls.

Beginning in FY 2023, Congress appropriated funds to support [research, demonstration, and evaluation \(RDE\) activities \[PDF\]](#) in the Aging Network through an RDE Center. The current focus of the RDE Center is on the demonstration portion of the authorizing legislation. The [statute \[PDF\]](#) charges ACL with supporting "demonstration projects" to scale evidence-based programs that promote partnerships among aging services, community-based organizations, and Medicare and Medicaid providers, plans, and health systems.

As a part of a HHS multi-agency initiative, ACL intends to award a single cooperative agreement to one grantee for three-years with the expectation that the grantee will fund the scaling of a common approach to falls prevention through clinical-community partnerships (community care hubs) in five regional geographies with high potential for scaling. Successful applicants will demonstrate the capacity to (1) quickly administer sub-awards to community care hubs that can implement and scale the [STEADI](#) algorithm and the [Stepping On program](#) and (2) conduct rapid cycle evaluation to iterate and improve the impact of the interventions as they are scaled.

Funding details

Type: Cooperative agreement



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

A Demonstration to Scale Innovative Person-Centered Approaches to Falls Prevention through Clinical-Community Partnerships

Opportunity number:

HHS-2026-ACL-CIP-AAFP-0017

Federal assistance listing:

93.048 – Special Programs for the Aging, Title IV, and Title II, Discretionary Projects

Cost sharing:

None

NOFO version:

Original

Key dates

Application

submission deadline:

July 27, 2026

Optional notice of

intent deadline:

July 10, 2026

Expected award date:

September 30, 2026

Expected project

start date:

September 30, 2026

See [intergovernmental review](#) for other submission processes that may apply to this NOFO.

Expected total program funding over the performance period: \$4,781,733

Expected total program funding per budget period: \$4,781,733

Total expected awards: 1

Funding range per applicant per budget period: Up to \$4,781,733

We plan to fund awards in one 36-month budget period for a three-year period of performance from September 30, 2026 to September 29, 2029.

Eligibility

Eligible applicants

Only these types of organizations may apply:

- Special district governments.
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education.
- Private institutions of higher education.
- Native American tribal governments (Federally recognized).
- City or township governments.
- Public housing authorities/Indian housing authorities.
- State governments.
- Independent school districts.
- Public and State controlled institutions of higher education.
- County governments.
- Native American tribal organizations (other than Federally recognized tribal governments).

Foreign entities are not eligible to compete for, or receive, awards made under this announcement. Faith-based and community organizations that meet the eligibility requirements are eligible to receive awards under this funding opportunity announcement.

Disqualifying factors

We will review your application to make sure it meets these responsiveness requirements.

We won't consider an application that:

- Is submitted after the [deadline](#).
- Is from an individual, including a sole proprietorship, or a foreign entity.
- Is received in paper format that didn't have a previously approved exemption from ACL.
- The total 36-month budget must not exceed \$4,781,733.
- The project period must not exceed 36 months.

Application limits

If you submit the same application more than once under this notice of funding opportunity (NOFO), we will only acknowledge the last on-time submission.

Cost sharing

This program has no cost-sharing requirement, meaning you do not need to contribute to the costs of this project.

If you choose to include cost-sharing funds, we won't consider it during review. If you receive an award, we will include your voluntary commitment in the award.

Post-award requirements

Before you apply, make sure you understand the requirements that come with an award.

See [Step 6: Learn What Happens After Award](#) for information on regulations that apply, reporting, and more.

Statutory authority

Special Programs for the Aging, Title IV, and Title II, Discretionary Projects, Older Americans Act of 1965, Title IV, Public Law 89-73, 79 Stat. 218, as amended; Public Law 97-115, 95 Stat. 1595; Public Law 98-459, 98 Stat. 1767; Public Law 100-175; Public Law 100-628, 42 U.S.C. 3031-3037b; Public Law 102-375; Public Law 106-501.

Program description

Statement of need/background

Falls among older adults represent a significant and growing public health concern with serious consequences for health, independence, and mortality. Older adult falls are common, with approximately [one in four](#) older adults experiencing a fall every year, resulting in an estimated 36 million falls nationwide. These incidents lead to approximately three million emergency room department visits, one million hospitalizations, and approximately 32,000 deaths annually. A prior fall significantly increases future risk; once an older adult falls, their likelihood of falling again doubles. Recurrent falls are associated with declining physical function and premature transitions to institutional care. The cumulative impact of falls threatens older adults' ability to remain independently in their homes and communities. In addition to significant harm to older adults, non-fatal falls cost an estimated [\\$80 billion](#) per year. Although rigorous research demonstrates that falls among older adults are preventable through person centered, evidenced based interventions, gaps remain in the widespread adoption, implementation and scaling of these strategies across the country.

Reducing falls among older adults is a national priority and is in alignment with this administration's efforts to Make America Healthy Again. The U.S. Department of Health and Human Services (HHS), through the Administration for Community Living (ACL), is coordinating a cross-agency response to significantly reduce the incidence of falls among older adults. While HHS has invested in falls prevention for decades, the work was often siloed within agencies, for specific providers, and/or in specific communities. This effort, informed by the [National Falls Prevention Action Plan \[PDF\]](#), seeks to bring together tools and program investments across ACL, the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Center for Clinical Standards and Quality in the Centers for Medicare and Medicaid Services, and the National Institute on Aging (NIA) to realize significant progress over the next three years.

This funding opportunity will contribute to the overall goal of reducing falls by bringing together clinical and community partners to scale a specific falls prevention protocol that includes screening for falls risk and deploying an evidence-based, community-based falls prevention program. Specifically, this opportunity will use the CDC's [Stopping Elderly Accidents, Deaths & Injuries \(STEADI\) Initiative](#) tool to screen people for fall risk, assess modifiable risk factors, and intervene to reduce fall risk. This tool has been successfully used in a variety of health care settings, including primary care and hospital environments. HRSA will be working with Federally Qualified Health Centers to screen for falls risk using STEADI as part of the coordinated inter-agency effort to prevent falls. The STEADI tool will be paired with [Stepping On](#), a multifactorial community-based falls

prevention program that has demonstrated a [31% reduction in relative risk of falls](#) and a [reduction in emergency department visits](#). ACL funding has historically supported community implementation of this program in some states and communities and will increase access through this initiative.

ACL is committed to preventing falls in older adults, a major problem in the United States, in alignment with our objective to improve the lives of older adults and people with disabilities. The [reauthorization of the Older Americans Act in 2020 \[PDF\]](#) created ACL's Research, Demonstration, and Evaluation (RDE) Center for the Aging Network. One authorizing function of the RDE Center statute charges us with supporting "demonstration projects" to scale evidence-based programs that promote partnerships among aging services, community-based organizations, and Medicare and Medicaid providers, plans, and health (including public health) systems.

ACL's **mission, vision, and strategic priorities** include several components relevant to this approach to scaling falls prevention programs:

- **Whole-person health.** ACL will advance approaches that integrate health care and community-based interventions to support independence, improve health, and reduce costs. We will scale evidence-based programs in nutrition, falls prevention, chronic disease self-management, and health promotion. And we will expand the capacity of [community care hubs \(CCHs\)](#) that specialize in bridging health care entities and networks of specialty community-based providers to scale integration and access.
- **Operational drivers: how we work.** To carry out these priorities, ACL and its grant recipients focus on five operational drivers that define how we achieve lasting, measurable impact. Three relevant operational drivers to this initiative include scaling (expanding what works), speed (responding to emerging needs), and outcomes (measuring what matters).

This funding opportunity also specifically focuses on the following goals of the National Falls Prevention Action Plan:

- **Broaden Funding Across Sectors.** Broaden funding across sectors by expanding and coordinating spending at the national, state, and local levels on falls prevention awareness, screening, assessment, intervention, and management and improve the capacity of health care and community providers to obtain funds from government, health systems, insurers, and philanthropy to achieve their aims.
- **Scale Evidence-Based and Proven Interventions.** Scale evidence-based and proven interventions by increasing the number of evidence-based clinical interventions and community-based prevention programs with sizes and capacities sufficient to meet the needs of people at risk of falls, particularly those in historically underserved communities and those with the greatest social and economic need.

- **Drive More Clinical and Community Partnerships.** Drive more clinical and community partnerships by creating the seamless infrastructure needed to support partnerships among clinical providers and community based, aging network, public health, and other social service providers and systems to prevent and reduce falls.
- **Expand Access to Existing Technologies.** Expand access to existing technologies by engaging a wide range of public and private partners so that products meet the unique needs of older people and are accessible to them no matter who they are or where they live.

Core Activities

Our approach to this demonstration opportunity is driven by two important components: (1) a focus on scaling STEADI and Stepping On which are evidence based, address multiple falls risk factors, and have existing capacity to deliver results; and (2) leveraging community clinical partnerships—via community care hubs—as a scaling strategy to reach a large population of older adults at risk for falls.

We seek to rapidly increase older adult access to a multifactorial falls prevention program by building on the capability of the aging and disability organizations that act as community care hubs (CCHs). For more than a decade, aging and disability organizations have organized into networks led by a CCH. The CCH infrastructure has enabled these organizations to effectively partner with health care entities to serve more older adults and people with disabilities at risk for poor health outcomes in the community than they could on their own. This funding opportunity intends to leverage healthcare and CCH partnerships to deploy the falls protocol and rapidly increase access to screening, assessment, and interventions to reduce falls across five regions. There are [17 falls prevention programs](#) that meet [ACL's criteria for evidence-based programs](#). All of the programs are important, and different programs work to prevent falls through different mechanisms (e.g., gait, strength, and balance; medication management; home hazards; etc.). However, not all falls prevention programs address multiple causes of falls, are broadly adopted, or have a proven return on investment.

Thus, for this demonstration program, we are interested in broad implementation of a common assessment tool (STEADI) and one multi-factorial falls prevention program with broad adoption (Stepping On).

- We recognize there is a large population of ambulatory older adults at risk for falls who could benefit from a comprehensive assessment and a community-based intervention that addresses multiple risk factors. While homebound older adults with limited mobility are also at risk for falls, we aim to reach a larger population at risk for falls in this demonstration. Focusing on STEADI and Stepping On in this falls prevention scaling demonstration will allow us to achieve the largest scale with maximum population health impact.

- [Stepping On](#) is a multifactorial community-based falls prevention program that includes group education and behavior change workshops on balance and strength exercises, home modifications, medication review, and vision review. The target population is older adults who live independently, do not have cognitive impairments, do not use a walker indoors, and do not need a wheelchair. Randomized controlled trial evidence shows a [31% reduction in relative risk of falls](#) (the strongest quality of evidence of the falls programs) and [a reduction in emergency department visits](#).

The CBO network led by the CCH is capable of providing services at scale, including evidence-based interventions (such as falls prevention programs), nutrition services, care coordination, and more. For the purposes of this demonstration, it's anticipated a CCH will work with health care partners on implementation of STEADI for falls risk screening and assessment, with subsequent referral to the CCH for appropriate follow up for identified risk factors as well as participation in Stepping On.

ACL intends to award a single cooperative agreement to support healthcare/CCH partnerships to scale STEADI and Stepping On in five geographical areas across the country. The grantee will identify and award funding to healthcare/CCH partnerships, provide technical assistance to the partnerships during program implementation, and conduct rapid-cycle analysis to support successful scaling of STEADI and Stepping On. Successful applicants will demonstrate capacity to:

- Quickly administer sub-awards to CCHs that can implement and scale STEADI and Stepping On.
- Provide targeted technical assistance to the sub-awardees and coordinate on additional technical assistance with the National Falls Prevention Resource Center.
- Conduct rapid cycle evaluation to iterate and improve the impact of the interventions as they are scaled.

Up to 25% of the award can remain with the cooperative agreement recipient to support coordination of technical assistance activities, rapid cycle evaluation activities, and administering the sub-awards. At least 75% of the award must be disbursed to the sub-awardees.

Applicants that propose to coordinate this effort, including sub-awards, with complementary ACL funding opportunities (Scaling Evidence-Based Falls Prevention Programs [HHS-2026-ACL-AOA-FPSG-0004] and National Falls Prevention Resource Center [HHS-2026-ACL-AOA-FPSG-0005]) are positioned to achieve an even greater impact.

Part 1. Administering sub-awards to CCHs that can implement and scale STEADI and Stepping On

The cooperative agreement recipient will coordinate closely with ACL on a data-driven approach to identify and disburse sub-awards. The sub-awards will comprise 75% of the awardee's budget. They will be awarded to five CCHs in geographic regions with strong opportunity for regional expansion of STEADI and Stepping On to the target population through community care hubs and their respective clinical and community partners.

- The cooperative agreement recipient must be able to disburse sub-awards within 120 days of award receipt. Additionally, the recipient is responsible for the monitoring and oversight of all sub-awards, and the process to solicit, objectively evaluate, select, and make sub-awards. Further, the successful recipient shall adhere to all requirements, including those for making and monitoring sub-awards, as outlined in 45 CFR Part 75.
- **Sub-awardee intervention target population:** Older adults at risk for falls.
 - Consistent with the definition in the Older Americans Act (42 U.S.C. §3002(8)), we define an older adult as 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.
 - We define “at risk for falls” in a multifaceted manner as older adults who: (1) are screened as a fall risk using the STEADI algorithm (see multifactorial risks [here \[PDF\]](#)); (2) had a documented fall-related health care encounter in any clinical setting during the past 12 months (e.g., outpatient, inpatient, emergency department, urgent care, post-acute care, specialty, home health, or other health care setting); or (3) otherwise self-identify concerns related to falling, balance, or gait instability. Sub-awardees will identify priority at risk populations and the types of health care partners and encounters that will yield the highest volume of screening and referrals.
- Sub-awardee intervention: Sub-awardees must offer and focus on scaling the Stepping On program in partnership with health care using the STEADI algorithm.
 - Where possible, feasible, and appropriate, the ideal sub-awardee -would leverage technology solutions for predicting, identifying, and acting upon falls risk, potentially including artificial intelligence, data analytics, assistive technology, virtual delivery of interventions, tools to support consumer behaviors, and related data infrastructure. The ideal use of technology solutions would focus less on gadgets and more on infrastructure that connects clinical risk data with community-based interventions, less on detection of falls and more on prediction of falls. For example, literature demonstrates that gait analysis is critical to predicting fall risk, with sensors able to capture inputs like stride variability, postural sway, temporal symmetry, and dynamic stability.

Further, machine learning, predictive modeling, and AI can help enable and analyze data feeds from wearables and other sensors, linking them to interventions and clinical decision support. Sub-awardees should consider, when possible, partnership with state assistive technology programs to expand reach of technology to all areas of the market.

- Sub-awardee organization types and locations:
 - Sub-awardees must be CCHs that have demonstrated capability to serve a large geography in partnership with health care entities.
 - Definitions of CCHs are found [here \[PDF\]](#) and [here](#) and a map of CCHs is found [here](#).
 - Through their network, they should have current capability to deliver community-based evidence-based falls prevention programs and demonstrated capacity to scale Stepping On across a state or region.
 - They should also demonstrate relationships with falls screening and referrals partners (such as accountable care organizations [ACOs], providers conducting Medicare annual wellness visits, etc.).
 - Sub-awardees should have existing capacity for data collection related to falls prevention, including:
 - The ability to participate in rapid cycle evaluation to iterate and improve the impact of the interventions as they are scaled as well as participate in an external evaluation to understand the impact on outcomes.
 - The ability to report on or contribute to improving quality measures for falls prevention, such as those in the Healthcare Effectiveness Data and Information Set ([HEDIS \[PDF\]](#)), the Merit-based Incentive Payment System ([MIPS \[PDF\]](#)), or others.
 - The sub-awardees must demonstrate engagement with aging and disability partners (such as AAAs, CILs, and ADRCs) as part of their CCH network.
 - The sub-awardees are expected to partner with Federally Qualified Health Centers, health systems, and other primary care providers committed to scaling the use of STEADI and referrals to Stepping On.
 - The cooperative agreement recipient will coordinate closely with ACL on a data-driven approach to identify and disburse sub-awards to five CCHs in different geographies with strong opportunity for regional expansion of falls prevention programs. The sub-awards should last at least 2.5 years (i.e., most of the overall three-year cooperative agreement period). That approach should assess and prioritize geographies and organizations by assessing:
 - The geographic market opportunity for health care contracting (e.g., presence of ACOs, Medicare Advantage plans, DSNPs, and more).

- Strength of the CCH and its network partners in delivering falls prevention programs, including Stepping On, and other core services.
- CCH's relationship with state agencies and state agencies' support of the aging network, CCHs, and falls prevention programs.
- CCH's ability to contract with health care partners.
- CCH's degree of clinical integration with health care partners, including the ability of and magnitude to which clinical partners broadly implement the use of STEADI, integrate into the EHR workflow, and generate a high volume of referrals from STEADI.
- CCH's strength of data security and IT infrastructure to support integration and data sharing with health care partners and CBO network for care delivery, coordination, quality improvement, and payment operations (including billing capacity for fee-for-service Medicare).
- Ideally, the presence of and engagement with a state falls prevention coalition.
- Coordination with other ACL grantees to implement STEADI and Stepping On.

Part 2. Providing targeted technical assistance

The cooperative agreement recipient will provide targeted technical assistance to the sub-awardees to support the regional scaling demonstrations. Delivery of technical assistance should be interactive and engaging and informed by ongoing successes, barriers, and needs identified in the rapid cycle evaluation (see Part 3 below).

This includes TA to enable organizations across the aging services network (inclusive of AAAs and SUAs) to support implementation and regional scaling of STEADI and Stepping through community-clinical partnerships.

The recipient is also expected to coordinate additional technical assistance activities with the ACL-funded National Falls Prevention Resource Center to avoid duplication and build on federal investments (i.e., STEADI and Stepping On resources, state falls coalitions, etc.). The recipient should ensure that sub-grantee needs and barriers documented in rapid-cycle evaluation are shared with the Resource Center to ensure TA to subgrantees is responsive to the results of those analyses and improves their performance.

Part 3. Conducting rapid cycle evaluation to iterate and improve the impact of the interventions as they are scaled.

- Within 120 days of grant award, the recipient must have the ability to collect, securely store, analyze, and report on sub-awardee data in a rapid cycle analysis fashion. Applicants should include a proposed data collection/management strategy for sub-awardees (to be confirmed in consultation with ACL). The recipient must demonstrate capacity to engage or previous experience engaging an efficient IRB approval process. The recipient must be able to conduct rapid cycle analysis on the limited set of process outcome metrics listed below. They should propose data sources, methods, techniques, and tools that will be used to determine if sub-awardees achieve anticipated outcomes, and to document lessons learned. The recipient must describe and demonstrate capacity or experience to perform rapid cycle evaluation to iterate and improve the impact of the interventions as they are scaled based on ongoing successes, barriers, and needs identified. The rapid cycle analysis should be part of and inform the TA function—for example, any challenges identified in rapid cycle analyses should be addressed quickly through TA. Key outcomes in the rapid cycle analyses may include:
 - STEADI assessments fully implement and STEADI referrals made.
 - [Successful connection rate](#) of STEADI referrals (ratio of referrals whose closure resulted from receipt of real benefit divided by all managed referrals).
 - Stepping On program utilization, including not just individuals in the program, but those who complete it, and measures of program scaling (e.g., to new geographies, involvement of new partners, staff capacity, etc.).
 - Self-reported program participant data (potentially including incidence of falls and fear of falling).
 - Qualitative assessment of successes, challenges, barriers, and other needs.
- The recipient and sub-awardees must work with and participate in an external claims-based evaluation that ACL will separately fund. Key outcomes from the external evaluation may include:
 - Prevalence of falls.
 - Emergency department visits for falls.
 - Hospitalizations and readmissions.
 - ROI for scaling Stepping On and STEADI.

Partnership and stakeholder collaboration

Applicants should describe how they plan to partner with other organizations—both inside and outside of the aging network—to address funding expectations.

- The applicant must have the capacity and expertise to work with multiple types of partners to facilitate collaboration and research with the 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 Services Network. The nationwide Aging Services Network is led by ACL, which sits within the Department of Health and Human Services. The network includes 56 State Agencies on Aging, approximately 615 Area Agencies on Aging, and more than 280 Title VI Native American aging programs. Further, the network is supported by tens of thousands of service providers, community-based organizations, and hundreds of thousands of volunteers. There are also organizations representing national, state, and local aging partners.
- The applicant (lead applicant or partner organizations) must demonstrate experience with and clearly describe plans for engagement of health care partners, and organizations representing national, state, and local health care entities. The applicant should also clearly describe plans for engaging organizations that specialize in multistakeholder strategy for aligning health care and whole-person community care through community care hubs, including the ability to serve as a neutral convener.
- Outside of the aging network, the applicant must also describe plans for engagement of other partners, such as the Stepping On program developer and organizations advancing community care hubs and the implementation of the target interventions.

For any key partners the applicant intends to directly involve in this funding opportunity, the applicant should obtain letters of commitment stating their agreement to provide tangible, specific resources, personnel, funding, or other contributions.

Cooperative agreement terms

Cooperative agreements require substantial ACL project involvement after an award is made. There are specific roles for both you and ACL.

Your responsibilities

- Fulfill all the requirements of the grant initiative as outlined in this program announcement, as well as carry out project activities as reviewed, approved, and awarded.
- Participate in ACL education and communication activities (including teleconferences and webinars) provided that ACL provides reasonable notice of the subject, date, and time of the teleconference.
- Comply with all other reporting requirements, as outlined in the Funding Opportunity and the Notice of Award.
- Include ACL disclaimer language on all products produced using this grant funding.
- Engage with ACL and its external contractor on evaluation, including input into evaluation design and implementation, assisting with the collection and housing of required data, and sharing data with ACL and its contractor upon request.
- Work with ACL on a defined data-driven process for developing the application criteria for sub-awards and selecting sub-awards that maximize the potential for scaling success.
- Work with ACL on subgrantee reporting/monitoring strategy, including required data elements and reporting cadence.
- Ensure each subgrantee has appropriate licensing to offer Stepping On, as determined by the program administrator (Wisconsin Institute for Healthy Aging)
- Coordinate technical assistance with ACL and other ACL-funded technical assistance partners.
- Coordinate with ACL on selection of and agreements for external consultants and TA providers.
- Reach ACL defined performance milestones for draw down of grant funds to be approved by ACL.
 - In first 30 days, collaborate with ACL on objective review criteria and an approach to sub-awards, including identifying priority geographic regions for Stepping On scaling.
 - In the first 120 days, disburse sub-awards.
 - Within the first year, all sub-awardees are implementing STEADI with active referrals occurring to the Stepping On program.

Our responsibilities

ACL will carry out the following activities for the cooperative agreement:

- ACL Project Officer will perform the day-to-day Federal responsibilities of managing a grant initiative and will work with the grantee to ensure that the necessary requirements for the grant are met.
- Assist the grantee project leadership in understanding the policy concerns and/or priorities of ACL by conducting periodic briefings and by carrying out ongoing consultations.
- Within 30 days post-award, work cooperatively with the grantee to clarify programmatic and budgetary issues. If issues are identified, work with the grantee to revise the project work plan, detailing expectations for major activities and products during the grant.
- Provide technical assistance to the grantee on the coordination of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
- Provide consultation to the grantee in identifying emerging issues as they relate to the goals and objectives of this grant program.
- Work with the grantee on the development and implementation of quality assurance systems to ensure that performance is measured and continuous improvement occurs.
- Provide guidance and technical assistance to the grantee in making sub-awards (i.e., sub-grants/contracts) as permitted in this funding opportunity.
- Review and provide technical advice to the grantee on all work products and other project deliverables and processes.
- Attend and participate in major project events as appropriate.
- Coordinate with other federal agencies that have infrastructure, technical assistance, or programmatic resources to support the success of this demonstration.
- Participate in multi-stakeholder consortia or groups that provide coordination and/or strategic direction to this award and its work.

Funding policies and limitations

Changes in HHS regulations

As of October 1, 2025, HHS adopted [2 CFR 200](#), with some exceptions included in [2 CFR 300](#). These regulations replace those in 45 CFR 75.

Policies

All activities proposed in your application and budget narrative must align with applicable law, including but not limited to statutes, executive orders, federal regulations, and applicable judicial holdings. Accordingly, discretionary awards shall not be used to fund, promote, encourage, subsidize, or facilitate: racial preferences or other forms of racial discrimination by the recipient, including activities where race or intentional proxies for race will be used as a selection criterion for employment or program participation; denial by the recipient of the sex binary in humans, or the belief that sex is a chosen or mutable characteristic; illegal immigration; or any other initiatives that compromise public safety. If an application does not align, the application will not receive funding to the extent permitted by law and applicable court orders.

- We will only make awards if this program receives funding. If Congress appropriates funds for this purpose, we will move forward with the review and award process.
- Support beyond the first budget period will depend on:
 - Appropriation of funds.
 - Satisfactory progress in meeting your project's objectives.
 - A decision that continued funding is in the government's best interest.
- If we receive more funding for this program, we will consider:
 - Funding more applicants.
 - Extending the period of performance.
 - Awarding supplemental funding.
- You may not use funds from this NOFO for any diversity, equity, inclusion, and accessibility (DEI and DEIA) activities. This includes:
 - DEI- or DEIA-related research.
 - Activities that discriminate based on race, color, religion, sex, national origin, or other protected traits.
- Under this NOFO, you can't continue existing projects without expansion or new and innovative approaches.
- Meals are allowed only in limited circumstances linked to program activities, like during travel or when approved in advance by ACL. See Allowable Costs and

Activities, Exhibit 4: Selected Items of Cost, Meals in the [HHS Grants Policy Statement](#).

- There are restrictions on certain telecommunications and video surveillance equipment. See [2 CFR 200.216](#) to make sure this does not apply to any proposed equipment in your application.

Unallowable costs

- Construction or major rehabilitation of buildings.
- Basic research, such as scientific or medical experiments.
- For guidance on other types of costs that we restrict or do not allow, see General Provisions for Selected Items of Costs of the Uniform Guidance, [2 CFR 200.420](#).

Program-specific limitations and policies

Sub-awards should be used to fund the intervention, including staff, infrastructure to support clinical-community partnerships, data infrastructure for evaluation and quality improvement, use of assistive technology, and more.

Indirect costs

Indirect costs are those shared across multiple projects and not easily separated.

To charge indirect costs you can select one of two methods:

Method 1 — Approved rate. If you currently have an indirect cost rate approved by your cognizant federal agency, you may use that rate.

Method 2 — *De minimis* rate. If you do not have a negotiated indirect cost rate, you may elect to charge a *de minimis* rate (see [2 CFR 200.414\(f\)](#)). This rate may be up to 15% of modified total direct costs (MTDC). See the definition of MTDC ([2 CFR 200.1](#)). You can use this rate indefinitely.

You may not charge costs included in your indirect cost pool as direct costs.

Subawards

As the prime recipient, you must maintain a substantive role in the project. This means that you conduct funded activities and provide services necessary and integral to completing the project.

Monitoring your subrecipient's activities alone as described in [2 CFR 200.332](#) is not a substantive role.

We do not fund awards where your role is primarily a conduit for passing funds to other organizations unless that arrangement is authorized by statute.

All subrecipients must have a Unique Entity Identifier (UEI) through the System for Award Management (SAM.gov).

Subrecipients must meet the [eligibility requirements](#) of this NOFO.

Salary rate limitation

The salary rate limitation in the current appropriations act applies to this program. You may not use awarded funds to pay a salary at a higher rate than the rate for Executive Level II.

For the Executive Level II salary, please see [the Office of Personnel Management information on executive and senior level employee pay](#).

The salary limitation reflects a person's base salary (including any portion of the salary that is paid with indirect costs). It does not include fringe benefits or any income the person is allowed to earn outside of the duties of the applicant organization.

This salary limitation also applies to subawards, contracts, and subcontracts under an ACL grant or cooperative agreement.

Program income

If you earn any money from your award-supported project activities (known as program income), you must use it for the purposes and under the conditions of the award. Find more about program income at [2 CFR 200.307](#).



Step 2: Get Ready to Apply

In this step

Find the application package [24](#)

Get registered [25](#)

Find the application package

The application package has all the forms you need to apply. You can search for it at [Grants.gov](#) using opportunity number {HHS-2026-ACL-CIP-AAFP-0017}. Then select the Package tab.

We recommend that you select the **Subscribe button** from the View Grant Opportunity page for this NOFO to get updates.

You can also find materials at [Applying for Grants on ACL's website](#).

If you can't use Grants.gov to download application materials or have other technical difficulties, including issues with application submission, [contact Grants.gov](#) for assistance.

Get registered

SAM.gov

You must have an active account with SAM.gov to apply. SAM.gov registration can take several weeks. Begin that process today.

To register:

- Go to [SAM.gov Entity Registration](#) and select Get Started. From the same page, you can also select the Entity Registration Checklist for the information you will need to register.
- You must agree to the [financial assistance general certifications and representations \[PDF\]](#) specifically. Those for contracts are different.

When you register, you will also receive your required Unique Entity Identifier (UEI).

Once you register:

- You will have to maintain your registration throughout the life of any award.
- If your organization has multiple UEIs, use the one associated with your physical location.

Grants.gov

You must also have an active account with [Grants.gov](#). You can see step-by-step instructions at the Grants.gov [Quick Start Guide for Applicants](#).

Need help? See [Contacts and Support](#).



Step 3:

Build Your Application

In this step

Application checklist	<u>27</u>
Application contents and format	<u>28</u>

Application checklist

Make sure that you have everything you need to apply. You will find the forms in Grants.gov.

Narratives

Item	Grants.gov form	Page limit
<input type="checkbox"/> Project narrative	Use the Project Narrative Attachment form.	20 pages
<input type="checkbox"/> Budget narrative	Use the Budget Narrative Attachment form.	None

Attachments

Insert each in a single Other Attachments form.

Item	Page limit
<input type="checkbox"/> Indirect cost agreement	None
<input type="checkbox"/> Commitment letters	None
<input type="checkbox"/> Proof of nonprofit status	None
<input type="checkbox"/> Resumes and job descriptions	None

Other required forms

Use each required form in Grants.gov.

Item	Page limit
<input type="checkbox"/> Application for Federal Assistance (SF-424)	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	None
<input type="checkbox"/> Assurances for Non-Construction Programs (SF-424B)	None
<input type="checkbox"/> Key Contacts form	None
<input type="checkbox"/> Grants.gov Lobbying form (Certification Regarding Lobbying)	None
<input type="checkbox"/> Project/Performance Site Location form	None

Application contents and format

This section includes guidance on each component found in the application checklist.

Application page limit: 20 pages

Submit your information in English and express whole number budget figures using U.S. dollars.

Required format

Required format for project and budget narratives.

Font: Times New Roman or Arial

Format: PDF

Size: 11-point font

Footnotes and text in graphics may be 10-point.

Spacing for project narrative main content: Double-spaced

Spacing for budget narrative: As needed

Spacing for project summary, tables, footnotes: Single-spaced

Margins: 1-inch

Include page numbers.

Project narrative

Page limit: 20

The project narrative is the most important part of the application. We use it as the primary basis to decide whether your project meets the statutory requirements and to review its merit. The project narrative should give a clear and concise description of your project.

Be sure to cite all your sources. Merit reviewers may lower your score if you do not.

Also study the merit review criteria under each section to make sure you answer all questions and cover all topics reviewers will look at.

Project summary

Provide a brief project summary of no more than 265 words. Write it for the general public. You will need to include:

- **Goals:** Broad overall purpose, like a mission statement that says what you want to do and where you want to be.
- **Objectives:** Narrow, specific, and clear steps toward the goals. These are the “hows” to achieve the goals.
- **Overall approach:** General overview of what you will do.
- **Outcomes:** These are the measurable results of a project. Include expected changes among those served, such as clients, systems, organizations, and communities. These should tie directly to your goals and those of this funding.
- **Products:** The materials and other deliverables you expect to generate through the project.
- **Duration:** The anticipated start and end dates of the period of performance.

Project relevance and current need

Problem statement

- Describe your knowledge of the current landscape with respect to older adult falls, falls prevention, and scaling evidence-based falls prevention programs.
- Describe your understanding of health care/CCH partnerships and their potential to leverage STEADI and scale an evidence-based falls prevention program.

Goals and objectives

- Translate the knowledge demonstrated in the problem statement into clear goals and objectives for supporting and scaling STEADI and Stepping On through community care hubs via this funding opportunity.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Project relevance and current need. Does the applicant:	
Describe their knowledge of the current landscape with respect to older adult falls, falls prevention, and scaling evidence-based falls prevention interventions?	5
Describe their understanding of CCHs in and their potential to leverage STEADI and scale an evidence-based falls prevention program?	5
Translate the knowledge demonstrated in the problem statement into clear goals and objectives for supporting and scaling STEADI and Stepping On through community care hubs via this funding opportunity?	
Total points	10 points

Approach

Proposed intervention

This section should:

- Describe the applicant's plan and ability to develop and implement a data-driven process to transparently compete (see Part 1 of Core Activities for details on criteria for selecting sub-awardees) and issue sub-awards to five CCHs in geographic regions with strong opportunity for regional expansion of STEADI and Stepping On to the target population.
- Describe plans and ability to collaborate with ACL on applying the objective review criteria and approach to competing and issuing sub-awards within the first 30 days of award, including identifying priority geographic regions for Stepping On scaling.

- Describe plans and ability to disburse sub-awards within the first 120 days of award.
- Provide a detailed description of the applicant’s plan to provide targeted technical assistance to the sub-awardees to support the regional scaling demonstrations.
 - This should include demonstrated experience providing national TA and resource development on falls prevention. Delivery of technical assistance should be interactive and engaging and informed by ongoing successes, barriers, and needs identified in rapid cycle evaluation. This includes TA to enable organizations across the aging services network (inclusive of AAAs and SUAs) to support regional scaling of falls prevention programs (including Stepping On and STEADI) through community-clinical partnerships.
 - This should include the capacity to train and provide TA to subgrantees to help them conduct rapid cycle analysis and respond to the results of those analyses.
- Provide a detailed description of the applicant’s plans to coordinate with complementary ACL funding awarded through the Scaling Evidence-Based Falls Prevention Programs (HHS-2026-ACL-AOA-FPSG-0004) and National Falls Prevention Resource Center (HHS-2026-ACL-AOA-FPSG-0005) NOFOS to achieve greater impact.
 - The awardee is expected to closely coordinate with the National Falls Prevention Resource Center to provide technical assistance (TA) to sub-awardees and organizations across the aging services network to support the regional scaling demonstrations. The recipient should ensure that sub-grantee needs and barriers documented in rapid-cycle evaluation are shared with the Resource Center to ensure TA to subgrantees.

Project management

Describe the project management approach, including the roles and responsibilities of project staff in project management, and any technology you plan to use for project management.

Work plan

You must provide a work plan for your project. The work plan connects your period of performance outcomes, strategies and activities, and measures. It provides more detail on how you will measure outcomes and processes.

To create your work plan:

- Use the [Project Work Plan Sample Template](#) on our website.
- Include the project’s overall goal, expected outcomes, key objectives, and the major action steps needed to achieve them.
- For each major action step, include start and end dates and the lead responsible person.

- Within 30 days, the recipient must have the ability to collaborate with ACL on objective review criteria and an approach to sub-awards, including identifying priority geographic regions for Stepping On scaling.
- Within 60 days of grant award, the recipient must have the ability to collect, securely store, analyze, and report on sub-awardee data in a rapid cycle analysis fashion.
- Within 120 days of award, the recipient must have the ability to disburse sub-awards to five CCHs in geographic regions with strong opportunity for regional expansion of STEADI and Stepping On to the target population through CCHs and their respective clinical and community partners.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Approach. Does the applicant:	
Describe their plan and ability to develop and implement a data-driven process to transparently compete and issue sub-awards to five CCHs in geographic regions with strong opportunity for regional expansion of STEADI and Stepping On to the target population. In the first 30 days, describe plans and ability to collaborate with ACL on objective review criteria and an approach to competing and issuing sub-awards, including identifying priority geographic regions for Stepping On scaling. In the first 120 days of award, describe plans and ability to compete and issue sub-awards.	15
Describe their plan to provide targeted technical assistance to the sub-awardees to support the regional scaling demonstrations. This should include demonstrated experience providing national TA and resource development on falls prevention. Delivery of technical assistance should be interactive and engaging and informed by ongoing successes, barriers, and needs identified in rapid cycle evaluation. This includes TA to enable organizations across the aging services network (inclusive of AAAs and SUAs) to support regional scaling of falls prevention programs (including Stepping On and STEADI) through community-clinical partnerships. This should include the capacity to train and provide TA to subgrantees to help them conduct rapid cycle analysis and respond to the results of those analyses. Describe their plans to coordinate with complementary ACL falls prevention funding, including the National Falls Prevention Resource Center to provide technical assistance (TA) to sub-awardees and organizations across the aging services network to support the regional scaling demonstrations. This includes ensuring that sub-grantee needs and barriers documented in rapid-cycle evaluation are shared with the Resource Center to ensure TA to subgrantees	10
Describe the project management plan, including the roles and responsibilities of project staff in project management, and any technology they plan to use for project management. The work plan for Years 1, 2, and 3 reflects and is consistent with the Project Narrative and Budgets.	5
Total points	30 points

Project impact

Special target populations and organizations

The recipient should describe how they will support sub-awardees to reach the target population of older adults at risk for falls, for screening with STEADI, and those eligible for Stepping On.

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 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.

Evaluation

- Provide a detailed description of the applicant’s plans to administer a rapid cycle evaluation. Within 120 days of grant award, the recipient must have the ability to collect, securely store, analyze, and report on sub-awardee data in a rapid cycle analysis fashion.
- Applicants should include a proposed data collection/management strategy for sub-awardees (to be confirmed in consultation with ACL). The recipient must demonstrate capacity to engage or previous experience engaging an efficient IRB approval process.
- The recipient must be able to conduct rapid cycle analysis on the limited set of process outcome metrics listed below. They should propose data sources, methods, techniques, and tools that will be used to determine if sub-awardees achieved anticipated outcomes, and to document lessons learned. The recipient must describe and demonstrate capacity or experience to perform rapid cycle evaluation to iterate and improve the impact of the interventions as they are scaled based on ongoing successes, barriers, and needs identified. The rapid cycle analysis should be part of and inform the TA function—for example, any challenges identified in rapid cycle analyses should be addressed quickly through TA. Key outcomes of the rapid cycle analyses may include:
 - STEADI assessments fully implement and STEADI referrals made.
 - [Successful connection rate](#) of STEADI referrals (ratio of referrals whose closure resulted from receipt of real benefit divided by all managed referrals).
 - Stepping On program utilization, including not just individuals in the program, but those who complete it, and measures of program scaling (e.g., to new geographies, involvement of new partners, staff capacity, etc.).

- Self-reported program participant data (potentially including incidence of falls and fear of falling).
- Qualitative assessment of successes, challenges, barriers, and other needs.
- Beyond the rapid cycle evaluation, the recipient should describe their plans to ensure that they and sub-awardees will successfully work with and participate in an external claims-based evaluation that ACL will separately fund. Key outcomes from the external evaluation may include:
 - Prevalence of falls
 - Emergency department visits for falls
 - Hospitalizations and readmissions
 - ROI for scaling Stepping On and STEADI

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 policymaking, including and especially those parties who would be interested in replicating the project.
- Applicants should also highlight their willingness to participate in webinars and other presentation formats to share project-relevant information with interested parties.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
Evaluation. Does the applicant:	
Describe how they will support sub-awardees to reach the target population of older adults at risk for falls. The applicant should also clearly identify the outcomes that will result from their comprehensive strategy to implement this project. Any proposed outcomes should address the goals of this funding opportunity and be quantifiable, measurable, and likely to be achieved during the project period. Measurable outcomes should be listed in the Work Plan.	5
Provide a detailed description of their plans to administer a rapid cycle evaluation. Within 60 days of grant award, the recipient must have the ability to collect, securely store, analyze, and report on sub-awardee data in a rapid cycle analysis fashion. Applicants should include a proposed data collection/management strategy for sub-awardees (to be confirmed in consultation with ACL). Applicants must demonstrate capacity to engage or previous experience engaging in an efficient IRB approval process. Applicants should also demonstrate their ability to conduct rapid cycle analysis on the limited set of process outcome metrics listed below. They should propose data sources, methods, techniques, and tools that will be used to determine if sub-awardees achieved	15

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>anticipated outcomes, and to document lessons learned. Applicants must describe and demonstrate capacity or experience to perform rapid cycle evaluation to iterate and improve the impact of the interventions as they are scaled based on ongoing successes, barriers, and needs identified. The rapid cycle analysis should be part of and inform the TA function—for example, any challenges identified in rapid cycle analyses should be addressed quickly through TA. Key outcomes of the rapid cycle analyses may include:</p> <ul style="list-style-type: none"> • STEADI assessments fully implement and STEADI referrals made. • Successful connection rate of STEADI referrals (ratio of referrals whose closure resulted from receipt of real benefit divided by all managed referrals). • Stepping On program utilization, including not just individuals in the program, but those who complete it, and measures of program scaling (e.g., to new geographies, involvement of new partners, staff capacity, etc.). • Self-reported program participant data (potentially including incidence of falls and fear of falling). • Qualitative assessment of successes, challenges, barriers, and other needs. <p>Beyond the rapid cycle evaluation, describe their plans to ensure that they and sub-awardees will successfully work with and participate in an external claims-based evaluation that ACL will separately fund. Key outcomes from the external evaluation may include:</p> <ul style="list-style-type: none"> • Prevalence of falls. • Emergency department visits for falls. • Hospitalizations and readmissions. • ROI for scaling Stepping On and STEADI 	
<p>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 policymaking, including and especially those parties who would be interested in replicating the project. The applicant should also highlight their willingness to participate in webinars, and other presentation formats to share project-relevant information with interested parties.</p>	5
<p>Total points</p>	<p>25 points</p>

Capability and expertise

Organizational capability

This section should include descriptions of the applicant's:

- Knowledge and expertise working at a national level on the issues to be addressed by this funding opportunity.
- Experience working with:
 - Aging Network partners and related national organizations.
 - Community care hubs and organizations that support their advancement.
 - Health care partners and related national organizations.
 - Stepping On program administrator.
- Experience competing, issuing, and monitoring funding to community-based organizations (sub-awards).
- Experience providing technical assistance related to evidence-based falls prevention. All applicants must have direct experience or letters of commitment from an entity or entities with experience providing technical assistance to community care hubs.
- For any key partners the applicant intends to directly involve in this funding opportunity, the applicant should obtain letters of commitment stating their agreement to provide tangible resources, personnel, funding, or other contributions.

Experience of the project team

The applicant should include the roles and responsibilities of key staff, including how staff will be managed, and resumes or CVs of key personnel. Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's ongoing progress, preparation of reports, and communications with other partners and ACL. The project director should have expertise in falls prevention and related technical assistance. The project team demonstrates capability to act with speed, be responsive to emerging needs, and deliver results in a timely manner.

Table: Scoring criteria

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Organizational capacity and experience of project team. Does the applicant have:</p> <ul style="list-style-type: none"> • Knowledge and expertise working at a national level on the issues to be addressed by this funding opportunity. • The applicant should include the roles and responsibilities of key staff, including how staff will be managed, and resumes or CVs of key personnel. Specify who will have day-to-day responsibility for key tasks such as: leadership of project, monitoring the project's ongoing progress, preparation of reports, and communications with other partners and ACL. The project director should have expertise in falls prevention and related technical assistance. The project team demonstrates capability to act with speed, be responsive to emerging needs, and deliver results in a timely manner. • Experience working with: <ul style="list-style-type: none"> ◦ Aging Network partners and related national organizations. ◦ Community care hubs and organizations that support their advancement. ◦ Health care partners and related national organizations. ◦ Stepping On program administrator. • Experience competing, issuing, and monitoring funding to community-based organizations (sub-awards). • Experience providing technical assistance related to evidence-based falls prevention. All applicants must have direct experience or letters of commitment from an entity or entities with experience providing technical assistance to community care hubs. 	20
<p>Letters of Commitment. Does the applicant have:</p> <ul style="list-style-type: none"> • For any key partners the applicant intends to directly involve in this funding opportunity, the applicant should obtain letters of commitment stating their agreement to provide tangible resources, personnel, funding, or other contributions. 	5
Total points	25 points

Budget narrative

Page limit: None

The budget narrative supports the information you provide in [Standard Form-424A](#).

It includes added detail and justifies the costs you ask for. As you think about your budget, consider:

- If the costs are reasonable and consistent with your project's purpose and activities.
- The restrictions on spending funds. See [funding policies and limitations](#).

When you develop your budget narrative:

- We encourage you to use the [ACL Budget Narrative Sample Format \[PDF\]](#). This format shows the level of detail we are looking for in your application.
- Justify all the costs and show how you calculated them.
- You will need to create a budget narrative that shows all years combined along with separate, detailed budget narratives for each year.
- Up to 25% of the award can go to the cooperative agreement recipient (for technical assistance activities, for rapid cycle evaluation activities, and for administering the sub-awards). At least 75% of the award must be disbursed to the sub-awardees.

Reviewers will assess your budget (SF-424A) and your budget narrative to score this section.

Table: Scoring criteria for budget and budget narrative

Reviewers will evaluate the extent to which the applicant provides:	Point value
<p>Does the applicant:</p> <p>Provide a detailed Budget Narrative/Justification that is aligned with the proposed activities in the Project Narrative and Work Plan?</p> <p>Include detailed budgets for each of the following</p> <ul style="list-style-type: none"> • Budget Narrative/Justification for Year 1 • Budget Narrative/Justification for Year 2 • Budget Narrative/Justification for Year 3 • Combined budget for Years 1, 2, and 3 	10 points

Attachments

You will upload attachments in Grants.gov using the Other Attachments Form.

Indirect cost agreement

If you include indirect costs in your budget using an approved rate, include a copy of your current agreement approved by your [cognizant agency for indirect costs](#). If you use the *de minimis* rate, you do not need to submit this attachment.

Commitment letters

Include letters from any organization that will have a significant role in carrying out your project. The letter should explain their role and their commitment to the project.

Proof of nonprofit status

If your organization is a nonprofit, you need to attach proof. We will accept any of the following:

- A copy of a current tax exemption certificate from the IRS.
- A letter from your state's tax department, attorney general, or another state official saying that your group is a nonprofit and that none of your net earnings go to private shareholders or others.
- A certified copy of your certificate of incorporation. This document must show that your group is a nonprofit.
- Any of these documents for a parent organization. Also include a statement signed by an official of the parent group that your organization is a nonprofit affiliate.

Resumes and job descriptions

For key personnel, attach resumes for positions that are filled. For positions that aren't filled, attach the job descriptions with qualifications.

The project director should have expertise in falls prevention and related technical assistance. The project team demonstrates capability to act with speed, be responsive to emerging needs, and deliver results in a timely manner.

Other required forms

You will need to complete some other forms in Grants.gov. You can find them in the NOFO [application package](#) or review them and their instructions at [Grants.gov Forms](#).

Form	Submission requirement
<input type="checkbox"/> Application for Federal Assistance (SF-424)	None
<input type="checkbox"/> Budget Information for Non-Construction Programs (SF-424A)	None
<input type="checkbox"/> Assurances for Non-Construction Programs (SF-424B)	None
<input type="checkbox"/> Key Contacts Form	None
<input type="checkbox"/> Grants.gov Lobbying Form (Certification Regarding Lobbying)	None
<input type="checkbox"/> Project/Performance Site Location Form	None

Important: Public information

When filling out your SF-424 form, pay attention to Box 15: Descriptive Title of Applicant's Project.

We share what you put there with [USAspending](#). This is where the public goes to learn how the federal government spends their money.

Instead of just a title, insert a short description of your project and what it will do.

[See instructions and examples \[PDF\]](#).



Step 4:

Learn About Review and Award

In this step

Application review	<u>42</u>
Award notices	<u>44</u>

Application review

Initial review

We will review your application to make sure that it meets the responsiveness requirements listed in the [disqualification factors section](#). If your application does not meet these criteria, we will disqualify it and we will not move it to the merit review (scoring) phase.

We will not review any pages over the page limit.

Scoring process

A panel reviews all applications that pass the initial review. The members use the merit review scoring criteria in the project narrative and budget narrative sections of this NOFO. You can find the specific criteria in each section of the project narrative and in the budget narrative section.

Criteria summary

Heading	Points
Project summary	0 points
Background	10 points
Approach	30 points
Project Impact	25 points
Capabilities and Expertise	25 points
Budget Narrative	10 points

Risk review

Before making an award, we review the risk that you will mismanage federal funds or fail to complete the project objectives. We need to make sure you've handled any past federal awards well and demonstrated sound business practices.

We use [SAM.gov](#) Responsibility/Qualification to check this history for all awards likely to be over \$250,000. We also check Exclusions.

If we find a significant risk, we may choose not to fund your application or to place specific conditions on the award.

You can see more details about risk review at [2 CFR 200.206](#).

Selection process

When making funding decisions, we consider:

- Merit review results. These are key in making decisions but are not the only factor.
- The larger portfolio of agency-funded projects, including project type and geographic distribution.
- The past performance of the applicant. We may choose not to fund applicants with management or financial problems.
- Reasonableness of proposed costs to the expected results and the likelihood you will achieve those results.
- Available funding.

We may:

- Fund applications in whole or in part.
- Fund applications at a lower amount than requested.
- Decide not to allow a prime recipient to subaward if they may not be able to monitor and manage subrecipients properly.
- Choose to fund no applications under this funding opportunity.

The ACL administrator makes all final award decisions.

Funding priorities for alignment with agency priorities

Before we make final funding decisions, ACL leadership will review all potential awards.

They will check for:

- Adherence to applicable laws.
- Alignment to agency priorities (see [Administration for Community Living's \(ACL\) Mission, Vision & Strategic Priorities](#)).

To the extent allowed by law and court orders, we will give a funding priority to applications that align with agency priorities.

Your application may receive this priority if it advances ACL's strategic priorities and uses ACL's operational drivers to carry out these priorities.

Merit review criteria also include factors related to ACL's priorities.

Award notices

If your application is successful, we will email a Notice of Award (NoA) to your authorized official. We will email you or write you a letter if your application is disqualified or unsuccessful.

The NoA is the only official award document. The NoA tells you the amount of the award, important dates, and the terms and conditions you need to follow. Until you receive the NoA, you don't have permission to start work.

[See an example NoA on our website \[PDF\]](#).



Step 5: Submit Your Application

In this step

Application submission and deadlines

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Application submission and deadlines

See [find the application package](#) and the [application checklist](#) to make sure you have everything you need.

Make sure you are current with SAM.gov and UEI requirements. See [get registered](#). You will have to maintain your registration throughout the life of any award.

Optional notice of intent

Due on July 2, 2026.

We ask that you let us know if you plan to apply for this opportunity. We do this to plan for the number of expert reviewers we will need to evaluate applications. You do not have to submit a notice of intent to apply.

Please email the notice to william.bleser@acl.hhs.gov.

In your email, include:

- The funding opportunity number and title.
- Your organization's name and address.
- A contact name, phone number, and email address.

Application

Deadline

Due on Monday, July 27, 2026 at 11:59 p.m. ET.

Grants.gov creates a date and time record when it receives the application. If you submit the same application more than once, we will accept the last on-time submission.

The grants management officer may extend an application due date based on emergency situations such as documented natural disasters or a verifiable widespread disruption of electric or mail service.

Submission method

You must submit your application through Grants.gov. See [get registered](#).

For instructions on how to submit in Grants.gov, see the [Quick Start Guide for Applicants](#).

Make sure your application passes the Grants.gov validation checks. Do not encrypt, zip, or password protect any files.

If you can't submit your application because of problems with Grants.gov, you will need verification for us to consider accepting your application. Call the [Federal Service Desk](#) before the application due time and record your tracking number. Save your tracking number and any error messages you receive.

See [Contacts and Support](#) if you need help.

Intergovernmental review

[Executive Order 12372, Intergovernmental Review of Federal Programs](#) does not apply to this NOFO. You do not need to take any action.



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration 49

Post-award requirements and administration

Administrative and national policy requirements

There are important rules you need to know if you get an award. You must follow:

- All terms and conditions in the Notice of Award. You can find information at [Managing a Grant on our website](#). We incorporate this NOFO by reference.
- The rules listed in [2 CFR 200](#), Uniform Administrative Requirements, Cost Principles, and Audit Requirements, effective October 1, 2025. These replace those in 45 CFR 75, with some exceptions in [2 CFR 300](#).
- The HHS [Grants Policy Statement \(GPS\)](#). This document has terms and conditions tied to your award. If there are any exceptions to the GPS, they'll be listed in your Notice of Award.
- All federal statutes and regulations relevant to federal financial assistance, including those highlighted in the [HHS Grants Policy Statement, Appendix D: HHS Administrative and National Policy Requirements](#).
- All anti-discrimination laws: By applying for or accepting federal funds from HHS, recipients certify compliance with all federal antidiscrimination laws and these requirements and that complying with those laws is a material condition of receiving federal funding streams. Recipients are responsible for ensuring subrecipients, contractors, and partners also comply.

Compliance and oversight

Recipients must demonstrate ongoing compliance with the [Administration for Community Living's \(ACL\) Mission, Vision & Strategic Priorities](#) through program design, implementation, performance reporting, fiscal management, and evaluation.

Failure to meaningfully align funded activities with applicable statutory authorities and agency priorities may result in corrective action, additional reporting requirements, enforcement actions, or other remedies consistent with 2 CFR Part 200 and the terms and conditions of the award.

Through alignment with these priorities, funded projects will help ensure that older adults and people with disabilities can live with dignity, independence, and full participation in the communities they call home.

Managing award changes

After award, either you or ACL may request changes. We manage these using the rules at 2 CFR 200 and 300, including [2 CFR 200.308](#) and [2 CFR 300.308](#).

Reporting

If your application is successful, you will have to submit financial and performance reports. To learn more about reporting, see [Managing a Grant, Funding Requirements on our website](#).

Financial and performance reports

The terms and conditions in the Notice of Award will have information on performance and financial reports including:

- How often you will report.
- Any required form or formatting.
- How to submit them.

FFATA and FSRS reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires:

- Data entry at the FFATA Subaward Reporting System for all subawards and subcontracts you issue for \$30,000 or more.
- Reporting executive compensation for both recipient and subaward organizations.



Contacts and Support

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Agency contacts	<u>52</u>
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Agency contacts

Program and eligibility

William Bleser

william.bleser@acl.hhs.gov

No phone calls

Financial and budget

Nicole Dunning

nicole.dunning1@acl.hhs.gov

No phone calls

Review process and application status

William Bleser

william.bleser@acl.hhs.gov

No phone calls

Help with systems

Grants.gov

Grants.gov provides 24/7 support. Hold on to your ticket number.

- Phone: 1-800-518-4726
- Email: support@Grants.gov

SAM.gov

If you need help, you can:

- Call 866-606-8220.
- Live chat with the [Federal Service Desk](#).

Reference websites

- [U.S. Department of Health and Human Services \(HHS\)](#)
- [Home Page | ACL Administration for Community Living](#)
- [Applying for Grants | ACL Administration for Community Living](#)
- [Application Tips | ACL Administration for Community Living](#)
- [How to Apply for a Competitive Grant | ACL Administration for Community Living](#)
- [Code of Federal Regulations \(CFR\)](#)
- [United States Code \(U.S.C.\)](#)