**ACL Innovation Lab Funding Opportunity**

**Application Narrative Worksheet**

This document includes all short answer questions from the ACL Innovation Lab application. You may type your responses in this document and copy/paste them into the application portal when they are completed.

1. **POPULATIONS AND COMMUNITIES**
2. **Describe the population(s) and/or community(ies) of older adults you aim to reach in this project.** *(Maximum word count: 200)*
3. **STATEMENT OF NEED**
4. **Provide a brief general history of falls prevention-related activities in your community to the best of your knowledge, including your own activities (applicants are encouraged to do some research to determine their community’s history of falls prevention activities if this is not known). Include any gaps in existing services if applicable.** *(Maximum word count: 300)*
5. **Describe any barriers to delivering falls prevention or other health promotion activities that you have encountered.** *(Maximum word count: 400)*
6. **Explain why you will focus on engaging your selected population(s) and/or community(ies) for this project. Include any data you have on your selected population(s) and/or community(ies).** *(Maximum word count: 300)*
7. **PROPOSED PROJECT**
   1. ***Falls Prevention Activities*:** **Select at least two (2) falls prevention activities you propose to implement from the three categories provided** (See application - check box response).
8. ***Project Goal(s), Objective(s), and Outcome(s)*: Describe what you aim to achieve in this work, including your project goal(s), objective(s), and outcome(s) (see *Appendix H* for definitions of goals, objectives, and outcomes). Include how many participants you expect to reach during the two-year project period.** *(Maximum word count: 400)*
9. ***Rationale for Selected Falls Prevention Activities*: Explain why you selected your chosen falls prevention activities including: a) why they are important to your identified population(s) and/or community(ies), and b) how you expect the activities will complement and/or improve your current falls prevention-related programming.** *(Maximum word count: 400)*
10. ***Falls Prevention Activity Implementation*: Describe how you might implement your selected falls prevention activities, including how many times you expect to offer the activities during the two-year project period. If applicable, include how frequently participants are expected to engage in the activities while they are being offered and for how long (e.g., a two-hour educational class offered two times a week).** *(Maximum word count: 1000)*
    * **Include how you can integrate the activities into your existing aging and/or health promotion/disease prevention-related efforts, if applicable.** This does not include evidence-based falls prevention programs. Selected falls prevention activities must not be added to or implemented in conjunction with evidence-based falls prevention programs that meet the ACL definition of evidence-based health promotion, such as programs listed in the National Council on Aging (NCOA) [Evidence-Based Program Tool](https://www.ncoa.org/evidence-based-programs/).
    * To support your response to this question, consider the activity delivery and organizational level strategies listed in *Appendix D* for inclusion in your description of how you might implement the falls prevention activities.
    * Note that grantees will receive technical assistance to more fully develop an implementation plan for their falls prevention activities.
11. ***Approach to Reaching Your Identified Population(s) and Community(ies):*****Describe how you intend to reach the population(s) and/or community(ies) you identified to focus on in this project.** *(Maximum word count: 500)*
12. ***Key Partners*: Describe your key partners, their anticipated roles, and how you plan to engage them in this work (e.g., monthly meetings, participation or collaboration with a Community Advisory Board).** *(Maximum word count: 500)*
13. ***Project Community Representation and Engagement*: Describe how you will engage your community in decisions and activities throughout the project to ensure your efforts reflect the community’s needs, interests, values, and preferences. This should include the formation or involvement of an existing Community Advisory Board or similar group/committee, shared decision-making, and consistent communication with the community on progress and findings.** *(Maximum word count: 500)*
14. ***External Opportunities and Resources*:** **Describe any opportunities and resources, (e.g., initiatives, partnerships, related coalitions/task forces) in your area that you will engage with to support this work.** *(Maximum word count: 300)*
15. ***Potential Challenges and Barriers:* Describe potential challenges and barriers you anticipate encountering, and how your project will address them preemptively or as they arise.** *(Maximum word count: 300)*
16. ***Institutional Review Board*:** (See application - check box response).
17. ***Plan for Sustainability*:** **Describe your proposed or anticipated sustainability plan to ensure the activities can continue beyond the project period, including how you might embed the work into your organization’s and your partners’ ongoing efforts.** *(Maximum word count: 400)*
18. **ORGANIZATION CAPACITY**
19. **Explain how this project fits within your organization’s mission, vision, and/or goals.** *(Maximum word count: 200)*
20. **Describe your organization’s capacity to implement your selected falls prevention activities as you described in your Proposed Project section responses.** *(Maximum word count: 500)*
    * Include your organization’s experience delivering health promotion/disease prevention/injury prevention, aging, and/or falls prevention programs, services, or strategies.
    * Identify the staff that will comprise the project team and briefly describe their experience, expertise, and proposed roles and responsibilities for the project. *(Applicants must upload a resume or cv for all key personnel involved in the project, including your organization’s staff and key partner representatives, in the attachments section of the application.)*
21. **Describe your capacity to reach your identified population(s) and/or community(ies). Include how you promote access to your services in your current work. Provide specific examples that demonstrate this capacity.** *(Maximum word count: 400)*
22. **Describe your organization’s experience with engaging the community in your planning and/or delivery of programs, data collection, and/or other research-related activities. Provide specific examples.** *(Maximum word count: 400)*
23. **Describe your organization’s experience with program and participant data collection and/or research-related activities (if any)** *(Note: research experience is not required, and technical assistance will be provided to awardees to support their data collection and research-related activities). (Maximum word count: 400)*