



Administration for Community Living

Administration on Aging (AOA)








Office of Nutrition and Health Promotion Programs (ONHPP)

Scaling Evidence-Based Falls Prevention Programs

Opportunity number: HHS-2026-ACL-AOA-FPSG-0004



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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 Wednesday July 29, 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)

Administration on Aging (AOA)

Office of Nutrition and Health Promotion Programs (ONHPP)

Scaling the Stepping On program and STEADI clinical intervention as a part of a statewide multi-factorial evidence-based falls prevention approach for older adults and people with disabilities in alignment with ACL's strategic priorities and the Make America Healthy Again agenda.

Summary

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.

As a part of this initiative, this funding opportunity shall expand and scale the evidence-based [Stepping On](#) program and [STEADI](#) clinical intervention for adults 60 and older, prioritizing those with the greatest social and economic need. HRSA will be working with Federally Qualified Health Centers to screen for falls risk using STEADI as another part of this coordinated effort. This funding opportunity advances HHS' Make America Healthy Again (MAHA) agenda by empowering older adults to manage their own health, reducing clinical dependence, and building community infrastructure that sustains healthy behaviors. It is expected that adults between ages 60–70 will make up at least 50% of the participants, through a required partnership model using statewide reach and strong partnerships with state level organizations. Outreach and engagement efforts will prioritize populations that face barriers related to falls, ensuring meaningful reach and



Have questions?

See [Contacts and Support](#).

Key facts

Opportunity name:

Scaling Evidence-Based Falls Prevention Programs

Opportunity number:

HHS-2026-ACL-AOA-FPSG-0004

Federal assistance listing:

93.761

Cost sharing: None

NOFO version: Original

Key dates

Application

submission deadline:

July 29, 2026

Optional notice of

intent deadline:

July 6, 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.

participation, while maintaining inclusive program access for all eligible adults in alignment with the Older Americans Act.

This project has [two goals](#).

Funding details

Type: Cooperative agreement

Expected total program funding over the performance period: \$15,521,296

Expected total program funding per budget period:

- **Year 1:** \$5,921,296
- **Years 2 to 3:** Up to \$4,800,000 per year *(subject to available funds)*

Total expected awards: 8

Funding range per applicant for budget period, year one: \$600,000 to \$740,162

Year two and year three budget periods, per year: \$500,000 to \$600,000 *(subject to available funds)*

We plan to fund awards in three 12-month budget periods for a three-year period of performance from September 30, 2026 to September 29, 2029, pending availability of funding.

Eligibility

Eligible applicants

Only these types of organizations may apply:

- State Units on Aging.
- Domestic public or private nonprofit entities, including state and local governments.
- Tribal governments or organizations (American Indian/Alaskan Native/Native American).
- Faith-based organizations.
- Community-based organizations.
- Hospitals.
- Institutions of higher education.

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.
- Does not follow the required format for project and budget narratives as outlined in the *Application Contents and Format* section of this NOFO, also listed below:
 - 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.
- Has a project narrative that exceeds 20 pages. Applications with a project narrative that exceeds 20 pages will be screened out and will not be further reviewed or

considered. Do not include a table of contents or cover page in your project narrative.

- Does not include an individual budget narrative/justification for each of years 1, 2, and 3 AND a combined budget narrative/justification for the proposed 36-month budget period. Forms SF424 and SF424A of your application do NOT satisfy this requirement. The proposed combined budget narrative/justification must not exceed the total federal 3-year award ceiling of \$1,940,162.
- Does not include an individual project work plan for each of years 1, 2, and 3. Each year must be separate and clearly labeled.

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.

Only one grant will be awarded in any one state.

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

[42 USC 3032](#); Older Americans Act, funded through the Patient Protection and Affordable Care Act, [42 USC. § 300u-11](#) (Prevention and Public Health Fund)

Program description

Background

ACL's strategic priorities

This funding opportunity directly aligns with ACL's strategic priorities. Falls prevention sits at the heart of ACL's Whole-Person Health priority, which explicitly calls for scaling evidence-based falls prevention programs and supporting interventions that maximize independence and avoid unnecessary institutional care.

Make America Healthy Again (MAHA)

HHS' Make America Healthy Again (MAHA) agenda envisions a health system built on prevention, personal empowerment, and community-based health promotion – and this funding opportunity embodies each of these principles. By targeting fall risk through exercise and strength building, home safety, and medication management, the funding allows approved grantees to intervene upstream—keeping older adults active, independent, and out of emergency rooms. Increasing the number of states that implement Stepping On and STEADI will help develop a model that can be shared broadly to directly reduce avoidable healthcare utilization and support the kind of community-level health infrastructure MAHA envisions: one that empowers individuals to protect their own health and reduces the burden on clinical systems. Applicants that propose to coordinate this effort with [A Demonstration to Scale Innovative Person-Centered Approaches to Falls Prevention through Clinical-Community Partnerships \(HHS-2026-ACL-CIP-AAFP-0017\)](#) will achieve an even greater impact through closer integration with health care providers.

The Older Americans Act

The Older American Act (OAA) is carried out by the aging network in communities across the United States. The aging network includes:

- State Units on Aging (SUAs).
- Area Agencies on Aging.
- local service providers.

This network provides services, referrals, and programs to older adults. The OAA focuses on older adults (aged 60 and over) and family caregivers in the greatest economic need and greatest social need.

The OAA encourages:

- Providing regular physical activity.
- Evidence-based health promotion and disease prevention programs.
- Nutrition services with a person-centered, trauma-informed approach to meet the needs of the older adult population.

Facts about falls

Falls are the leading cause of fatal and nonfatal injuries among older adults and have widespread and serious health impacts.^[1]

- One in four older adults report falling each year^[2] and many falls go unreported, suggesting the actual number is much higher.^[3]
- Older adults who fall have an increased risk of injury and reduced physical function which may significantly reduce their ability to remain independent.
- In 2021, for adults aged 65 and older, falls caused over 38,000 deaths, making it the leading cause of injury death for that group.
- Emergency departments recorded nearly 3 million visits for older adult falls in 2021.^[4]
- In 2015, healthcare spending for older adults falls was \$50 billion, and by 2020 rose to \$80 billion.^[5]

Falls are not a normal part of aging and are preventable.^[6] Risk factors that can be changed or controlled include impaired balance, muscle weakness, gait deficits, medications, home hazards, vision problems, and improper footwear.^[7] Multiple factors contribute to fall risk, particularly behavioral health conditions (e.g. depression, anxiety, substance use disorder) and chronic conditions or multiple complex conditions (e.g. multiple sclerosis, Parkinson's disease, traumatic brain injury), with fall risk increasing as the number of co-occurring conditions rises. Social isolation affects half of older adults and is linked to both increased fall risk and behavioral health conditions, as socially isolated individuals have less support to take preventive action.

Adults ages 60–70 represent a critical and underserved population in fall prevention efforts.^[8] This cohort experiences high rates of chronic disease, polypharmacy, and fall-risk medications (antihypertensives, sedatives, antidepressants), along with elevated behavioral health factors and social isolation.^[9] These clinical, behavioral, and social factors interact and compound fall risk, requiring a comprehensive approach that includes coordinated clinical screening, medication review, behavioral health awareness, and strategies addressing social determinants of health—not balance and strength training alone.

ACL falls prevention program

ACL has built an infrastructure to increase access to and sustain evidence-based disease prevention and health promotion programs, including falls prevention programs.

- Between 2014 and 2024, ACL awarded 103 discretionary grants to states, community-based organizations, and tribal organizations to deliver EBFPPs to over 247,000 individuals.
- Participants in EBFPPs have fewer falls and injurious falls, improved confidence, and decreased fear of falling. [\[10\]](#)
- Group Falls prevention classes can help address social isolation.
- Small-group, in-person EBFPP workshops increase social support and promote social connection.
- Participants interact and bond over a shared purpose and engage with peers and trained leaders for weeks at a time. [\[11\]](#)

Gaps in participation

Although evidence-based falls prevention programs demonstrate positive outcomes and broader reach, participation gaps persist among populations with elevated risks for falls. Falls are multifactorial and associated with multiple chronic conditions, polypharmacy, balance and gait impairments, and functional limitations. However, current participation data suggests that some high risk groups, including adults 60-70 and individuals managing multiple chronic conditions and/or complex health conditions, are under-represented.

Applicants are encouraged to analyze local, state, and national data and trends to identify participation gaps among populations at increased risk for falls and to propose strategies to improve access and engagement with complex risk profiles-including those with multiple chronic conditions, behavioral health needs, and functional limitations and propose whole person strategies to improve engagement.

Tools, resources and national efforts

ACL wants to help prepare the aging network to serve populations that would benefit from EBFPPs. As older adults' expectations, preferences, and needs from programs and services evolve, the aging network should have tools and resources to broaden the reach of EBFPPs to populations who have a high risk for falls but have not historically participated in EBFPPs.

ACL encourages, leverages, and complements other national efforts to reduce falls and falls risk for older adults.

These include collaborations to broaden and improve the linkage between health care providers and evidence-based community falls prevention programs. Cross-sector initiatives are also a part of this.

This funding opportunity integrates:

- CDC's [STEADI](#) (Stopping Elderly Accidents, Deaths & Injuries) clinical framework.
- The [Stepping On](#) program as the required evidence-based falls prevention program.
- State-level approach requiring State Units on Aging as part of the strategy.
- Active collaboration with healthcare providers.
- Technology-enabled engagement strategies.
- Advancing public awareness around falls prevention.
- Use of data and evaluation to show impact.
- A whole-person approach to fall risk reduction that aligns with the age-friendly framework and addresses specific behavioral, clinical, and social factors that are based on data-informed evidence that leads to increased falls.

You can read more about [ACL's Falls Prevention Program](#), including grantee profiles.

Purpose

This funding opportunity awards cooperative agreements to scale the in-person [Stepping On](#) program with the [STEADI clinical intervention](#), as a part of a statewide multi-factorial falls prevention approach for older adults and people with disabilities.

Applicants must demonstrate how these components will be operationalized in an integrated model.

As part of the cooperative agreements:

- You will develop and put in place a strong statewide strategy, with a focus on populations with both:
 - A high risk for falls.
 - Historically low participation in evidence-based falls prevention programs.
- The statewide strategy will include:
 - Identifying older adults and people with disabilities at high risk for falls.
 - Conducting individualized risk assessments.
 - Connecting people to resources (including evidence-based programs) to address their specific fall risk factors.
- Efforts will include:
 - Ensuring collaboration with partners.

- Creating and disseminating resources and education.
- Capturing best practices and learnings.
- You will also design an evaluation to assess the impact on reducing falls or the risk of falls.

For this funding opportunity, the [Stepping On](#) program and [STEADI](#) clinical intervention must be included in all applications. Applicants are encouraged to propose how the efforts funded through this NOFO would be coordinated with proposed efforts under [A Demonstration to Scale Innovative Person-Centered Approaches to Falls Prevention through Clinical-Community Partnerships \(HHS-2026-ACL-CIP-AAFP-0017\)](#) to achieve greater impact.

Main population

This funding serves adults 60 and older, prioritizing those with the greatest social and economic need. Programs may also serve adults under 60 with disabilities, provided that older adults remain the majority of participants and at least 50% are ages 60-70—an underrepresented population identified in the data. This focus aligns with the Older Americans Act.

Select sub-populations

You may also select a sub-population of older adults. If selecting a sub-population, further identify the specifics.

- You should identify a select sub-population(s) of interest from the main population that has/have historically low participation in EBFPPs, but a high risk for falls.
- You should ensure that the program reaches the population specified by the [Stepping On](#) program [fidelity guidelines](#).
- You should provide a thorough and data-driven rationale for choosing this select sub-population(s).
- Include how you will market to and recruit this select sub-population(s) to participate in the Stepping On program and STEADI intervention.

Examples:

- You may want to reach a select sub-population(s) of older adults with behavioral health conditions such as depression, fear of falling, anxiety disorders, or substance use disorder as part of your whole person strategy.
- You may choose a select sub-population(s) of older adults with multiple and complex chronic conditions such as traumatic brain injury, multiple sclerosis, or Parkinson's disease.

Goals

This program has two goals.

Goal 1:

- On a statewide level, increase participation among older adults and adults with disabilities in the Stepping On program and the STEADI clinical screening tool while also building the capacity and resources needed to effectively serve the participants.
 - Examples of capacity include instructors, partnerships, and referral networks.

Goal 2:

- Develop and disseminate section 508-compliant resources based on what the grant activities show.
 - These resources will help increase knowledge, improve services for older adults and help sustain EBFPPs.

To be considered for funding, your application must include the following components to accomplish the goals of this funding opportunity.

1. Pair Stepping On with STEADI

- Demonstrate formal partnership(s) with physicians, health systems, and other key players across the state.
 - For example, Federally Qualified Health Centers, the National Association of County and City Health Officials, Association of State and Territorial Health Officials, Rural Health Centers, Veteran's Administration, Emergency Management Services (EMS), falls prevention coalitions, behavioral health networks, and other key organizations.
 - Partnerships with organizations that specialize in reaching your identified select sub-population(s) (if any were selected) are encouraged.
- Implement STEADI-based screening, referral, and follow-up processes.
- Tie these requirements back to the Stepping On program fidelity and evidence-based standards.
- Any program implementation should include consultation with the program developer to ensure fidelity, appropriateness, and feasibility.
- If you do not have adequate existing capacity (trained leaders, licensing, program supplies, etc.) for the Stepping On program, you must include a letter from the program developer/administrator(s) that indicates that you will be trained no later than three months after the start date of the grant.
- Establish bidirectional communication between clinical providers and community program staff.

2. Implement a whole-person approach to fall risk reduction that aligns with the age-friendly framework and addresses specific behavioral, clinical, and social factors based on data-informed evidence

- Address whole-person health, including factors such as fear of falling, depression, anxiety, substance use, as contributors to overall risk.
- Include medication risk awareness and coordination with prescribing providers.
- Incorporate innovative strategies to identify and mitigate social factors that influence overall health, independence, and daily functioning.

3. Utilize technology

- Incorporate technology to help older adults track activities that complement existing services (i.e. track exercise, medications, etc.).
- Leverage digital tools to disseminate health information and engage/connect participants with programs.
- Facilitate communication between older adults, caregivers, and providers that supports adherence and wellness goals.

4. Target adults ages 60–70 (while not exclusive to only this population)

- Explain how your outreach, engagement, and partnership efforts are designed for this age group.
- Describe how messaging will resonate with adults who may not self-identify as “older adults”.
- Demonstrate how your strategy will expand reach among adults ages 60–70.

5. Elevate falls prevention awareness

- Clearly describe strategies specific to raising awareness of both risk of falls and successful impacts to make a difference.
- Explain how this awareness will result in increased engagement and participation in your programs.

Section 508 compliance requirements

This is a core requirement of your proposal.

All project materials must meet federal accessibility standards (Section 508).

Required accessibility features

Webinars and videos

- Live captioning for all webinars.
- American Sign Language (ASL) interpreters available upon request.
- Professional captioning for technical or jargon-heavy content.
- Edited captions in final recordings if using automatic captioning tools.
- Accurate captions on all videos.

Documents and files

- All PDFs, Word documents, and PowerPoint presentations must be:
 - Screen reader compatible.
 - High contrast (meets accessibility standards).

Cultural and linguistic accessibility

- All materials must meet the cultural and linguistic needs of your target audience.

Approval and deliverables

- ACL reserves the right to review and approve deliverables prior to public release. You will work with your project officer during the grant to decide which deliverables need review.
- You must provide us with all developed resources at project end.

Budget and planning

- Include **time and costs** for accessibility work in your:
 - Annual Work plan.
 - Budget.
 - Dissemination section.
 - Budget Justification section.

Resources

For detailed Section 508 guidance, visit: [ACL Accessibility Resources](#)

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

You must execute the activities as noted in the program description and the responsibilities of the cooperative agreement listed here:

- Fulfill all grant requirements outlined in this NOFO, as well as carry out project activities as reviewed, approved, and awarded.
- On a statewide level, 1) commit to engage partnerships to help implement the proposal, with two or more organizations that serve the main population and sub-population(s) (if any) 2) commit to establish a statewide approach to reach those in greatest economic need and greatest social need (consistent with the OAA) and 3) serve older adults and adults with disabilities in the main population and your identified select sub-population(s) (if any selected).
- Demonstrate formal partnership(s) with physicians or health systems to implement STEADI-based screening, referral, and follow-up processes with established bidirectional communication between clinical providers and community program staff.
- Include your State Unit on Aging as an active part of the statewide strategy and partnership model.
- Engage approximately 25% of your target participants by the end of Year 1, 50% of target participants by the end of Year 2, and 100% of target participants by the end of Year 3
- Develop a statewide strategy, as defined above, to ensure that by the end of the project period, at least 50% of the program participants are ages 60-70.
- Develop resources based on learnings throughout the grant with 25% developed by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3.
- Collaborate with the National Falls Prevention Resource Center throughout the project period.
- Commit to the full participation of two project staff (one who is the PI/PD) in an annual falls prevention professional development opportunity, as directed by ACL. Attendance is expected annually for the project period (including any no-cost extension period, if applicable).
- Designate key award personnel to present at one or more stakeholder conferences, in consultation with ACL. Provide abstract and presentation materials (slides, handouts) related to grant activities to ACL PO in advance of presenting at any conferences, for review and approval. Following the event, grantee will disseminate

key insights, resources, and broader learnings from the conference with the network. Attendance is expected annually for the project period (including any no-cost extension period, if applicable).

- Meet all training, licensing, fees, or other requirements associated with the Stepping On program to comply with program developer/administrator requirements, including attending regular facilitator meetings and technical assistance support provided by developer
- Project Investigator/Director must attend all regularly scheduled calls and communicate with the AoA Project Officer monthly (or another agreed time), to improve project effectiveness.
- Collect required data for all program participants using ACL's specific data collection forms (see [Appendix B](#)). Within 30 days of participants' completion of the program, you must compile and report the data to the National Falls Prevention Database. Data includes de-identified participant demographic and health status information, attendance information, and workshop type and location. You should plan to train workshop leaders on data collection practices and use of these forms.
- Participate in any ACL/National Falls Prevention Resource Center sponsored research and/or evaluations.
- Participate in relevant ACL/National Falls Prevention Resource Center education (e.g., webinars, work groups, etc.), with reasonable notice from ACL/National Falls Prevention Resource Center of the subject, date, and time of the event.
- Comply with all other reporting requirements, as outlined in Step 6 of this Funding Opportunity and the Notice of Award.
- If sub-awarding, you are expected to use a transparent and open process to solicit, review, select, and make required subawards to organizations. You should describe how the process will be designed and administered.
- Recipients are required to collaborate, which includes coordination with other ACL falls prevention efforts. Close coordination with ACL's Office of Nutrition and Health Promotion Programs (the funding office) is essential to ensure program fidelity and compliance with applicable OAA statutory requirements.
- Include the following disclaimer on all products produced using this grant funding:
 - **HHS Grant or Cooperative Agreement that is NOT funded with other non-governmental sources:**
 - "This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government."

- **The HHS Grant or Cooperative Agreement that IS partially funded with other nongovernmental sources:**
 - “This [project/publication/program/website, etc.] [is/was] supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by ACL/HHS and \$XX amount and XX percentage funded by non- government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.”

Our responsibilities

The ACL project officer agrees to execute the following responsibilities:

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

Once a Cooperative Agreement is in place, requests to modify or amend the agreement or the work plan may be made by ACL or you at any time if the request stays within the scope of work. Major changes may affect the integrity of the competitive review process. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the execution of an award notice. Unless ACL is authorized under the Terms and Conditions of award, 45 CFR Part 75, or other applicable regulation or statute to make unilateral amendments, when an award is issued the Cooperative Agreement terms and conditions from the program announcement are incorporated by reference.

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

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.
- 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.
 - Conference grant means the sole purpose of the award is to hold a conference.

Pre-award costs are not allowed to be requested.

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 [25](#)

Get registered [26](#)

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-AOA-FPSG-0004. 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>28</u> |
| Application contents and format | <u>30</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 |
| <input type="checkbox"/> Organizational chart | None |
| <input type="checkbox"/> Project map | None |
| <input type="checkbox"/> References | None |
| <input type="checkbox"/> Work plan | 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: No limit on total number of 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

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

In this section:

- Provide a concise description, supported by reliable state and local population-based data, of the impact of falls on adults aged 60 and older and adults with disabilities, emphasizing older adults with greatest economic need and greatest social need and relevant sub-populations (if any selected).
 - Explain how the Stepping On program and STEADI clinical intervention will address these impacts.
- Specifically address the needs and fall risk factors of adults ages 60–70, including data on chronic disease prevalence, medication use, polypharmacy, behavioral health factors, and social isolation in this age group within your service area.
- Describe the gap in availability of the Stepping On program and STEADI clinical intervention statewide.
 - Include details on the current delivery status of falls prevention programs offered by your organization or others across the state, ongoing sustainability efforts, the geographic/population reach of the Stepping On program and STEADI intervention, and the capacity of the network to be able to deliver and maintain this program and intervention.

- Describe how and why your organization is well-positioned to fill the existing gap.
 - You may include your experience partnering with organizations that serve the main population and your select sub-population(s) (if any), reaching individuals in those populations, and working with other key organizations.
- Describe your organization’s existing or planned partnerships with healthcare providers, health systems, active falls prevention coalitions (if available), and State Units on Aging.
- Include a Project Map of your state that shows where the Stepping On program and STEADI intervention are already being offered (if applicable), and which areas are being selected for this project.
 - Provide data to support why you will target those areas (e.g., the number of older adults, the lack of available programs, etc.).
 - The map should be included as an attachment to your application.

Goals and objectives

Applicants shall provide SMART goals and specific objectives aligned with the award’s purpose as outlined above.

Table: Scoring criteria

| Reviewers will evaluate the extent to which the applicant provides: | Point value |
|---|-------------|
| Project Relevance and Current Need (Maximum points: 4) | |
| <ul style="list-style-type: none"> • A concise description, supported by reliable state and local population-based data, of the impact of falls on adults aged 60 and older and adults with disabilities. (1 point) <ul style="list-style-type: none"> ◦ Emphasis should be on older adults with greatest economic need and greatest social need and relevant sub-populations (if any selected). • Did applicant explain how the Stepping On program and STEADI intervention will address these impacts? • Did applicant specifically address the needs and fall risk factors of adults ages 60–70, including data on chronic disease prevalence, medication use, polypharmacy, behavioral health factors, and social isolation in this age group? | 1 |
| <ul style="list-style-type: none"> • Description of the gap in the current availability of the Stepping On falls prevention program and STEADI clinical intervention statewide. (1 point) <ul style="list-style-type: none"> ◦ This should include a description of the current delivery status of falls prevention programs by applicant or by other organizations across the state, sustainability efforts, geographic/population reach of the Stepping On program and STEADI clinical intervention in applicant’s state, and the extent to which a network exists for systematically delivering and sustaining this program and intervention. | 1 |

| Reviewers will evaluate the extent to which the applicant provides: Project Relevance and Current Need (Maximum points: 4) | Point value |
|--|-------------|
| <ul style="list-style-type: none"> • Description of why applicant is well-positioned to fill the existing gap. (1 point) <ul style="list-style-type: none"> ◦ Applicant may include their experience partnering with organizations that serve the main population and the select sub-population(s) (if any), reaching individuals in those populations, and experience working with other key organizations. • Did applicant describe existing or planned partnerships with healthcare providers, health systems, active falls prevention coalitions (if available), and State Units on Aging? | 1 |
| <ul style="list-style-type: none"> • A project map (as an attachment) of applicant's state that shows where the Stepping On program and STEADI intervention are already being offered (if applicable) and which areas are being selected for this project. (1 point) <ul style="list-style-type: none"> ◦ This should include relevant data to support why they are targeting these areas. | 1 |
| Total Points | 4 |

Approach

Proposed intervention

Capacity building and program implementation

In this sub-section, you must describe how you will develop statewide capacity to deliver Stepping On paired with STEADI across the state to the main population and your select sub-population(s) (if any),

This sub-section should:

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

Goal 1:

- On a statewide level, increase participation among older adults and adults with disabilities in the Stepping On program and the STEADI clinical screening tool while also building the capacity and resources needed to effectively serve the participants.
 - Examples of capacity include instructors, partnerships, and referral networks.
- Describe how the project will operationalize the integration of STEADI screening and referral processes with the Stepping On program.
- Explain how the project addresses the Required Program Design Components including:
 - Pairing Stepping On with STEADI.

- Implementing a whole-person approach aligned with the age-friendly framework.
- Utilizing technology.
- Targeting adults ages 60–70.
- Elevating falls prevention awareness.
- Describe how you intend to identify, market to, recruit, and prioritize participants from the main population and select sub-population(s) (if any) for the Stepping On program and your STEADI intervention with a statewide strategy.
 - Consider the main population and select sub-populations(s), prioritize older adults and adults with disabilities and how they can best be reached, platforms, active and passive marketing strategies, campaigns, and any brand messaging, referral systems, media platforms, and/or partner involvement.
 - Specifically describe the outreach and engagement strategies for adults ages 60–70, including messaging that will resonate with adults who may not self-identify as “older adults.”
- Describe strategies for raising awareness of fall risk and the effectiveness of falls prevention programs and explain how this awareness will result in increased engagement and participation.
- Describe how technology will be incorporated to support program delivery, participant engagement, referral tracking, or care coordination, and how technology will expand reach among adults ages 60–70.
- State the projected total number of participants that you expect to reach across the state for the Stepping On program, broken down by year, and explain how you developed your target numbers.
 - Define what select sub-population(s) will be prioritized (if any were selected), clearly stating which condition(s) will be the focus.
 - Specify a target number of completers and a target completion rate for each year.
 - Provide a rationale for these targets, e.g., by referencing any previous experience delivering falls prevention programs, the number of older adults and adults with disabilities in your state that you may be able to reach, partner commitments, referral systems, and other factors.
 - Targets should be realistic and achievable.
 - To develop your participant/completer targets, please refer to Appendix C.
 - Describe how your approach will engage approximately 25% of your target participants by the end of Year 1, 50% by the end of Year 2, and 100% of your target participants by the end of year 3.

- Provide your thorough strategy to implement/disseminate Stepping On statewide, in collaboration with aging and disability programs/services, tribal health leaders (when applicable), and other relevant partners that may specialize in serving your select sub-population (if any).
 - You must include a Letter of Commitment from each of the key partners and organizations. This includes letters of commitment from healthcare partners demonstrating formal partnerships with physicians or health systems for implementing STEADI-based screening, referral, and follow-up processes, active falls prevention coalitions (if available), and from the State Unit on Aging demonstrating their active role in the statewide strategy and partnership model.
- Describe any existing falls prevention or other evidence-based prevention initiatives in your state and how you plan to coordinate with and leverage these efforts.
 - This should include a description of any existing capacity to deliver Stepping On or other evidence-based falls prevention programs, i.e., the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches).
- Describe whether your existing infrastructure to implement and disseminate the Stepping On program is adequate.
 - Consider the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches).
 - If it is not adequate, describe and provide a rationale for any proposed trainings.
 - If you require training for the Stepping On program, you must include a Letter of Commitment in your application from the program developer/administrator that will provide training.
 - The letter should state that the training will be provided no more than three months after you receive the Notice of Award. Letter(s) should be submitted as an attachment.
- Describe the major challenges and barriers you expect, and how your project will address them.
- Describe how the project will implement a whole-person approach aligned with the age-friendly framework by addressing the full spectrum of factors that influence falls and overall health and wellbeing in older adults, including behavioral health, medication safety, social connection, etc.
- If relevant, describe how the project will be coordinated with a proposed project under [A Demonstration to Scale Innovative Person-Centered Approaches to Falls](#)

[Prevention through Clinical-Community Partnerships \(HHS-2026-ACL-CIP-AAFP-0017\)](#) to achieve greater impact.

Sustainability

In this sub-section you should identify and describe how you will put in place one or more sustainability strategies for the Stepping On program and STEADI intervention.

The goal is to integrate and embed the Stepping On program into a network of coordinated health and social services so that it is readily available and easily accessible over time.

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

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

This sub-section should describe your sustainability strategies to support the Stepping On program and STEADI intervention during and beyond the grant period, including:

- One or more robust strategies you'll implement and how you'll lead or integrate those efforts.
- Emerging or established efforts to centralize and coordinate health and social services in your area.
- Examples include business planning efforts to be undertaken (e.g., infrastructure, health IT, Community Care Hubs, etc.).
- Describe how healthcare partnerships and STEADI integration will support long-term sustainability of the falls prevention programs.

Project management

This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes.

It should specify:

- Who would have day-to-day responsibility for key tasks such as leadership of project.

- Monitoring the project's on-going progress, preparation of reports.
- Communications with other partners and ACL.

It should also describe the plan that will be used to monitor and track progress on the project's tasks and objectives.

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.

Table: Scoring criteria

| Reviewers will evaluate the extent to which the applicant provides: Approach and Work Plan (Maximum points: 58points) | Point value |
|--|-------------|
| Capacity Building and Program Implementation: (34 points) | |
| <ul style="list-style-type: none"> • State clear, meaningful goals and objectives for this proposal that align with the purpose and objectives of Goal 1 described in this NOFO: • Goal 1: On a statewide level, increase participation among older adults and adults with disabilities in the Stepping On program and the STEADI clinical screening tool while also building the capacity and resources needed to effectively serve the participants. • Examples of capacity include instructors, partnerships, and referral networks. | 2 |
| <ul style="list-style-type: none"> • Describe how the project will operationalize the integration of clinical STEADI screening and referral processes with the Stepping On program? | 2 |
| <ul style="list-style-type: none"> • Explain how the project addresses all five Required Program Design Components: 1) pairing Stepping On with STEADI, 2) Implementing a whole-person approach aligned with the age-friendly framework, 3) utilizing technology, 4) targeting adults ages 60–70, and 5) elevating falls prevention awareness? | 3 |
| <ul style="list-style-type: none"> • Describe how they intend to identify, market to, recruit, and prioritize participants from the main population and select sub-population(s) (if any) for the Stepping On program and STEADI intervention with a statewide strategy? | 1 |

| | |
|---|----------|
| <ul style="list-style-type: none"> Describe specific outreach and engagement strategies for adults ages 60–70, including messaging that will resonate with adults who may not self-identify as "older adults"? | 1 |
| <ul style="list-style-type: none"> Describe strategies for raising awareness of fall risk and the effectiveness of falls prevention programs, and explain how this awareness will result in increased engagement and participation? | 1 |
| <ul style="list-style-type: none"> Describe how technology will be incorporated to support program delivery, participant engagement, referral tracking, or care coordination, and how technology will expand reach among adults ages 60–70? | 1 |
| <ul style="list-style-type: none"> Provide the projected total target number of participants from across the state for the Stepping On program and STEADI intervention, broken down by year, specifying a target number of completers and a target completion rate for the Stepping On program and STEADI intervention? | 1 |
| <ul style="list-style-type: none"> State which select sub-population(s) (if any) will be prioritized, and clearly propose how at least 50% of the program target number engaged will be from the 60-70 age range? | 1 |
| <ul style="list-style-type: none"> Provide clear and data-supported rationale that these target numbers are realistic and achievable? <ul style="list-style-type: none"> For example, by referencing applicant’s previous experience implementing relevant health promotion programs, demonstrating an understanding of the Stepping On program and STEADI intervention implementations, the number of older adults and adults with disabilities in their state/ region/tribe at risk for falls, and/or other factors? | 1 |
| <ul style="list-style-type: none"> Provide their approach to engage 25% of their participant target by the end of Year 1, 50% by the end of Year 2, and 100% by the end of Year 3? | 1 |
| <ul style="list-style-type: none"> Clearly describe a thorough strategy to implement/disseminate the Stepping On program and STEADI intervention statewide, in collaboration with aging and disability programs/services, Tribal groups and/ or Tribal health leaders (if applicable), recipients of the Demonstration to Scale Innovative Person-Centered Approaches to Falls Prevention through Clinical-Community Partnerships (HHS-2026-ACL-CIP-AAFP-0017) (if applicable), other key organizations, and relevant partners that specialize in serving the main population and select sub-population(s) (if any)? | 8 |
| <ul style="list-style-type: none"> Include letters of commitment from healthcare partners demonstrating formal partnerships with physicians or health systems for implementing STEADI-based screening, referral, and follow-up processes? | 1 |
| <ul style="list-style-type: none"> Include a letter of commitment from the State Unit on Aging demonstrating their active role in the statewide strategy and partnership model? | 1 |
| <ul style="list-style-type: none"> Describe any existing falls prevention and/or other evidence-based prevention initiatives in their state and how they plan to coordinate with and leverage these efforts. | 1 |

| | |
|---|----------|
| <ul style="list-style-type: none"> ◦ This should include a description of any existing capacity to deliver the Stepping On program and STEADI intervention , i.e., the number of host sites, implementation sites, and delivery personnel (such as trainers and leaders/coaches). | |
| <ul style="list-style-type: none"> • Specify whether existing infrastructure for the Stepping On program and STEADI intervention is adequate, i.e., the number of host sites, implementation sites, delivery personnel (such as trainers/leaders/coaches). <ul style="list-style-type: none"> ◦ If not, did applicant describe the rationale for proposed training(s)? | 3 |
| <ul style="list-style-type: none"> • Describe the major challenges/barriers they anticipate encountering, and how they plan to overcome those challenges/barriers? | 2 |
| <ul style="list-style-type: none"> • Describe how the project will address behavioral health factors (e.g., depression, anxiety, substance use) as contributors to fall risk? | 1 |
| <ul style="list-style-type: none"> • Describe how the project will include medication risk awareness and coordination with prescribing providers? | 1 |
| <ul style="list-style-type: none"> • Describe strategies to identify and mitigate social isolation and other social determinants of health? | 1 |
| Main Population (8 points) | |
| <ul style="list-style-type: none"> • Describe the main population and select sub-population(s) (if any) that will be prioritized? | 4 |
| <ul style="list-style-type: none"> • Describe how the statewide approach will reach and recruit participants from the main population and select sub-population(s) (if any selected) for the Stepping On program and STEADI intervention? | 2 |
| <ul style="list-style-type: none"> • Provide the rationale (citing relevant data) for choosing the select sub-population(s) (if any) that includes how the main population and select sub-population(s) (if any) will be engaged, and the organizations applicant will collaborate with to reach the identified population(s)? | 2 |
| Sustainability (7 points) | |
| <ul style="list-style-type: none"> • Describe one or more robust sustainability strategies to be implemented and how they will lead or integrate these efforts, during and beyond the grant period? | 4 |
| <ul style="list-style-type: none"> • Describe how healthcare partnerships and STEADI integration will support long-term sustainability of the falls prevention programs? | 2 |
| <ul style="list-style-type: none"> • Describe any emerging or established efforts to centralize and coordinate health and social services in their area, for example, a Community Care Hub or any other business planning efforts to be undertaken (e.g., infrastructure, health IT, etc.)? | 1 |

| Work plan (9 points) | |
|--|-----------|
| • Did the applicant include a work plan for years 1, 2, and 3? (1 point per year) | 3 |
| • Does the work plan reflect that it is consistent with the Project Narrative and Budget Narrative/Justification? | 2 |
| • Does the work plan 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 goal and outcome(s)? | 3 |
| • Does the work plan identify timeframes involved (including start- and end-dates) and the lead person (including partners/consultants) responsible for completing each task? | 1 |
| Total Points | 58 |

Project impact

Special target populations and organizations

Adults 60 and older, prioritizing those with the greatest social and economic need. Adults ages 60–70 represent a critical and underserved population in fall prevention efforts. Programs may also serve adults under 60 with disabilities, provided that older adults remain the majority of participants and at least 50% are ages 60-70—an underrepresented population identified in the data. This focus aligns with the Older Americans Act.

Outcomes

In this section you must:

- Describe the quantifiable and measurable outcomes that you’ll achieve during the project period. Note that the outcomes must address the two goals of this funding opportunity.
- List measurable outcomes in the Work plan grid under “Measurable Outcomes”.

A “measurable outcome” is an observable end-result that describes how a particular intervention will benefit participants. It demonstrates functional status, mental well-being, knowledge, skill, attitude, awareness, or behavior.

A measurable outcome is not a measurable “output”, such as the number of clients served, or the number of training sessions held.

Evaluation

Quality Assurance Activities

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

- Monitor and track progress on the project's tasks and objectives.
- Monitor whether the Stepping On program is being implemented with fidelity, as well as identify processes for corrective actions.
- Ensure the ACL-required dataset (see Appendix B) is being collected and accurately reported by the delivery partners and how you will identify and troubleshoot any potential problems.
- Compare actual completion numbers to project targets and explain any variance. Explanations should include contributing factors (e.g. program attrition, access barriers, staffing changes, etc.)
- Monitor the effectiveness of STEADI clinical screening and referral processes, including tracking bidirectional communication between clinical providers and community program staff.
- Evaluate the integration of technology in program delivery, engagement, and care coordination.
- Assess reach and engagement of adults ages 60–70 and measure the effectiveness of targeted outreach strategies for this population.

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

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

Goal 2:

- Develop and disseminate section 508-compliant resources based on what the grant activities show.
 - These resources will help increase knowledge, improve services for older adults and help sustain EBFPPs.
- Describe how you will document successes and challenges experienced while working with the main population and select sub-population(s) (if any selected), including the results of your work with the designated partners.
- Describe how you will document participant and completer targets versus actual completion outcomes and how you will provide context for any deviations.

- Specifically describe how you will document lessons learned from integrating STEADI with Stepping On, engaging adults ages 60–70, utilizing technology, and implementing the whole-person approach to fall risk reduction.
- Describe the number of resources, including type and platform, that you will create to disseminate these lessons learned from grant outcomes along with project results and findings in a timely manner and in easily understandable Section 508-compliant formats, to parties statewide who may use the results to inform practice, service delivery, program development, and/or policymaking, and especially those who would want to replicate the project.
- Commit to cooperate with broader efforts led by ACL and/or the National Falls Prevention Resource Center to help others understand how they could successfully replicate the project in their communities.
- Commit to participate in any ACL/National Falls Prevention Resource Center sponsored research and/or evaluation.

Table: Scoring criteria

| Reviewers will evaluate the extent to which the applicant provides: Outcomes and Evaluation (Maximum Points: 12) | Point Value |
|---|--------------------|
| Project Outcomes (Maximum points: 2) | |
| <ul style="list-style-type: none"> • Did the applicant identify quantifiable and measurable outcomes that are achievable and address the two goals of this funding opportunity? (2 points) | 2 |
| Quality Assurance Activities (Maximum points: 3) | |
| <ul style="list-style-type: none"> • Did applicant describe their plans for maintaining quality assurance, including how they will monitor project tasks and activities, Stepping On program fidelity, and support the collection of the ACL-required falls prevention dataset? (1 points) | 1 |
| <ul style="list-style-type: none"> • Describe how they will compare actual completion numbers to project targets and be able to explain any variance including details of contributing factors (e.g. program attrition, access barriers, staffing changes, etc.)? (1 point) | 1 |
| <ul style="list-style-type: none"> • Did applicant describe plans to monitor the effectiveness of STEADI screening and referral processes, evaluate the integration of technology, and assess reach and engagement of adults ages 60–70? (1 points) | 1 |
| Dissemination (Maximum points: 7) | |
| <ul style="list-style-type: none"> • Describe how they will document successes and challenges experienced while working with the main population and select sub-population(s) (if any selected), including the results of working with the designated partners? (2 points) | 2 |

| | |
|--|-----------|
| <ul style="list-style-type: none"> • Did applicant describe how they will document participant and completer targets versus actual completion outcomes and how they will provide context for any deviations? (1 point) | 1 |
| <ul style="list-style-type: none"> • Describe the number of resources, including type and platform, that will be created to disseminate lessons learned based on grant outcomes along with project results and findings in a timely manner and in easily understandable Section 508-compliant formats, to parties who might be interested in using the results to inform practice, service delivery, program development, or policymaking, including those who would want to replicate the project? (1 point) | 1 |
| <ul style="list-style-type: none"> • Specifically describe how they will document lessons learned from integrating STEADI with Stepping On, engaging adults ages 60–70, utilizing technology, and implementing the whole-person approach to fall risk reduction. (1 point) | 1 |
| <ul style="list-style-type: none"> • Clearly state their commitment to cooperating with any broader efforts led by ACL or the National Falls Prevention Resource Center? (1 point) | 1 |
| <ul style="list-style-type: none"> • Clearly state their commitment to participating in any ACL/National Falls Prevention Resource Center sponsored research and/or evaluations? (1 point) | 1 |
| Total Points | 12 |

Capability and expertise

Organizational capability

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

In this section:

- Describe how your agency is organized, the nature and scope of its work, and/or its capabilities to implement this project statewide. Include an organizational chart as an attachment to your application. Include information about any contractual organization(s) that will have a significant role in implementing the project and achieving project goals.
- Describe your organization’s experience with healthcare partnerships, STEADI implementation, and coordination with State Units on Aging.
- Describe any experience delivering health promotion programs (especially evidence-based programs) to older adults and adults with disabilities and how you will leverage this experience to integrate the Stepping On program and STEADI intervention within your organization.
- Describe specific experience delivering programs or services to adults ages 60–70 and strategies for engaging this population.

- Describe the project management, including capacity to successfully carry out the project activities as well as the roles and responsibilities of project staff, consultants, and key partner organizations, as well as how they will contribute to achieving the project's objectives and outcomes. You should:
 - Detail your approach to monitor and track progress on the project's tasks and objectives.

Experience of the project team

- Specify and demonstrate the qualifications of key personnel who will have day-to-day responsibility for key tasks.
- Include the following:
 - A description of the qualifications and experience of key personnel for this proposed project, including for the Project Director.
 - For key personnel, attach resumes or CVs for positions that are filled. If a position isn't filled, attach the job description with qualifications. Resumes, CVs, and job descriptions should be included as an attachment to the application.

Letters of Support/Commitment from Key Participating Organizations and Agencies

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

Table: Scoring criteria

| Reviewers will evaluate the extent to which the applicant provides: Organizational Capacity, Experience of the Project Team, and Letters of Support (Maximum Points: 18) | Point Value |
|--|-------------|
| Organizational Capacity (Maximum Points: 8) | |
| <ul style="list-style-type: none"> • Describe how their agency is organized, the nature and scope of its work, and its capabilities to implement this project statewide? (2 points) • Did applicant include an organizational chart as an attachment to the application? • Include information about any contractual organization(s) that will have a significant role in implementing the project and achieving project goals? | 2 |
| <ul style="list-style-type: none"> • Describe their organization's experience with healthcare partnerships, STEADI implementation, and coordination with State Units on Aging? (1 point) | 1 |

| | |
|---|----------|
| <ul style="list-style-type: none"> Describe their experience delivering Stepping On and/or other health promotion programs (particularly those that are evidence-based) to older adults (60 years and older) and adults with disabilities, with the majority focus being on older adults? (2 points) Describe how they will leverage this experience to integrate the Stepping On program within their organization (and, if applicable, their key partner organizations)? | 2 |
| <ul style="list-style-type: none"> Describe specific experience delivering programs or services to adults ages 60–70 and strategies for engaging this population? (1 point) | 1 |
| <ul style="list-style-type: none"> Describe the project management, including (2 points): Capacity to successfully carry out the project activities as well as the roles and responsibilities of project staff, consultants, and key partner organizations, as well as how they will contribute to achieving the project’s objectives and outcomes? Detailing the approach to monitor and track progress on the project’s tasks and objectives? | 2 |
| Experience of the project team (Maximum points: 1) | |
| <ul style="list-style-type: none"> Specify and demonstrate the qualifications of key personnel who will have day-to-day responsibility for key tasks. Including (1 point): A description of the qualifications and experience of key personnel for this proposed project, including for the Project Director. For key personnel, attach resumes or CVs for positions that are filled. If a position isn’t filled, attach the job description with qualifications. Resumes, CVs, and job descriptions should be included as an attachment to the application. | 1 |
| Letters of Support/Commitment (Maximum Points: 9) | |
| <ul style="list-style-type: none"> Did applicant include detailed letters of commitment describing and confirming the commitments to the project made by key partners, such as collaborating organizations, consultants, Tribal groups and/or Tribal health leaders, other key organizations, and agencies from across the state that were named in the Project Summary and the Approach part of the application as having a significant role in the proposed project? (1 point) | 1 |
| <ul style="list-style-type: none"> At a minimum, are two or more of those partnerships specialized in serving the main population and/or the sub-population(s) (if any were selected)? (2 points) | 2 |
| <ul style="list-style-type: none"> Did applicant include letters of commitment from healthcare partners (physicians or health systems) demonstrating formal partnerships for implementing STEADI-based screening, referral, and follow-up processes with established bidirectional communication? (3 points) | 3 |
| <ul style="list-style-type: none"> Did applicant include a letter from the State Unit on Aging (SUA) demonstrating their active role in the statewide strategy and partnership model? (2 points) | 2 |

| | |
|--|-----------|
| <ul style="list-style-type: none"> Did the letter describe the SUA's specific involvement in project planning, implementation, and sustainability? | |
| <p>Program Developer/Administrator (1 point):</p> <ul style="list-style-type: none"> If applicant indicated there is a need to build capacity before beginning delivery of the Stepping On program, did they provide a letter from the program developer/administrator committing to providing this training within 3 months of the start date of this grant? <p>OR</p> <ul style="list-style-type: none"> If applicant stated they did not need training from the program developer/administrator due to already having a current license and/or training in Stepping On, did they provide a letter from their organizational leadership stating that they have existing capacity? (1 point) | 1 |
| Total Points | 18 |

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.
- Include costs for STEADI implementation, healthcare partnership coordination, technology infrastructure and support, falls prevention awareness campaigns, and data collection and evaluation activities.

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 |
|---|-------------|
| Budget narrative (Maximum Points: 8) | |
| <ul style="list-style-type: none"> • Did applicant include detailed budgets for years 1, 2, and 3 and a totaled, combined three-year budget? (1 point for each year and 1 point for the combined budget) | 4 |
| <ul style="list-style-type: none"> • Are budget line items clearly delineated and consistent with work plan objectives? Are relevant activities from the project narrative and work plan reflected in the budget as appropriate? | 3 |
| <ul style="list-style-type: none"> • Does the budget include costs for STEADI implementation, healthcare partnership coordination, technology infrastructure and support, falls prevention awareness campaigns, and data collection and evaluation activities? | 1 |
| Total Points | 8 |

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

Quality over quantity

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

You must include letters of commitment from key partners.

Key partners and organizations

- You must provide letters of commitment that describe and confirm commitments from key partners, such as:
 - Collaborating organizations.
 - Healthcare partners.
 - State Unit on Aging.
 - Consultants.
 - Contractors.
 - Active Falls Prevention Coalitions (if available).
- These partners come from across the state and were named in your Project Summary and Approach sections as having a significant role in the proposed project.
- These letters should describe the specific role of each partner in the project.

Specific for healthcare partners

- You shall provide letters of commitment from healthcare partners (physicians or health systems) that demonstrate formal partnerships for implementing STEADI-based screening, referral, and follow-up processes.
- Letters shall describe the specific mechanisms for bidirectional communication between clinical providers and community program staff.
- Letters should detail how referrals will be tracked and how clinical outcomes will be shared between partners.

Specific for State Unit on Aging

- You shall provide a letter of commitment from your State Unit on Aging (SUA) that demonstrates their active role in the statewide strategy and partnership model.
- The letter should describe the SUA's specific involvement in project planning, implementation, and sustainability.
- If you need to find your SUA, you can [search for SUA information](#) here.
- If you are a SUA, include a letter from your SUA director.

Program developer/administrator

- You should begin to deliver the Stepping On program within three months after receiving your Notice of Award (NoA).
- If you need to be trained for the Stepping On program before you can begin program delivery, you must include a letter of support from the program developer/administrator that will provide that training.
 - The letter should state that training will be provided within three (3) months after you receive your NoA.
- Confirm with the program developer/administrator that you:
 - Fully understand the requirements and length of the training/certification process.
 - Understand and can budget appropriately for the full cost of the training/certification.
 - Propose an appropriate main population and select sub-population(s) (if any) for the programs selected.
- If you do not need training from the program developer/administrator due to already having a current license and/or training in Stepping On, please provide a letter from your organizational leadership stating that you have the required capacity to implement the programs and provide copies of your license and/or training certificate(s).

- Required capacity means number of host sites, implementation sites, and delivery personnel, such as trainers and leaders/coaches and that you can provide support to facilitators from license holder organizations including having regular facilitator meetings and ensuring technical assistance support is provided by the Stepping On program developer.

Tribal leadership

- If partnering with a state-recognized tribe, federally recognized tribe, or tribal consortium, you should try to establish a collaborative agreement with tribal leaders to offer the Stepping On program and STEADI intervention.
- If the Tribal Leadership declines to provide a letter, you must provide documentation indicating this (e.g., an email) as an attachment to the application.

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.

Organizational chart

Include an organizational chart as an attachment to your application

Project map

Include a Project Map (as an attachment) of your state that shows where proposed program(s) are already being offered (if applicable) and which areas are being selected for this project.

References

Be sure to cite all the sources used in your project narrative on your reference list. Merit reviewers may lower your score if you do not.

Project narrative

Separate Budget Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification. (See “Budget Narrative/Justification - Sample Format” for examples and “Budget Narrative/Justification – Sample Template.”)

Work plan

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.

Additional work plan guidelines

- You must provide a project work plan for Years 1, 2, and 3.
- Each work plan should reflect and be consistent with the Project Narrative and Budget Narrative/Justification.
- Each 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-oriented goals and outcomes.
- The work plan must clearly show implementation timelines and responsible parties for: STEADI integration activities, Stepping On program delivery, technology implementation, outreach to adults ages 60–70, falls prevention awareness campaigns, data collection and evaluation, and partnership coordination.
- You should identify time frames involved (including start- and end-dates) and the lead person responsible for completing the task.

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 \[PDF\]](#).

Pre-award requirements

None



Step 4:

Learn About Review and Award

In this step

Application review [54](#)

Award notices [56](#)

Application review

Initial review

We will review your application to make sure that it meets the responsiveness requirements listed in the [disqualifying 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 |
| Project relevance and current need | 4 points |
| Approach and work plan | 58 points |
| Outcomes and evaluation | 12 points |
| Organizational capacity, experience of the project team, and letters of support | 18 points |
| Budget narrative/justification | 8 points |
| Total Points (Maximum): | 100 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 preferences 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 preference to applications that align with agency priorities.

Your application may receive this preference if it proposes to coordinate this effort with A Demonstration to Scale Innovative Person-Centered Approaches to Falls Prevention through Clinical-Community Partnerships (HHS-2026-ACL-CIP-AAFP-0017).

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 July 6, 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 Aoa.oaa@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 Wednesday July 29, 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. list of state single points of contact \[PDF\]](#). If you find a contact on the list for your state, contact them as soon as you can to learn their process. If you do not find a contact for your state, you don't need to do anything further.



Step 6: Learn What Happens After Award

In this step

Post-award requirements and administration [61](#)

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.
- Other ACL requirements, including:
 - Monitoring for fidelity. You must incorporate monitoring activities for all evidence-based programs you are offering, to ensure that these programs are being delivered consistently by all personnel across sites, according to the program developers' intent and design.
 - Monitoring and reporting on STEADI implementation and healthcare partnership coordination to ensure quality and effectiveness of screening, referral, and follow-up processes.

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

In this step

| | |
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| Agency contacts | <u>64</u> |
| Help with systems | <u>64</u> |
| Reference websites | <u>65</u> |

Agency contacts

Program and eligibility

Kari Benson

AOA.OAA@acl.hhs.gov

No phone calls

Financial and budget

Rasheed Williams

AOA.OAA@acl.hhs.gov

No phone calls

Review process and application status

Kari Benson

AOA.OAA@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 \(U.S.C.\)](#)
- [How to Apply for Grants](#)
 - [Grant Writing Basics](#)
 - [Succeed at Grant Proposals: Have a Plan and a Process](#)
 - [How to Successfully Write Competitive Grants as a Community-Based Organization](#)
 - [Grant Policy Statement October 2024 \[PDF\]](#)
- [CDC STEADI Initiative](#)
- [Stepping On Program](#)

Appendices

Appendix A

Glossary of Terms

Aging Network: The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging. The network includes 56 State Agencies on Aging, 600+ Area Agencies on Aging, and more than 290 Title VI Native American aging programs.

Behavioral Health Condition: It is the connection between your behavior and the health of your mind, body and spirit and the way your habits affect your mental and physical health and wellness. It can generally refer to mental health and substance use disorders, life stressors and crises, and stress related physical symptoms.

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

Chronic Condition: A health condition that lasts one year or more and requires ongoing medical attention and/or limits activities of daily living.

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. For additional information about business planning for evidence-based health promotion programs, visit: [Delivery Infrastructure & Capacity](#).

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

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

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

Loneliness: A subjective distressing experience that results from perceived isolation or inadequate meaningful connections, where inadequate refers to the discrepancy or unmet need between an individual's preferred and actual experience.

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.

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

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

- [Quality Assurance](#)
- [Healthcare Contracting: Tips for Quality Assurance and Evaluation](#)

Result-oriented accountability: In the context of this FOA, result-oriented accountability is a disciplined way of thinking and acting 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.

Section 508: [Section 508 of the Rehabilitation Act](#), as amended, requires agencies to provide individuals with disabilities equal access to electronic information and data. The Section 508 standards are the technical requirements and criteria that are used to measure compliance with Section 508. Examples of content includes websites, documents, PowerPoint slides, etc. More information on Section 508 may be found here: https://acl.gov/Site_Utilities/Accessibility.aspx

Social Isolation: Objectively having few social relationships, social roles, group memberships, and infrequent social interaction.

STEADI: Stopping Elderly Accidents, Deaths & Injuries is the CDC's evidence-based clinical framework for falls prevention that includes screening patients for fall risk, conducting clinical assessments, and intervening with appropriate referrals and recommendations.

More information at: <https://www.cdc.gov/steady/index.html>

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

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

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

Appendix B

Required Data Collection Forms

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

- [Link to all OMB-approved data collection forms.](#)
 - Host Organization Information Form.
 - Program Information Cover Sheet.
 - Falls Prevention Program Group Leader/Coach Script.
 - Attendance Log.
 - Participant Information Form (Pre-Survey).
 - Post Session Survey.
 - Optional Questions for Participant Pre- and Post- Surveys.

In addition to the standard ACL data collection forms, grantees must collect and report:

- STEADI screening data including: number of screenings conducted, fall risk level identified, referrals made to evidence-based programs, and follow-up outcomes.
- Demographic data with specific tracking of participants ages 60–70.
- Technology utilization metrics.
- Healthcare partnership coordination activities and outcomes.
- Behavioral health and medication management interventions provided or coordinated.
- Social determinants of health addressed.

Appendix C

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:

- Choosing the right falls prevention program(s).
- Reviewing existing infrastructure for program implementation.
- Developing a target number of participants.
- 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 participant targets. Follow instructions in the Funding Opportunity Announcement for requirements around the program that must be included in your proposal.

IMPORTANT NOTE FOR THIS FUNDING OPPORTUNITY: All applicants must use the Stepping On program as the required evidence-based falls prevention program. Applicants should prioritize outreach and engagement strategies for adults ages 60–70 and integrate STEADI screening and referral processes into their program planning and participant targeting.

Choosing the right program(s)

Grant applicants for this funding opportunity may only propose the Stepping On program. It is required for all applicants.

- In addition to the Stepping On program (required), applicant shall create a comprehensive falls prevention strategy aligned with STEADI screening and referral processes.

Questions to consider:

- Do you currently have capacity to deliver Stepping On, or will you need training? Have you confirmed availability of Stepping On training within three months of the grant start date?
- How will your program selection complement STEADI screening results and support referrals from healthcare partners for adults ages 60–70?

- What are the sustainability goals and strategies of your organization? Do the Stepping On program and STEADI intervention 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?
- Do you have the resources and capacity to offer the Stepping On program and STEADI intervention? Do you have resources to build staff support, manage volunteers, provide space, implement training, etc.?
- Is it necessary for the Stepping On program to be translated into a specific language for one of your target populations?
- What are the costs of implementing the Stepping On program in-person? Consider shipping costs for any materials and/or equipment that may be needed, tools for collecting data online (also includes HIPAA- compliant options), different marketing methods (social media, newspaper ads, prescription bags, etc.).
- What technology infrastructure and support will be needed to implement the Stepping On program and to support STEADI integration with healthcare partners?

Helpful resources:

- [Evidence-Based Falls Prevention Programs](#)
- [Key Components of Offering Evidence-based Programs](#)
- [Conducting Community Needs Assessments](#)
- [Best Practices Clearing House for Health Promotion Programs](#)
- [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](#)
- [“Grand Rounds” webinars featuring best practices for implementing virtual programs](#)
- [CDC STEADI Initiative](#)

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. Consider including an explanation of the need to build capacity for remote programs. Remote implementation may require different processes, materials, and levels of staffing.

For this funding opportunity, applicants must also assess infrastructure for:

- Implementing STEADI screening and referral processes.
- Coordinating with healthcare partners.
- Utilizing technology for program delivery and care coordination.
- Engaging adults ages 60–70.

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: [Delivery Infrastructure and Capacity](#).

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 Delivery Infrastructure and Capacity](#).
- **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

- **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

- **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 |

Specific to this funding opportunity, the Stepping On program is required.

Therefore, also evaluate the following:

Do you currently implement Stepping On? If yes, for how long and with what capacity? If not, have you confirmed training availability?

Do you have existing partnerships with healthcare providers or health systems? Do you currently use STEADI or similar screening tools? Healthcare partnerships are required.

How many of those participants were ages 60–70? This funding opportunity prioritizes this age group.

What technology infrastructure is needed to support STEADI integration, referral tracking, and care coordination?

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? Can you leverage existing Stepping On infrastructure? | 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 | <ul style="list-style-type: none"> • 3 local health departments • 2 area agencies on aging • 1 health clinic • 4 senior centers |
| Do any of these partners have existing relationships with healthcare providers for STEADI implementation? Has the State Unit on Aging committed to active involvement? | <ul style="list-style-type: none"> • State Unit on Aging has committed to active involvement • 2 health clinic partners use the STEADI intervention |
| How many workshops have your partners committed to offering in the next 12 months? | <ul style="list-style-type: none"> • 3 local health departments (2 workshops each= 6) • 2 area agencies on aging (3 workshops total) • 1 health clinic (2 workshops) • 4 senior centers (3 workshops each=12) Total= 23 • Do you need to maintain or expand the current program delivery infrastructure? Are there gaps |

| Falls prevention program delivery infrastructure | Sample responses |
|--|---|
| | that need to be filled? For example, leaders who speak a specific language? |

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?
- Do you have adequate Stepping On implementation capacity, or will you need training within the first three months?
- 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.
- Have you built time to establish formal partnerships with healthcare providers, implement STEADI screening processes, and establish bidirectional communication systems?
- Have you coordinated with your State Unit on Aging to ensure their active involvement in the statewide strategy?
- What specific strategies will you use to identify and engage adults ages 60–70 who may not self-identify as “older adults”?

Helpful resources:

- [Best Practices Clearing House for Health Promotion Programs](#)
- [Delivery Infrastructure and Capacity](#)
- [Strategic Partnerships](#)
- [National Association of County and City Health Officials Toolkit \[PDF\]](#)
- [Association of State and Territorial Health Officials Toolkit](#)
- [CDC STEADI Resources for Healthcare Providers](#)

Developing a target number of participants

Applicants are required to identify a target number of participants and completers for the falls prevention program chosen for the proposal. For this funding opportunity, applicants are required to use the Stepping On program. Target goals should be realistic and achievable for your community, whether that means reaching 300 participants or 2,000 participants.

For this funding opportunity, applicants should:

- Set targets that reflect meaningful engagement of adults ages 60–70
- Account for participants referred through STEADI screening processes
- Consider the time needed to establish healthcare partnerships and referral systems

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 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 while also building STEADI partnerships and infrastructure in Year 1.

Example 1

| Sample Grant Goal | Year 1 Target | Year 2 Target | Year 3 Target |
|-------------------|---|--|--|
| 300 participants | ≥25% of total goal ≥ 75 participants | ≥50% of total goal ≥ 150 participants | 100% of total goal ≥ 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 Year1 (May-Jul.): 0 workshops, use this time to develop contracts and train leaders and establish STEADI partnerships. Quarter 2 (Aug-Oct) and Quarter 3 (Nov – Jan) of Year 1: Leaders are trained, schedule, and hold at least 3 |

| Planning question | Sample responses |
|-------------------|---|
| | <p>workshops (yielding approximately 36- 45 participants). Ensure that you consider potential holiday season conflicts and cancellations due to inclement weather when scheduling. Begin receiving STEADI referrals.</p> <p>Quarter 4: (Feb.-April): Hold at least 3 workshops (yielding approximately 36-45 participants) with increased referrals from healthcare partners.</p> |

Example 2

| Sample Grant Goal | Year 1 Target | Year 2 Target | Year 3 Target |
|--------------------|--------------------|----------------------|----------------------|
| | ≥25% of total goal | ≥ 50% of total goal | 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? | <p>Quarter 1 of grant Year1 (May-Jul.): 0 workshops, use this time to develop contracts and train leaders and establish STEADI partnerships and technology infrastructure.</p> <p>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 cancelations due to inclement weather when scheduling. Launch STEADI screening and referral processes.</p> <p>Quarter 4: (Feb.-April): Hold at least 22 workshops (yielding approximately 264-330 participants) with robust healthcare referral pipeline established.</p> |

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?

- How many adults ages 60–70 are in your service area? What is your current reach to this population specifically?
- 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 Stepping On program.
- Do you have a marketing plan and materials for recruiting older adults to programs? Do you have specific messaging for adults ages 60–70?
- 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 need to add time for establishing STEADI partnerships and technology infrastructure?
- 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? Are healthcare partners prepared to implement STEADI screening and make referrals?
- 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? What additional data collection will be needed for STEADI metrics and technology utilization?

Helpful resources:

- [Best Practices Clearing House for Health Promotion Programs](#)
- [Delivery Infrastructure and Capacity](#)
- [Marketing and Recruitment](#)
- [Falls Prevention Program Participants vs. Completers: How Are They Tracked?](#)
- [4 Ways Falls Prevention and CDSME Grantees are Reaching Underserved Populations](#)
- [Delivery of Fall Prevention Interventions for At-Risk Older Adults in Rural Areas: Findings from a National Dissemination](#)
- [Tip Sheet: Engaging People with Disabilities in Evidence-Based Programs](#)

- [Tip Sheet: Engaging Veterans in Evidence-Based Programs](#)
- [Tip Sheet: Engaging American Indian/Alaska Native Elders in Falls Prevention Programs](#)
- [Program Staff Perspectives on Health Promotion Programs in Indigenous Communities](#)
- [Engaging American Indian/Alaska Native/Native Hawaiian Adults in Chronic Disease Self-Management Education](#)
- [CDC STEADI Resources](#)

Creating a quality assurance plan

Stepping On, the 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 the Stepping On program is 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 the [Best Practices Toolkit: Resources from the Field focused on Quality Assurance](#), including sample plans and fidelity checklists.

For this funding opportunity, quality assurance plans must also address:

- Monitoring STEADI screening and referral processes.
- Tracking bidirectional communication with healthcare partners.
- Evaluating technology implementation and effectiveness.
- Assessing reach and engagement of adults ages 60–70.
- Measuring integration of whole person approaches to fall risk reduction.
- Monitoring falls prevention awareness campaign effectiveness.

Appendix D

Resources for Competitive Grant Application Writing

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

Endnotes

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