Administration for Community Living

Center for Innovation and Partnership

Research to Spread and Scale the Impact of Evidence-Based Falls Prevention Programs and Interventions
HHS-2025-ACL-CIP-AAFP-0051
08/20/2025

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ACL Center:

Center for Innovation and Partnership

Funding Opportunity Title:

Research to Spread and Scale the Impact of Evidence-Based Falls Prevention Programs and Interventions

Funding Opportunity Number:

HHS-2025-ACL-CIP-AAFP-0051

Primary CFDA Number:

93.048

Due Date for Letter of Intent:

07/31/2025

Due Date for Applications:

08/20/2025

Date for Informational Conference Call:

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

Executive Summary

Additional Overview Content/Executive Summary

Evidence suggests that it takes more than a decade for new research findings related to older adult health to be implemented in clinical or professional settings.[1] This keeps critical interventions from having practical impact for populations that need interventions that work for them. Developing health promotion and disease prevention programs and interventions delivered in a variety of settings can improve quality of life for older adults, save money to the health care delivery system, and ensure older adults can live independently in their homes and communities. While there has been a growth in investments in research over time, fewer dollars are invested in research that facilitates the broader implementation and scaling of community-based interventions.[2] This creates a gap whereby many effective interventions are not implemented into practice and policy in a timely manner.

One pathway researchers are using to help bridge the research, practice, and policy gap is implementation research. *Implementation research* is the scientific study of the use of strategies

to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual outcomes and benefit population health.[3] In short, implementation research seeks to understand the how, when, by whom, and under what circumstances; that is the spread of evidence-based health programs and interventions throughout communities, organizations, and clinical and public health services. This design is also used to study contextual factors that facilitate their adoption, implementation, sustainability, scale, and spread. Although organizations have been delivering evidence-based health promotion programs and interventions for many years, most of these programs and interventions have not been sufficiently scaled and evaluated in order to incorporate and sustain them into routine practice.

The U.S. Preventive Services Task Force recently reviewed falls prevention interventions in community-dwelling older adults and their findings state that "existing evidence indicates that the overall net benefit of routinely offering multifactorial interventions to prevent falls is small."[4] Practically, this means that while these interventions have demonstrated their effectiveness on a smaller scale, there is still some question of their larger impact. This funding opportunity aims to take a meaningful step to bridge the gap between smaller community-based interventions for falls prevention and use implementation science methods to test the larger public health impacts, spread, and scale of multifactorial falls prevention interventions through the Aging Network and collaborative partners.

This funding opportunity will fund implementation research that brings to scale and evaluates the impact of evidence-based multifactorial falls prevention programs on falls among older adults[5] through a collaborative approach inclusive of the Aging Network and collaborative partners, experts in falls prevention research, and experts in implementation science and research. **This funding is not intended to support the development of new programs or interventions.**

The U.S. Department of Health and Human Services (HHS) anticipates awarding up to three grants to domestic public or private non-profit entities who have:

- significant expertise in implementation research in the health and/or social sciences; and
- demonstrated experience conducting research with the Aging Network and/or community care hubs

Successful applicants must demonstrate their capacity to conduct several activities including, but not limited to, the following:

- Finalize research questions and methods for conducting research to reduce falls and falls risk using an implementation science approach, with structured (quantitative) data and unstructured (qualitative) data collection;
- Ensure a secure, dynamic system to house the data collected and evidence developed by community-based organizations, complying with the HHS public access plan and policy regarding scientific or research data collected as a result of this funding;
- Foster collaboration with the Aging Network and other partners involved in the delivery of the falls prevention programs and interventions and report implementation and participant data in order to understand and measure the extent to the program/intervention reduces falls and falls risk factors;
- Provide technical assistance to sub-awardees on the program/intervention delivery and structured data collection using a relational database or some other technically appropriate data warehouse;

- Conduct both predictive and statistical analysis on research findings, and disseminate findings through peer-reviewed research and other appropriate media; and
- Develop a dissemination plan to initiate and participate in broader sustainability efforts to achieve further scaling of the program/intervention and public health impact for community-based multifactorial falls prevention programs.

Applicants may request a total budget of up to $4.65 million for the four-year project period. At a minimum, the budget and budget narrative should include funds for personnel, programming, indirect costs (using off campus rates research, if applicable). The organization(s) selected will be fully funded for a 48-month project period and budget period.

The grant has an anticipated start date of September 1, 2025.

[1]Ploeg J, Markle-Reid M, Davies B, Higuchi K, Gifford W, Bajnok I, et al. Spreading and sustaining best practices for home care of older adults: a grounded theory study. Implement Sci. 2014;9:162.

[2]National Science Board (2024). Research and Development: U.S. Trends and International Comparison, 6, 2025 fromhttps://ncses.nsf.gov/pubs/nsb20246

[3] National Institutes of Health (2025). Center for Translation Research and Implementation Science, accessed May 6, 2025 at https://www.nhlbi.nih.gov/about/divisions/center-translation-research-and-implementation-science

[4] U.S. Preventative Services Task Force (2024). Final Recommendation Statement

Falls Prevention in Community-Dwelling Older Adults: Interventions, accessed May 6, 2025 at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/falls-prevention-community-dwelling-older-adults-interventions

[5] For the purpose of this FOA and consistent with the definition in the Older Americans Act (42 U.S.C. §3002(8)), we are defining an older adult as an individual who is 60 years of age or older. For tribes and tribal organizations, the age of older Indians is defined by the tribe and may vary.

I. Funding Opportunity Description

Background

Falls in later life can have a significant impact on health and well-being of older adults, people with disabilities, their families, and their communities. Unfortunately, older adult falls are common, with approximately one in four older adults falling each year[1], and costly, with an estimated $80 billion in annual healthcare costs attributable to non-fatal falls.[2] Each year, there are about 3 million emergency department visits[3] and 1 million hospitalizations[4] related to older adult falls. Fortunately, rigorous research has shown that older adult falls are preventable.

In alignment with its mission, the Administration on Aging (AoA) invests in the delivery of evidence-based community health promotion programs, as well as related technical assistance through the National Falls Prevention Resource Center. Between October 1, 2014 – September 30, 2023, AoA formula grantees supported the delivery of health promotion programs and

activities to over 10 million older adults across the nation.[5] During this same period, AoA falls prevention competitive grantees reached over 268,468 older adults and adults with disabilities with evidence-based falls prevention programs specifically, with 42.13% of program participants reporting decreased social isolation and loneliness and 21.25% reporting improvements in self-rated health.[6]

Between 2020-2024, HHS funded independent studies to examine successes, challenges, and opportunities related to evidence-based health promotion programs, each of which indicated that program sustainability has been an ongoing challenge.[7],[8],[9],[10] Although some communities have had success in securing grants for program training and delivery, this funding is often time-limited and/or otherwise insufficient for long-term sustainability. Despite recognition of the growing human and financial cost of falls, there has been a dearth of investment – particularly by healthcare – in community-based falls prevention programs.

The U.S. Preventative Services Task Force (USPSTF) plays an important role in making evidence-based recommendations about clinical preventive services, which often impacts insurance coverage for these services. Highly recommended (A and B grade) services, those with high or moderate net benefit, are typically covered by federal and private insurers without copay or cost-sharing. Grade C recommendations are made by the USPSTF when the net benefit is found to be small.

In 2024, the USPSTF updated two recommendations on interventions to prevent falls among community-dwelling older adults. The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls (B recommendation). The USPSTF recommends that clinicians individualize the decision to offer multifactorial interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. (C recommendation) The USPSTF found existing evidence indicates that the overall net benefit of routinely offering multifactorial interventions to prevent falls is small.

The USPSTF identified several evidence gaps related to interventions to prevent falls among community-dwelling older adults (see the USPSTF Evidence Gaps Research Taxonomy Table), including the need for research to:

- develop and validate primary care risk assessment tools that accurately predict risk for falls in community-dwelling older adults;
- compare the benefits and harms of exercise plus multifactorial interventions with exercise interventions alone;
- identify methods to improve the availability and accessibility of effective fall prevention interventions; and
- examine the effectiveness and harms of interventions in different functional and risk groups

Interventions and implementation strategies proposed for this funding opportunity should address at least one of the research gaps noted by the USPSTF, using one of the following approaches:

- implementing at one least evidence-based multifactorial falls prevention program compared to exercise alone (comparison group); or

- implementing at one least evidence-based multifactorial falls prevention program plus exercise compared to no intervention (comparison group)
- implementing at least one evidence-based multifactorial falls prevention program compared to no intervention (comparison group)

Applicant study designs should ensure their proposed interventions are available and accessible to a variety of populations. All programs must meet the Older Americans Act Title III-D criteria for evidence-based (see Appendix A). A list of programs that meet the criteria is included in Appendix B. Applicants may propose an evidence-based multifactorial falls prevention program(s) that is not on the list as long as they indicate and provide clear evidence in their application that the program meets the Title III-D criteria.

Program Goals

This grant opportunity intends to fund research to address these evidence gaps and assess the benefits of incorporating evidence-based multifactorial falls prevention programs to prevent falls among older adults into routine practice, either alone or in combination with exercise. Studies must employ an implementation research approach to increasing the uptake and demonstrating the impact of their proposed interventions in the community. **This funding is not intended to support the development of new programs or interventions.**

Applicants must describe their comprehensive approach in detail, including the following:

- providing the theoretical basis, conceptual model, and/or logic model for the overall approach to dissemination and implementation with an explanation of how individual strategies and techniques fit within the theory or model and are expected to contribute to its success;
- identifying potential challenges and barriers to executing the dissemination and implementation approach and proposed mitigation strategies;
- describing how the strategy will address barriers to risk assessment in the proposed population;
- describing the evaluation approach, data sources, data collection (including how and from where data will be collected), and analysis plan; and
- describing whether and how the implementation strategies will be sustained once the grant funding ends. Sustainability may involve both helping programs and interventions implement lasting change and building infrastructure that can be leveraged in future projects.

The applicant is required to have demonstrated experience conducting research collaboratively within the Aging Network. The Older Americans Act of 1965 (OAA) established a national network of federal, state, and local agencies to plan and provide services that help older adults to live independently in their homes and communities. This interconnected structure of agencies is known as the Aging Network. The National Aging Network is headed by the Administration on Aging, which sits within the Department of Health and Human Services. The network includes 56 State Agencies on Aging, approximately 615 Area Agencies on Aging, and more than 280 Title VI Native American aging programs. Further, the network is supported by tens of thousands of service providers, community-based organizations, and hundreds of thousands of volunteers.

Community care hubs, also funded through Older Americans Act Aging and Disability Resource Center/No Wrong Door funding, are a model to align health care and social services to meet the needs of older adults and people with disabilities who may have unmet social needs that impact their health. The model is meant to provide "whole person care" by funding networks of community-based organizations that have one "hub" to contract with health plans, payors, and health systems. Community care hubs provide infrastructure to provide higher quality care, including evidence-based interventions at scale.

All applicants must ensure delivery partners implement at least one evidence-based multifactorial falls prevention program across delivery partners, capturing core outcome measures across participants and organizations. All programs must meet the Older Americans Act Title III-D criteria for evidence-based (see Appendix A). A list of programs that meet the criteria is included in Appendix B. Applicants may propose an evidence-based multifactorial falls prevention program(s) that is not on the list as long as they indicate and provide clear evidence in their application that the program meets the Title III-D criteria.

[1]Kakara R, Bergen G, Burns E, Stevens M. Nonfatal and Fatal Falls Among Adults Aged ≥65 Years—United States, 2020–2021. MMWR Morbidity and Mortality Weekly Report. 2023;72:938–943. DOI: 10.15585/mmwr.mm7235a1.

[2] Healthcare spending for non-fatal falls among older adults, USA (2024)

Haddad, Yara K; Miller, Gabrielle F; Ramakrishna Kakara; Curtis, Florence; Bergen, Gwen ; et al. Injury Prevention; London Vol. 30, Iss. 4,:

[3] Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web–based Injury Statistics Query and Reporting System (WISQARS) [online]. Accessed March 11, 2024.

[4] Moreland B, Legha J, Thomas K, Burns ER. Hip Fracture-related Emergency Department Visits, Hospitalizations, and Deaths by Mechanism of Injury Among Adults Aged 65 and Older, United States 2019. (2023). Journal of Aging and Health. 35(5–6):345–s355. DOI: 10.1177/08982643221132450.

[5] Older Americans Act State Program Report. (FY2014-2023). Accessed from the Older Americans Act Performance System on March 25, 2025.

[6] National Council on Aging. (2025). Falls Outcomes Dashboard. Healthy Aging Integrated Programs Database. Accessed March 24, 2025.

[7]Fidelity Evaluation of ACL's Evidence-Based Programs: https://acl.gov/news- and-events/announcements/fidelity-evaluation-acls-evidence-based-programs

[8] Evidence-Based Health Promotion Programs Among American Indian, Alaska Native, and Native Hawaiian Communities: A Call to Action to Improve Cultural Relevance and Accessibility: https:/www.nicoa.org/wp-content/uploads/2021/03/1-FINAL- REPORT-Evidence-Based-Health-Promotion-Among-AIANNH-Communities.pdf

[9] Analysis of Evidence-Based Health Promotion and Disease Prevention Program Review Processes: https://acl.gov/sites/default/files/programs/2023- 10/ACLEBPFinalReport.pdf

[10] State Units on Aging Survey of Title III-D Evidence-Based Program Delivery and Review Process (https://www.ncoa.org/article/evidence-based-programming-results- of- a-state-units-on-aging-title-iii-d-survey)

Statutory Authority

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

II. Award Information

Funding Instrument Type:
G (Grant)

Estimated Total Funding:
$4,650,000

Expected Number of Awards:
3

Award Ceiling:
$4,650,000
Per Project Period

Award Floor:
$1,450,000
Per Project Period

Length of Project Period:
Other

Additional Information on Project Periods and Explanation of 'Other'
48-month project and budget period, forward funded

III. Eligibility Information

1. Eligible Applicants

Domestic public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education.

Domestic public or private non-profit entities including state governments, county governments, city or township governments, special district governments, independent school districts, public and state controlled institutions of higher education, Native American tribal governments, public housing authorities/Indian housing authorities, Native American tribal organizations, nonprofits having a 501(c)(3) status, private institutions of higher education, faith-based organizations, and community-based organizations.

Foreign entities are not eligible to compete for, or receive, awards made under this announcement.

2. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

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

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

All applications must include letters of commitment from Aging Network partners based on their selected approach, such as letters from State Units on Aging, Area Agencies on Aging, community care hubs, and tribes/tribal organizations. Applications that fail to meet this requirement will not be reviewed and will receive no further consideration.

Application Screening Criteria

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

1. Applications must be submitted electronically via https://www.grants.gov by 11:59 p.m., Eastern Time, by the due date listed in section IV under Submission Dates and Times.

2. The Project Narrative section of the Application must be double-spaced, on 8.5" x 11" plain white paper with 1" margins on all sides, and a standard font size of no less than 11 point, preferably Times New Roman or Arial.

3. The Project Narrative (inclusive of the Workplan) must not exceed thirty (20) double-spaced pages. NOTE: The page limit for the Project Narrative does not apply to the Application for Federal Assistance, application table of contents, budget narrative/justification, vitae/ biosketches, the letters of commitment from key participating organizations and agencies, and references.

4. Applications must include a proposed Budget Narrative/Justification for years 1, 2, 3, and 4 as well as a combined Budget Narrative/Justification for the proposed 48-month budget period. The proposed combined Budget Narrative/Justification must not exceed the total federal 4- year award ceiling of $4,650,000 and may not be below the floor of $1,450,000.

5. Applications must include a Project Work Plan for years 1, 2, 3, and 4 as a part of the Project Narrative. Project Work Plans must be consistent with the proposed Project Narrative and Budget Narrative/ Justifications.

IV. Application and Submission Information

1. Address to Request Application Package

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

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

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

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

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

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

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

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

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

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

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

Lauren Solkowski

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2. Content and Form of Application Submission

Letter of Intent

Number of Days from Publication 10

07/31/2025
Applicants are requested, but not required, to submit a letter of intent to apply for this funding opportunity to assist ACL in planning for the application independent review process. The purpose of the letter of intent is to allow our staff to estimate the number of independent reviewers needed and to avoid potential conflicts of interest in the review. Letters of intent should be sent to:

U.S. Department of Health and Human Services

Contact: Lauren Solkowski

Email Address: lauren.solkowski@acl.hhs.gov

Project Narrative

The Proposal Narrative portion of your application is where you describe your proposed project.

The Narrative should include the information below, and **must use the following section headings**:

- o Section 1: Significance of Research
- o Section 2: Approach
- o Section 3: Organizational Capacity and Expertise

It is highly unlikely one organization can meet all the narrative criteria provided, therefore HHS expects applicants will use a collaborative approach.

Each applicant must limit the Project Narrative to the equivalent of no more than 20 pages using the following standards:

- A page is 8.5" x 11" on one side only with 1" margins at the top, bottom, and both sides
- **Double-space** (no more than three lines per vertical inch) all narrative text in the project narrative. You are not required to double space titles, headings, footnotes, references, captions, or text in charts, tables, figures, and graphs. Applicants who unnecessarily place narrative text in tables to avoid the double-spacing requirement run the risk of exceeding the page limit
- Use a font that is not less than size 12 and is Times New Roman, Courier, Courier New, or Arial
- Include all critical information, **including the Work Plan**, in the Project Narrative, minimizing the need for additional appendices
- Number the pages

For Project Narratives that exceed 20 double-spaced pages, reviewers will be instructed to disregard all of the content on the pages beyond the 20th page.

NOTE: The page limit for the Project Narrative does not apply to the Application for Federal Assistance, application table of contents, budget narrative/justification, vitae/ biosketches, the letters of commitment from key participating organizations and agencies, and references.

The Project Narrative must include the following:

- **Section 1: Significance of Research**
  - o Understanding of the problem of falls and risk of falls in older adults
  - o Research gaps to be addressed through scientific and systematic study of existing multifactorial interventions for older adults, examining outcomes, context, cost, innovations, replication potential, and resources
  - o Anticipated benefits of implementation science research to *public health, communities, and the field*
    - ▪ addressing health issues, such as chronic conditions, and social factors impacting falls and falls risk, using approaches, programs, and interventions that are grounded in evidence;

- strengthening established partnerships between research, the Aging Network, and other partners in communities; and
- knowledge generated that advances research, may influence funders/decision makers, and demonstrates value of the Aging Network with an emphasis on the network's ability to implement evidence-based falls prevention programs at scale

  o Interventions and implementation strategies addressing at least one of the research gaps noted by the USPSTF, using at least one of the following approaches:
  1. implementing at least one evidence-based multifactorial falls prevention program compared to exercise alone (comparison group); or
  2. implementing at one least evidence-based multifactorial falls prevention program plus exercise compared to no intervention (comparison group)
  3. implementing at least one evidence-based multifactorial falls prevention program compared to no intervention (comparison group)

o Aging Network delivery partner characteristics and capacity required (costs, other resources, credentials)
o Proposed reach (population characteristics, impact expected, etc.)

- **Section 2: Approach**
  o Identify a study design – experimental or quasi-experimental – appropriate for the identified target population, contextual factors, balancing rigor and inclusive of feasibility, practicality, and cost of design. This should include realistic power calculations that account for a range of effect sizes and do not exaggerate effect sizes and may include strengths and limitations of their proposed design.
  o Implementation approach (theory/models/framework) and relevant research methods
  o Plans for collection and analysis of implementation strategies and outcomes, which may include:
    - Acceptability
    - Adoption
    - Appropriateness
    - Costs, including per person costs, cost per outcome, and cost of the intervention
    - Feasibility
    - Penetration
    - Sustainability

  o Plans for collection and analysis of service and quality improvement outcome using the measures in Appendix C covering the domains below:
    - Activities of Daily Living/Instrumental Activities of Daily Living
    - Fear of Falling
    - Falls Efficacy
    - History of Falls
    - Self-Rated Health
    - Physical Activity

- ▪ Loneliness and Social Isolation

    Applicants may also include project specific outcome measures but should provide an explanation and rationale for any measures proposed. Examples of additional outcomes may include falls related injuries, fractures, emergency room visits, and hospitalizations.

- Plans for collection and analysis of implementation and participant level data, as well as for relevant analysis that align with study goals, including:
    - o A description of the data you will collect for your project, including how you will maintain security, privacy, and confidentiality of any PII or PHI.
    - o A description of how you will organize, store, and preserve your project data.
    - o A description of the metadata to be provided for useful analysis of the data by others. Metadata include descriptions and labels for variables and values in your dataset.
    - o A description of the data repository that you will use to make your data available to the public at the end of your grant.
    - o A description of the informed consent process that will enable data sharing and using data collected for secondary analyses.
    - o Identified possible risks that could hinder study success, efficiency, and outcome and proposed plans to mitigate them.
    - o Plans for project submission to and approval by Institutional Review Board.
    - o Dissemination and next steps/sustainability strategies after the project concludes.

- **Section 3: Organizational Capacity and Expertise**
    - o Proficient in designing and conducting implementation research with community health and/or social service organizations using mixed methods.
        - ▪ Quantitative (describe)
        - ▪ Qualitative (describe)

    - o Expertise and partnerships necessary to scale screenings, programs, and interventions for older adults and measure public health impact.
    - o Current and previous engagement and proposed collaboration with Aging Network and other relevant stakeholders that utilize the strengths and unique features of these partners.
    - o Expertise in developing clear, informative, effective, high quality, innovative, creative, concise, accurate, timely, and user-friendly materials to disseminate study findings that are consistent with HHS policies regarding attribution, plain language, accessibility, and related areas.
    - o Investigator and institutional commitments to initiating and/or participating in broader sustainability efforts to achieve public health impact using the study results.
    - o Ability to identify possible risks that could hinder project and develop a plan to mitigate them.
    - o Familiarity with Section 508, and any other relevant requirements associated with collection of information, accessibility, confidentiality, and privacy.

- o Commit to sending two project staff to at least one aging or falls-related conferences annually to share project findings and form relationships that support sustainability beyond the conclusion of federal funding.

Summary/Abstract

Applicants must provide a one-page abstract, which should be a comprehensive description of the whole project (all years) and not a description of the competency of the institution or Project Director/PI.

Organizational Capability

Vitae or biosketches of key project personnel should include information that is specifically pertinent to the applicant's proposed project. Applicants are encouraged to use the [National Institute of Health's biosketch format](#), which provides reviewers with a concise description of training, expertise, and productivity that is relevant to the proposed project.

Budget Narrative/Justification

The applicant must submit an itemized budget breakdown for each project year and the basis for estimating the costs of personnel salaries, benefits, project staff travel, materials and supplies, consultants and subcontracts, indirect costs, and any other projected expenditures. The Budget Narrative/Justification can be provided using the "Budget Narrative/Justification – Sample Format" included in this document. Applicants are encouraged to pay particular attention to this document, which provides an example of the level of detail sought. A combined multi year Budget Narrative/Justification as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required. This information will be uploaded in the "Budget Narrative/Justification" section under the "Optional" category.

Work Plan

Applicants must provide a project Work Plan for Years 1, 2, 3, and 4. 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. Applicants should identify timeframes involved (including start- and end-dates) and the lead person responsible for completing the task. Provide each Work Plan formatted according to the guidelines below in Project Work Plan – Sample Template section.

Letters of Commitment from Key Participating Organizations and Agencies

Applicants must include Letters of Support/Commitment and use a Table of Contents to clearly identify which letters represent which partners. Note that any organization that is specifically named to have a significant role in carrying out the project should be considered a key partner. **Applicants must provide letters of commitment from Aging Network partners** based on their selected approach, including – but not limited to – State Units on Aging, Area Agencies on Aging, community care hubs, and tribes/tribal organizations and/or organizations representing these organizations. Applicants that do not provide letters of support demonstrating substantive collaboration with Aging Network organizations will not be considered.

The quality of the letter content (i.e., specificity with respect to the role of that partner) is more important than the quantity of letters submitted with your application. Signed letters of

commitment should be scanned and included as attachments. Letters of Support/Commitment must be uploaded as part of the applicant package via Grants.gov. Hard copies will not be accepted.

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

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

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

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

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

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

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

- The Federal Government will transition from the DUNS Number to the New Unique Entity Identifier. As of April of 2022, the federal government stopped using the DUNS

number to uniquely identify entities. At that point, entities doing business with the federal government will use a Unique Entity Identifier (SAM) created in SAM.gov. They will no longer have to go to a third-party website to obtain their identifier. This transition allows the government to streamline the entity identification and validation process, making it easier and less burdensome for entities to do business with the federal government. If your entity is registered in SAM.gov today, your Unique Entity ID (SAM) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records. To learn how to view your Unique Entity ID (SAM) go to this help article.

- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications. In accordance with the Federal Government's efforts to reduce reporting burden for recipients of federal financial assistance, the general certification and representation requirements contained in the Standard Form 424B (SF-424B) – Assurances – Non-Construction Programs, and the Standard Form 424D (SF-424D) – Assurances – Construction Programs, have been standardized federal-wide. Effective January 1, 2020, the updated common certification and representation requirements will be stored and maintained within SAM. Organizations or individuals applying for federal financial assistance as of January 1, 2020, must validate the federally required common certifications and representations annually through SAM located at SAM.gov.

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

4. Submission Dates and Times

08/20/2025

Date for Informational Conference Call:

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

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

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

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

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

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

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

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

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

5. Intergovernmental Review

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

6. Funding Restrictions

The following activities are not fundable:

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

Note: A recent Government Accountability Office (GAO) report has raised considerable concerns about grantees and contractors charging the Federal Government for additional meals outside of the standard allowance for travel subsistence known as per diem expenses. Executive Orders on Promoting Efficient Spending (E.O. 13589) and Delivering Efficient, Effective and Accountable Government (E.O. 13576) have been issued and instruct Federal agencies to promote efficient spending. Therefore, if meals are to be charged in your proposal, applicants should understand such costs must meet the following criteria outlined in the Executive Orders and HHS Grants Policy Statement:

- *Meals are generally unallowable except for the following:*
  - *For subjects and patients under study (usually a research program);*

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

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

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

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

7. Other Submission Requirements

V. Application Review Information

1. Criteria

Applications will be scored by members of a peer review panel, who will assign a maximum of 100 points across the criteria listed below:

1. Table of Contents (yes/no)
2. Project Narrative (68 points)
   - Section 1: Significance of Research (10 points)
   - Section 2: Approach (33 points)
   - Section 3: Organizational Capacity and Expertise (25 points)

3. Workplan (8 points)
4. Abstract/Summary (1 point)
5. Budget (10 points)
6. Vitae/Biosketches of Key Project Personnel (2 points)
7. Letters of Commitment from Key Participating Organizations and Agencies (10 points)
8. References (1 point)

Table of Contents (yes or no)

Does the application include a Table of Contents that shows where and how the sections of your proposal are organized? *(yes or no)*

Project NarrativeMaximum Points: 68

Does the **Significance of Research** section *(10 points total):*

- convey an understanding of the problem of falls and risk of falls in older adults? *(2 points)*
- include research gaps to be addressed through scientific and systematic study of existing multifactorial interventions for older adults, examining outcomes, context, cost innovations, replication potential, and resources? *(2 points)*
- identify anticipated benefits of implementation science research to *public health, communities, and the field (3 points),* including:
    - addressing health issues, such as chronic conditions, and social factors impacting falls and falls risk, using approaches, programs, and interventions that are rooted in evidence;
    - strengthening established partnerships between research, the Aging Network, and other partners in communities; and
    - knowledge generated that advances research, may influence funders/decision makers, and demonstrates value of the Aging Network?
- identify the evidence-based multifactorial falls prevention program(s) to be implemented? (*1 point)*
- identify Aging Network delivery partner characteristics and capacity required (costs, other resources, credentials)? *(1 points)*
- describe the proposed reach (population characteristics, numbers, etc.)? *(1 point)*

Does the **Approach** section *(33 points total)*:

- identify an experimental or quasi-experiments study design appropriate for identified target population, contextual factors, balancing rigor and inclusive of feasibility, practicality, and cost of design (using one of the following approaches below)? This should include realistic power calculations that account for a range of effect sizes and do not exaggerate effect sizes. *(10 points)*
    1. implementing at one least evidence-based multifactorial falls prevention program compared to exercise alone (comparison group); or
    2. implementing at one least evidence-based multifactorial falls prevention program plus exercise compared to no intervention (comparison group)
- describe the implementation approach (theory/models/framework) and relevant research methods? *(5 points)*
- describe plans for collection and analysis of implementation strategies and outcomes? *(3 points)*
- describe plans for collection and analysis of service and quality improvement outcome data including, at a minimum, the measures in Appendix C *(3 points)*
- provide an explanation and rationale for any additional outcome measures proposed (beyond those required in Appendix C, if applicable)?
- provide plans for collection and analysis of implementation and participant level data, as well as for relevant analysis that align with study goals *(5 points),* including a description of:

- o the data they will collect for your project, including how they will maintain security, privacy, and confidentiality of any PII or PHI;
- o how they will organize, store, and preserve their project data;
- o the metadata to be provided for useful analysis of the data by others;
- o the data repository that they will use to make their data available to the public at the end of the grant; and
- o the informed consent process that will enable data sharing and using data collected for secondary analyses?
- o identify possible risks that could hinder study success, efficiency, and outcome and proposed plans to mitigate them? (*2 points*)
- o include plans for project submission to and approval by Institutional Review Board? (*2 points*)
- o describe dissemination and next steps/sustainability strategies after the project concludes? (*3 points*)

Does the **Organizational Capacity and Expertise** section (*25 points total*):

- o show proficiency in designing and conducting implementation research with community health and/or social service organizations using mixed methods (quantitative and qualitative)? (*8 points*)
- o demonstrate the expertise and partnerships necessary to programs for older adults and measure public health impact? (*2 points*)
- o describe current and previous engagement and proposed collaboration with Aging Network and other relevant stakeholders that utilize the strengths and unique features of these partners? (*6 points*)
- o convey expertise in developing clear, informative, effective, high quality, innovative, creative, concise, accurate, timely, and user-friendly materials to disseminate study findings that are consistent with HHS policies regarding attribution, plain language, accessibility, and related areas? (*3 points*)
- o include investigator and institutional commitments to initiating and/or participating in broader sustainability efforts to achieve public health impact using the study results? (*3 points*)
- o identify possible organizational risks that could hinder project and develop a plan to mitigate them? (*1 point*)
- o convey familiarity with the Paperwork Reduction Act, Section 508, and any other relevant requirements associated with collection of information, accessibility, confidentiality, and privacy? (*1 point*)
- o include a commitment to sending two project staff to at least one aging, health, or falls-related conferences annually to share project findings and form relationships that support sustainability beyond the conclusion of federal funding? (*1 point*)

WorkplanMaximum Points: 8

Does the application provide a project Work Plan for Years 1, 2, 3, and 4 that is reflective of and consistent with the Project Narrative and Budget/Budget Justification? (*4 points*)

Does each 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 results-oriented goals and outcomes?
- identify timeframes involved (including start- and end-dates) and the lead person responsible for completing each task? *(4 points)*

Abstract/SummaryMaximum Points: 1

Did the application include a one-page abstract providing a comprehensive description of the whole project (all years)? *(1 point)*

BudgetMaximum Points: 10

Does the application provide a project Budget Narrative/Justification for Years 1, 2, 3, and 4 and a combined multi-year Budget? *(5 points)*

Do the Years 1, 2, 3, and 4 Budgets provide an itemized budget breakdown for each project year and the basis for estimating the costs of personnel salaries, benefits, project staff travel, materials and supplies, consultants and subcontracts, indirect costs, and any other projected expenditures? *(5 points)*

Vitae/Biosketches of Key Project PersonnelMaximum Points: 2

Does the application include vitae or biosketches of key project personnel that are specifically pertinent to the applicant's proposed project? *(1 point)*

Do the vitae or biosketches provide a concise description of training, expertise, and productivity that is relevant to the proposed project? *(1 point)*

Letters of Commitment from Key Participating Organizations and AgenciesMaximum Points: 10

Does the application include Letters of Support/Commitment from Key Participating Organizations and Agencies and use a Table of Contents to clearly identify which letters represent which partners? *(5 points)*

Does the application include letters of commitment from Aging Network partners based on their selected approach, such as letters from State Units on Aging, Area Agencies on Aging, community care hubs, and/or tribes/tribal organizations? *(5 points)*

ReferencesMaximum Points: 1

Did the application include references for works cited, using a consistent format? *(1 point)*

2. Review and Selection Process

3. Anticipated Announcement Award Date

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

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

VI. Award Administration Information

1. Award Notices

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration for Community Living authorizing official, Office of Grants Management. Acceptance of this award is signified by the drawdown of funds

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

2. Administrative and National Policy Requirements

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

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

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

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

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

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

Indirect costs

De minimis rate

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

- When you calculate this rate, you will now use 15% of modified total direct costs (MTDC) rather than 10%. See 2 CFR 200.414(f).
- Additionally, when you calculate MTDC, you can now use up to $50,000 of subawards and subcontracts rather than $25,000. See 2 CFR 200.1.

Training awards

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

Budget

When planning your budget, HHS now uses the definitions for equipment and supplies in 2 CFR 200.1. The new definitions change the threshold for equipment to the lesser of the recipient's capitalization level or $10,000 and the threshold for supplies to below that amount.

All changes

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

- 2 CFR 200.1, Definitions, Modified Total Direct Cost.
- 2 CFR 200.1, Definitions, Equipment.
- 2 CFR 200.1, Definitions, Supplies.
- 2 CFR 200.313(e), Equipment, Disposition.
- 2 CFR 200.314(a), Supplies.
- 2 CFR 200.320, Methods of procurement to be followed.
- 2 CFR 200.333, Fixed amount subawards.
- 2 CFR 200.344, Closeout.
- 2 CFR 200.414(f), Indirect (F&A) costs.
- 2 CFR 200.501, Audit requirements.

3. Reporting

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

4. FFATA and FSRS Reporting

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

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

VII. Agency Contacts

Project Officer
First Name:
William
Last Name:
Bleser

Phone:

(202) 719-2636

Office:

(202) 719-2636

Grants Management Specialist

First Name:

Rasheed

Last Name:

Williams

Phone:

(202) 401-5481

Office:

(202) 401-5481

VIII. Other Information

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

Appendix

Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

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

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency. Please see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National

Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at https://minorityhealth.hhs.gov/.

- Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment. Please see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html; https://www2.ed.gov/about/offices/list/ocr/docs/shguide.html; and https://www.eeoc.gov/sexual-harassment.
- Recipients of FFA must also administer their programs in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws. Collectively, these laws prohibit exclusion, adverse treatment, coercion, or other discrimination against persons or entities on the basis of their consciences, religious beliefs, or moral convictions. Please see https://www.hhs.gov/conscience/your-protections-against-discrimination-based-on-conscience-and-religion/index.html
- Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at https://www.hhs.gov/ocr/about-us/contact-us/index.html or call 1-800-368-1019 or TDD 1-800-537-7697.

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

Instructions for Completing Required Forms

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

a. Standard Form 424

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

https://www.house.gov/

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

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

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

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

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-federal cash match** includes budgetary funds provided from the applicant agency's

budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of third party facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

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

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

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

21. **Authorized Representative**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain federal agencies may require that this authorization be submitted as part of the application.)

Standard Form 424A

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

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

Section B - Budget Categories
Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category.
Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.
Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

Section C - Non-Federal Resources
Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.
Column C: Enter in any non-federal resources that the state will contribute to the project.
Column D: Enter in any non-federal resources that other sources will contribute to the project.
Column E: Enter the total non-federal resources for each program listed in column A.

Section D - Forecasted Cash Needs

Line 13: Enter Federal forecasted cash needs broken down by quarter for the first year only.
Line 14: Enter Non-Federal forecasted cash needs broken down by quarter for the first year.
Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

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

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

Column A: Enter the federal grant program
Column B (first): Enter the requested year two funding.
Column C (second): Enter the requested year three funding.
Column D (third): Enter the requested year four funding, if applicable.
Column E (forth): Enter the requested year five funding, if applicable.

Section F – Other Budget Information

Line 21: Enter the total Indirect Charges
Line 22: Enter the total Direct charges (calculation of indirect rate and direct charges).
Line 23: Enter any pertinent remarks related to the budget.

Separate Budget Narrative/Justification Requirement

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

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

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

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

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

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

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

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

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

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

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

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

Line 6f: **Contractual**:   Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards.   Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is

merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

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

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

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

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

Meals are generally unallowable except for the following:

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

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

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

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

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

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

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

Line 6j: **Indirect Charges**: Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency.

State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

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

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

c. Standard Form 424B – Assurances (required)

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration for Community Living. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

d. Certification Regarding Lobbying (required)

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

Proof of Nonprofit Status (as applicable)

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

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

Indirect Cost Agreement

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

Budget Narrative/Justification- Sample Format

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

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	$47,700	$23,554	$0	$71,254	**Federal** Project Director (name) = .5 FTE @ $95,401/yr = $47,700 **Non-Fed Cash** Officer Manager (name) = .5FTE @ $47,108/yr = $23,554 **Total** 71,254
Fringe Benefits	$17,482	$8,632	$0	$26,114	**Federal** Fringe on Project Director at 36.65% = $17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) **Non-Fed Cash** Fringe on Office Manager at 36.65% = $8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)
Travel	$4,707	$2,940	$0	$7,647	**Federal** Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles $2,457 Lodging: 15 days @ $110/day $1,650 Per Diem: 15 days @ $40/day $600 Total $4,707 **Non-Fed Cash** Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ $500 $1,500

				Lodging: 3 days x 3 staff @ $120/day $1,080 Per Diem: 3 days x 3 staff @ $40/day $360 Total $2,940
Equipment	$10,000	$0	$0	$10,000	No Equipment requested OR: Call Center Equipment Installation = $5,000 Phones = $5,000 Total $10,000
Supplies	$3,700	$5,670	$0	$9,460	**Federal** 2 desks @ $1,500 $3,000 2 chairs @ $300 $600 2 cabinets @ $200 $400 **Non-Fed Cash** 2 Laptop computers $3,000 Printer cartridges @ $50/month $300 Consumable supplies (pens, paper, clips etc…) @ $180/month $2,160 Total $9,460

Contractual	$30,171	$0	$0	$30,171	(organization name, purpose of contract and estimated dollar amount)
					Contract with AAA to provide respite services:
					  11 care givers @ $1,682 =
					$18,502
					  Volunteer Coordinator =
					$11,669
					  Total
					$30,171
					If contract details are unknown due to contract yet to be made provide same information listed above and:

					A detailed evaluation plan and budget will be submitted by (date), when contract is made.
Other	$5,600	$0	$5,880	$11,480	**Federal** 2 consultants @ $100/hr for 24.5 hours each = $4,900 Printing 10,000 Brochures @ $.05 = $500 Local conference registration fee (name conference) = $200 Total $5,600 **In-Kind** **Volunteers** 15 volunteers @ $8/hr for 49 hours = $5,880
Indirect Charges	$20,934	$0	$0	$20,934	21.5% of salaries and fringe = $20,934 IDC rate is attached.
TOTAL	$140,294	$40,866	$5,880	$187,060	

Budget Narrative/Justification - Sample Template

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

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

Project Work Plan - Sample Template

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

Goal:

Measurable Outcome(s):

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

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

2.																
3.																
4.																
5.																
6.																

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

Instructions for Completing the Project Summary/ Abstract

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

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

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

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

Products - materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

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

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

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

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

Appendix A

List of Title III-D Approved evidence-based multifactorial falls prevention programs

*Applicants should visit https://www.ncoa.org/evidence-based-programs/ for detailed information about each of the programs below.

1. A Matter of Balance   https://ncoa.org/article/evidence-based-program-a-matter-of-balance

1. Bingocize   https://ncoa.org/article/evidence-based-program-bingocize

1. CAPABLE   https://ncoa.org/article/evidence-based-program-capable

1. Enhance®Fitness   https://ncoa.org/article/evidence-based-program-enhancefitness

1. FallScape   https://ncoa.org/article/evidence-based-program-fallscape

1. FallsTalk   https://ncoa.org/article/evidence-based-program-fallstalk

1. Fit and Strong! https://ncoa.org/article/evidence-based-program-fit-strong

1. Healthy Steps for Older Adults https://ncoa.org/article/evidence-based-program-healthy-steps-for-older-adults

1. Healthy Steps in Motion   https://ncoa.org/article/evidence-based-program-healthy-steps-in-motion

1. Home Hazard Removal Program (HARP)   https://www.ncoa.org/article/evidence-based-program-home-hazard-removal-program-harp

1. Otago Exercise Program   https://ncoa.org/article/evidence-based-program-otago-exercise-program

1. Stay Active and Independent for Life (SAIL)   https://ncoa.org/article/evidence-based-program-stay-active-independent-for-life-the-sail-program

1. Stepping On   https://ncoa.org/article/evidence-based-program-stepping-on

1. Tai Chi for Arthritis and Falls Prevention   https://ncoa.org/article/evidence-based-program-tai-chi-for-arthritis-and-falls-prevention

1. Tai Chi Prime   https://ncoa.org/article/evidence-based-program-tai-chi-prime

1. Tai Ji Quan: Moving for Better Balance https://ncoa.org/article/evidence-based-program-tai-ji-quan-moving-for-better-balance

1. YMCA Moving for Better Balance   https://ncoa.org/article/evidence-based-program-ymca-moving-for-better-balance

Appendix B

ACL Definition of Evidence-Based Programs:
1. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and
2. Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* and

3. Research results published in a peer-review journal; and
4. Fully translated** in one or more community site(s); and
5. Includes developed dissemination products that are available to the public.

*Experimental designs use random assignment and a control group. Quasi-experimental designs do not use random assignment.

**For purposes of the Title III-D definitions, being "fully translated in one or more community sites" means that the evidence-based program in question has been carried out at the community level (with fidelity to the published research) at least once before. Sites should only consider programs that have been shown to be effective within a real-world community setting.

Appendix C

Outcome Measures	
ADLs/IADLs Disability	ADLs: What is your level of independence with the following? • Bathing: The ability to wash oneself, including getting in and out of the shower or bathtub. • Dressing: The ability to choose appropriate clothing and put them on and take them off. • Toileting: The ability to use the toilet, including managing personal hygiene. • Transferring: The ability to move from one position to another, such as transferring from a bed to a chair. • Continence: The ability to control bowel and bladder functions. • Feeding: The ability to feed oneself, including the physical act of eating. IADLs: What is your level of independence with the following? • Transportation and shopping: Ability to procure groceries, attend events, and manage transportation, either via driving or by organizing other means of transport. • Managing finances: This includes the ability to pay bills and manage financial assets • Shopping and meal preparation, ie, everything required to get a meal on the table. It also covers shopping for clothing and other items required for daily life. • Housecleaning and home maintenance. Cleaning kitchens after eating, maintaining living areas reasonably clean and tidy, and keeping up with home maintenance. • Managing communication with others: The ability to manage telephone and mail. • Managing Medications: Ability to obtain medications and take them as directed.

Fear of Falling .	How fearful are you of falling? • Not at all • A little • Somewhat • A lot During the last 4 weeks, to what extent has your concern about falling interfered with your normal social activities with family, friends, neighbors or groups? • Not at all • Slightly • Moderately • Quite a bit • Extremely
Falls Efficacy Scale	Score: 1 = very confident 10 = not confident at all • Take a bath or shower • Reach into cabinets or closets • Walk around the house • Prepare meals not requiring carrying heavy or hot objects • Get in and out of bed • Answer the door or telephone • Get in and out of a chair • Getting dressed and undressed • Personal grooming (i.e. washing your face) • Getting on and off of the toilet
History of Falls	In the past 3 months, how many times have you fallen? • None _____times If you fell in the past 3 months, how many of these falls caused an injury? (By injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. _____ Number of falls causing injury
Self-Rated Health	In general, would you say your health is: • Excellent • Very Good • Good • Fair • Poor
Physical Activity	What best describes your activity level? • Vigorously active for at least 30 minutes, 3 times per week • Moderately active at least 3 times per week

	• Seldom active, preferring sedentary activities
Loneliness and Social Isolation	How often do you feel lonely or isolated from those around you? • Never • Rarely • Sometimes • Often • Always